

Private Opulence and Public Squalor: NGOs, Austerity, and Universal Health Coverage in Mozambique

James Pfeiffer, PhD, MPH
Executive Director, *Health Alliance International*
Professor
Department of Global Health
Department of Anthropology
University of Washington, Seattle

Rachel Chapman, PhD
Associate Professor
Department of Anthropology
University of Washington, Seattle



Health for All Now!
People's Health Movement



DEPARTMENT OF GLOBAL HEALTH
UNIVERSITY of WASHINGTON



SOLIDARITY, EQUITY & HEALTH
1987 – 2017



HEALTH
ALLIANCE
INTERNATIONAL

SDG 3 and UHC



- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

<http://www.who.int/sdg/targets/en/>



“UHC is firmly based on the WHO constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma Ata declaration in 1978. UHC cuts across all of the health-related Sustainable Development Goals (SDGs) and brings hope of better health and protection for the world’s poorest.”

<http://www.who.int/sdg/targets/en/>

40th Anniversary of Alma Ata

U.S. represented

- At Alma-Ata, we declared that health care is not just another commodity. The wealth of a nation should not determine the health of its people. Good health is not a gift to be rationed based on ability to pay. Quality, affordable health care for all people is a matter of basic fairness. Health care should be a fundamental right of every man, woman and child. At Alma-Ata, we urged the governments of the world to guarantee this right by the year 2000.



The Case of Mozambique

- SAP/PRSP 1987-present
- Surge in DAH in 2000s including PEPFAR
 - 477 prime partners in FY2008
 - PEPFAR: \$1.5 billion from 2010-16, over \$3 billion total since 2004
- Massive data collection demands
- Anemic health system growth.
- Where did all that money go?



Percentage of PEPFAR funding by type of prime partner in 13 PEPFAR partner countries

