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Health Promotion Practice and Challenges in Mozambique

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Abstract

Mozambique has adopted the concept of health promotion since the Declaration of Alma Ata in 1978. It is one of the countries that signed their commitment to health promotion during the Health Promotion Conference in Ottawa in 1986. The purpose of this article is to analyze the main assumptions of health promotion in Mozambique. The methodology consists of an integrative literature review, using academic journals from the World Health Organization (WHO), the Ministry of Health (MISAU), and the Pubmed, Hinari, Scielo and African Medical Journals databases. From the results obtained, it was found that the Ministry of Health of Mozambique, in partnership with other Non-Governmental Organizations (NGOs), is implementing health promotion programs that aim to improve the quality of life of the population, through the creation of supportive environments, development of personal skills, construction of healthy public policies, reorientation of health services and community participation. It is concluded that Mozambique has been adopting principles of health promotion since 1978, but it faces several challenges that include the lack of trained professionals, financial and material resources, poor infrastructure and difficulties in translating documents written in English to the Portuguese language

Keywords: Health promotion; Health education; Mozambique



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Introduction

Mozambique is a country located in southeastern Africa, bordered by the Indian Ocean, with a total area of 801,590 km². According to the 2017 census, Mozambique has a total population estimated at 30 million inhabitants (UN, 2018). The country gained its independence from Portugal in 1975, followed by a long civil war until 1992 (Kruijff, 2015). The United Nations Development Program (UNDP, 2017), cites that Mozambique is one of the poorest countries in the world with a poverty rate of 54.7 percent and the illiteracy rate stands at 44.9 percent.

Mozambique is one of the member countries who participated in the first health promotion conference in 1986, the Ottawa Conference (WHO, 1986). At this conference, health promotion was defined as a process of empowering the community to act to improve their quality of life and health, including greater participation by them in controlling this process. According to Green & Krutier (2000), health promotion is, “a combination of educational and environmental supports for actions and conditions conducive to health” and health education is “any combination of learning experiences designed to facilitate voluntary action leading to health” (p. 17). The Ottawa conference identified five areas of action to promote health which are: public health policies, reorienting health services, strengthening community action, developing personal skills and creating enabling environments.

The 9th global conference on health promotion and the United Nations 2030 Agenda for Sustainable Development Goals (SDGs) emphasizes the role of good governance and health literacy in improving the quality of life and health of the population. There is a need for the government to protect people from health risks, provide access to information and facilitate communities to increase control over their health and make healthy choices, easier choices (WHO, 2018).

The Shanghai Conference (2016) cited that health promotion is, therefore, fundamental to the achievement of the SDGs. It stressed the importance of strengthening good health governance through social mobilization and promoting literacy. The conference also emphasized the crucial role that cities and municipal leaders play in promoting health (creating Healthy Cities) in the context of an increasingly urbanized global population (WHO, 2018).

WHO (2017) states that schools are the most efficient ways to reach a large number of people and promote healthy behaviors. The fundamentals of a school that promotes health are: the promotion of a healthy environment; health education and school health services; health promotion projects, activities and programs for employees, physical education and recreation; counseling programs; social support and promotion of mental health; and also, implementation of policies and practices that respect the well-being and dignity of individuals.

Mozambique has adopted the concept and principles of health promotion since the Alma Ata Declaration on primary health care in 1978. The principles include strengthening the health system, strengthening community action, intersectoral approach, partnerships, provision of prevention services, promotion and treatment, public health policies, sustainability and use of appropriate and effective technology (WHO, 1978).

The Ministry of Health of Mozambique (MISAU) has developed a strategic health sector plan that includes the implementation of the health promotion program. The main objective of this program is to contribute to the reduction of the disease burden, through the adoption of healthy lifestyles and the reduction of behaviors that represent a health risk. The programs aim to build the capacity of communities that promote healthy lifestyles; nutritional education, hygiene and

sanitation; prevention of diseases; implementation of innovative health communication initiatives; strengthening community action; development of health promotion and environmental protection; increased accessibility and availability of health services; training workers and health partners and adjusting sustainable financing systems for health promotion programs.

According to WHO (2017), the country faces a shortage of qualified professionals for health promotion, especially for strategic planning, monitoring and evaluation, thereby generating an increase in the prevalence of cases of malaria, tuberculosis, respiratory and sexually transmitted infections and chronic diseases. Young people are increasingly exposed to trauma, alcohol, tobacco and substance abuse.

Considering the relevance of the theme health promotion in improving the quality of life of the population and in the academic development of the health area in its entirety, this article analyzes the main assumptions of health promotion in Mozambique.

The integrative literature review was carried out based on the specialized knowledge published by WHO, MISAU, Pubmed, Hinari, Scielo and African health newspapers. The keywords searched were health promotion, health education, public health policies in Mozambique in Portuguese and English. The content is organized into the following topics: Public Policies, Creating Favorable Environments, Reorienting Health Services, Developing Personal Skills and Strengthening Community Action.

