

Cyclones add to Mozambique's public health challenges

Afrobarometer Dispatch No. 297 | Thomas Isbell and Sadhiska Bhoojedhur

Summary

After two cyclones leaving death and devastation in their wake (eNCA, 2019a; 2019b), Mozambique faces a post-disaster danger – cholera. While endemic to Mozambique, cholera infections skyrocketed after the recent storms, leading the Ministry of Health and international partners to launch massive vaccination campaigns (World Health Organization, 2019a; Mbah, 2019).

The outbreak shines a spotlight on Mozambique's health-care and infrastructure sectors as rapid treatment and access to safe water and sanitation are vital to stopping the spread of cholera – but difficult to provide to hundreds of thousands of citizens in hard-hit areas.

Even before the cyclones, Mozambique struggled to ensure adequate health care and infrastructure amid challenges such as high levels of poverty and food insecurity (Allianz Care, 2019; Ministry of Health, 2014). While health-care access, financing, infrastructure, and staffing have improved since the end of the civil war in 1992 (Allianz Care, 2019; World Health Organization, 2019b; Pose, Engel, Poncin, & Manuel, 2014), the country's health sector continues to rely on external financial support – and will likely need more in the wake of Idai and Kenneth.

In a national Afrobarometer survey in mid-2018, a majority of Mozambicans expressed satisfaction with the government's progress in improving basic health services, as well as with their own experiences at public health facilities. But almost two-thirds of citizens – and almost all of the poorest citizens – reported going without needed care during the previous year.

Afrobarometer survey

Afrobarometer is a pan-African, non-partisan research network that conducts public attitude surveys on democracy, governance, economic conditions, and related issues in African countries. Six rounds of surveys were conducted in up to 37 countries between 1999 and 2015, and findings of Round 7 surveys (2016/2018) are currently being disseminated. Afrobarometer conducts face-to-face interviews in the language of the respondent's choice with nationally representative samples.

The Afrobarometer team in Mozambique, led by Ipsos Mozambique, interviewed a nationally representative, random, stratified probability sample of 2,400 adult Mozambicans between 13 June and 26 August 2018. A sample of this size yields country-level results with a margin of error of +/-2 percentage points at a 95% confidence level. Previous surveys have been conducted in Mozambique in 2002, 2005, 2008, 2012, and 2015.

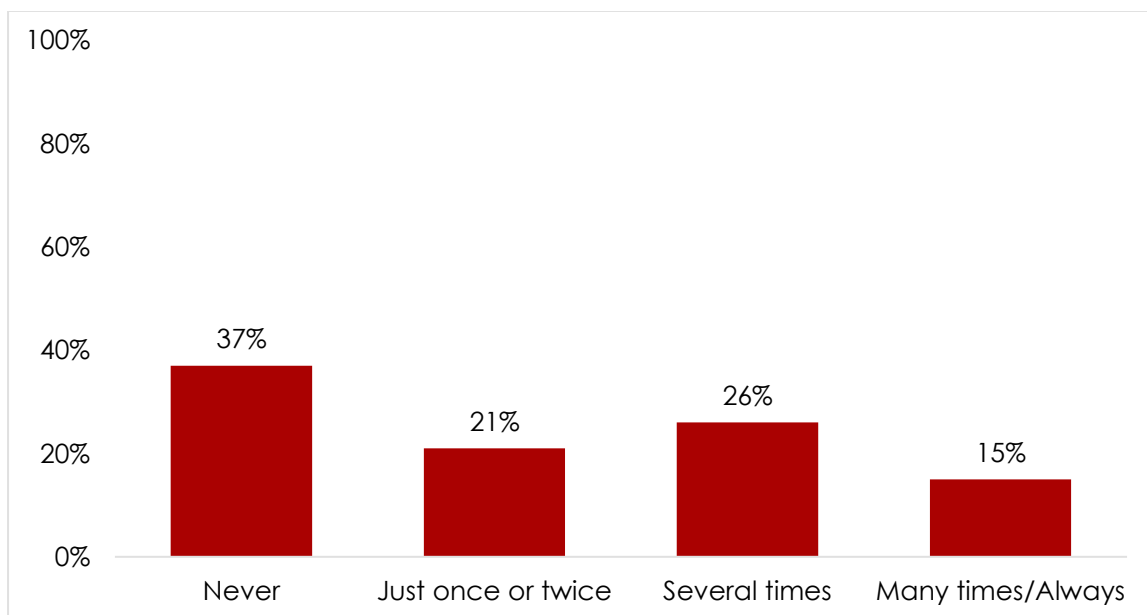
Key findings

- As of mid-2018, more than six in 10 Mozambicans (63%) said they went without needed health-care services during the previous year, including 41% who said this happened “several times,” “many times,” or “always.” Among the poorest respondents, almost all (98%) said they went without medical care at least once.
- About four in 10 Mozambicans (37%) said their ability to get medical care has improved in recent years, while about half as many (21%) said it has worsened.
- Among respondents who sought services at a public clinic or hospital during the previous year, two-thirds (65%) said it was “easy” or “very easy” to get the care they needed, a substantial improvement from previous survey rounds. Poor and less-educated citizens were less likely to find it easy to obtain care.
- Two-thirds of Mozambicans who sought medical care said they received services either “right away” (20%) or “after a short time” (46%). But almost one in five (17%) said they had to pay a bribe to get care.
- Health ranks sixth among the most important problems that Mozambicans want the government to address, down from the top spot in 2015.
- A majority (56%) of Mozambicans said the government was performing “fairly well” or “very well” on improving basic health services, but this reflects a 20-percentage-point decline since 2008. Only 44% said the government was doing a good job of providing water and sanitation services.

Access to medical care

In mid-2018, more than six in 10 Mozambicans (63%) said they went without needed medical care at least once during the previous year, including 26% who said this happened “several times” and 15% who said they lacked care “many times” or “always” (Figure 1).