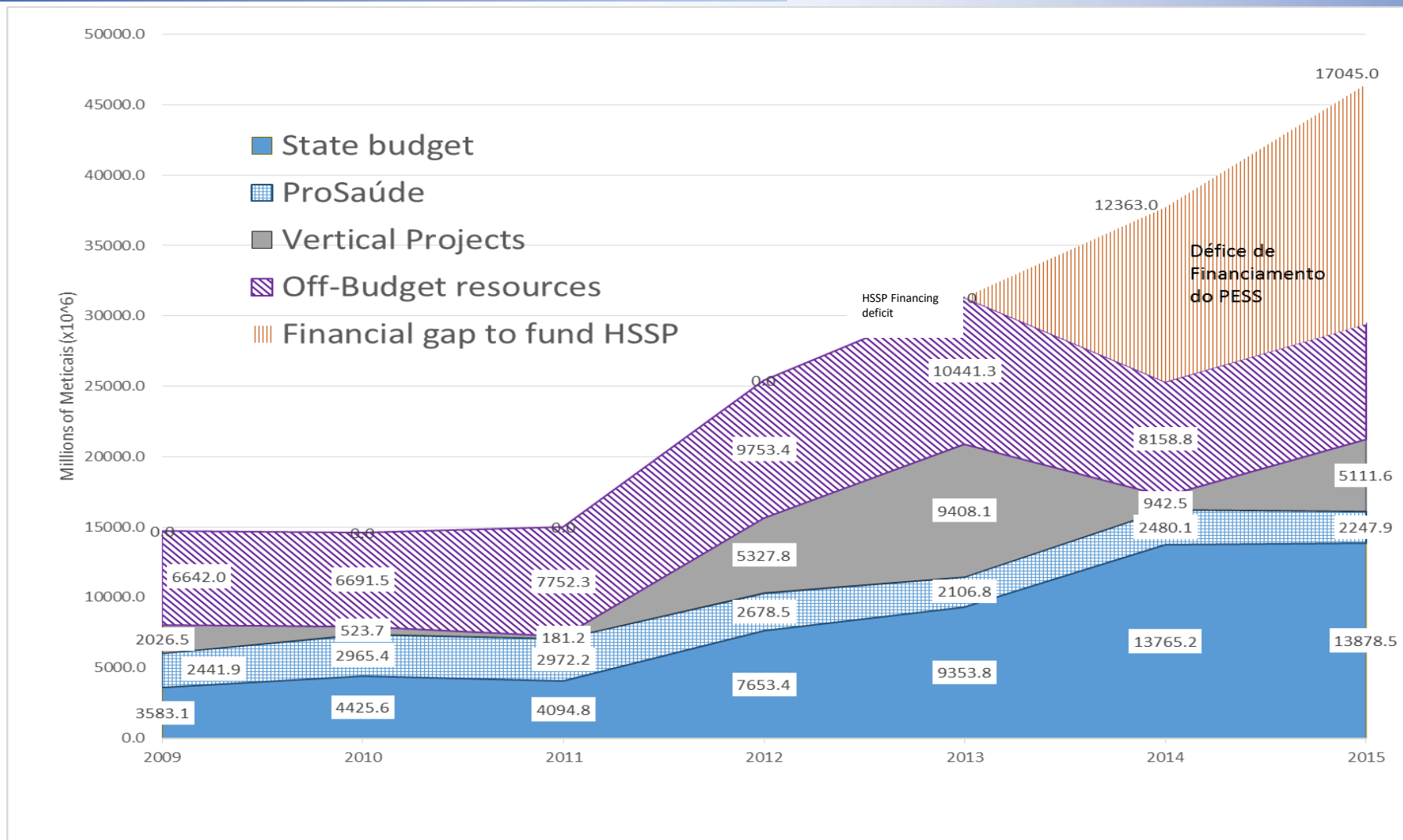


Evaluation of PEPFAR

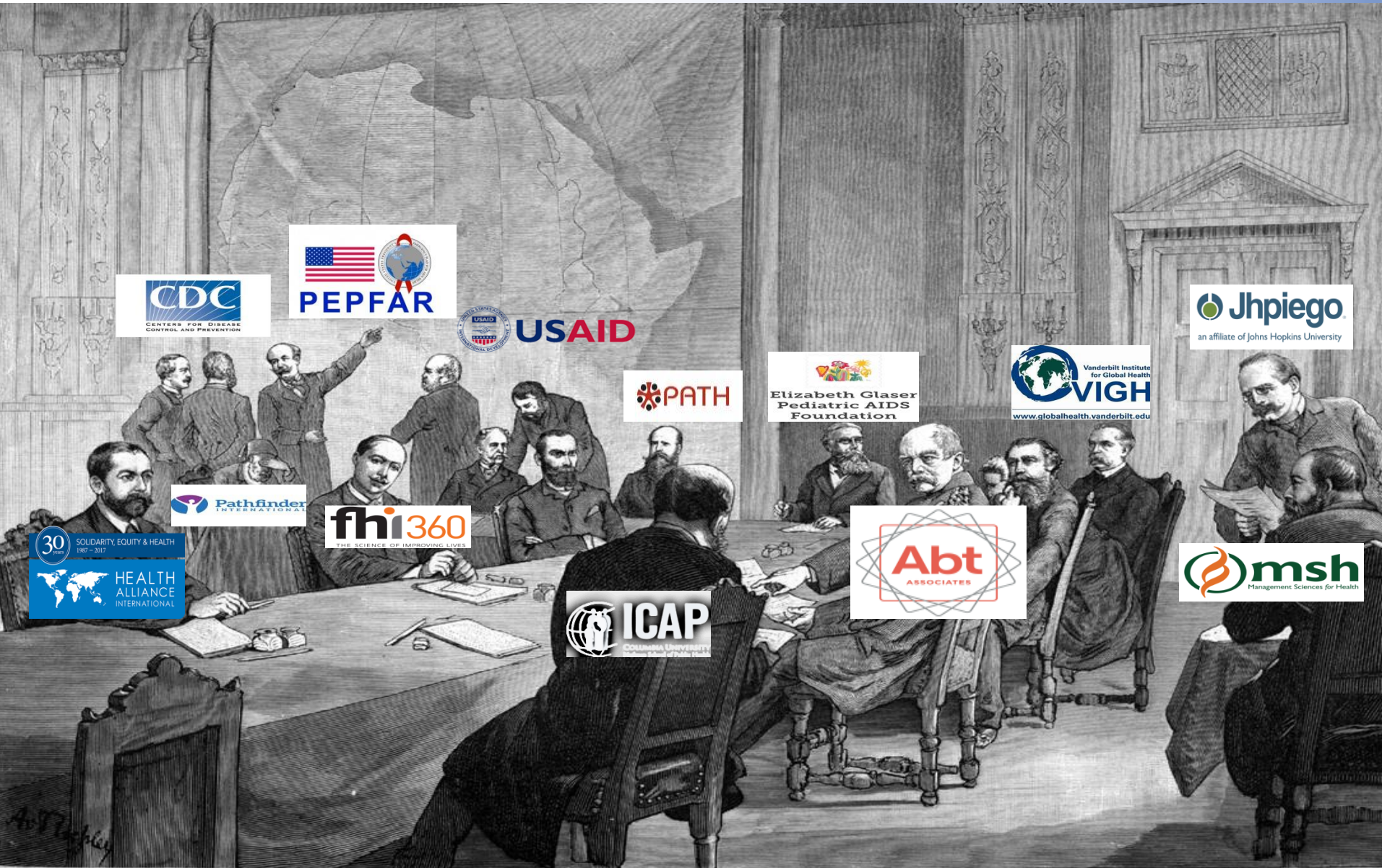
Committee on the Outcome and Impact Evaluation of Global HIV/AIDS Programs
Implemented Under the Lantos-Hyde Act of 2008; Board on Global Health; Board on Children,
Youth, and Families; Institute of Medicine.

