

# Meeting with Mozambique's Minister of Health



Delegates from each of the participating organisations at the conference were fortunate to be granted an interview with the Minister of Health, Dr Leonardo Simao. We were impressed by the openness and obvious sincerity of Minister Simao, and by the fact that his perspectives were informed by a solid political insight.

The following is a composite report, taken from the numerous notes that the delegates made during the two-and-a-half hour meeting.

The Minister opened the session by extending a warm welcome to the delegation. He raised the two major problems his Ministry has been faced with: the war situation, and underdevelopment.

## War and underdevelopment

The war has created the need for emergency programmes, and has made it almost impossible to work in the rural areas, where more than 900 of the health units have been destroyed or attacked by the RENAMO bandits. As a result the health services have expanded and been concentrated in the urban areas, to which vast numbers of the population have had to migrate. They have implemented a mass immunisation campaign in the provincial capitals to increase the level of vaccination to at least 80%. This level has been achieved in Maputo, where it is now rare to see cases of measles, polio, or neo-natal tetanus.

To respond to the problems of under-

development, the Ministry is committed to creating conditions for the development of alternative forms of health intervention. Approximately 70% of the population rely on traditional medicine. The Minister feels patients have a right to choose, and so they still allow for the development of different systems of health care because of the overriding need to reverse the patterns of disease.

## Expanding the health and welfare services

To expand the health services in the country, they are providing the infrastructure for community health centres, and for all levels of personnel such as village health workers, nurses, social workers, pharmacists, public health administration officials and so on. They also recognise the need to train specialists to improve the quality of health care, increase their teaching capacity and increase and expand their capacity for re-

search, so that their policy decisions are properly informed.

A particular field to improve was that of social welfare. The quantity and complexity of traumatised people is enormous. Children, adults, families and whole communities have been traumatised. Despite this, the Minister also recognised the problem of the bandits themselves - they too are victims and the South African Government is hardly likely to rehabilitate them at the end of the war, despite having backed and encouraged them. Mozambique is concerned whether the bandits will ever be able to resume a normal life - a high proportion are likely to become the criminals of a normal future society, but with a particular background that will make their rehabilitation much more difficult.

## Optimism for the future

The Minister said that their health policy must be continually evolving - they recognise the need to be aware of what adaptations have to be made, for the changes can be rapid. He raised the importance of improving the living and working conditions of health workers, not only to ensure the best calibre of people in the health services, but also to keep them within the system. He is optimistic about the future: there is a high proportion of young, highly qualified people in the government. The Minister made the point that there is a saying that in Africa independence started in the



North, but true development will start in the South. He commented on the enthusiasm of their cadres, and informed us how much they valued the moral support of other countries, sometimes above material resources. This moral support gave them a real sense that their struggles and sacrifices are in a just cause for the whole region. Hence they really appreciated this conference, which he felt was helping all of us, as when relationships between people are strengthened, this helps to build a better understanding between countries. He offered Mozambique as a resource to us - their experiences can inform us in our own development, so we can learn both from their mistakes and successes. He warned, though, that we will still make mistakes!

The Minister stated that one way to avoid mistakes is to maintain a dialogue with the people. All personnel in the Ministry of Health have to spend some time in the Provinces: this keeps them in touch with reality, so they can keep a balance between technical solutions and clinical reality.

In response to a question about admissions to training programmes and in particular to Medical School, he replied that the problem was not a class one, but one of city/rural origin. Hence, built in to the system is a series of rural attachments during medical school, and thereafter. The Minister himself teaches at the Medical School, and is involved in the allocation of students to districts. An additional incentive is that if you want to specialise, you must work for at least 2 years in a rural setting, but for at least 4 years if you have worked in an urban one.

## Social services

With reference to social services, the Minister described several programmes, with respect to children, disabled, elderly, the hospitalised and, for them, a new area of mental health. There are approximately 200 000 children who are removed from their parents. They have tried to place these children with relatives or with other families. They continually tried to encourage this by giving material assistance to individual families but they have found that a more effective strategy has been to give assistance to whole communities, by way of encouraging community programmes around

the adoption of the displaced children.

Similarly, their programmes for the elderly are aimed at retaining their integration with family and community, so as to discourage institutionalisation. Because of the war, there are larger numbers of disabled and handicapped people, and last year a Handicap Association was formed. The project is aimed at dignifying the handicapped, and the development of self-reliance, for example by developing prostheses that can easily be repaired.

## Mental health

The mental health programmes started only last year. They have adopted a multidisciplinary approach, involving social workers, psychiatrists and psychologists.



For the elderly, old-age homes were discouraged, so that the elderly can remain part of the family. They are encouraged to remain useful - for example a kindergarten was run by elderly people after guidance and training, not much of which was required because of their own life experiences.

He believes that health problems are social problems, so that there should really only be a Ministry of Social Services, under which would be a Health Department. This certainly pleased the social science representatives in our group!

A mental health training component will be introduced into all courses.

Medical assistants will be trained in specialised areas - after an initial three year training, they work for three to five years, then can return for a further one or two years for psychiatric training, or three

years for training in surgery.

## Traditional healers

With respect to the traditional healers, the Minister told us that initially they had an ideological confrontation with them. Now the strategy is to empower the people to take responsibility and rewards for their own efforts, not, as the traditional healers would have them believe, the effort of supernatural forces! The answer has been to educate the people.

Recognising that well over half the population consult such healers, and the overriding need to reverse patterns of disease, traditional healers are now encouraged to form their own association, which is given recognition by the Ministry. This has enabled them to protect their own dignity and prestige.

He stressed the importance of family health, rather than just maternal and child health. This means that health education must be directed at the entire family (including the grandparents).

## Health worker training

Historically the Ministry had been dependent on the South African Government for many things, including health training. (When they cut their ties with Rhodesia in 1976, this caused huge economic and social upheavals.) They no longer send people to South Africa for health training, but they do have some contact with institutions especially for vital areas such as AIDS research.

One of their most successful programmes has been in oral health. They send people to Canada for training as dental therapists who return to work in the health centres, which are linked to the concept of a health area. The level of oral health in these areas has improved dramatically over the last three years.

One month after independence, they abolished private practice. This of course created problems, but, the Minister said, retaining private practice also creates problems, so he suggested we have to choose which problems we want!

The delegation wishes to express its thanks, on behalf of all the conference delegates, to the Minister for not only the above discussions, but also for his enthusiastic support of, and participation in, the conference. □