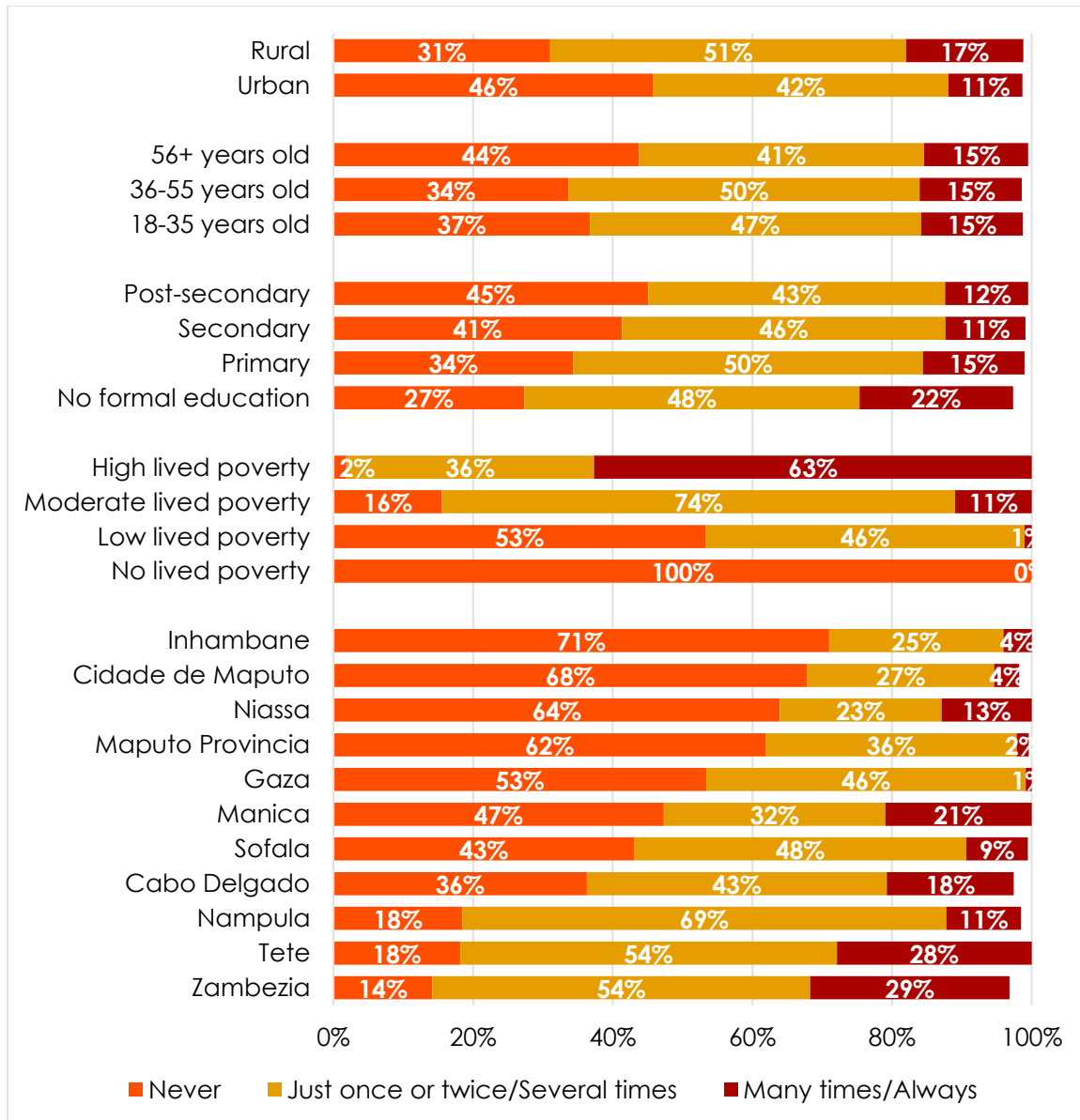
Figure 1: Went without medical care | Mozambique | 2018



Respondents were asked: *Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?*

Poor Mozambicans were especially likely to go without needed health care. Among respondents who experienced high lived poverty,¹ only one in 50 (2%) said they “never” went without care, compared to 16%, 53%, and 100% of those with moderate, low, or no lived poverty (Figure 2). Similarly, Mozambicans with more education were less likely to be deprived of medical care. But even among those with post-secondary education, more than half (55%) said they lacked care at least once.

Figure 2: Went without medical care | by socio demographic group | Mozambique | 2018



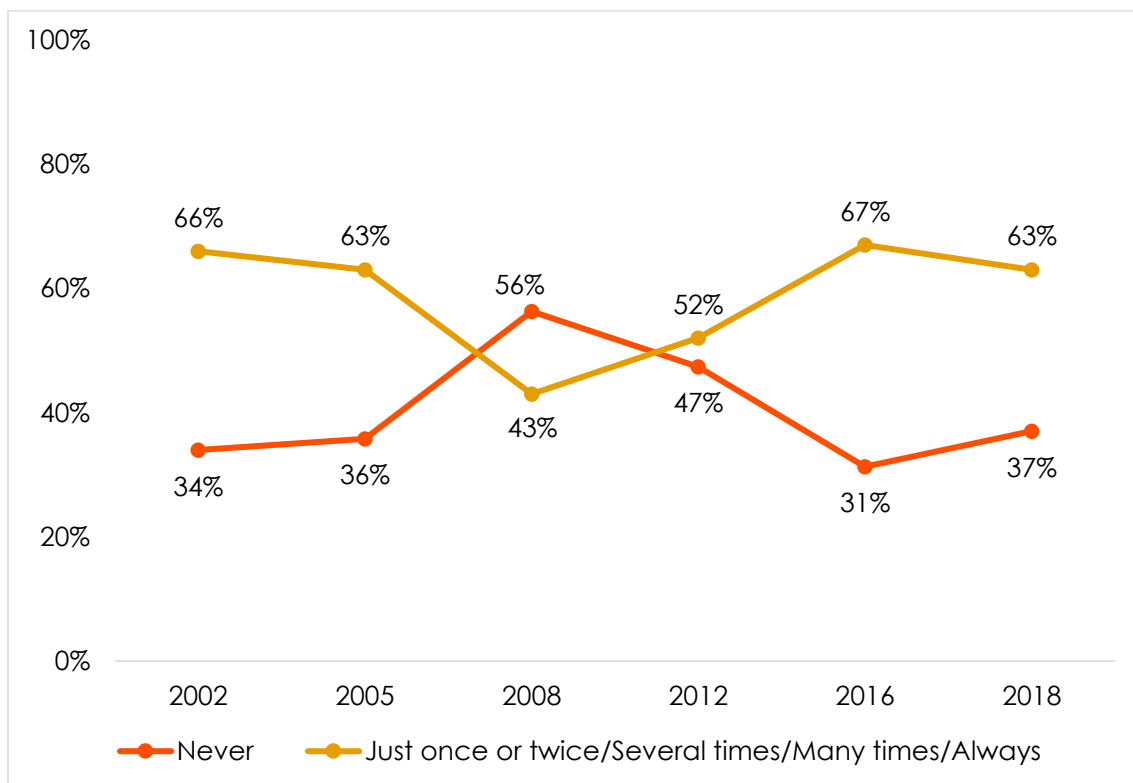
Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

