



República de Moçambique
Ministério da Saúde

Investment Case for Reproductive, Maternal, Neonatal, Child, Adolescent Health & Nutrition (RMNCAH&N)

GFF IG meeting, November 8, 2017

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Content of presentation

- Country Context
- Development of the Investment Case in Mozambique
- Development of Health Financing Strategy
- Situation analysis
- Implementation Strategies
- Financing of the Investment Case
- Operationalization
- Opportunities and challenges
- Role of stakeholders
- Next steps

Geographical location of Mozambique





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Context: socio-demographic indicators

- **Population:** 27,128,530 inhabitants (Census 2017)
- **Human Development Index:** 181 of 188 (2016)
- **Average Life Expectancy:** 55 years
- **Maternal Mortality Rate:** 408/100.000 live births (2011)
- **Infant Mortality Rate:** 64/1000 (2011)
- **Fertility Rate:** 5.3 (2015)
- **Fertility Rate amongst Adolescents:** 194/1000 (2015)
- **Chronic Malnutrition:** 42.6% (2011)

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Development of the Investment Case in Mozambique

- MISAU led the process which was aligned with national strategies (Government 5 year program [PQG] and National Health strategic plan [PESS])
- Working groups created with the involvement of UN and USAID
- Consultations were held with:
 - Other sectors of the government
 - Health partners, civil society, adolescents and private sector
 - MISAU staff at provincial level
- The Investment Case was approved by Sectorial Coordination Committee (CCS) in April 2017



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Development of the Health Financing Strategy

- In order to increase the sustainability of funding and improve efficiency in the allocation and use of resources, MISAU started the elaboration of a Health Financing Strategy
- It intends to lay the foundations of the policy guidelines for the construction of an equitable, efficient and sustainable health financing system that will enable the provision of quality health care to all Mozambicans without discrimination



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Development of the Health Financing Strategy

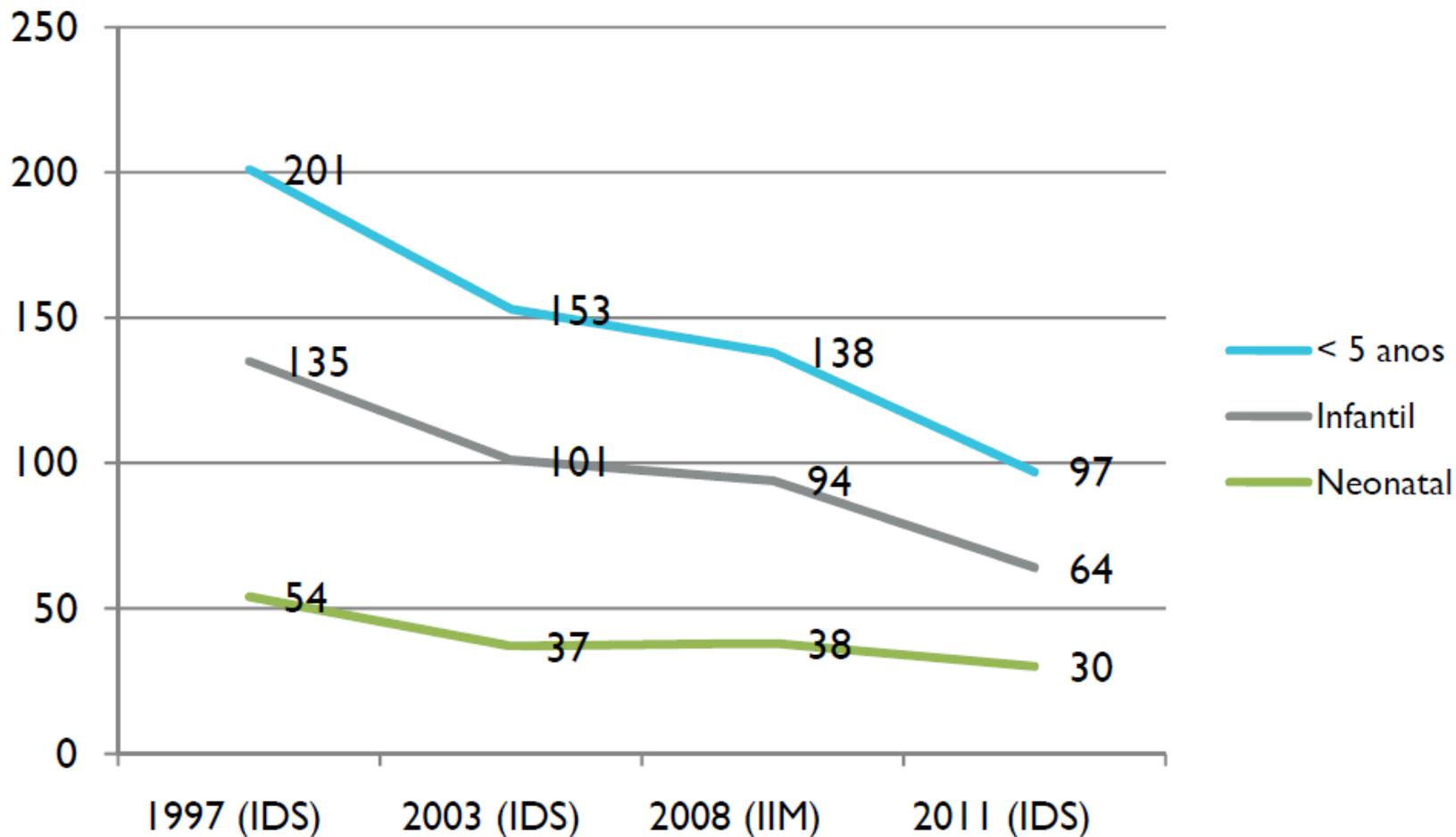
The draft Health Financing Strategy includes the following actions that will contribute to the achievement of Universal Health Coverage:

