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ALLIANCE FOR HEALTH RESEARCH AGENDA

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TECHNICAL DATA

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Acronyms and Abbreviations

INS	National Institute of Health
MM	Medicus Mundi
MISAU	Ministry of Health
ENSSB	National Basic Social Security Strategy
END	National Development Strategy
NHS	National Health System
PARP	Poverty Reduction Action Plan
PHC	Primary Health Care
PLASOC	Civil Society Platform for Health and Human Rights
SDH	Social Determinants of Health

Preface

In the context of growing inequality and the commodification of health care, defending health as a right in a country like Mozambique is absolutely vital. Despite the progress made in recent years, the vast majority of the population continues to face great difficulty in making this right a reality.

Many factors prevent universal and quality health care from being accessible to everyone, especially the poorest and most vulnerable populations. Perhaps, however, the most significant factor is the limited importance attached to the social determinants of health. The World Health Organization defines the social determinants of health as “the circumstances in which people are born, grow, work, live and age”,including the broadest set of forces and systems that influence the conditions of daily life. These determinants account for most of the health inequities suffered by the population of Mozambique.

By way of example, it is known the health system is itself a determinant and that the most effective and efficient way of providing health care to the population is through a public system based on the principles of primary health care. This should therefore be the focus of public policies and the interventions of all those who play a role in public health in the country. It applies equally to policies related to gender, the environment, the economy, etc. – they should all include health in their design and objectives, from management through to implementation and evaluation, so as to improve the health of the population.

Probably, one of the main factors limiting the design of public policies based on the social determinants of health is that little or almost no research has been carried out in this area in Mozambique. Although there are research agendas with a more clinical and biomedical perspective, agendas investigating health and social perspectives do not yet carry the necessary weight. In addition, research continues to be a space reserved for academic elites and certain institutions, with limited participation of the population and / or civil society.

It is important to combine the efforts of all organisations, bodies, social movements, civil society, universities and scientific and/or other research institutes which consider health a right not a commodity and consider the best way

to guarantee this right is by promoting public policies that address the social determinants of health. This need to join forces is the catalyst for launching the Alliance for Health, a platform for Mozambican and international actors whose shared objective is to defend the right to health.

This document constitutes the **Alliance for Health Research Agenda**[1]. Over fifteen civil society organizations, institutions, universities and other entities participated in developing this agenda. It is broad and aims to transform, enabling evidence to be generated and, subsequently, policies and actions to be designed to influence citizenship and institutions.

We call on you to contribute to this agenda and to supplement it with research that reflects the proposed objectives. The agenda is a public document, as will be all research in support of it because we believe it is only by disseminating knowledge and making information freely accessible that we can improve the health of all Mozambique's citizens.

1 In the first edition (2019), called "Primary Health Care Alliance (PHC-ALLIANCE) Research Agenda".

INTRODUCTION

Background

In 1978, three years after its independence in 1975, Mozambique signed up to the Alma-Ata conference Declaration, thus adopting the policy, principles and components of Primary Health Care[2](PHC). Against this background, the number of health centres increased from 326 in 1975 to 1,195 in 1985[3]. The main feature was the availability of free health services was – a policy that prevails today. Mozambique organised its health policy and system through mass training, recruiting a variety of health professionals, strengthening the referral system, and establishing health posts as the first point of contact with the patient – leaving health centres and hospitals to handle more complex cases[4].

Mozambique's Constitution grants all citizens the right to health (Art. 89) and obligates the Government of Mozambique (GoM) to ensure equal access to health care for all citizens (Art. 116). However, as a low-income country, Mozambique faces serious challenges in guaranteeing equal access to health care for all Mozambicans: over half (54.7%) of its population, estimated at 27,128,530 million, lives below the poverty line, with 67.7% living in rural

2 (LINDELOW et al., 2004 apud O´LAUGHLIN, 2010).
3 (VAN DIESEN, 1999 apud ALDEN, 2001).
4 (PAVIGNANI; COLOMBO, 2001:10 apud SEQUEIRA, 2017, p. 111).

areas, where infrastructure is poor. Two thirds of the population is 24 years old or younger, mostly unemployed and dependent on the third of the population made up of older people. (NATIONAL INSTITUTE OF STATISTICS [INE] & WORLD BANK, 2017).