¹ Afrobarometer assesses lived poverty based on responses to the following questions: “Over the past year, how often, if ever, have you or anyone in your family gone without: Enough food to eat? Enough clean water for home use? Medicines or medical treatment? Enough fuel to cook your food? A cash income?”

Rural residents were more likely than urbanites to go without care (68% vs. 53%). Regional differences were also remarkable: While most respondents in Inhambane (71%) and Cicade de Maputo (68%) said they “never” experienced going without medical care, fewer than one in five in the northern, less developed regions of Nampula (18%), Tete (18%), and Zambezia (14%) could say the same. Almost three in 10 residents of Zambezia (29%) and Tete (28%) said they went without medical care “many times” or “always.”

The share of Mozambicans who went without needed medical care increased by 20 percentage points over the past decade, climbing back to about the same level as in 2002 and 2005 (Figure 3). Only in the most recent survey round did deprivation drop again, by just 4 points, including a 10-point drop (from 25% to 15%) in the proportion who went without care “many times” or “always.”

Figure 3: Trend in going without medical care | Mozambique | 2002-2018

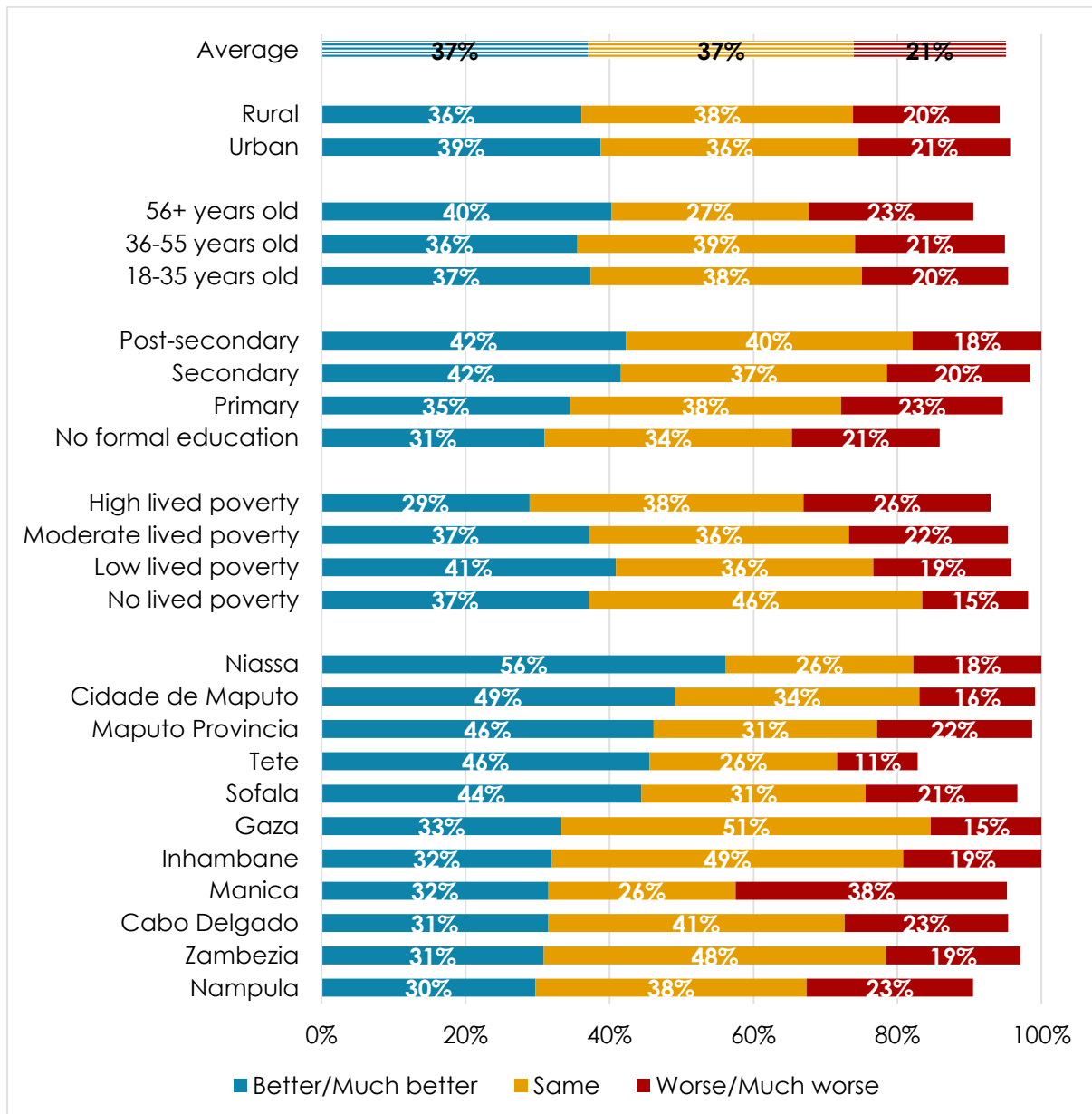


Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

Overall, about four in 10 Mozambicans (37%) said their ability to get medical care when they need it has improved in the past few years, while about half as many (21%) said it has gotten worse and 37% saw no change (Figure 4).

