



# Maternal Neonatal and CHILD Health One Plan

Mozambique's experience  
Ministry of Health – Mozambique

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# Background- International

Challenge for Developing Countries to achieve synergy between the emerging approaches in global health policy and focus on SWAps and the potentially vertical 'disease specific' approach of GHPs



# Background - Mozambique

- Southern African country, independence in 1975
- 1992-End of Civil War – Mozambique had some of the worst development statistics in the world – in particular in the health sector
- Top ten worst affected countries in terms of HIV/AIDS  
2004 prevalence rate of 16.2%



# The MDGs indicators in Mozambique

	HH 1992	DHS 97	DHS 03	
IMR	151	147	124	↓
U5MR	240	219	178	↓
MMR/10 <sup>5</sup>	1100 (Estimated)	690 ? (Unpublished)	408	↓



# Background and Lessons learned - Mozambique

MOHR capacity in general is fragmented as a result of:

Direct and non-transparent funding to programmes

multiple donors with multiple Plans

Lack of a coordination mechanism



## Research on the field of Safemotherhood (1998/2002):

- Safemotherhood Needs Assessment
- Maternal Death Review
- Assessment In Health facilities to evaluate skilled attendance , availability of drugs equipment ambulances and infrastructure



# Background - Mozambique

- Based on the 3 delays model
- MOH formulated the National Strategy to Reduce MPNM and related Operational Plan
- In 2000 /1 detailed Needs Assessments were completed in all provinces
- In 2002 Operational plan for each province was developed was presented to donors in one advocacy meeting
- Multiple donors adopted and support this National strategy

