

MISSÃO PERMANENTE DE
MOÇAMBIQUE JUNTO DAS NAÇÕES
UNIDAS E OUTRAS ORGANIZAÇÕES
INTERNACIONAIS EM GENEVRA



PERMANENT MISSION OF
MOZAMBIQUE TO THE UNITED
NATIONS AND OTHER INTERNATIONAL
ORGANISATIONS IN GENEVA

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The Permanent Mission of the Republic of Mozambique to the United Nations Office and Other International Organizations in Geneva presents its compliments to the Office of the High Commissioner of Human Rights and has the honour to present the report on Preventable mortality and morbidity of children under 5 years of age as a human right concern – Human Rights Council Resolution 27/14.

The Permanent Mission of the Republic of Mozambique to the United Nations Office and Other International Organizations in Geneva avails itself of this opportunity to renew its highest consideration.

A handwritten signature in blue ink, appearing to read 'Humberto'.

To:

Jyoti Sanghara

Office of the High Commissioner of Human Rights

GENEVA



Preventable mortality and morbidity of children under 5 years of age as a human right concern – Human Rights Council Resolution 27/14

Introduction:

Maternal and child health have been in the forefront of the Mozambique Government agenda since the Independence of the Country. Under the Constitution, all activities related to Children, undertaken either by public or by private institutions, should take in to account "the superior interest of the child". The Constitution places special emphasis on the Rights of the Child, developing a legal and policies framework for children.

Due to the combined and coordinated efforts between the Government, Communities, Non-Governmental Organizations and United Nations Agencies, there has been positive results on the health status of Children. The mortality rate from under-fives decreased from 233/1000 in 1990 to 109/1000 in 2011. Major improvements have also been achieved in other areas like Education.

The provision of health care (preventive, curative, surgery, etc.) to children under 5 years old is free of charge.

The Technical Guidance released in 2014 helped to shape some of the health programs already in place.

1. Dissemination of the Technical Guidance

It was disseminated among the Ministry of Health, Health care providers and the National Child Council (Conselho Nacional da Criança), a multisectorial body chaired by the Minister of Gender, Child and Social Welfare, composed by relevant Ministers including Health,

Education and Human Development, Youth and Sports, Economy and Finance, among others, as well as NGOs dealing with Child Rights. The National Child Council has the responsibility to coordinate the implementation of the Rights of the Child.

2. Use of the Technical Guidance in the development, evaluation and/or revision of existing laws, policies and plans of action on prevention of child mortality and morbidity under five years of age

So far the Guidance has been used to build upon the existing health programs:

- Better coordination between communities and health care providers, with respect to disease prevention and timely health care provision. In the communities, the role of traditional healers, traditional birth attendants, parents and teachers is always emphasized. These actors are organized through Health Committees. In places where an agriculture extensionist exists, he/she can also be member of the committee to share with fellow community members practices for better food production and diversify agriculture production to enrich their nutritional status. The same happens with community health workers: when there is one in the community, is part of the Committee. The role of the Health Committees is to analyze the health status of the community they serve, to establish a channel of communication between the Health Facility and the Community and vice versa, as well as provide health education sessions to parents.
- The Health Facilities develop daily health education sessions on the main health problems, in order to build capacity of parents and caregivers.

- New Guidelines on specific health issue are now designed with a Community component, addressing community role and responsibilities.

It should be stated that a broad legal reform had already started in order to update the national legislation and its alignment with the Convention on the Rights of the Child and other human rights treaties that led to substantial changes. For example:

- a) The expansion of the period for birth registration, free of charge, from 30 to 120 days after birth, followed by a nationwide campaign for child registration.
- b) In the same line, the Family Law adoption brought new legal framework for parents accountability related to the Child's Rights.

The National Institute for Statistic has been supplying data on mortality and morbidity on children under 5 years old, regularly, through several surveys including the Demographic and Health Survey (DHS). The results of the last one were published in 2011.

3. Have efforts been made to use the Technical Guidance to improve health care provision?

The Health Sector is the most benefited, and great care has been placed on the right to health of children.

Despite the decrease of the mortality rate in children under-five and under one, little has changed in the neonatal rate, which, according to the Demographic and Health Survey, account for 30%, of the total under-five mortality.

To improve child survival, the Health Sector, once realising that 80% of the neonatal deaths occur within the first 3 days after birth, has developed new strategies to mobilize parents in order for the expecting mother to deliver in the health facilities. The percentage of birth attended by a skilled health provider has been steadily increasing and reached 71% in 2014. Primary health care providers as well as Community health workers have also been engaged in early identification of sepsis and other common ailments for speedy referral to health facilities.

Special mention has to be referred to training of health care providers, which has been done at all levels of health care, on a regular basis.

Mozambique has made significant progress in improving the survival prospects of children. The Country has reduced under-five and infant mortality rates by over 50%, with exception of newborn mortality rate (37%). According to DHS data, child mortality rates have declined significantly between 1997 and 2011 for newborns, infants and children under five: the neonatal mortality rate declined by 37% since 1997, from 52 to 30; the infant mortality rate (IMR) declined by over 50% since 1997, from 147 to 71 deaths per 1,000 live births; and the under-five mortality rate (U5MR) has declined from 219 to 109 deaths per 1,000 live births.

Significant disparities remain, but there has been a substantial narrowing of the gap between different regions

Despite the above challenges, over the past decade Mozambique has seen progress in various areas, including in health. Several factors – both within and outside the health system – have contributed to progress in maternal and child health in Mozambique. Within the health sector, three factors are particularly noteworthy:

- a) Comprehensive policy framework which prioritized primary health
- b) This has enabled the steady expansion of health services and facilities, particularly in remote areas, reducing the distance

many face in reaching healthcare facilities.

- c) Community outreach efforts and higher education levels have led to increased demand and utilization of health services.