Mozambique, despite experiencing economic growth in recent years, suffers from a poor-performing economy with low levels of agricultural production and a devastating burden of disease. These factors mean it ranks 181 out of 188 in the Human Development Index according to UNDP data (2016). Mozambique's life expectancy is also low – 54.4 years (INE, 2017), as are literacy levels – only 56% of adults are literate, and only three (3) women and twelve (12) men in two hundred reach secondary school. It also faces issues with early marriage and pregnancies. This situation has meant below average performance and failure to achieve the goals of the most recent Poverty Reduction Action Plan (PARP III).

Based on the PARP, the GoM outlines and implements concurrent strategies and interventions to reduce poverty. Health is a core component of the PARP, which also functions as a critical tool for accessing aid to the State Budget. The last National Development Strategy (END) 2015-2035, approved in July 2014, determined that the first pillar for development and industrialisation was improving living conditions – health being integral to this. The first National Basic Social Security Strategy 2010-2014 (ENSSB I) recommended establishing social assistance to guarantee access to health services, particularly for vulnerable people; the current social security strategy (ENSSB II, valid to 2024) has also prioritised health.

External financing for the National Health System (NHS) budget is an indicator of the country's dependence on financial aid, which currently accounts for around 50% of public expenditure. Most of this support is provided outside the General State Budget (off-budget) or outside the Single Treasury Account (CUT). This high level of aid, which responds to requirements of different health areas, has stimulated a number of studies in the health sector at national level. The health budget does not, in fact, meet the real needs of the health sector if you take into account demand for services, guaranteeing universal access (health being a human right) and strengthening the NHS – reducing

the impact of its most recent increase from 7.0% (2011) to 9.1% (2015) of total public expenditure. This figure falls considerably short of meeting World Health Organization and the Abuja Declaration objectives, which advocate for 54 USD per capita and 15% of the State Budget, respectively.

Research for health in Mozambique is traditionally and predominantly biomedical and focuses on the major causes of death and disease. This research proposal aims to gradually complement this focus by producing knowledge around the structural causes that result in death. To this end, essential and priority research areas on social determinants of health (SDH) were identified for inclusion in the PHC Research Agenda which was drawn up based on analysis of the general and specific objectives below.

OBJECTIVES

General

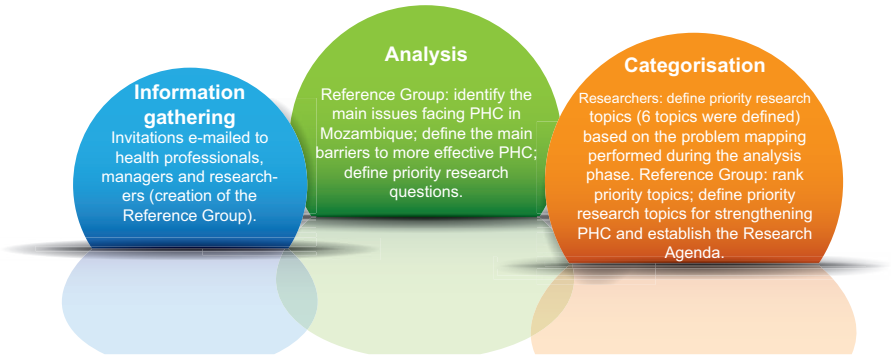
Promote research and political dialogue centred on evidence about the social determinants of health that influence Mozambique's health model for primary health care.

Specific

- Identify fields of study on SDH, with a focus on PHC;
- Develop a detailed research agenda, taking into account the detailed observations of the feasibility study, including its vision, mission and key strategies;
- Identify possible national and international institutions, research centres and universities with which to form an alliance to develop the Research Agenda on SDH in Mozambique.

METHODOLOGY

This Research Agenda was developed using participatory methodology, with contributions from key players in the health system, social researchers, civil society and development partners involved in the area. It involved a three-phase process: information gathering, analysis and categorisation.



Information gathering

In November 2017, Medicus Mundi (MM) held an internal workshop with employees in Maputo, Cabo Delgado and Barcelona. The workshop objectives included determining employee skills and knowledge to assess if it would be useful to strengthen knowledge of the SDH vis-à-vis the needs of the 'target population' as well as defining MM's position. It also served to identify key actors to be interviewed – as well as those who would subsequently be selected to

be part of the Reference Group for development of the Research Agenda. The literature review process was then initiated.

