Understanding the challenges and opportunities to address non-communicable diseases facing climate-induced disasters in Mozambique

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Non-communicable diseases are *neglected* in disaster response in the health sector and should not only be *prioritized* but also included in the government's efforts *to develop more sustainable response plans* addressing those living with these diseases.

BACKGROUND

Mozambique is among the African countries most affected and vulnerable to extreme climate events. In 2019, in the country, extreme weather events caused not only destruction to health facilities and other health infrastructure, but also interruption in supply chains, the provision of essential medical services, follow-up and treatment of chronic diseases such as HIV, TB and other cardiovascular diseases, displacement of health care workers (HCW), rapid emergency of water and vector borne diseases such as malaria and cholera, among others. For this reason, this study provides an understanding of the challenges and opportunities to address non-communicable diseases facing disasters from 2019 to 2022 in Mozambique.

METHODS

An observational, cross-sectional study with a qualitative approach was conducted in 4 provinces affected by the cyclones from 2019 to 2022. To achieve the objectives, interviews were carried out at national, provincial and district level with policy makers, implementers and decision makers to map the implemented initiatives, projects, reports, and other documents used or produced during the occurrence of extreme events; and focus group discussion with community members to determine the main challenges and gaps encountered in access to health services, with a focus for people living with non-communicable diseases (NCDs). The interviews were audio-recorded, used to expand on the development of field notes following each Key Informant Interview (KII) and Focus Group Discussion (FGD) session. Subsequently, the interviews were transcribed, coded in relation to the themes and sub-topics of interest and analyzed thematically.

RESULTS

A total number of 86 participants were involved, being 46 part of KII and 40 involved in 4 FGD as per listed in table 1. In terms of sub-topics analyzed and disaggregated by challenges and opportunities. From healthcare services perspective, challenges for NCDs were reported to be related to interruptions of services and the need to provide services in resettlement centers, whereas opportunities were found to be related to mobile clinics that may provide medical and medication assistance in a disaster setting (figure 1).

Table 1. Number of target group involved per type of method used (KII or FDG)

Target group and tools	# of participants
Total involved	86
Key Informed Interview	46
Focal group discussions	4
 Sofala 	25
• KII	15
• FGD (Búzi)	10
• Tete	20
• KII	10
 FGD (Chiuta) 	10
 Zambézia 	21
KII	11
FGD (Cidade de	10
Quelimane)	
 Nampula 	20
KII	10
FGD (Nacala)	10

Healthcare services CHALLENGES **OPPORTUNITIES** Creation of Lack of mobile teams materials Serving these people means providing "The mobile clinics that came from there [health for medical and medication because we didn't have a center] had medicines and we started receiving consumable and device to test how much they needed and them" (FGD Buzi) medication s reserved to we didn't have access.." (KII, Tete) assistance emergencies Improve Interruption "In the case of water, we need to invest "...Well, among all the interventions, our and/or create of services more in community awareness, concern was that the services continued to sustainable due to educating people to treat and boil WASH safeguard the interests of the population destruction conditions in water. Buy and distribute water purifiers so that we did not go from one problem to of access HFs and the to communities." (KII, Tete) another..." (KI, Quelimane) roads Community Mapping chronically ill Need to patients and provide health "Provision of health services where "We really worked with community activists creating people receive support. Accommodation services in who helped us identify [NCD] patients and databases to centers should be places for consultations resettlement ensure that they were not lacking maintain and not classrooms..." (KII, Maputo) centers services in medication and the activists took the times of crisis medication to the patients" (KII, Buzi)

Figure 1. Challenges and opportunities reported by KII and FGD related to healthcare services

CONCLUSIONS

In climate-induced disasters settings for the health sector, the NDCs are still not prioritized. With health facility destruction, registries and medicines are also damaged leading to more pressure to the health system in terms of providing care to those living in out of reach areas, or even resettlements for their chronic conditions and NCDs. The national government and its partners should discuss future steps to shift to a more robust and sustainable response plan that meets the needs of people living with NCDs.

ADDITIONAL KEY INFORMATION

Conflicts of Interest: The authors declare that they have no conflicts of interest.

