

# The Mozambican National Health System

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# Context

- The NHS **covers only part of the population**, primarily in urban and peri-urban areas and is heavily dominated by the **public sector** as the major health care provider in the country.
- The **for-profit sector** is largely confined to major cities.
- Many international and national **NGOs and FBOs** operate mainly at the district level and offer a range of preventive and curative services.
- Networks of **community health workers** (CHWs), most of whom serve on a voluntary basis, are limited in size and distribution.
- In rural areas, **traditional healers** and herbalists provide the first link in the chain of access to health care and referral in the country.

# 3 Organizational Levels

- Ministry of Health (MOH) Central Organizations (*MISAU-Orgaos Centrais*),
- Provincial Health Directorate (*Direcções Provinciais de Saude*)
- District Health Directorate (*Direcções Distritais de Saude*)

# Central MOH

The Central MOH distributes resources to provinces, monitors and controls activities, formulates standards, and defines target and objectives, in addition to guiding various operations directly.

The Central MOH is comprised of four offices:

- The **National Health Directorate** is the main technical organization; it includes areas of medical care, community health, control of diseases and the pharmacy.
- The **Directorate of Planning and Cooperation** gathers information, defines targets and objectives, makes recommendations regarding policies and strategies and handles important investment projects.
- The **Directorate of Human Resources** is responsible for the training and management of personnel (in particular it is directly responsible for upper and mid-level managers).
- The **Directorate of Administration and Management** manages financial and material resources, including the preparation and execution of the budget, logistics and equipment maintenance.

Various subordinate institutions answer to the Central MOH, including three central hospitals that have financial autonomy.

# Provincial Health Directorate

- DPS are an administrative organizations, modeled on the Central MOH,
- DPS are responsible for all activities related to health services in the province.
- DPS enjoy considerable autonomy in its management, as it is responsible for distributing resources within the province, managing personnel, monitoring activities, etc. The *Provincial Health Directorate* hires and fires entry-level employees

# District Health Directorates

- The District Health Management Team is the basic health program planning and implementation unit in the country.
- This team is in charge of all health services provided at the district and community levels.
- Most services are provided in the district, which is managed by the DDS that serves an average population of 100,000 inhabitants (with extremes that go from 10,000 up to 400,000).

# Four levels of referral

- **Levels I and II** include health posts, health centers, and district hospitals.
  - Most district hospitals are able to offer basic diagnostic services, including microscopy, blood counts, biochemistry and X-rays, as well as surgical and obstetric services.
  - Many districts in more rural areas have no district hospital, but only health centers with limited capacity for admitting patients with medical and non-surgical obstetric conditions.
  - District hospitals are staffed with general medical doctors. Below this level, care is provided by clinical officers, nurses, and medical technicians (tecnicos de medicina); however most health facilities are understaffed.
- **Level III** includes all provincial hospitals, which provide greater diagnostic and curative services, and include training centers for provincial health care staff.
- **The Level IV** hospitals in Maputo, Beira and Nampula are the major referral centers for southern, central, and northern Mozambique, respectively

# The Health Care Network

*The healthcare network is organized on four levels:*

Level	Category of Health Unit (HU)	Approximate number in operation	Approximate number of beds	Type of care provided
I	Health Stations (HS)	700	7,200	primary (preventive and curative) care
	Health Centers (HCC)	350		
II	Rural Hospitals (RH)	30	3,200	'first reference', with services of admission and basic surgery
	General Hospitals (GH)			
III	Provincial Hospitals (PH)	7	1,800	surgery, obstetrics, gynecology, pediatrics, internal medicine, orthopedics and stomatology
IV	Central Hospitals (CH)	3	2,900	The most differentiated HUs, with multiple specialties and certain subspecialties (above all in the Maputo CH, that has about half of the beds at this level)
	Psychiatric Hospitals	2		