Developing Health Care in Mozambique

by: Janet Hooper

"Mozambique", said Samora Machel on the day of independence, has a"heritage of poverty and social and economic backwardness which the supreficial beauty of the sky-scrapers and grassy hills can never hide. One need only travel the length and breadth of our country ... to understand that the age-old backwardness, disease, nakedness, hunger and ignorance are the bountiful fruit of the very tree that sprouted, grew and thrived together with colonialism and which is known as exploitation." June 25, 1975.

Yet despite the terrible poverty it has inherited, FRELIMO (Front for the Liberation of Mozambique) has one invaluable resource which makes its pledge to create new lives for its people more than a vague promise. It has its own experience in the liberated areas. Throughout the liberation struggle FRELIMO's chief strength was its ability to mobilize and organize the people. Its plans for the future center on the need to engage the people themselves in the process of transforming their lives. This theme now runs through all devlopment plans - health, education, agriculture, the reintegration of refugees, the construction of new villages.

The Portuguese colonialists established a system of health care in Mozambique, which was geared almost entirely towards serving the white population and affected Africans only in the "buffer" areas near large concentrations of Whites. There was a decline in even these minimal services during the 1960's when the medical services which did exist were diverted to meet the needs of the military.

The miserable health conditions presented to the FRELIMO Government at the time of independence included only 120 doctors resident in the country to serve a population of nine million with some 85 per cent of these doctors located in the three main cities of Lourenco Marques (now Maputo), Beira and Nampula. In Zambezi Province there were only three doctors for 1.8 million people. In Cabo Delgado there was no doctor! Very little effort was devoted to preventive medicine or sanitary education. Vaccination campaigns were sporadic, and services for children non-existent except in the big cities. In 1975 Dr. Helder Martins, Minister of Health in the new government, spoke before the World Health Organization describing the conditions: "To mention only the city of Lourenco Marques (Maputo) where we have a neurosurgery center with equipment that would be the envy of many an internationnal center, but where in a maternity ward women give birth on the cold and bare floor, where newly born children lie heaped up higgledy piggledy, where the rain leaks through ..."

There were theoretically some 13,000 hospital beds in Mozambique, or 1 bed per 634 people. But the physical plants, except for the 3 main cities, were literally "in ruins" when FRELIMO took over. In Tete Province not one hospital toilet was working. Many "hospitals" had no kitchens, no laundries, no mortuaries. They functioned without laboratories or diagnostic facilities.

In contrast, in the liberated areas of Mozambique, it was FRELIMO who often brought health care to the people for the first time and who, in the process, mobilized the people so that, in the words of Samora Machel "We define a FRELIMO Hospital as one of our fighting detachments, a front line ... Medical staff, students, orderlies, patients, and society as a whole are all closely united. There are no menial or unimportant tasks for us." Health workers, trained as medical ai es through FRELIMO's main hospital in Tanzania, were not simply viewed as technicians, but as politically conscious men and women, responsible for more than the mending of broken bones.

This tone of work and involvement was noted by Jennifer Davis, Africa Fund Research Director who visited the FRELIMO Boavida Hospital in Mtwara in 1974. She wrote: "Most striking of all is the attitude towards the patients, who are treated as human beings vitally involved in whatever is happening to and around them instead of being simply passive recipients of services."

And what of the future? On August 1, 1975 all health and hospital facilities formerly scattered under different government and private authorities were brought under government control and a National Health Service was established. Because the Portuguese kept few statistics, (FRELIMO kept very detailed records on diseases and health problems in the liberated zones), it is difficult, admits the Minister of Health, to define the priorities based on "scientific criterion." But whatever the problems, Mozambique "wants to find solutions more adequate to our own situation," said Dr. Martins in his statement to WHO.

He explained that there will be a total reorganization and centralization of health facilities. Businesses and other institutions are being asked to submit information on health services at the work place. New forms of health training and structures will be established to re-educate former health personnel and to create new cadres. Medical schools (there is one in Maputo, and a small facility in Beira) will now have students for six years with the last three years being time for internships. Doctors will now all work for the government health program. Most of the new graduates from Medical School in Maputo have decided to remain in Mozambique to work; of the class graduating before independence half chose to stay. Emphasis in training and programs on all levels will be placed on preventative medicine and hygiene and public health education. Already there has been a nationwide campaign calling upon people to build latrines and to aid their neighbors in building latrines. Practical diagrams, instructions and reasons were given to the people. Also a massive vaccination program against smallpox, measles and TB has been launched with the goal of vaccinating all susceptible people in approximately three years. Showers and laundries will also be built in villages in order to control water-related diseases such as bilharzia. And of course there are plans to increase the purchase and supply of drugs, set up new training centers (called Institutes of Para-medical Science in the middle sized cities) and establish special programs for the blind, the disabled and people with leprosy.

The task of training health personnel will reach beyond reorganizing the medical schools. A new type of community health person, called a Community Health Promoter (CHP) will be developed, a person trained in first aid, hygiene, and the ability to handle the three or four main diseases in the local area. The CHP's will be recruited from the community, trained for four-six months in rural sanitary posts, and then reintegrated back into the community. The CHP's will be "the link between the health service and the population" depending only on their medical kits and bicycles. Mozambique hopes to train 4500 CHP's in 18 months which would enable health care to reach any person living more than 6 km. away from the smallest unit of permanent health care, the sanitary post. Longer range programs provide for various other forms of training, for example medical assistants will work in a three year program.

The immediate plan for creating an overall health infrastructure will cost some $34 million. It calls for the "recuperation, remodelling and transformation" of 10/ 200 bed Provincial hospitals; 21/ 60-100 bed rural hospitals (with surgery units and health centers attached); 54 in-patient health centers with a resident doctor; 284/ 6-12 bed sanitary posts and 186 maternity wards where patients will be cared for by medical aides. Maternity wards will sometimes be attached to the posts. To bring facilities and education to the people, another $4 million is needed to buy Land Rovers, ambulances and mobile health equipment and health education automobiles. In addition 30 multi-disciplinary posts and 18 new health centers are to be built.

This plan when completed will provide only the very minimum of health care - a ratio of one surgery unit per 290,000 people; one health center per 88,000 people; one maternity ward per 28,000 people; and one sanitary post per 22,000 people.

A Sanitary Post and Maternity Clinic - Africa Fund Proposal

"Certain that the most important thing is to count upon our own strength, we threw ourselves into national reconstruction, mainly in the domain of health. But we do need international help in order to achieve our aim of raising the health level of the people,"

said Dr. Martins to the WHO meeting. In response to the great need the Africa Fund has committed itself to raising enough funds to build a rural sanitary post, perhaps as part of a communal village, (at a cost of $10,000), with a maternity clinic attached (an additional $20,000). Local supplies and labor will be used, but FRELIMO needs the funds to buy material and equipment. In the northern areas of Mozambique, which were liberated by FRELIMO, the clinics set up during the war are ready to be transformed into more permanent sanitary posts. Funds can go immediately towards this goal.

Janet Hooper, former Executive Associate of American Committee on Africa and now on the ACOA Board has maintained a special interest in Mozambique for several years, and was in Maputo for Independence celebrations in 1975. To help create an awareness in the U.S. of the urgent needs in post-colonial Mozambique she has written this report for the Africa Fund.

The Africa Fund
305 East 46th Street
New York, N.Y. 10017
(212) 838-5030