BACKGROUND AND CHALLENGES

In Mozambique, a country of 27 million, life expectancy is 51 years of age and the leading causes of death are malaria, TB, and HIV/AIDS, which has a high prevalence hovering at 12% and double that in certain areas. In this largely rural country, where health facilities can take over an hour’s walk to reach, the rate of maternal deaths is high (408/100,000) and are related to complications from childbirth, HIV or malaria. Pneumonia, diarrhea, newborn complications or infections are the next leading causes exacerbated by chronic malnutrition. The proportion of children under-five who are stunted is 43 percent.

In recent years, the number of child deaths has fallen by nearly half and malaria deaths are on the decline. However there are an estimated 800,000 orphans and vulnerable children. Essential medicine and commodity stock-outs are very common, particularly in hard to reach areas. At all levels of government, inadequate healthcare governance, management systems, budget and a severe shortage of skilled health workers impede progress on national health goals.

USAID STRATEGY AND ACTIVITIES

Health is our largest and most complex portfolio in Mozambique and focuses on ending preventable maternal and child deaths, treating and preventing infectious diseases, and assisting government to develop a health system and budget to sustain major improvements over the long term. To reinforce and protect health gains, we also address critical nutrition, water, sanitation and hygiene (WASH) needs and use social and behavior change communications to reach communities and households, the majority having very low levels of literacy or schooling, with life-saving information and practices.

In close cooperation with the Ministry of Health, USAID works in concert with the U.S. Centers for Disease Control (CDC) on infectious disease and with UNICEF on maternal and child health, and promotes use of the resources and know-how of the private sector when advantageous to public health goals.

MATERNAL AND CHILD HEALTH

USAID’s flagship Maternal and Child Survival Program establishes or improves services in facilities and communities in tandem with technical assistance to district, provincial, and central level health sector managers and planners. We support the government’s Model Maternity Initiative to improve the quality of maternal and newborn services and respectful care to encourage facility deliveries. USAID programs WASH to strategically complement nutrition activities in households, schools, and health facilities. Interventions to address emergency or chronic malnutrition also complement nutrition projects supported by Feed the Future.
We work with UNICEF on policies that affect maternal, neonatal, and child health, support for vaccinations, and deliver technical assistance for training, supervision, and retention of frontline healthcare workers. Through our PEPFAR program, we offer care and support for roughly half the country’s orphans and vulnerable children.

**REPRODUCTIVE HEALTH**

High maternal mortality is exacerbated by low access to modern contraception. USAID’s Integrated Family Planning Program increases access to modern contraceptive methods and quality family planning and reproductive health services. These activities are critical, for example, for spacing births (fertility is high at 5.9 children), reducing the risk of death among pregnant teenagers, and preventing the spread of HIV/AIDS. We advocate for public use of efficient private sector supply chain services so that essential family planning commodities reach health facilities and consumers.

**MALARIA AND TUBERCULOSIS**

Malaria is considered the most important public health problem in Mozambique. Among children under five years of age, malaria accounts for 42% of the deaths. Through the President’s Malaria Initiative, USAID supports national distribution of insecticide-treated mosquito nets, indoor residual spraying, accurate diagnosis and prompt treatment, social and behavior change communication, surveillance, and operations research.

Mozambique has one of the highest rates of difficult to treat multi-drug resistant tuberculosis (TB). Nationally, there is a very low case detection rate of 39 percent, one of the lowest in the world, due to a lack of testing and access to services. HIV is one of the key drivers of increasing TB incidence. The USAID Challenge TB Program increases coverage of high quality TB diagnosis and treatment services to reduce TB-related illness and death.

**HEALTH SYSTEM**

By reducing bottlenecks to services and supplies, health system activities help save lives. USAID provides the government expert assistance to improve public financial management and health financing, health commodities supply chain and logistics management, and use of quality data for decision-making. We invest in developing a health workforce, encourage use of the private sector for capabilities which typically do not exist in the public sector, and foster oversight by the government.

**KEY ACCOMPLISHMENTS**

**Maternal and Reproductive Health:** Increased clinical staff in health facilities who can provide emergency obstetric care; nearly 3,500 community health care workers and traditional birth attendants trained to prevent maternal and newborn deaths; expanded access in communities to contraceptives and information via community health workers; national policy development to expand access to modern contraceptives, such as injectables.

- **Child Health:** Emergency responses to a polio outbreak and to severe drought.
- **Nutrition:** National strategy for food fortification resulting in several staple food products fortified with key micronutrients.
- **Malaria:** Launch of the first nation-wide universal insecticide treated net (ITN) distribution campaign in 2017; laboratory diagnosis improved, doubled capacity for testing, and the number of hospital deaths has declined steadily since 2014.
- **Health System:** Roll-out of an electronic medicines registry; MOH plan for a medical commodities supply chain; adoption of the Medicines Law, including creation of a regulatory authority.