



Governo de Moçambique  
Ministério da Economia e Finanças



# NATIONAL REVIEW REPORT ON **ADDIS ABABA DECLARATION ON POPULATION AND DEVELOPMENT** (AADPD) 2014 IN MOZAMBIQUE

ASSESSING THE STATUS OF IMPLEMENTATION  
OF THE PROGRAMME OF ACTION OF THE  
**INTERNATIONAL CONFERENCE ON POPULATION  
AND DEVELOPMENT 1994**











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# CONTENTS

ACKNOWLEDGEMENTS .....	5
ACRONYMS AND ABBREVIATIONS .....	10
<b>Executive summary .....</b>	<b>12</b>
DEMOGRAPHIC TRANSITION IN MOZAMBIQUE .....	13
ECONOMIC AND FINANCIAL PERFORMANCE .....	14
MONITORING THE COUNTRY'S PROGRESS AGAINST THE PILLARS OF AADPD ___	14
Poverty and Dignity .....	14
Health .....	15
Migration Management - Local and Mobility .....	15
Governance and Statistical Data .....	16
Recommendations: .....	16
<b>1. Introduction .....</b>	<b>18</b>
1.1 OBJECTIVES .....	19
1.2 METHODOLOGY AND DATA SOURCES .....	20
Stakeholders Participation and Validation .....	20
1.3 HISTORICAL CONTEXT OF THE ICPD .....	20
1.4 MOZAMBIQUE'S CONTEXT IN 1994: A CRUCIAL TURNING POINT .....	22
<b>2. Major Population trends in Mozambique .....</b>	<b>24</b>
2.1 MOZAMBICAN DEMOGRAPHIC TRANSITION: UNDERWAY, BUT INCIPIENT ___	28
2.2 CHANGING AGE STRUCTURE .....	30
2.3 FERTILITY TRANSITION IN MOZAMBIQUE .....	33
<b>3. Economic Performance and Human Development .....</b>	<b>36</b>
3.1 ECONOMIC GROWTH AND LIVING STANDARDS IN PERSPECTIVE .....	37
3.2 ECONOMIC AND DEMOGRAPHIC GROWTH: WHAT KIND OF TRANSFORMATION? .....	38
Trends and Dynamics of Structural Composition .....	38



3.3 FINANCIAL SECTOR AND ITS RELEVANCE FOR SOCIAL PROTECTION	41
Mozambique in Competitiveness Performance Indexes	43
<b>4. Demographic Dividend: Empty Promise Or Real Opportunity?</b>	<b>44</b>
4.1 DEMOGRAPHIC TRANSITION WITHOUT ECONOMIC STRUCTURAL TRANSFORMATION?	46
<b>5. Between Fragility and Antifragility</b>	<b>48</b>
5.1 COVID-19: THE CATALYST FOR ANTIFRAGILITY IN MOZAMBIQUE	50
5.2 INTERNAL DISPLACEMENT IN MOZAMBIQUE	51
<b>6. Monitoring the Commitments of Addis Abbad Declaration of Population and Development.</b>	<b>56</b>
6.1 PILLAR 1: DIGNITY AND EQUALITY	57
Poverty and inequality: Human Development Index in Mozambique	57
6.2 INCOME POVERTY	59
6.3 MONETARY CHILD POVERTY	60
Gender inequality	61
Child Nutrition And Mortality	62
Women’s Rights and Gender-Based Violence	63
Universal access to quality education	65
Well-Being And Longevity	66
Women representation in Parliament	67
6.4 PILLAR 2: HEALTH	69
Prevalence of modern contraception and Unmet need for family planning	69
Adolescent Sexual and Reproductive Health	70
Maternal mortality	72
HIV and AIDS, other infectious diseases	73
Prevalence of Malaria in Mozambique	74
Burden of Non-communicable disease	76
Health System strengthening	76
6.5 PILLAR 3: MIGRATION MANAGEMENT - LOCAL AND MOBILITY	78
Urbanization in Mozambique	78

Population living in slums.	79
Percentage of people with access to electricity	79
International migration in Mozambique	81
Internal migration	81
Conflict, internally displacement and Humanitarian situation	82
6.6 PILLAR 4 AND 5: GOVERNANCE AND STATISTICAL DATA	83
6.7 PILLAR 6: INTERNAL COOPERATION AND PARTNERSHIPS	84
Commitments and Cooperation	84
Intersectoral Committee for the Development of Adolescents and Youth (CIADAJ)	85
Partnership with UNFPA	85
<b>7. Conclusion, Key Lessons, and Recommendations</b>	<b>86</b>
7.1 MOZAMBIQUE AT A DEMOGRAPHIC CROSSROADS	87
7.2 RECOMMENDATIONS	90
Integration of population dynamics in all development and economic planning	90
Investment in the Demographic Dividend	90
Dignity and Equality	90
Health	91
Place and Mobility	91
Governance	92
Data and Statistics	92
International cooperation and partnership	92
<b>References</b>	<b>93</b>