1. Improve resource allocation
2. Improve the efficiency in resource use
3. Strengthening management capacity
4. Increase in internal revenue
5. Tax on tobacco, alcohol and other luxury goods
6. Introduction of health insurance/ social security
7. Strategic procurement
8. Review of user fees



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Situation analysis: Decrease in Infant and Neonatal Mortality, 1997-2011



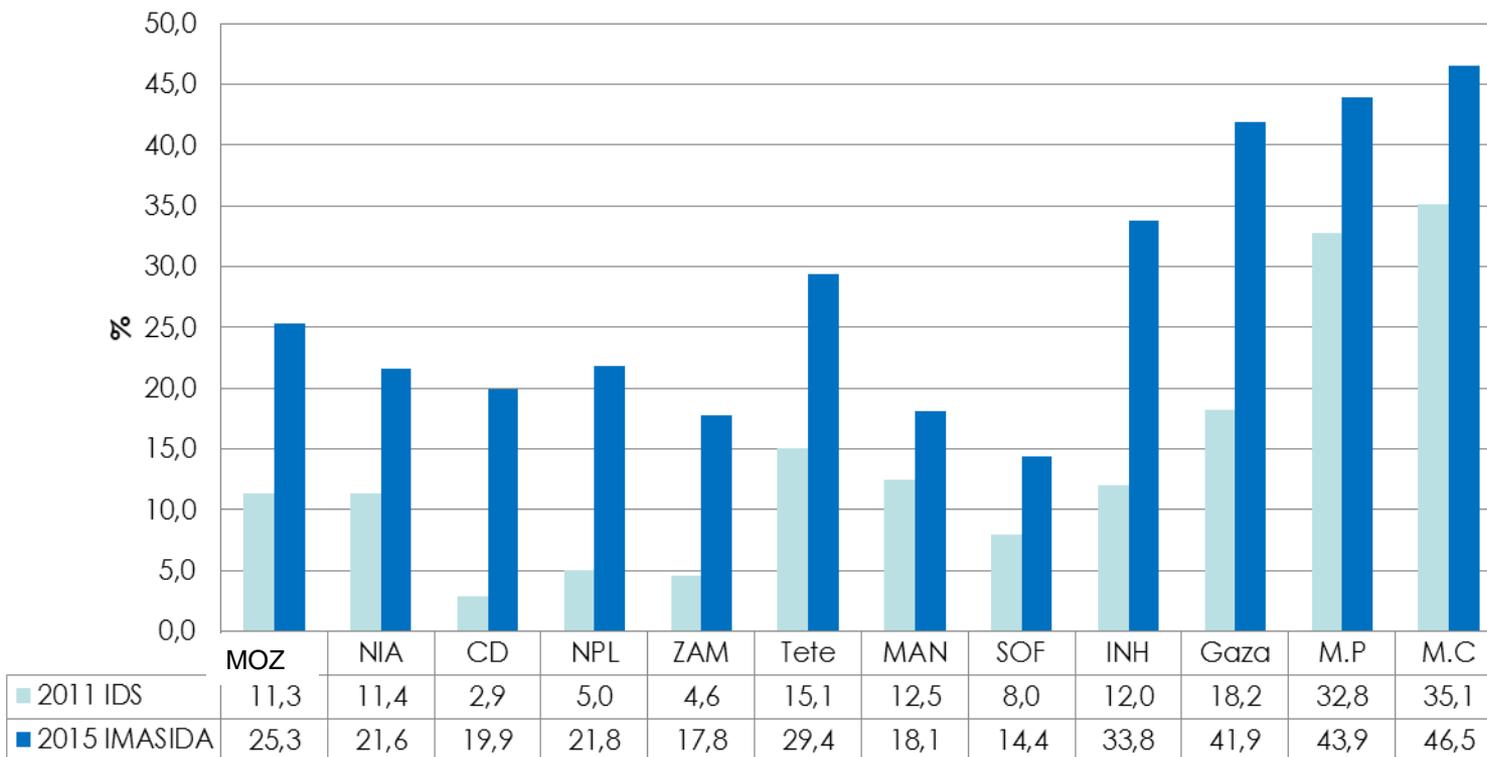
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Situation analysis: Increase in the use of contraceptives, 2011-2015