1. Public Policies

The Mozambican government recognizes that health is not just a responsibility of the health sector. It is mentioned on the agenda of all policy makers so that they are aware of the decisions they make and allow the population, based on consistent and accessible information, to make healthy choices.

The governance of the health sector in Mozambique is concentrated at three levels which are the central level, provinces and districts, offering primary, secondary and tertiary health services. MOH is responsible for developing health sector policies and strategies, coordinating and developing plans, mobilizing and allocating funds, monitoring implementation plans and the health status of the population, supervising and auditing services, and coordinating with national partners and international (MISAU, 2014).

In 1978, Mozambique adopted a global public health policy on primary health care that responds more equitably, adequately and effectively to basic health needs (Magnussen, Ehiri & Jolly, 2004). The Ministry of Health of Mozambique recognizes principles of primary health care and the components include health education on the prevailing problems, prevention and control of endemic diseases, diagnosis and treatment of the disease, essential drug program, recognition of the Health Area and Information for planning and monitoring community participation, self-efficacy and intersectoral collaboration.

MOH developed a strategic plan for the health sector with guiding principles for health promotion programs for the development of a sustainable national health system (PESS 20014-2019). Its vision is to progressively achieve universal health coverage that allows the population to enjoy better health at an affordable cost and ensure equity and quality of essential health services.

The Government of Mozambique (GoM) has been implementing poverty reduction strategies since 2001, to address the social determinants of health that are, education, economic stability,

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favorable environment, context and health and health care. The GoM is working in partnership with several NGOs to implement community development and empowerment programs to combat poverty and unemployment. This program aims to improve the quality of life of the population, which is the main objective of promoting health.

The Poverty Reduction Action Plan (PARP 2011-2014) aims to achieve inclusive economic growth and reduce poverty and vulnerability, focusing on three general objectives: increasing production and productivity in the agricultural and fisheries sectors, job creation and human and social development and sustainable development (UNDP 2012).

Under the terms of articles 89 and 116 of the Constitution of the Republic of Mozambique (CRM), the right to health is recognized, guaranteeing that “the State promotes the extension of medical and health care and equal access for all citizens to enjoyment of this right”. The Constitution also provides for the right to “popular action”, according to which individuals or groups can open a judicial case in relation to issues such as public health, consumer rights and conservation of the environment.

In 2006, MISAU adopted the Charter of Rights and Duties of Patients, which addresses the importance of human rights in health services, highlighting human dignity, equality and ethics as fundamental values. The regulation prohibits discrimination based on health status and guarantees the confidentiality of patient information. It gives all patients the right to express suggestions and complaints and the right to a timely response (Feinglass, Gomes & Maru, 2016).

There are a number of policies that protect workers in the workplace so that they work in physically, socially and psychologically healthy environments. There are also policies to give working mothers time to care for families. For example, maternity leave days have been extended to three months, with a view to facilitating exclusive breastfeeding during the first six months, which is a health-promoting behavior. MISAU adopted the WHO guideline to end inappropriate consumption of food for babies and young children, which aims to protect breastfeeding, a healthy diet, and thus prevent obesity and chronic diseases (WHO, 2016).

2 Creating Favorable Environments

The GoM aims to increase the provision and access to water supply, sanitation, transport, communications and housing services, guarantee hygiene and water supply in schools, rural areas, urban areas and cities (MISAU, 2015).

The World Vision Organization implements the water, sanitation and hygiene program in Mozambique to ensure that communities have access to clean water. The program resulted in the reduction of diarrheal diseases, especially among children under five years of age. The program had a positive impact on the health of the community. The program's health promotion activities, such as facilitating water connection, soap availability and health education on personal hygiene, promote healthy cities in Mozambique (Park et al., 2017).

In the city of Lichinga, for example, the organization ESTAMOS is also implementing the water and sanitation program to promote community health. Municipalities are making efforts to keep cities clean, with an emphasis on waste management, the creation of a sanitation system, construction and maintenance of roads, regulation of the road system, and construction of public spas with the aim of building healthy cities. In Mozambique there are many recreational places, for people to enjoy, which promotes mental health.

One of the objectives of the GoM is to promote gender equality and equity in the various spheres of economic, social, political and cultural development, to ensure the protection and integral

development of the child and to guarantee social assistance to ex-combatants and people in situations of poverty and of vulnerability (Boletim de Moçambique, 2015). These attitudes provide for the development of a healthy environment that promotes mental health.

3 Reorientation of Health Services

Concurrent with curative services, MISAU is implementing health promotion programs to reduce the burden of disease through the adoption of healthy lifestyles and reduction of risky behaviors, using a new communication strategy for health, through communication technologies such as social media, telephones and radios (Ippoliti & L'Engle, 2017).