# Acronyms and abbreviations

<b>AADPD/DAAPD</b>	Addis Ababa Declaration on Population and Development in Africa beyond 2014 / Addis Ababa Declaration on Population and Development in Africa after 2014 (DAAPD)
<b>ARV</b>	Anti-Retroviral
<b>BR</b>	Boletim da República (Republic Bulletin)
<b>CFMP</b>	Cenário Fiscal de Médio Prazo (Medium Term Fiscal Scenario)
<b>CIPD/ICPD</b>	Conferência Internacional sobre População e Desenvolvimento / International Conference on Population and Development
<b>CNAM</b>	Conselho Nacional para o Avanço da Mulher (National Council for the Advancement of Women)
<b>CNJ</b>	Conselho Nacional da Juventude (National Youth Council)
<b>FP</b>	Planeamento Familiar (Family Planning)
<b>GDM</b>	Governo de Moçambique (Government of Mozambique)
<b>GDP</b>	Produto Interno Bruto (Gross Domestic Product)
<b>HIV</b>	Vírus de Imunodeficiência Humana (Human Immunodeficiency Virus)
<b>IEC</b>	Informação, Educação e Comunicação (Information, Education and Communication)
<b>INAS</b>	Instituto Nacional de Acção Social (National Institute of Social Action)
<b>INE</b>	Instituto Nacional de Estatística (National Institute of Statistics)
<b>IOF</b>	Inquérito ao Orçamento Familiar (Household Budget Survey)
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MEF</b>	Ministério de Economia e Finanças (Ministry of Economy and Finance)
<b>MICAS</b>	Ministério para a Coordenação da Acção Social (Ministry for the Coordination of Social Action)
<b>MINAG</b>	Ministério da Agricultura (Ministry of Agriculture)
<b>MISAU</b>	Ministério da Saúde (Ministry of Health)

<b>MITRAB</b>	Ministério do Trabalho (Ministry of Labor)
<b>MMAS</b>	Ministério da Mulher e Acção Social (Ministry of Women and Social Action)
<b>MMCAS</b>	Ministério da Mulher e Coordenação da Acção Social (Ministry of Women and Coordination of Social Action)
<b>MTC</b>	Ministério dos Transportes e Comunicações (Ministry of Transport & Communications)
<b>NGO'S</b>	Organizações Não-Governamentais (Non-Governmental Organizations)
<b>PALOP</b>	Países Africanos de Língua Oficial Portuguesa (African Countries of Official Portuguese Language)
<b>PANA</b>	Programa de Acção Nacional para a Adaptação às Mudanças Climáticas (National Action Program for Adaptation to Climate Change)
<b>PARPA</b>	Plano de Acção para a Redução da Pobreza Absoluta (Action Plan for the Reduction of Absolute Poverty)
<b>PDA</b>	População Desenvolvimento e Ambiente (Population Development and Environment)
<b>PES</b>	Plano Económico e Social (Economic and Social Plan)
<b>SADC</b>	Southern Africa Development Community
<b>SADC</b>	Southern Africa Development Community
<b>SENAMI</b>	Serviço Nacional de Migração (National Migration Service)
<b>SRH</b>	Saúde Sexual e Reprodutiva (Sexual and Reproductive Health)
<b>TB</b>	Tuberculose (Tuberculosis)
<b>UNDP</b>	United Nations Development Program
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	Fundo das Nações Unidas para a Infância (United Nations Fund for Children)





## EXECUTIVE SUMMARY

The report presents an overview of population and development in Mozambique from 1994-2023, highlighting progress, achievements, challenges, and opportunities. The AADPD10+ review aims to assess the status of implementation of the International Conference on Population and Development (ICPD) and AADPD commitments made in 2014 under the leadership of African Union and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development. The AADPD Declaration comprises 88 priority measures or commitments, grouped under six pillars, and focuses on the African continent. The report follows the dual approach of micro-monitoring and macro-evaluation to assess progress on policies and programs that empower women and young people and uphold their rights. The demographic dividend is prioritized as an important dimension of the agenda and one of the key pathways to sustainable development. The review also aims to celebrate 30 years of ICPD achievements and position the ICPD agenda beyond 2030. The information contained in the report comes from official documents, published by the National Institute of Statistics, UN Population Division, various databases and online publications, and studies from collective or individual entities. The report has also undergone a validation process and incorporates contributions from various actors.

## Demographic Transition in Mozambique

The assessment of the demographic transition in Mozambique revealed that the country is experiencing a slow and incipient demographic transition, with a progressive and sustainable reduction in mortality rates. However, birth rates in the country seem to resist the influence of more advanced global reproductive models. The document highlights that Mozambique has been the lowest-ranked country in the Southern African Development Community (SADC) in terms of the Human Development Index (HDI), despite being the fourth largest in terms of population size. The structure of the Mozambican population has remained indifferent to political, social, and economic transformations since Independence in 1975. In terms of population growth, Mozambique has experienced rapid population growth in the current 21st century, contrasting with the deceleration of global population growth. The Crude Death Rate (CDR) in Mozambique has significantly decreased over the years and was estimated slightly below 8 deaths per thousand inhabitants in 2020. It further discusses the concept of the demographic dividend and suggests that Mozambique, as a low-income country with high fertility rates, will eventually find a way to achieve a sustainable demographic balance between births and deaths. Overall, the document suggests that Mozambique is undergoing a demographic transition, but it is still in its early stages. The country faces challenges in terms of population dynamics, healthcare infrastructure, and resources. The government is working to address these challenges, but more efforts are needed to achieve a successful and sustainable demographic transformation.



# Economic and Financial performance

The study highlights that Mozambique experienced significant economic growth in the past two decades—7% on average, which was considered one of the fastest in the world. However, this growth was followed by a severe recession and macroeconomic crisis due to various factors such as the “hidden debts” crisis, commodity price declines, recurring droughts, the COVID-19 pandemic, and violent military conflicts. In terms of competitiveness, Mozambique’s ranking position worsened in the Global Competitiveness Index (GCI) between 2000 and 2020. The indicators with the lowest ratings during this period were health and education, quality of institutions, business sophistication, and technology. However, Mozambique showed improvement in assessment and ranking position in the Index of Economic Freedom (IEF) among evaluated countries. The study also mentions that Mozambique’s GDP per capita has been growing slowly after a sharp drop in 2015. However, it is expected to be challenging to reach the target set for GDP per capita by 2035. The manufacturing industry’s contribution to the economy has remained around 8% between 2010 and 2020, despite policy guidelines aiming for a target of 21% set in the PQG. Furthermore, the document discusses the country’s economic transformation and export diversification. Mozambique’s score in the African Transformation Index (ATI) has been declining since 2014, indicating a setback in economic transformation. In summary, it provides an overview of Mozambique’s economic and financial performance, highlighting both successes and challenges. It emphasizes the need for improvements in various areas such as competitiveness, GDP per capita growth, manufacturing industry contribution, and economic transformation.