Older Mozambicans (40% of those over 55 years of age), as well as those with at least a secondary education (42%), were more likely to report improvements in access to medical care. But respondents with high levels of lived poverty were more likely to report worsening accessibility of medical care (26%), as were residents of Manica (38%), Nampula (23%), and Cabo Delgado (23%) regions.

Figure 4: Better or worse: Ability to get medical care | by socio-demographic group
 | Mozambique | 2018



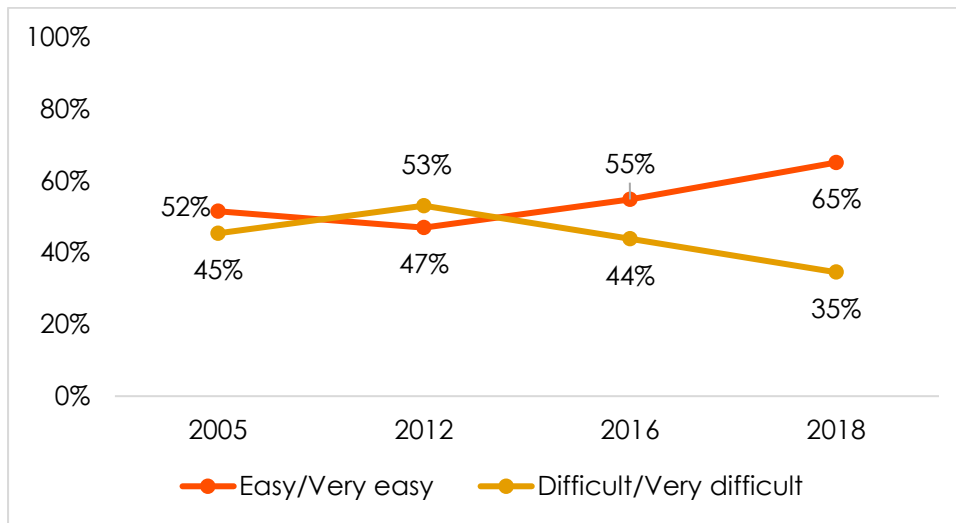
Respondents were asked: Please tell me if the following things are worse or better now than they were a few years ago, or are they about the same: Your ability to get medical care when you need it?

Experiences with medical care

Among the 75% of Mozambicans who said they had contact with a public clinic or hospital during the 12 months preceding the survey, two-thirds (65%) said it was “easy” or “very easy” to get the care they needed. The proportion of respondents who report difficulty in obtaining care declined substantially between 2012 (53%) and 2018 (35%) (Figure 5).

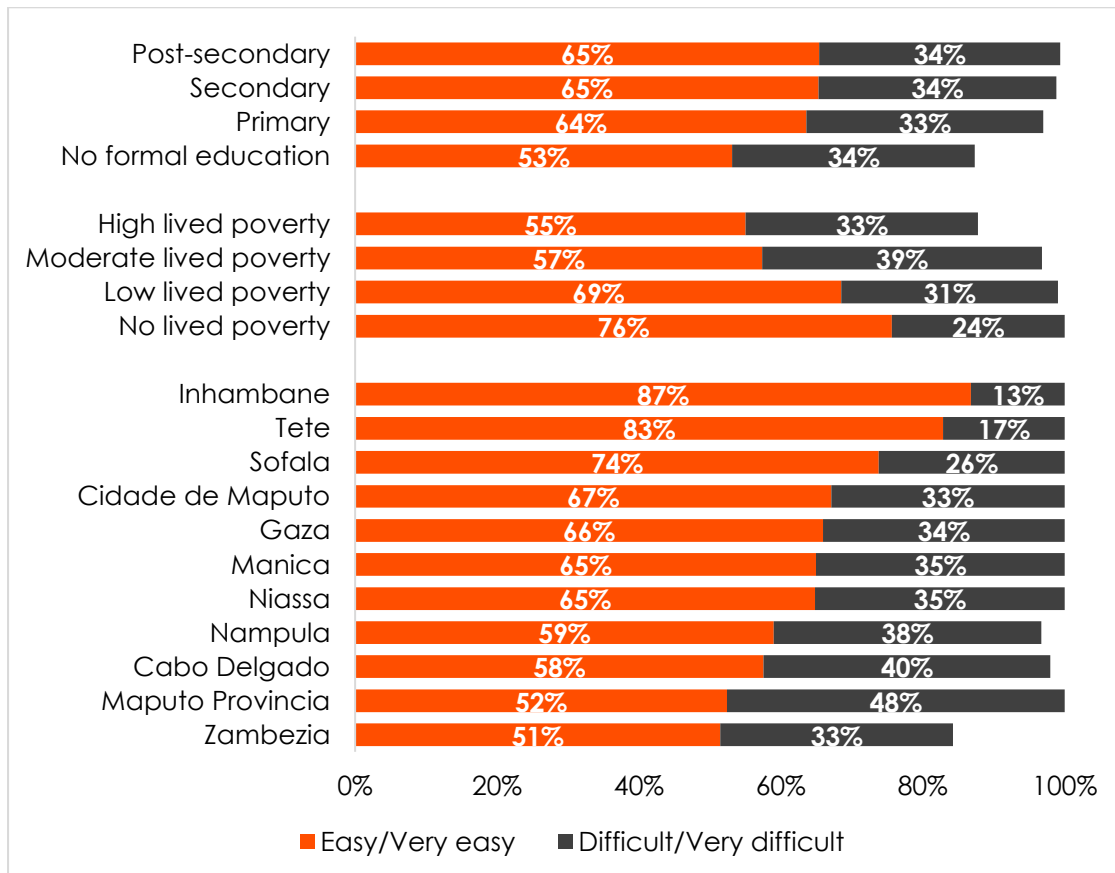
Respondents with moderate (39%) or high lived poverty (33%) were most likely to say they found it difficult to obtain required medical treatment (Figure 6). Again, regional differences were large: While more than eight in 10 residents of Inhambane (87%) and Tete (83%) said it was easy to get care, only half said so in Maputo Provincia (52%) and Zambezia (51%).