Analysis: interviews and creation of the Reference Group

Exploratory and in-depth interviews were carried out in February and March 2018 with key actors working in health in Mozambique. These interviews captured the information needed for building the initial knowledge base and were subsequently useful for structuring the Research Agenda and identifying priorities in what is, essentially, a grey area.

The second workshop, involving key actors and the Reference Group, took place on 16 March 2018. This workshop began mapping the most applicable SDH and associated rationale for inclusion in the research agenda. The research team then summarised and consolidated this information.

Categorisation: debate, consensus and endorsement

The third workshop was held in April 2018 to debate, agree and endorse the Research Agenda topics. These topics were the result of consensus reached during the previous workshops.

The participants used their professional experience and knowledge to critically discuss those topics they considered as key and priority for the Research Agenda, first in multidisciplinary groups and then in plenary.

RESEARCH PRIORITIES

In a health system, effective and efficient PHC is fundamental to improved global health and reduced health costs[5] and PHC research measures and establishes progress towards defined objectives. The research also supports improved provision of quality health services to the population. In this context, Mozambique generally scores well in terms of public health and health promotion[6], as demonstrated by NHS public policies. In recent years research on 'health promotion' has noticeably included topics on knowledge, behaviour and practices related to malaria, HIV/AIDS, contraception, condom use, breastfeeding, childbirth, and sexual and reproductive health. These topics necessarily include reflection on social dynamics given their focus on transforming ways of life.

One of the challenges, however, is that in Mozambique there is insufficient evidence of the role of SDH research in policy making. Research requires resour-

5 (TAN et al. 2014 13:17)..

6 Defined as "a process of empowering the community to act to improve their quality of life and health, including gre ater participation in controlling this process". Ottawa Charter (1986).

ces such as infrastructure, expertise and financing – usually scarce commodities in low- and middle-income countries like Mozambique. Strategic guidelines are therefore critical to optimising the scarce resources directed to PHC and SDH research. This means it is essential to identify the population's key health care issues, evaluate their importance and clinical implications, and then compile these into a Research Agenda focused on the community and a specific area – in this case, PHC. This agenda can then serve as a basis for involving local researchers and health policy makers in assessing, debating and selecting the resources needed to support any PHC research efforts in a given community.

Over the course of the work described above, six research areas were defined, each with sub-areas and research topics. The dominance of communicable diseases associated with poverty and poor sanitation (therefore responsible for much of the morbidity and mortality in all age groups) in Mozambique was taken into account when defining the research areas. This aligns with health research policies which focus basic, clinical and operational research on highly prevalent diseases.

PRIORITY AREAS

Table 1: Alliance for Health framework of priority areas for the Research Agenda on SDH

Research Areas	Rationale
Main Areas: ***Territory, demography and health.***	Territory, as a place where a community's social support networks are formed and function for its members, offers daily opportunities for social interaction and is a determining factor in the identity of members, at various levels. Socio-environmental configurations result from the relationship between economic and social development; they influence a population's quality of life indicators in a specific territory. They reflect the level of care for life's basic necessities as addressed by public policies and social regulatory mechanisms. Health is a priority among life's basic necessities given its pervasiveness and influence in socio-demographic profiles and, particularly, its potential for social development. A comprehensive understanding of health includes the spatial conditions for social reproduction of life or for improving the quality of life because the social space offers support, resources and tools to deal with any breakdown of the essential balance. The health system's services cannot avoid interacting with this social, environmental and cultural space.
Sub-areas: • Social control in health; • Social inequities in health; • Road accidents as a space for health action; • Social determination of the health-disease process; • Health and work; • Urban health, mobility and informal settlements; • Social structure and power distribution in communities affected by preventable health problems; • Health impact from lack of access to water; • Socio-demographic profile and pattern of health services use for users and non-users; • Evolution of sanitary and environmental conditions in resettlement programmes resulting from natural disasters; • Per capita income and nutritional disorders in rural versus urban populations.	

Main Areas:
Gender and health.