Prevalence of contraceptive use, by province 2011 & 2015



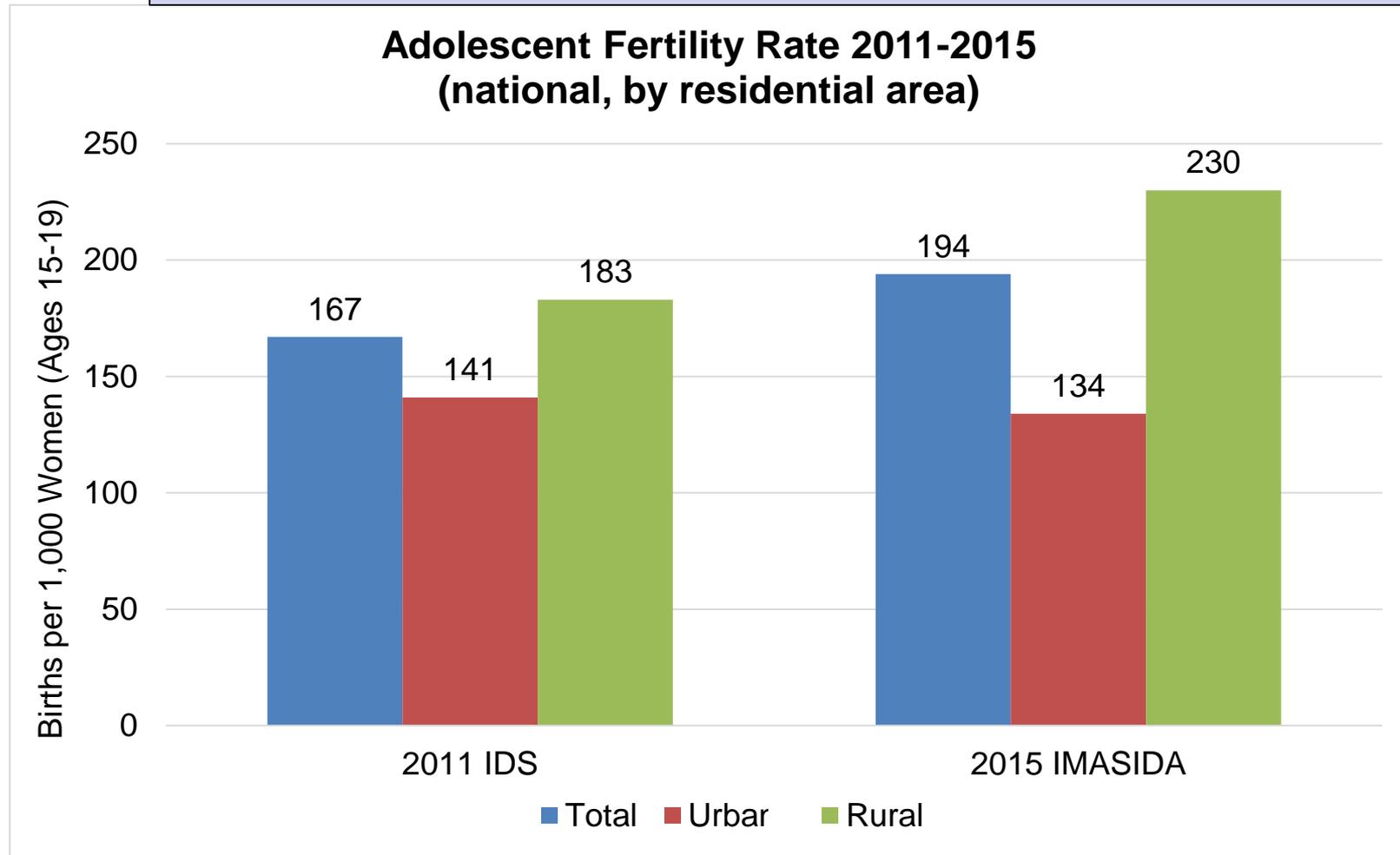
Source: IDS, IOF, SETSAN

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Situational analysis: Increase in the adolescent fertility rate, 2011-15