## Monitoring the Country’s progress against the pillars of AADPD

### POVERTY AND DIGNITY

Mozambique has made efforts to address poverty, gender inequality, child nutrition and mortality, and women’s rights and gender-based violence. The government has implemented policies and programs to improve these areas and promote equality and dignity for all individuals. However, challenges remain in achieving the goals. The country still faces issues related to poverty and inequality, particularly in rural areas. Gender inequality persists, and more action is needed to ensure equal opportunities and rights for women. Child nutrition and mortality rates are still a concern, and efforts are required to improve access to healthcare and reduce child mortality. Additionally, addressing gender-based violence and promoting women’s rights require further

attention and action. Continued efforts and investments are needed to ensure dignity and equality for all individuals in the country.

### HEALTH

The study provides an assessment of the progress and challenges in this pillar in Mozambique. In terms of progress, a significant reduction in maternal mortality and childhood mortality has been achieved. As a result, the life expectancy at birth has increased significantly since the 1990s. The country remains among the top in Sub-Saharan Africa, experiencing one of the highest prevalence of child marriages, adolescent fertility, and higher prevalence of HIV/AIDS and Malaria. Mozambique has implemented the Family Planning Policy, the Sexual and Reproductive Health Strategy, and interventions under the Family Planning 2020. These efforts have led to an increase in the prevalence of modern contraception, from 5% in 1997 to 25.3% in 2015, and stagnated in 2022 at 25%. However, challenges remain persistent, access to comprehensive and accurate sexual education is limited in Mozambique, leading to inadequate knowledge among adolescents about safe sexual practices, contraception, and sexually transmitted infections (STIs). The implementation of the national curriculum that includes information on sexual health, rights, and relationships is not yet being fully implemented in all schools. Additionally, there are gaps in the public availability of information about the health sector, such as budgets, spending, and performance data, making it difficult to hold the government accountable for its health policies and programs. Improving access to comprehensive sexual and reproductive health and education, addressing gaps in the implementation of the national curriculum on health, and enhancing transparency in the health sector are important steps towards achieving the goals.

### MIGRATION MANAGEMENT - LOCAL AND MOBILITY

The third pillar of the AADPD focuses on migration management, local development, and mobility. Mozambique has experienced rapid urbanization, with close to 9 million people living in urban areas in 2017. The country has seen a significant urban population increase, and internal migration levels have been rising in recent years. A significant proportion of the urban population lives in slum areas (about 52% in 2020). Access to electricity in Mozambique remains a challenge, approximately 2/3 of Mozambicans do not have access to electricity, with significant urban-rural disparities, 4.5% of the rural population had access to electricity, compared to 75% of the urban population. About 3 out of 5 households live either with no or low-quality sanitation conditions, i.e., they have no toilet or latrine or have an unimproved latrine. and about 4 out of 5 of households with no or poor water supply conditions. The government has taken steps to address the issue of internal displacement, but more needs to be done in terms of conflict resolution, peacebuilding efforts in Cabo Delgado, and improving disaster risk management and early warning systems. Additionally, there is a need for more support from the international community to help Mozambique address the issue of internal displacement.



## GOVERNANCE AND STATISTICAL DATA

Mozambique has made efforts to improve governance by promoting coordination and community ownership of programs and projects. The government has also emphasized the importance of data and statistics in the planning, monitoring, and evaluation of development plans, policies, and strategies. Additionally, Mozambique has committed to strengthening its national statistical capacity and has relied on the support of various local, national, and international civil society organizations in the design, implementation, coordination, monitoring, and evaluation of population and development programs and policies. The country has made significant efforts to strengthen the quality data system, and availability of accurate, reliable, and timely disaggregated data to ensure inclusiveness of all programs, including censuses and surveys. The government has also emphasized the importance of capturing data on international migration in the population census and investing in the civil registration system and vital statistics. Strengthening partnerships, addressing insecurity in the northern regions, investing in the civil registration system and vital statistics, and promoting a statistical culture are important steps towards achieving the goals of these pillars. One key lesson is the importance of strengthening national statistical capacity to conduct evidence-based analysis and policy studies. Increasing commitment to improving cooperation, coordination, and youth participation is crucial for the country's future development.

### Recommendations:

The document provides several recommendations against each pillar based on the assessment of the Addis Ababa Declaration on Population and Development (AADPD) in Mozambique. The summarized version of these recommendations include:

1. Integration of population dynamics in all development and economic planning: It is recommended to ensure the integration of population dynamics within ongoing Sustainable Development Goals (SDGs) 2030 and national and provincial development and economic planning processes. This integration will help ensure that development initiatives are successful and sustainable.
2. Investment in the Demographic Dividend: Conducting regular assessments of the demographic dividend using standard methodologies is recommended. This includes analyzing age-structural transition, population projections, labor income, and consumption using national transfer accounts. Implementing policies and strategic investments that promote education, health, and employment, especially for the young population, is also crucial.
3. Strengthening monitoring and evaluation of health programs: It is recommended to enhance the monitoring and evaluation of health programs to ensure their effectiveness and impact.
4. Recognizing the linkages between population/family planning and climate change: Integrating family planning programs in national climate change policies and strategies is recommended to address the linkages between population dynamics and climate change.