Sub-areas:

- Gender, diversity and health;
- Gender violence and health;
- Masculinity and health;
- Sexual minorities and representation in the health workforce;
- Patterns of discrimination and women's participation in health committees, CHWs, first aiders, community activists;
- Participation and governance of public hospitals.

Although recognised that, although embryonic, some policies reflect gender perspectives and have been formulated from the demands of women and by women, it should be noted that to date there are more ideas (or ideals) than experience. Several factors may be behind this, namely: bad faith, poor management, difficulties in implementation and lack of funding. In this context, it is the state's responsibility to provide policies for quality of life and health that meet the demands of Mozambican women. Significant emphasis is placed on the importance of paying specific attention to women, whether it be related to their role in the family, their decisive role in matters related to the home and the neighbourhood, or even because of their notable presence among poor populations. Incorporating a gender category in health policy evaluation will bring out a new dimension of social inequality and may explain situations and phenomena that would not be visible without this focus.

Main Areas:
Health – environment

Sub-areas:

- Health, conservation and sustainable development;
- Natural elements (such as water, air, land) within public health policies;
- Economic interests in environmental conservation and health;
- Environmental health and toxicology;
- Health sciences and environmental education
- Health, climate and ecosystem change
- Occupational hazards and work environments
- Planning land use and water resources;
- Hygiene, sanitation and diseases

Maintaining a healthy environment is essential to improving quality of life and years of healthy life. Incorporating studies to measure or prevent environmental impact on the health of populations responds to a growing need in Mozambique to understand that social and environmental factors increase the likelihood of exposure to diseases. Researching health and the environment allows improved understanding of the physical and social aspects that favour individual health and well-being when influenced by positive and/or negative environmental factors such as natural disasters, climate change and exposure to dangerous substances in the air, water, soil and food.
Studying environmental conditions, i.e. the interaction between social capital, the environment and quality of life, may also result in better understanding of how environmental factors determine social cohesion and reciprocity relationships in a given region or community. Better knowledge of environmental and contextual factors involved improves the ability to develop and adopt policies for prevention and control in the health sector.
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Main Areas:
Health – political, legal and institutional framework

Sub-areas:

- Health history and historiography;
- Protection policies for health service consumers and users;
- Integrated and complementary health practices;
- Health financing in face of the new fiscal reality: challenges and perspectives;
- Functioning of the bodies and institutions responsible for implementing PHC actions and services;
- The fiscal impact of indirect public financing via tax waivers and health insurance costs for private providers;
- Importance placed on health in the • Importance of the health programme in the total non-financial expenses of the State;
- Fiscal space possible with institutional reforms in the health sector;
- Importance of social security in the State budget;
- Public social spending: sectoral composition.

Health is a solid mechanism which identifies and empowers state and non-state actors, actions, procedures and the legal and financial systems that enable PHC to perform its specific functions.
Coordination of health policies and of strategic investment in health systems and research into services, including the evaluation of new technologies, which all link with health system administration; these should be transparent, subject to social control and free from corruption.

Main Areas:
Migratory movements and health

Sub-areas:

- Development of productive forces and impacts on collective health;
- Migration and social determination of health care;
- The living and working conditions of workers in the mining and extractive industry from the perspective of health promotion;
- Assessing the magnitude of the effects on the population's health following natural disasters;
- Migration movements and health coverage challenges;
- Informal work associated with cross-border trade and access to health care;
- Participatory processes and organisation of

Mozambique has a longstanding migratory tradition. Cross-border trade as well as urban and rural mobility are competing factors; additional factors include large investments in the extractive industry which cause massive population displacements, visibly impacting health indicators. Migratory movements per se are associated with social, political, environmental and economic phenomena that greatly influence health indicators such as disease outbreaks, health coverage and control of epidemics.

Main Areas:
Community and social actors and health

Sub-areas:

- Social determination of the health-disease process;
- Social inequalities in health;
- Participation and social activism for health citizenship;
- Socio-demographic inequalities in the prevalence of chronic diseases in Mozambique;
- Integrative and complementary health practices, with a focus on continuous provision of care;
- Child health and nutrition;
- Adolescents in social risk situations;
- Percentage of provincial governments' and municipalities' own resources invested in public health.