Figure 5: Difficulty obtaining medical care | Mozambique | 2005-2018



Respondents who had contact with a public clinic or hospital were asked: How easy or difficult was it to obtain the medical care you needed? (Respondents who had no contact with a public clinic or hospital are excluded.)

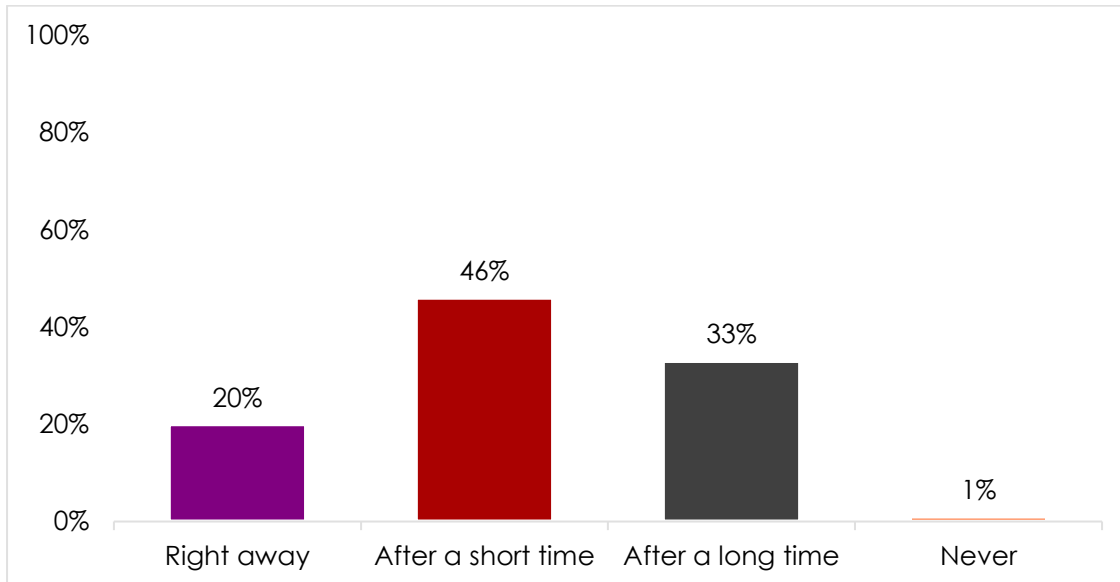
Figure 6: Difficulty obtaining medical care | by socio-demographic group | Mozambique | 2018



Respondents who had contact with a public clinic or hospital were asked: How easy or difficult was it to obtain the medical care you needed? (Respondents who had no contact with a public clinic or hospital are excluded.)

Among respondents who sought care at a public clinic or hospital during the previous year, almost two out of three said they received care “right away” (19%) or “after a short time” (44%), while one in three reported having to wait “a long time” (33%) or never receiving services (1%) (Figure 7).

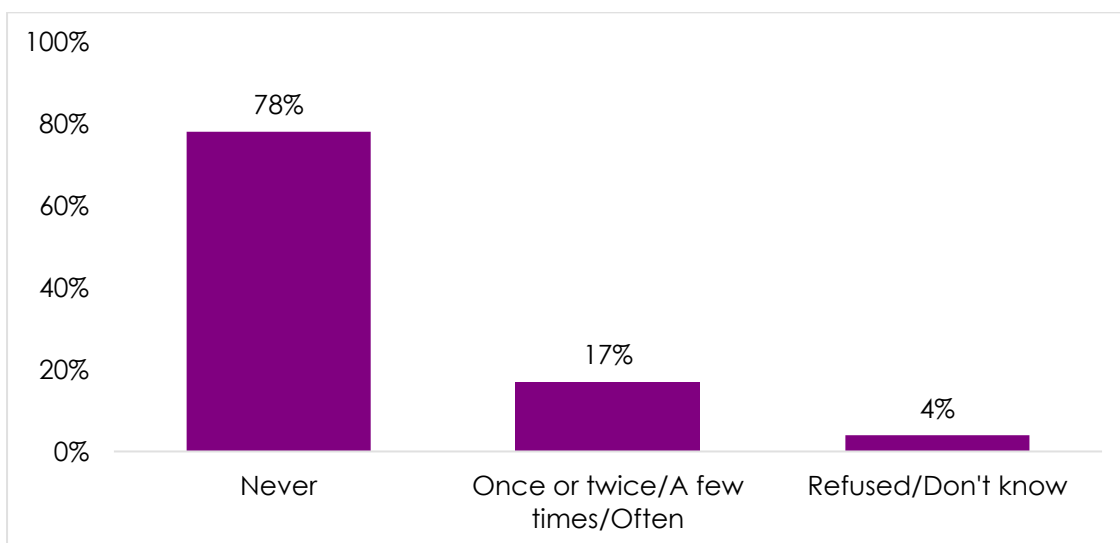
Figure 7: Time taken to receive medical care | Mozambique | 2018



Respondents who had contact with a public clinic or hospital were asked: How long did it take you to receive the medical care that you needed? (Respondents who had no contact with a public clinic or hospital are excluded.)

While most patients reported getting care easily and without long delays, almost one-fifth (17%) said they had to pay a bribe to obtain the services they needed (Figure 8).