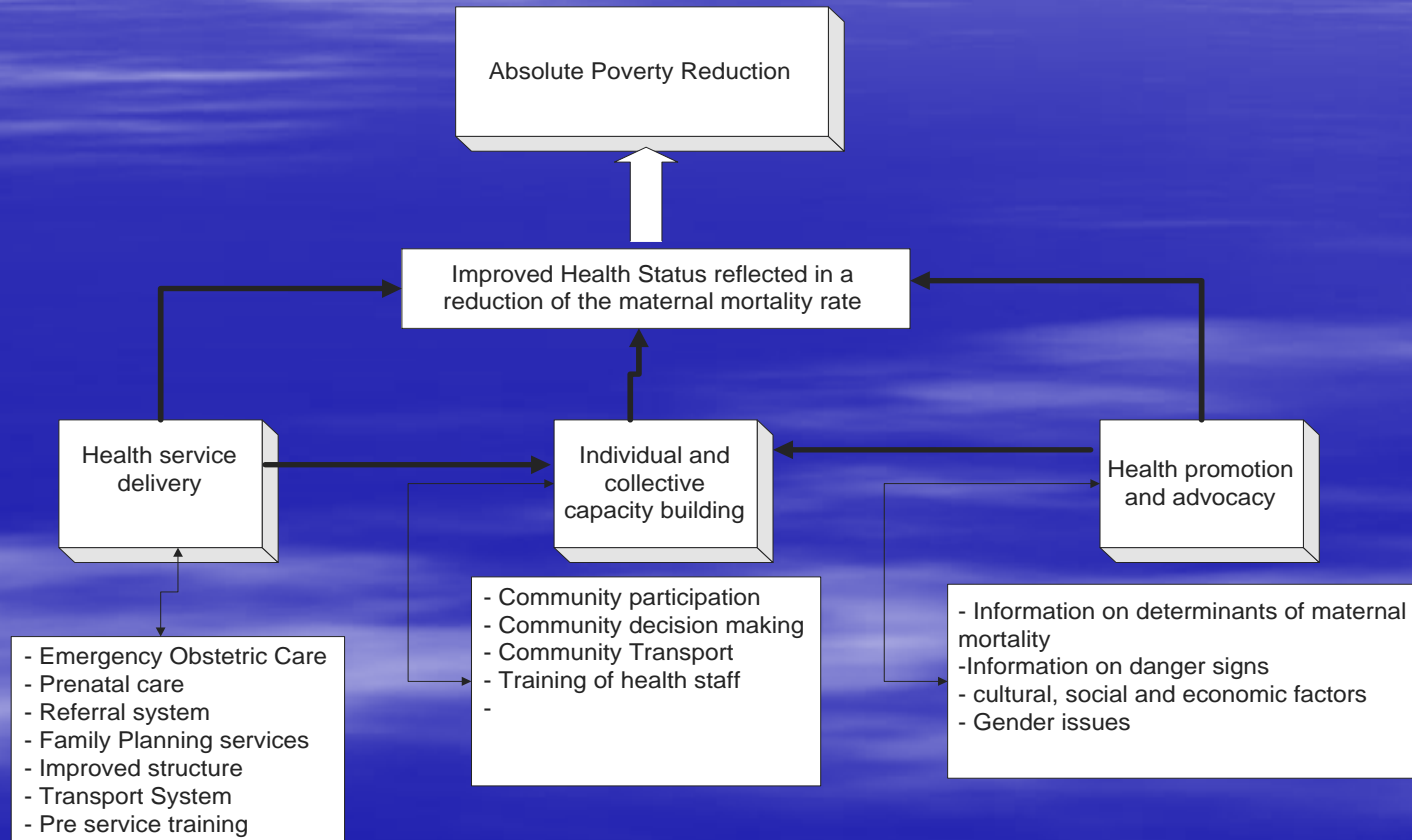


# What Was This National Plan about?

- This national strategy for reduction of maternal mortality forms the basis for formulating interventions to reduce maternal neonatal mortality in the country.
- It is conceived around the strengthening of the services at provincial level with the concept of the provision of obstetric care EmoC/B and Newborn Care
- supported by :
  - Adequate referral system, community involvement and an improved data collection system.



# Framework of the PESS and maternal neonatal mortality reduction





## The promotion of a sector-wide approach (SWAP) and maternal mortality reduction.

- Within the PESS, the key assumptions underlying the definition of a sector wide approach in the health sector reform is that:
- The government of Mozambique will be in a better position to achieve sectoral goals-defined in terms of improving people's health, only if development assistance is used to support nationally defined policies and strategies(ONE PLAN), rather than specific projects



# Opportunities - Mozambique

- Ministry of Health embarked upon a SWAp approach in 1999 – since then significant progress has been made -
  - Code of Conduct in place
  - Memorandum of Understanding for an on-treasury common pool
  - Jointly developed Health Sector Strategic Plan
  - Monthly joint operational meetings of the SWAp – chaired by MoH
  - Biannual high level policy meetings
  - Annual Joint Evaluations
  - Sector wide planning and budgeting



# Opportunities - Mozambique

- NGOs
  - Mechanism now in place whereby MoH can contract NGOs directly – improving collaboration, oversight, ownership
  - NGOs umbrella organisations are increasingly active in SWAp as recognised partners



# New Approaches – Other Initiatives

- UN Agencies
  - UN assuming stronger role in the SWAp – one of UN agencies take role of co-focal donor with lead bilateral agency each year
  - UN continue to provide technical assistance to MoH where needed,



# Weakness and Treats in Mozambique

- 2002 GFATM planning had been time-consuming and complicated
- World Bank MAP preparation missions were additional and time-consuming
- Opportunity costs for MoH and partners were considerable
- These initiatives did not fit with the joint planning and evaluation cycle that the MoH and partners were trying to establish



# Weakness and Treats in Mozambique

- Concerns about capacity, financial sustainability, were prevalent in Mozambique
- Some Initiatives require Their own country operational plans, not in line with existing country timelines and processes
- Need their own reporting mechanism



# Benefits and Gains

- New Initiatives would be situated within the framework of the health SWAp– emphasis on strengthening existing systems
- Partners and the GBPMNCH would continue to advocate for a balanced approach .



# Benefits and Gains

## systems-strengthening approach

- Harmonisation and alignment
- Utilisation of common mechanisms
- Other partners encouraged by these approaches and 'buying-in' to the system
- Relationship between MoH and implementing partners evolving and getting stronger



## Benefits and Gains

- MoH Leadership unquestionable
- Consistent, coordinated support for the PES has ensured that the MoH have been firmly in the driving seat
- Decision-making around PES taken in the SWAp
- Can be confident that the somewhat slower systems-strengthening approach will yield greater gains in the long-term



# Process Challenges

Sustained support for MoH-led SWAp – facilitation of MoH leadership

Decentralisation and integration of RCH planning, budgeting, and service provision in order to better address the inequity of provision of care

Demonstration of results – partners will only stay engaged if they can see demonstrable results - quality and timely information needs to be available



# Process Challenges

- Resources Mobilization is crucial
- Continue to highlight long-term gains from this approach versus quick wins from a more vertical approach,
- Link to best practice and global movements, e.g. policy dialogue around issues such as the definition and setting of feasible and realistic targets evolves ensure that development partners are informed and aware of this dynamic context
- Coordinated approach from MoH and partners in addressing the serious system issues, e.g. human resources, drug management and logistics, health information systems – broader policy environment



# Partnership Challenges

- Committed consistent support essential – no ‘lip service’ to harmonisation and alignment
- Transparency and openness of communication needed – institutional differences should be respected and common ground sought
- All parties want to see results – avoid seeking attribution, rather look at the big picture in terms of progress - timely and quality information is key



# Partnership Challenges

- Patience and flexibility is needed RCH, health service providers in developing countries still “Non Skiled” and much remains to be learned – revision and refining of approaches may continue for some time
- Reinforcement of partnerships (multisectoral and with private sector, agencies and NGOs) at all levels



Thank you for your attention