There is an urgent need to democratise how decisions are made about the health sector through greater consultation and participation of internal and external actors in the sector, at different levels. It is also necessary to empower those using services to exercise their rights regarding well-being and health in general.
Creation of participatory mechanisms that guarantee transparency and accountability at all levels: this includes activities that enable individuals to better manage their own health and that stimulate the capacity of communities, with a view to them becoming active partners in setting priorities in and managing, evaluating and regulating the health sector. This means the inclusion of individual and collective actions as well as contributions from public, private and civil society actors; which will help with planning and promoting healthy environments and lifestyles.

Main Areas:
Management and health

Sub-áreas:

- Evaluation of health services;
- Structuring of networks focusing on primary care;
- Planning and management policies for PHC;
- Integrated and complementary health practices focusing on health education institutions;
- Study the process of building research Agendas for training institutions, the National Health Institute (INS) and National Health Observatory;
- Composition of health expenditure and combating inequalities;
- Cost of family hospital expenses.

Health professionals and managers are responsible for regular data collection and using it to make related decisions, and for planning and developing strategies which respond appropriately to future social and health crises and natural disasters.

It is extremely important to promote management practices that, through innovation, allow the organisation and provision of health care to be constantly improved so it meets or is at least progressing to achieve quality and safety standards. It is also important to promote practices that provide satisfactory workplaces for health workers which are even welcoming to citizens. These management practices include strategic planning, research into work processes, performance evaluation etc.

RESEARCH AGENDA IMPLEMENTATION

The Research Agenda is a tool to generate evidence for the Alliance for Health which will be used to develop health policies and interventions. Its implementation requires the involvement of all Alliance for Health partners and the entire scientific community. This means the Alliance for Health, in collaboration with the principle players in national research, allies for the defence of PHC and the Ministry of Health must support the promotion, facilitation and coordination of research activities. The country's[7] main research institutions, development partners and civil society are called upon to work on the research priorities set out in this document for the duration of the Research Agenda. Alliance for Health resources should be mobilised to investigate priority topics; the Alliance for Health will promote implementation of the Research Agenda on SDH through research programmes being implemented in Mozambique, making specific funds available for research and dissemination as well as scholarships for researchers engaged in SDH research.

The Alliance for Health and other stakeholders therefore prioritise: a) advocacy for the adoption of a social research protocol by the Ministry of Health (MISAU) and other entities involved in health research, such as hospitals and health training institutes; b) advocacy for creation of a ministerial diploma for a Resolution on health research and, c) advocacy for creation of a national SDH research register.

MONITORING AND EVALUATION

In order raise the profile of SDH research, a plan for monitoring and evaluating the Alliance for Health Research Agenda is essential. All those involved in this plan will be required to carry out monitoring and evaluation using a cross-cutting approach. The Alliance for Health should establish a monitoring and evaluation mechanism, through half-yearly meetings between its partners. In these meetings, and as a way of monitoring the Research Agenda implementation, the achievement of the expected results and respective indicators will be analysed, as shown in the table below:

Table 2. Research Agenda Monitoring and Evaluation Framework for Results and Indicators of Research into SDH.

Expected Outcome	Indicator
O1. A collaboration mechanism between the Alliance for Health and the Scientific Health Council is created with the view of including research on SDH and PHC in the National Health Research Agenda (2017-2021).	A collaboration and coordination mechanism is established between the Alliance for Health and the Scientific Health Council.
O2. Research is implemented at the national level, based on the list of priorities defined for each main area of the Alliance for Health Research Agenda, in the next 5 years.	At least 2 research projects based on the list of priorities defined for each main area of the Alliance for Health Research Agenda are implemented, in the next 5 years.
O3. A stable budget line from the Alliance for Health Research Agenda is guaranteed to allow a minimum of 3 research projects on SDH and PHC to be implemented until 2022.	Existence of a stable budget line that allows at least 3 research projects on SDH and PHC to be implemented until 2022.
O4. Health students, teachers and researchers are trained to conduct research on SDH and PHC, in the next 5 years.	At least 15 people trained in research on SDH and PHC.

PARTICIPANTS RECOMMENDATIONS FOR IMPLEMENTING THE RESEARCH AGENDA

Government

- Strengthen the health system to promote health care;
- Adapt the structure of the bioethics committee and create a specific protocol for social research;
- Create an effective communication base with the NHS to guarantee implementation of research results;
- Collaborate with educational institutions in order to consolidate research that is focused on the SDH, particularly the environmental, political and socio-cultural elements which most influence the health system.