Washington (DC): [National Academies Press \(US\)](#); 2013 Jun 27.

Mozambique Health Sector Financing 2009-2015



PEPFAR: The Scramble for Africa



v. Lamberton. de Coetzer. Marquis v. Denafel. Graf Kopnik. Said Pasha. Graf Hoffeldt. Graf de Kaunay. v. d. Straten. Nasson. Naindre. v. Kuscow. Graf Denomar. Henry Sanford. Fürst Bismark. v. Dind. Graf Sydony. Freiherr v. Willt. Graf Wilhelm Bismark. Unterhaatskretäre Reich.

5ª FEIRA DAS ONGS

TRABALHANDO NA SAÚDE E HIV

Lema: "Investir na saúde é garantir o desenvolvimento do país"



Sábado, dia **8** de Outubro de **2016**
das **9h00** às **16h00** na FEIMA

Av. Mártires de Machava / Av. Armando Tivane / Av. Mao Tse Tung
no Jardim do Parque dos Continuadores

Expositores



Contamos com a sua presença!

Mais informações ?

NAIMAO
A Network of NGOs Working in Health and HIV/AIDS

823013902

NCE INTERNATIONAL (HAI)

Staff, Stuff, Space & Systems

“Eighty-two percent of Mozambicans live on less than two dollars per day. With limited health infrastructure, **more than half of all Mozambicans walk over one hour to reach the nearest health facility.** Health facilities face frequent commodity stock outs and a general dearth of basic amenities: **55 percent lack electricity and 41 percent lack running water.** Likewise, human resources for health (HRH) are severely constrained in Mozambique. **With only five doctors and 24 nurses per 100,000 population, and 429 social workers in the country, Mozambique faces some of the most critical HRH shortages in the world.** There are an inadequate number of trained and competent health care workers in all cadres, including an uneven geographic distribution of health providers, which are often poorly trained and have limited supervision. The Government of Mozambique’s capability to oversee its policies and regulations and to coordinate all health actors is weak, resulting in poor overall supervision and coordination. **Information systems and monitoring and evaluation efforts are generally unable to provide timely and accurate health system data.**”

OGAC PEPFAR Fiscal Year 2016
Congressional Budget Justification
Supplement

Obrigado