5. Strengthening land management policies and urban planning: Developing and implementing effective land management policies, including rural economic development, training, and employment issues, is recommended to reduce rural-urban migration. Designing joint regional projects for electricity and drinking water production and distribution, as well as developing and/or implementing urban plans for large, medium, and small cities, is also important.
6. Promoting systematic evaluation of policies, projects, and programs: It is recommended to promote an institutional culture of systematic evaluation of policies, projects, and programs to ensure their effectiveness and impact.
7. Strengthening national statistical capacity: Investing in the civil registration system and vital statistics is recommended to improve the quality, data system, and availability of accurate, reliable, and timely disaggregated data. Strengthening the "statistical culture" in the country is also important for evidence-based decision-making and better monitoring and evaluation of policies, programs, and projects.
8. Addressing major challenges: The document highlights the major challenge of growing insecurity in the northern regions of Mozambique. It recommends putting in place concerted and sustainable solutions to address this security challenge, as it could jeopardize the country's development prospects.

These recommendations aim to guide Mozambique in achieving the goals of the AADPD and ensuring sustainable development in the country.

The Report presents an overview of the trajectory of population and development in Mozambique, focusing on the period 1994-2024, highlighting progress and achievements, setbacks and gaps, challenges, and opportunities. The year 2024 will be an important year for the United Nations Member States. The Commission of Population and Development (CPD), and at the General Assembly, the Commission took the decision to officially launch the ICPD30 preparation process, and agreed to dedicate its 57th session (the year 2024) to assess the status of the ICPD implementation, adopting the special theme "Assessing the status of implementation of the Programme of Action of the International Conference on Population and Development and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development during the decade of action and delivery for sustainable development".

The ICPD30 review provides the UN Member States and other stakeholders with a chance to recognize how drastically the world has changed from what it was in 1994, including the changes in its demographic profile and population dynamics, and where we stand in terms of addressing significant global challenges. ICPD30 also provides a unique opportunity for countries and UNFPA to envisage the ICPD PoA's future and shape the narrative around key ICPD issues during the remainder of the SDG period and beyond.

The Addis Ababa Declaration on Population and Development (AADPD) was adopted by African ministers at the Regional Conference on Population and Development in Addis Ababa in October 2013 and endorsed by heads of state at a meeting of the African Union's Executive Council the





# 1. INTRODUCTION

following year. The Declaration provides guidance on population and development in Africa and guidelines for the full implementation of the International Conference on Population and Development (ICPD). The AADPD is rooted in the broader framework of the ICPD Programme of Action, which was adopted in 1994 in Cairo. The AADPD specifically focuses on the African continent.

The AADPD Declaration comprises 88 priority measures or commitments, grouped under six pillars: Dignity and equality; Health; Place and mobility; Governance; Data and statistics; Partnership and international cooperation.

The AADPD Operational Guide for Monitoring and Evaluation was adopted during the second meeting of the Specialized Technical Committee on Health, Population and Drug Control (STC-HPDC-2) held in Addis Ababa, Ethiopia, on March 23-24, 2017. It is the substantive basis of the review. It follows the dual approach of “micro-monitoring” (i.e., the tracking the implementation of individual commitments) and “macro-evaluation” i.e., assessment of progress on policies and programs that empower women and young people and uphold their rights and the demographic dividend.

The declaration prioritized the demographic dividend as an important dimension of the agenda, and one of the key pathways to sustainable development. With its human rights framing, the Declaration can serve as a standard for development policies and programs that empower women and young people and uphold their rights.

## 1.1 Objectives

This review has two broader objectives:

1. To review the commitments of AADPD 2014 commitments against the six pillars for Mozambique.
2. This review also aims to celebrate 30 years of ICPD achievements and to position the ICPD agenda beyond 2030 in Mozambique.



## 1.2 Methodology and data sources

The information contained in the report comes from official documents, published by the National Institute of Statistics (INE), UN Population Division, various databases and online publications, and studies from collective or individual entities. The information was aggregated and systematized to provide a comprehensive view of the progress made by Mozambique.

More specifically, it involved:

- Conducting a review of the country reports to extract key information in terms of progress in implementing AADPD commitments, gaps, challenges, and recommendations (based on the six pillars and 88 commitments detailed in the AADPD's monitoring and evaluation guidelines).
- Consolidating the progress on the six pillars and 88 commitments.
- Considering the feedback from inception and validation meetings with stakeholders.
- Analyzing achievements, policy commitments and lessons learned

### STAKEHOLDERS PARTICIPATION AND VALIDATION

This report benefited from contributions and involvement from various actors, including public institutions and civil society organizations. Multiple participation ensured that a variety of perspectives and knowledge were incorporated. The report's content underwent a validation process to ensure it is accurate and reflects the current situation in Mozambique. Additionally, whenever possible, efforts were made to contextualize the data from a broad perspective, such as comparison with other countries, at the regional or global level. The selection of relevant indicators was based on themes and areas of action identified from documents such as ICPD Beyond 2014 [33,34] and Cairo+25 [13].

## 1.3 Historical Context of the ICPD

The 1994 ICPD in Cairo marked a significant shift in the approach to population issues, focusing on human rights, reproductive health, and sustainable development [5]. It distinguished itself from previous conferences, notably the ones held in 1974 in Bucharest and 1984 in Mexico City. These two conferences centered the attention on population control in a broad sense, with an emphasis on economic and socio-political models, leading to strong political-ideological disputes among the different prevailing models during the Cold War period - capitalism, communism and non-aligned models [6,7].

The Bucharest Conference of 1974 (with 135 participating governments) was extremely controversial regarding reproductive health issues, with emphasis on confrontations between pro and anti-women's reproductive control. The Mexico City Conference in 1984 was more peaceful than that of 1974, but still without significant advances towards a proactive action plan in population and development [5].