Schools are being used as appropriate places to promote healthy behaviors and implement health programs, such as immunization, nutrition, combating drug use and promoting personal and collective hygiene. According to WHO (2017), schools are the most appropriate places to reach a large number of people and promote positive health behaviors. In this perspective, MISAU adopted the WHO initiative (2015) of Health Promoting Schools and is implementing a school health program. Students are being guided on health topics such as nutrition, personal hygiene, sexual and reproductive health, not using drugs, promoting environmental health and preventing and combating HIV/AIDS, and these topics have been included in the school curriculum. Schools offer psycho-social support services, such as counseling to promote mental health. They also have nutritional gardens to educate communities on how to produce nutritional crops (Ministries of Education & Ministry of Health, 2010).

MISAU is promoting health fairs and campaigns integrating information and services, targeting communities and focusing on health promotion and disease prevention, including the promotion and distribution of family planning methods to communities. Multipurpose elementary agents (APEs), traditional doctors and volunteer activists are working to reach the most vulnerable groups with health-related information (Guenther et al., 2017).

Community health workers are being trained to serve hard-to-reach populations and increase coverage of health services. Traditional medicine has been incorporated into the health system in Mozambique (WHO, 2011). This strategy provides a holistic approach to health, respecting the beliefs, values and norms of individuals. Research and training of health professionals in the health system is ongoing to improve health care and bring innovations and technology (Edward et al., 2015). Health system resources are being decentralized from cities to rural areas to ensure equity in service delivery.

4 Personal Skills Development

MISAU and NGOs are developing the capacity of family groups to become community models, promoting healthy lifestyles, nutrition education, hygiene and sanitation and disease prevention through health education. Curricula in primary and secondary schools are already integrating health topics such as sexual and reproductive health, nutrition, hygiene and communicable and non-communicable diseases to enable individuals to increase control of their health.

Considering the vaccination program, several communication interventions are used to inform and educate individuals and groups. The interventions include the use of telephones, audiovisual materials, printed materials, community events, spokespersons for celebrities and campaigns aimed at increasing community participation and promoting interaction between the community and health services, local leadership and building partnerships (Muloliwa et al., 2017).

MISAU uses telephone messages and television as a means of communication to sensitize society about chronic malnutrition, to guide families about the importance of breastfeeding, to

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extend knowledge about healthy eating and nutrition, healthy habits to communities and to promote the quality of life of the Mozambican population, through the consumption of healthy and locally produced food.

Deutsch & Silber (2017) state that women's empowerment is being emphasized in Mozambique. The concept of women's empowerment implies, first, that they have an important role to play in the health of children, families and communities. Buanget et al. (2017) indicate that socio-economic empowerment projects in Mozambique have enabled disadvantaged people to improve their quality of life. Economic empowerment and health education increase personal, family and community well-being.

5 Strengthening Community Action

MISAU encourages community involvement in the health care delivery system. There is continuous training for community health workers in all districts of the country so that communities participate in maintaining their health. Community leaders and religious leaders and community organizations participate in the implementation of health promotion programs (Strechan, 2015).

MISAU introduced community health workers in 1978. They are selected from and dedicated to the communities where they live (Cliffet et al., 2003). This community health program was in response to the need to increase coverage, and quality of health services that focuses on health promotion and disease prevention. It was found that the program resulted in improving equity in access to health care, acceptability and community perceptions about the quality of health service delivery. Community health workers are appreciated by communities, who consider them as “community doctors” who provide bridges to the health system (Giveet et al., 2015).

Communities are being involved in HIV/AIDS antiretroviral treatment (ART). There are support groups in communities that help infected individuals with counseling services to facilitate adherence to their treatment. Rachares (2014) pointed out that the Community Action Groups (CAG) model resulted in the active involvement of patients, and in the creation of a favorable environment that improves their retention in the ART program. This model provided the reorientation of health services to strengthen community actions.

The Integrated Community Case Management (ICCM) program is helping to improve the treatment of fevers in children who live far from health centers. EPAs provide care consistent with the ICCM protocols and perform significantly better than the first level resources in most measures of adherence to the protocols (Guenther, 2017).

Mboane and Bhatta (2015) highlighted the positive impact of community involvement in the use of sexual and reproductive health services in Mozambique. They indicated that male involvement in the family planning decision-making process has a positive impact in Mozambique, reaching its target goal of increasing the use of contraception by women of reproductive age. This is vital for the country, as family planning is an effective public health tool that ensures that women remain healthier, are more productive and have more opportunities for education, training and employment, which benefits entire families, communities and the country.

Conclusion

In Mozambique, innovation in health promotion is being designed and implemented, despite the challenges for its implementation. Favorable environments are being created to allow communities to make healthy choices. There are strong public health policies to protect

individuals where they work, live and play. The health system no longer covers only the medical aspect, but now also includes preventive and traditional medicine. All sectors, including education, agriculture and transport, are involved in promoting public health. There is continuing education in health in the communities, where information is being transmitted by various media, such as television, radio and others, to enable individuals to make healthy choices. However, there are challenges in implementing health promotion programs that include the shortage of professionals trained in health promotion, financial and material resources, infrastructure, and the difficulties in translating documents from English to Portuguese.

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