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Situational Analysis: Number of staff in the health system, 2014-2016

Occupational category	2014	2015	2016
	Efectivo	Efectivo	Efectivo
Human resources (total)	43.344	48.733	54.192
Health technicians	23.182	25.779	28.222
Doctors	1.712	1.899	2.026
Nurses	6.32	6.883	7.602
Maternal health nurses	4.644	5.148	5.508

Fonte: Relatórios Anuais de 2014-16



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Situation Analysis: Weaknesses of the national health system

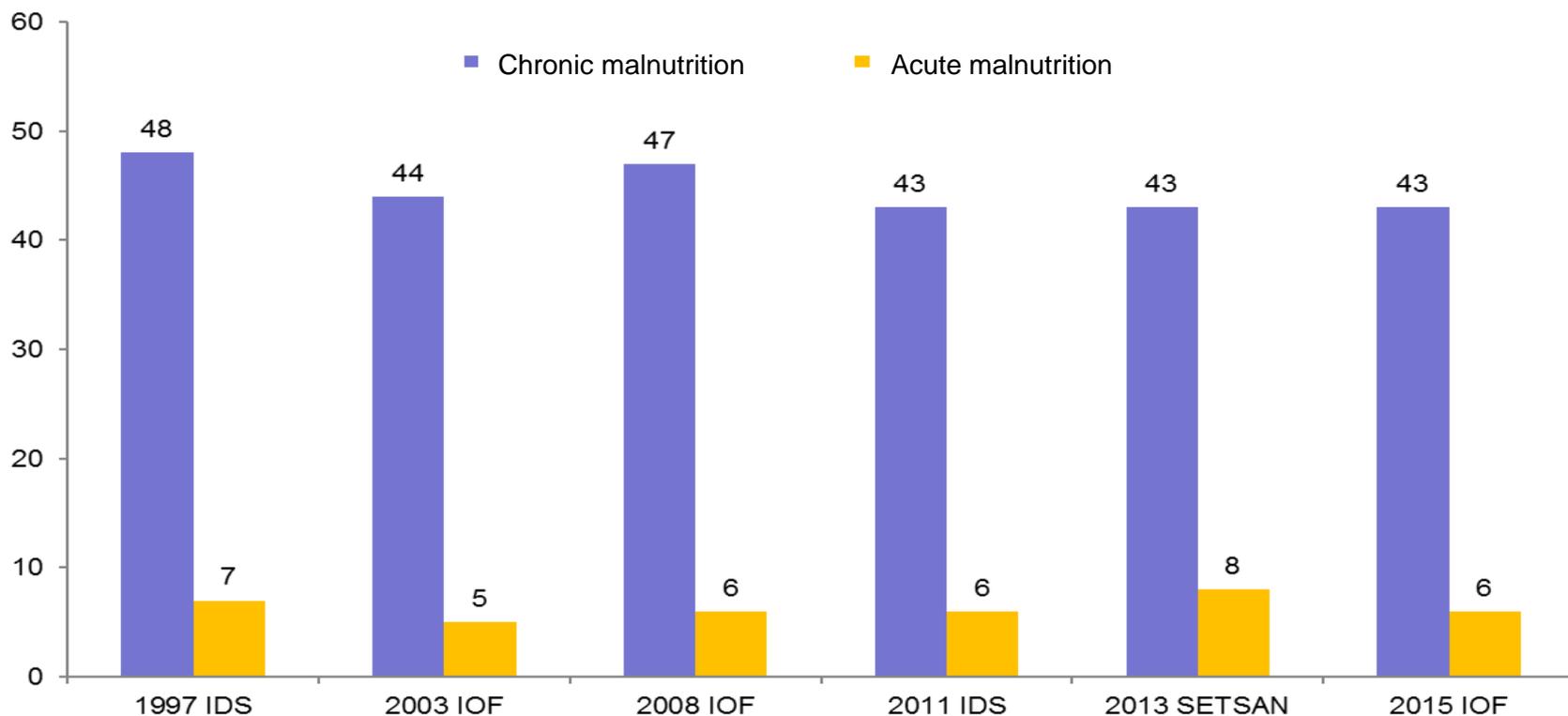
- Insufficient financing
- Low coverage of health network in rural areas
- Insufficient human resources (quantity and quality)
- Weak referral and counter-referral system
- Deficiencies in the health product logistics systems
- Weak information and M&E systems