It would end up being the 1994 Conference, with a record participation of 179 governments and 11 thousand registered participants, to achieve a broad international consensus, by getting radicals from both right and left to accept to focus on gender relations and establish an action plan with specific targets [5,6].<sup>1</sup> Therefore, it makes sense to consider the 1994 ICPD a crucial turning point, or perhaps even revolutionary, as recently claimed by Spartk [9], for the lasting international movement it inspired over the last 30 years. The 1994 ICPD had a significant impact on Sub-Saharan Africa, by encouraging the consideration of regional approaches to reproductive health and family planning in African communities, including the Regional Strategy for Sexual and Reproductive Health and the Maputo Action Plan [7]. After the 1994 ICPD, the Fourth World Conference on Women (Beijing, 1995) confirmed the ICPD agreement and defined the rights of women and girls, including the right to control and freely decide on issues related to sexuality.

The key points and outcomes of the ICPD 1994 include:

**Shift in Focus:** The ICPD marked a shift from a population control approach to a focus on individual rights and well-being. It recognized that addressing population issues requires attention to broader socio-economic factors.

**Human Rights and Reproductive Health:** The Programme of Action emphasized the importance of ensuring human rights, including women's rights, and promoting reproductive health services, including family planning, maternal health, and safe abortion services.

**Gender Equality:** ICPD highlighted the critical role of gender equality in addressing population challenges. Empowering women and promoting their rights were seen as essential for sustainable development.

**Education and Empowerment:** The conference underscored the significance of education, especially for girls and women, to enhance family planning and overall development.

**Youth:** ICPD recognized the importance of addressing the needs and concerns of young people, including comprehensive sexual education, access to information, and services related to sexual and reproductive health.

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<sup>1</sup> This does not mean that understanding was easily achieved. The negotiations around paragraphs 7.2 and 7.3, which define reproductive health and rights, consumed endless hours of work. In addition, paragraph 8.25 dealt with abortion as a serious public health problem and was also the subject of heated discussion. [8]



**Population and Development:** The conference highlighted the linkages between population dynamics, development, and environmental sustainability. It called for a holistic approach to development that considers the interplay of these factors.

The ICPD agenda continues to influence discussions on population, development, and human rights, shaping policies and actions aimed at improving the well-being of individuals and societies worldwide.

## 1.4 Mozambique's Context in 1994: A Crucial Turning Point

Since the Cairo Conference in 1994, Mozambique has been an active participant in the ICPDs. In that same year, it is worth noting that Mozambique was going through a historical turning point, following the 1992 Peace Agreement that put an end to 16 years of highly destabilizing armed conflict in Mozambican society [5,14]. The new context of peace and the framework provided by the new Constitution of the Republic, introduced in 1990, allowed Mozambique to hold its first multi-party elections in October 1994.

The government's leadership that emerged following the multi-party elections in 1994 and 1999 committed to implementing the goals of the Program of Action Plan of Cairo. In 1999 the Council of Ministers approved a specific and explicit document of national population policy [16]. A programmatic document that remains unchanged since its first publication, despite some unsuccessful attempts to reformulate and update it. Considering the importance of this document, it is justified to return to it later, to comment on the merit of its indicative rather than intrusive character, and the demerits of its limited implementation.

Over the following years, the Government of Mozambique (GoM), in collaboration with UNFPA and Civil Society Organizations (CSOs), carried out periodic reviews of the implementation of the Cairo Action Plan Cairo [5,13,14,17-20]. The Ministry of Economy and Finance (MEF) coordinates the preparation of the reports, as part of the implementation of the National Population Policy and other strategic and programmatic reference documents, such as Agenda 2025 [21] or the National Development Strategy 2015-2035 [22].







## 2. MAJOR POPULATION TRENDS IN MOZAMBIQUE

Mozambique's last census in 2017 counted about 28 million inhabitants (52% female and 48% male), which translates into an annual population growth rate of 2.6% since the previous census of 2007 (Figure 1b). The country's population increased by 13 million in just 20 years, an 83% increase. The population grew from 15 to 28 million during 1997-2017. It will take approximately 30 years until 2047 for the country's population to double (57 million), a sign that the overall growth of the population is rising.

The population growth rate in Mozambique has been steadily increasing since the 1950s. In 1950, the population growth rate was 1.4%. This increased to 3.5% in 1980, just before the onset of civil war. During 1985-89, the population growth rate declined due to war-related high death rates. It gained momentum in the mid-1990s, peaking at 6% in 1994 (Figure 1).

The recent estimates of population in 2022 stood at 33 million with an annual population growth rate of 2.51% in 2022 (Figure 2). The absolute population size of Mozambique has been growing rapidly in the recent decades. In 1950, the population was only 6 million. By 2023, it is estimated to be 33 million. This means that the population is increasing by about 900,000 people each year (UN Population Prospects 2022). The main driver of this population growth has been high fertility rates. The total fertility rate (TFR) in Mozambique is 4.9 children per woman, which is well above the replacement level of 2.1 children per woman. This means that each woman is having more than enough children to replace herself and her partner. It is consistent with the average rate for Sub Saharan countries (2.5%) and above the levels in neighboring countries such as South Africa (0.83%), Namibia (1.4%), Botswana (1.7%), Malawi (2.5%). The growth rate drove the population upward by an additional 7.2 million people during 2007. Such growth means that, if nothing changes, Mozambique's population will double in only 23 years.