Figure 8: Paid bribe to obtain medical care | Mozambique | 2018

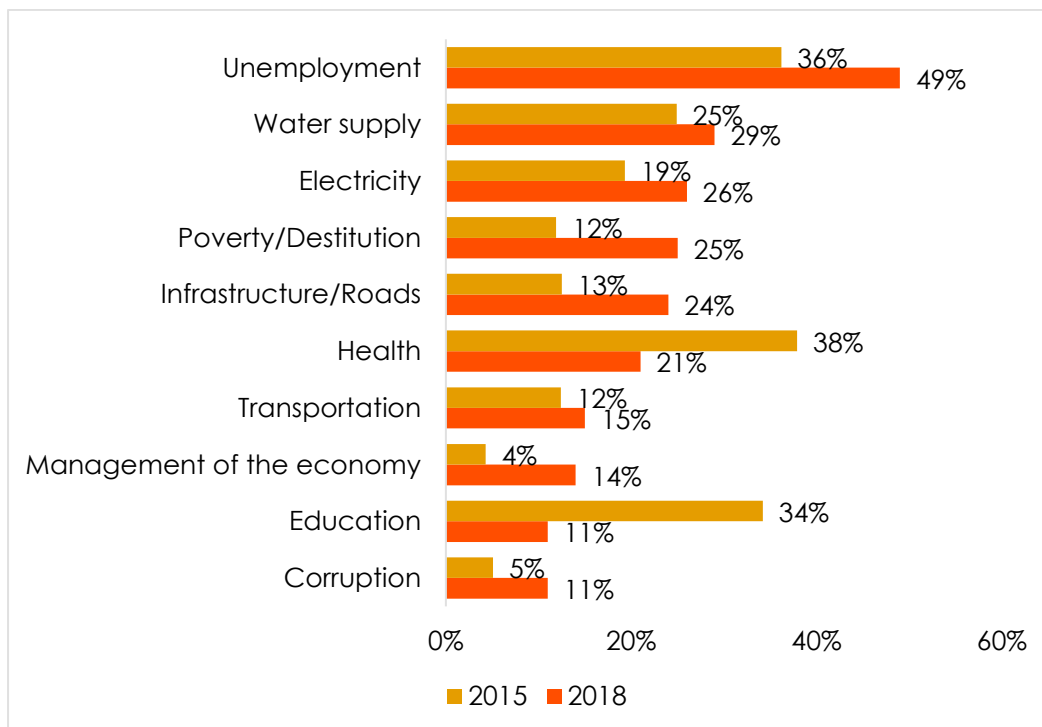


Respondents who had contact with a public clinic or hospital were asked: How often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get the medical care you needed? (Respondents who had no contact with a public clinic or hospital are excluded.)

Government performance

Health ranked sixth among the most important problems that Mozambicans wanted their government to address, cited by 21% of respondents as one of up to three priorities. While still seen as an important issue, health dropped from the No. 1 ranking in 2015, when almost twice as many respondents (38%) cited it as a top priority (Figure 9).

Figure 9: Most important problems | Mozambique | 2015-2018



Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Up to three responses per respondent were recorded.)*

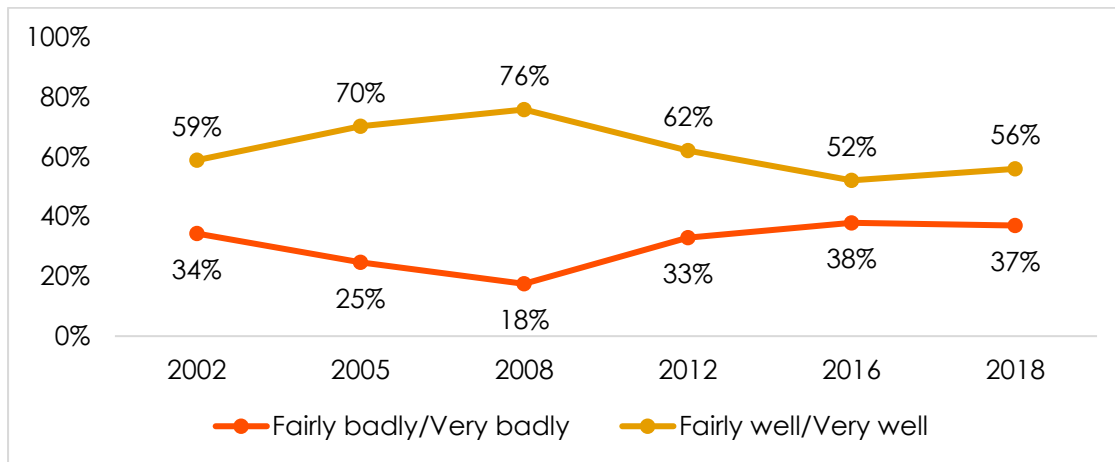
A majority (56%) of Mozambicans said the government was performing “fairly well” or “very well” in improving basic health services. While this was a slight improvement from 2015 (52%), it was a far less positive assessment than citizens offered a decade earlier (76% approval in 2008) (Figure 10).

Approval of the government’s performance on health care increased with respondents’ level of education and economic status, suggesting that citizens who are less well-off and less educated are benefiting less from improvements in health care. Only about half of respondents with no formal education (52%) and with high lived poverty (49%) praised the government’s performance, compared to more than two-thirds of those with post-secondary education (70%) and with no lived poverty (67%) (Figure 11).

Regional differences were again pronounced, ranging from 42% in Gaza to 79% approval in Inhambane (79%) and Sofala (79%) Partisan differences² were also reflected in appraisals of the government’s performance on health care: While six of 10 supporters of the ruling Frelimo party (61%) approved of the government’s performance, a majority (55%) of Renamo supporters disapproved.