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Situation Analysis: Slow reduction of Chronic and Acute Malnutrition, 1997-2015

Chronic and Acute Malnutrition (%), 1997-2015



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Situation Analysis: Social Context

- Socio-demographic inequalities in the accessibility and use of available services
- Socio-cultural risk factors: child nutrition practices, gender inequities, premature marriages and delays in care seeking
- Deficit information on sexual and reproductive health among young people and adolescents



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Implementation Strategies

Evidence-based high impact interventions:

- **Districts with low population density:** offer population-based services at the community level
- **Districts with high population density:** improve the readiness of Type I health centers and district hospitals including Obstetric Emergency Care
- **Adolescent health:** expand adolescent and youth-friendly services and provide sexual and reproductive health services in schools



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Implementation Strategies (cont' d)

- **Nutrition:** expand the supply of package of nutrition services
- **Civil Registration and Vital Statistics:** implement the national plan
- **Equity:** prioritization of 42 district that are lagging behind (in terms of health & resource indicators)
- **Reforms** of the organization of the national health system (coordination and financing mechanisms)



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Financing of the Investment Case

Available resources:

- Domestic resources
- PROSAUDE (common-fund for the health sector)
- Joint UN program financed by DFID

Resource that will become available 2018:

- GFF/IDA + Multi/single-donor trust funds administered by World Bank (Netherlands and USA confirmed) with financing based on achievement of Disbursement Linked Indicators (DLIs)
- Other donors



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Operationalization of the Investment Case

- Coordination at three levels of the system (central, provincial and district) led by the central level
- Inclusion of activities in the provincial and district level work plans based on the prioritization criteria of the IC
- Shift in approach to financing based on achievement of results
- Regular monitoring at the peripheral level and annual assessments of IC implementation
- Conduct external evaluation
- Introduction of health financing reforms to increase domestic funding and efficiency of the system



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Opportunities and Challenges

Opportunities:

- ✓ More resources available for the sector and channeled through national systems
- ✓ More attention to peripheral level
- ✓ More focus on high impact priority interventions
- ✓ Support for reforms to increase domestic financing and efficiency of the system
- ✓ Translation of priorities into disbursement linked indicators

Challenges:

- ✓ Development of the health system at the district level (human resources, infrastructure, supply chains of medicines)
- ✓ Harmonization of the plan with the different stakeholders
- ✓ Management of funds with different fiduciary rules
- ✓ Monitoring, evaluation and data quality



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Disbursement-linked Indicators (DLIs)

DLI 1: Percentage of Institutional Deliveries in 42 priority districts as defined in the IC

DLI 2: Percentage of secondary schools offering sexual and reproductive health (SRH) services (information and contraceptive methods) in the last X months

DLI 3: Couple years of protection (CYPs)

DLI 4: Percentage of children 0-24 months of age receiving the Nutrition Intervention Package in the 6 Provinces with the highest prevalence of chronic malnutrition (Cabo Delgado, Manica, Nampula, Niassa, Tete and Zambézia)

DLI 5: Current domestic health expenditures as a percentage of total domestic government expenditures

DLI 6: Health expenditures made in 42 priority districts as defined in the IC

DLI 7: Proportion of technical health personnel assigned to the primary health care network

DLI 8: Percentage of district/rural hospitals with performance standards attained and rewarded based on a balanced scorecard

DLI 9.1: Percentage of health centers with performance standards attained and rewarded based on a balanced scorecard

DLI 9.2: Percentage of health centers carrying out semi-annual public social audits (PSA)

DLI 10: Number of community health workers (APEs) that are active, trained, and assigned to referral health centers

DLI 11: Certification and coding of information on causes of death through strengthened CRVS systems.



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Role of stakeholders

■ Government

- Leadership and Coordination
- Implementation of the Investment Case
- Definition of strategic priorities
- Monitoring and accountability
- Provision of domestic resources and mobilization of additional external resources



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Role of stakeholders

- **Donors and UN agencies**
 - Technical assistance and financial support to implementation
 - Monitoring and evaluation
- **Civil society**
 - Implementation and monitoring & evaluation
- **Private sector**
 - Implementation and monitoring & evaluation



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Next Steps

- Operationalization of the Investment Case (at all levels)
- Approval of Program for Results
- Coordination of all stakeholders
- Implementation of priority reforms
- Mobilization of additional resources



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Leadership Engagement

Immunization of children



Distribution of bednets



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Every Woman and Every Child



Thank you!

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