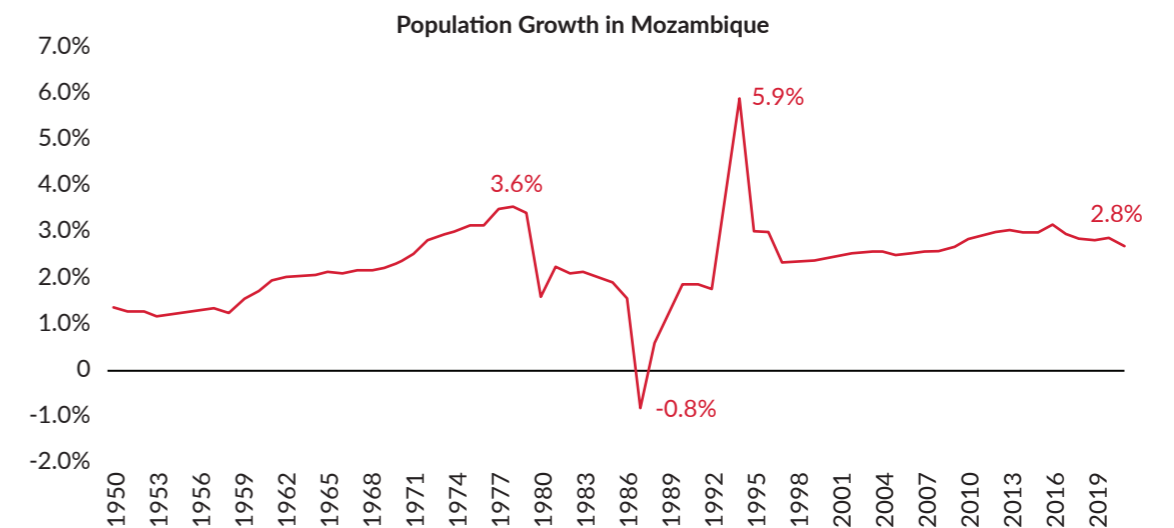
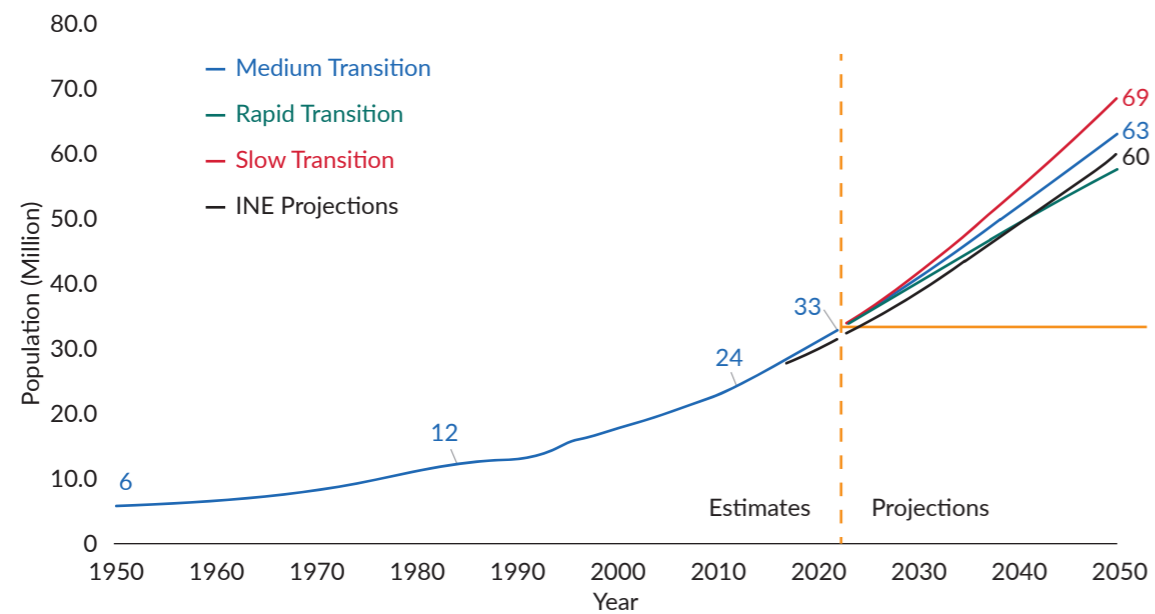