Civil Society

- Advocate with MISAU and other entities working in health e.g. hospitals, to adopt the social research protocol
- Advocate for greater availability of information resulting from research into SDH and PHC.

Development Partners

- Prioritise health system strengthening policies which promote PHC.
- Prioritise health research, focusing on SDH and reducing poverty and social inequalities, in development and aid protocols.
- Create financing mechanisms that promote SDH-related research.
- Involve research institutions and universities in assessing the impacts of health projects of which communities are part.
- Include research institutions and universities that identify with the study of SDH in the list of institutions to be consulted and engaged in political dialogue on sector policies.
- Make funding available to research institutions and universities outside Maputo.

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Appendices

National Health Research Agenda (2017-2021)

National Health Research System in Mozambique

Since 2006, Mozambique has relied on the Science, Technology and Innovation Strategy (ECTIM), developed by the Ministry of Science and Technology, Higher Education and Technical-Vocational Education (MCTESTP) to provide scientific and technological solutions aimed at improving the quality of life of Mozambican society for the priority sectors defined in the Government's Five--Year Plan (2005-2009), the PARP and Agenda 20-25.

Health is one of MCTESTP's strategic areas, however, the absence of a specific National Health Agenda to guide national research makes it difficult for research to be aligned, thus perpetuating an "informal" national system for health research.

The INS is a public institution, subordinate to MISAU, whose mission is to generate evidence to contribute to improving the health of Mozambicans. MISAU has assigned INS the mandate to coordinate and conduct health research. The following are part of the INS' duties related to research (BOLETIM DA REPÚBLICA, 12 May 2004):

- Coordinate development of the health research agenda and its application throughout the national territory;
- Conduct research on health problems that contribute to the population's morbidity and mortality and disseminate results;
- Recommend to MISAU measures for the prevention and control of diseases relevant to public health; these measures are to be followed by the public, private and community sectors.

In meeting its research mandate, the INS included development of the National Research Agenda within its Strategic Plan 2010-2014.

Other institutions significantly contributing to health research in the country include the Manhiça Health Research Center (CISM), Eduardo Mondlane University Medical School, the Catholic University in Beira through the Infectious Disease Research Centre (CIDI), Hospitals (mostly central), the Biotechnology Centre of Eduardo Mondlane University and some NGOs.

Most national institutions find it difficult to conduct research due to lack of infrastructure and trained human resources.

List of public higher education institutions:

- Institute for International Relations
- Manica Higher Polytechnic Institute
- Gaza Higher Polytechnic Institute
- Tete Higher Polytechnic Institute
- Higher Institute for Health Sciences – ISCISA
- University Eduardo Mondlane
- Lurio University
- Pedagogical University
- Zambezi University

List of private higher education institutions:

- Higher Institute of Education and Technology
- Mozambique Higher Institute of Sciences and Technology
- Mozambique Higher Institute of Communication and Image
- Higher Institute of Transport and Communication
- Don Bosco Higher Institute
- Alberto Chipande Higher Institute of Science and Technology
- Higher Institute of Business Management
- Higher Institute of Science and Management
- Higher Institute of Management
- Higher Institute of Distance Education Sciences
- Higher Institute of Local Development
- Higher Institute of Management, Commerce and Finance (ISGECOF)
- Gwaza Muthini Higher Institute of Management and Entrepreneurship

- Higher Institute of Public Administration
- Higher Institute of Arts and Culture (ISARC)
- Songo Higher Polytechnic Institute
- Monitor Higher Institute
- Maria Mãe de África Higher Institute
- Índico University
- Catholic University of Mozambique
- Jean-Piaget University of Mozambique
- Mussa Bin Bique University
- Sagrada Familia Pedagogical University
- Polytechnic University of Maputo
- University São Tomás of Mozambique
- Mozambique Technical University
- Wutivi University
- Adventist University of Mozambique

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- Civil Society Support Mechanism (MASC)
- Institute of Social and Economic Studies (IESE)
- Maputo City Council (Health Department)
- NAIMA +
- Ministry of Earth, Environment and Rural Development (MITADER)
- Environmental Justice (Carlos Serra)


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