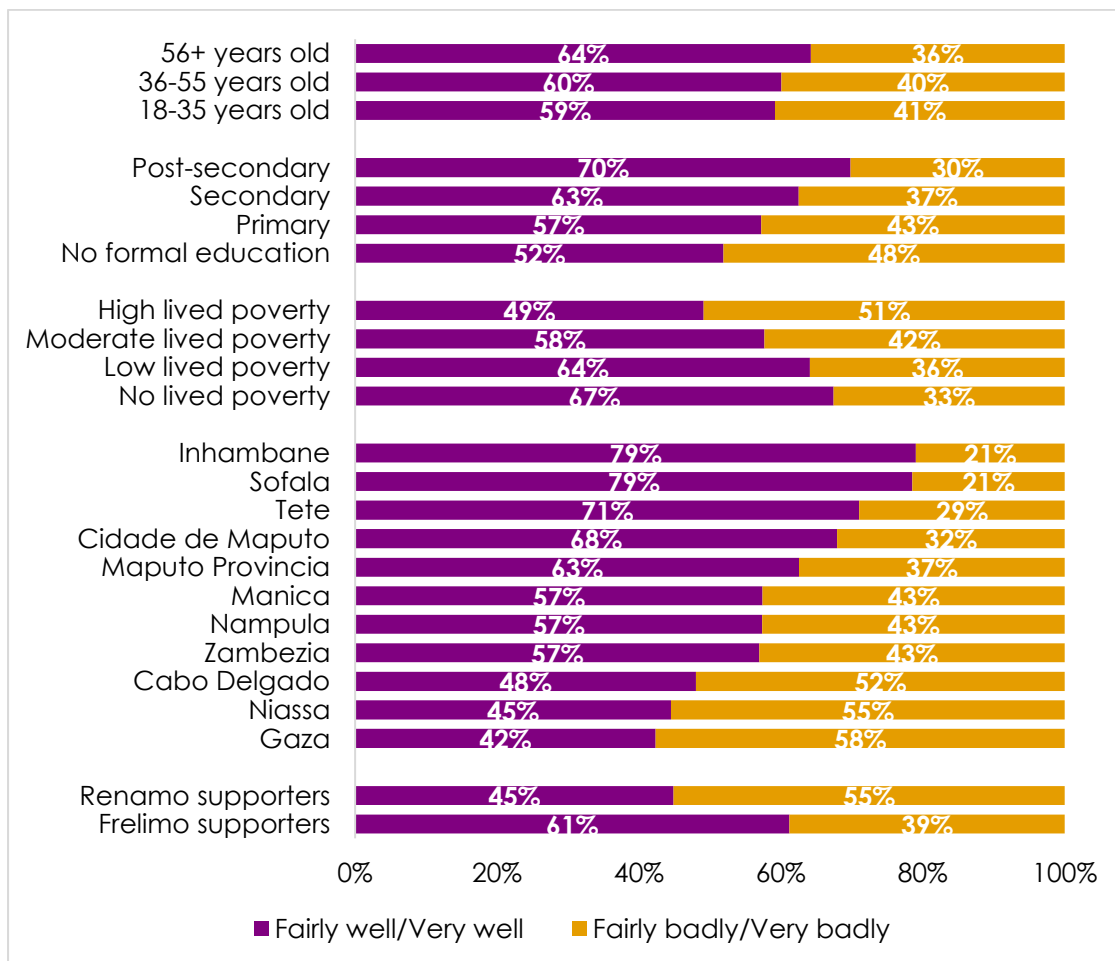
² Afrobarometer assesses political-party affiliation based on responses to the questions “Do you feel close to any particular political party?” and, if yes, “Which party is that?”

Figure 10: Government performance in improving basic health services
 | Mozambique | 2002-2018



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

Figure 11: Government performance in improving basic health services
 | by socio-demographic group | Mozambique | 2018



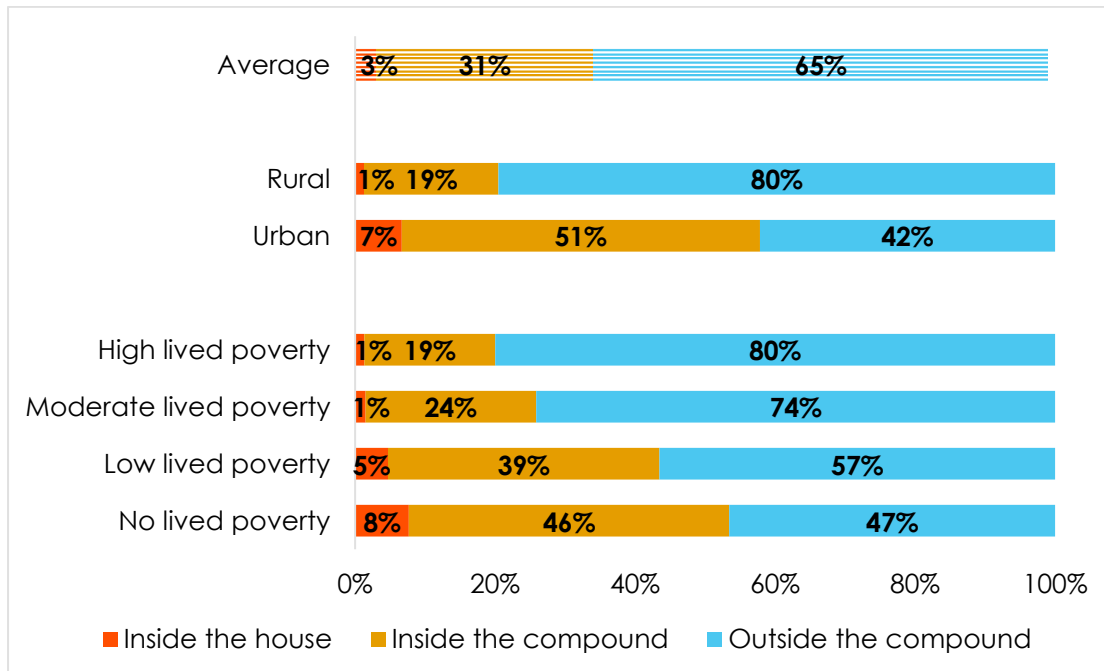
Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

Water and sanitation

Heavy storm damage to Mozambique's infrastructure multiplies persistent challenges in providing the population with clean water and sanitation and facilitates the spread of cholera and other diseases (World Health Organization, 2019; Mari et al., 2012; Reliefweb, 2019).

As of mid-2018, two-thirds (65%) of Mozambicans said the source of their water for household use lay outside their compound. Only about one in three said they had a water source within the home (3%) or the compound (31%) (Figure 12). Rural residents were about twice as likely as their urban counterparts to have to leave the compound to access water (80% vs. 42%). Similarly, respondents with high or moderate lived poverty were more likely to have to go outside their compound to get water (74%-80%, vs. 47%-57% of those with low or no lived poverty).