FIGURE 1: Trend in population growth rate in Mozambique from 1950-20

Source: UN World population Prospects, 2022

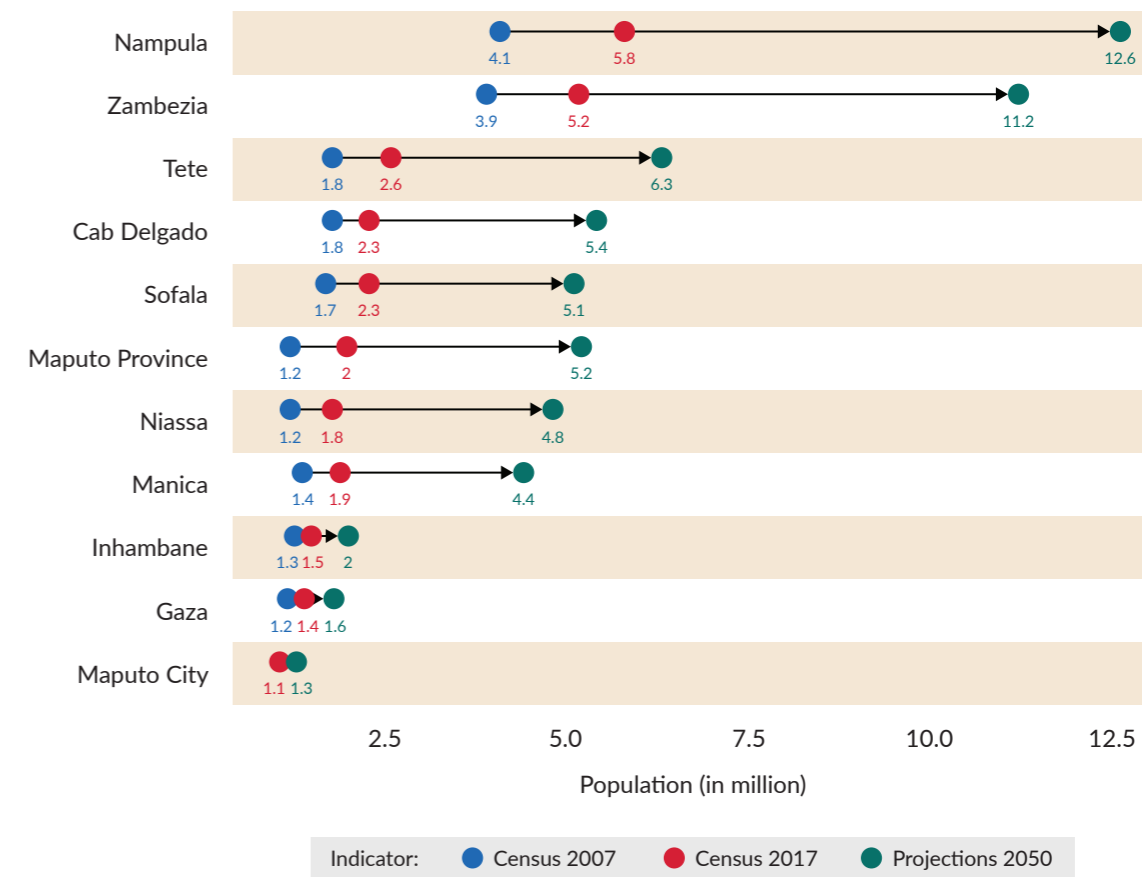




**FIGURE 2:** Trend in total population in Mozambique according to three different demographic transition scenarios and INE projections.

Source: UN WPP 2022, INE 2020

Figure 3 illustrates the change in overall population size between 2007 and 2050 at the provincial level in Mozambique. The population growth in Nampula and Zambezia was highest among all provinces and remained the largest provinces during the next three decades. Within the region, population growth in Northern provinces is significantly higher than in Southern provinces, where it is relatively close to the national average.



**FIGURE 3:** Total population by provinces in Mozambique from 2017 and projections up to 2050.

Source: INE, Census 2017





## 2.1 Mozambican demographic transition: underway, but incipient

The rapid population growth in Mozambique in the current 21st century contrasts with the deceleration of global population growth (Figure 4). In 1950, the Crude Death Rate (CDR) in Mozambique, estimated at 24 per thousand inhabitants, was about 45% higher than the average global CDR, but the difference has significantly decreased over the years. In 2020, the global mortality rate was 8.1 deaths per thousand inhabitants, while the Mozambican one was estimated slightly below 8 deaths per thousand inhabitants.

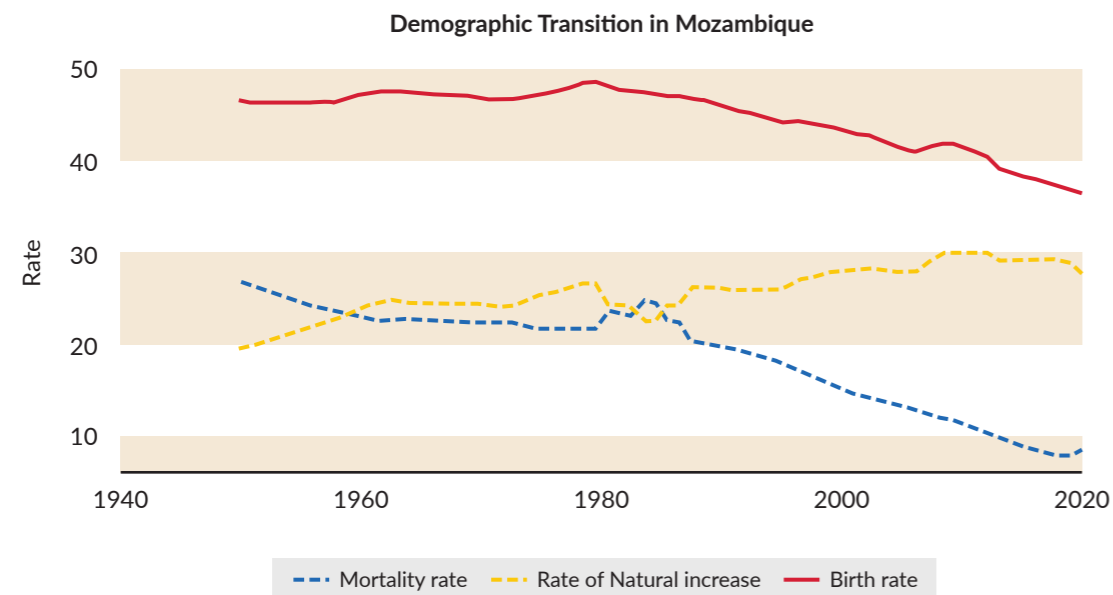


FIGURE 4: Demographic Transition in Mozambique, 1955-2020

Source: UN World Population Prospects 2022

In turn, in 1955 the Crude Birth Rate (CBR) in Mozambique was 46.4 births per thousand inhabitants, about 25% higher than the global CBR (37 births per thousand inhabitants). Contrary to mortality, in 2020 the discrepancy in birth rates significantly increased (+115%) in relation to the average global CBR. In about 60 years, Mozambique recorded a 9 percentage point drop in birth rate, while global birth rates decreased by 20 percentage points [36,43–45].

Currently, Mozambique is part of a group of latecomers, compared to the demographic transition observed globally. According to available data, the transition of Mozambican mortality may have started in the first decades of the 20th century, while the fertility transition only began to show in the 1980s, in more urbanized areas; in the 1990s, it began to show in less urbanized and some rural regions [13,46,47].

Specific research on the alleged weak or even absent transformation of the rural economy would be worthwhile to conduct, to understand the impact on people's survival strategies, particularly on the reproductive behavior and attitudes of women and men living in rural areas. This research should focus on the high dependency of young and elderly individuals on a precarious subsistence economy and the intergenerational dynamics within families [49,52–54].