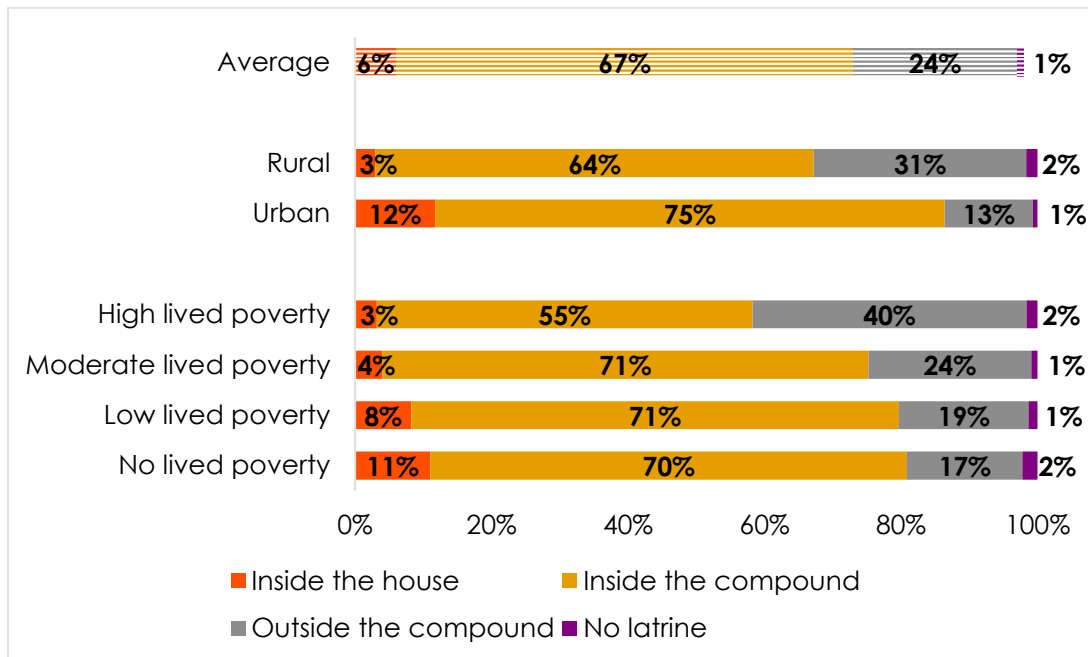
Figure 12: Source of water for household use | by residence location and lived poverty | Mozambique | 2018



Respondents were asked: Please tell me whether each of the following are available inside your house, inside your compound, or outside your compound: Your main source of water for household use?

With regard to sanitation, more than two-thirds (68%) of Mozambicans said they had access to a latrine or toilet within their compound, in addition to 6% who had these inside the home (Figure 13). One in four respondents (24%) said the latrine they used was outside their compound, while 1% said they had no access to a latrine. As might be expected, poor respondents and rural residents were considerably more likely than their better-off and urban counterparts to have no latrine inside the compound.

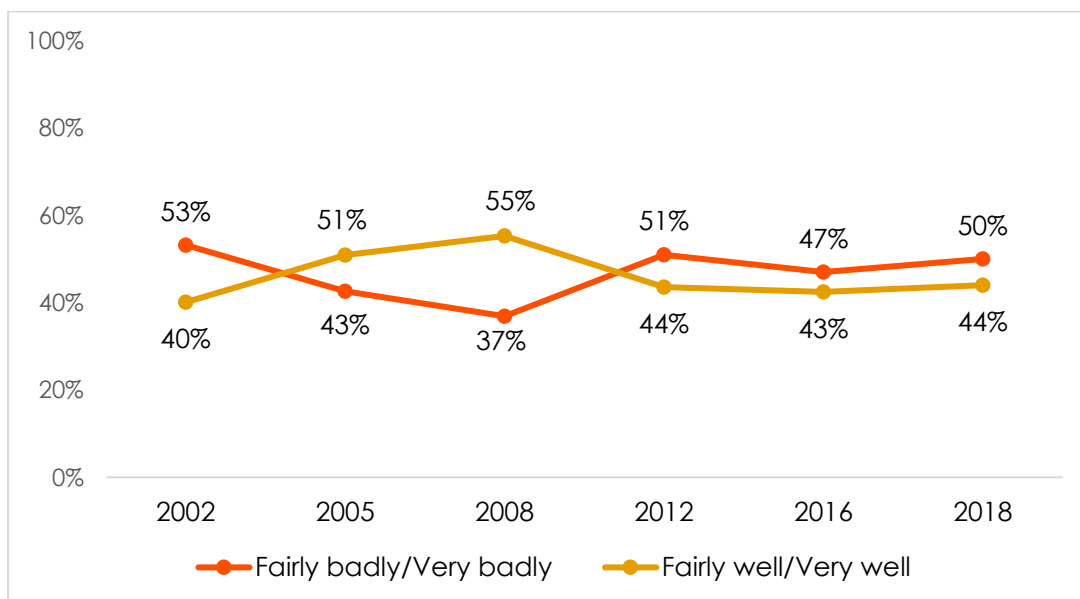
Figure 13: Access to toilet or latrine | by residence location and lived poverty
 | Mozambique | 2018



Respondents were asked: Please tell me whether each of the following are available inside your house, inside your compound, or outside your compound: A toilet or latrine?

Mozambicans were divided in their assessments of the government's performance in providing water and sanitation services. Half (50%) said the government was doing "fairly well" or "very well," while 44% said the opposite. Except for high points in 2005 (51%) and 2008 (55%), approval of the government's performance in this sector has consistently been a minority view (Figure 14).

Figure 14: Government performance in providing water and sanitation services
 | Mozambique | 2002-2018



Respondents were asked: *How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Providing water and sanitation services?*

Conclusion

As of mid-2018, a majority of Mozambicans were satisfied with the government's performance in improving basic health care, but that majority was dwindling – by 20 percentage points over the past decade. Most had no complaints about difficulties or delays in getting care, yet almost two-thirds – and even more poor, less-educated, and rural Mozambicans – had gone without needed care during the previous year. Post-Idai and Kenneth, the country's health sector and water/sanitation infrastructure are certain to need even greater attention to face down the threat of cholera, to get back to 2018 levels, and to move forward.

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Financial support for Afrobarometer Round 7 has been provided by the Swedish International Development Cooperation Agency (SIDA), the Mo Ibrahim Foundation, the Open Society Foundations, the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, the U.S. State Department, the U.S. Agency for International Development via the U.S. Institute of Peace, the National Endowment for Democracy, and Transparency International.

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Afrobarometer Dispatch No. 297 | 7 May 2019