The fact that the rural economy in Mozambique is not registering or benefiting from necessary or desirable changes and transformations does not mean it has been completely stagnant. Therefore, claims of structural transformation lacking, “counter-transformation” [55], or “stagnation over time” [56] are obscure and misleading. In essence, they do not fully acknowledge the complexity and diversity of ongoing economic transformations.

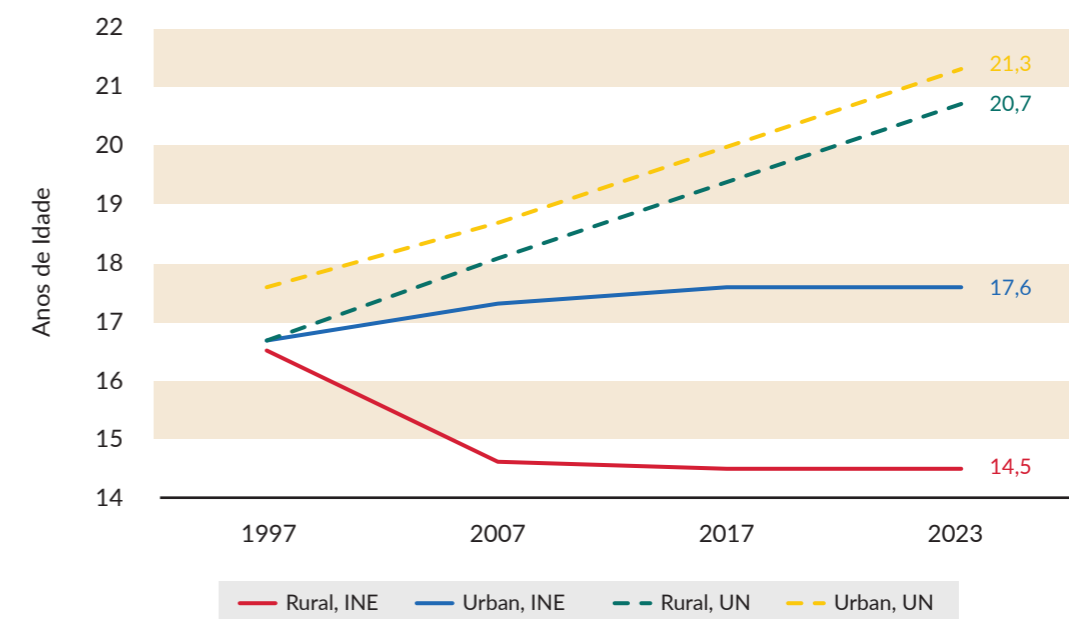
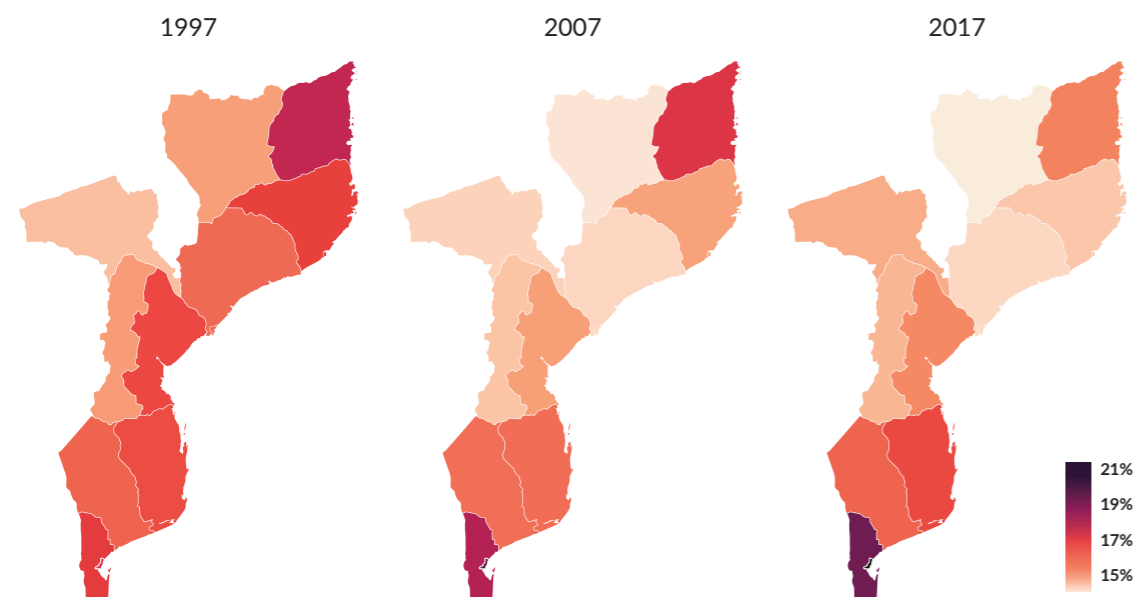


FIGURE 5: Median Age of the Population by Year and Area of Residence, Mozambique (1997, 2007, 2017, 2023 (estimated))

Source: Borges et al., 2022; UN, 2022

The available evidence reveals that the median age of the population in general persists around 17 years (Figure 5). More astonishing is the fact that rural areas have recorded significant decreases in median age since the second half of the 1990s. In 1997, the median age in urban and rural areas practically coincided with around 16.5 years. In the following years, while the median age in urban areas slightly increased to 17.6 years in 2017, in rural areas it decreased to 14.5 years (Figure 5).





**FIGURE 6: Mapping of Median Age by Province, Mozambique, 1997, 2007, 2017**

Source: *Three Population, INE*

This striking discrepancy becomes more visible when mapped by provinces (Figure 6). In 1997 there was a great similarity of values among the coastal provinces. Twenty years later, the northern provinces recorded a decrease in the median age, while in the southern region they remained at the 1997 levels, except for Maputo City and Maputo Province, where an increase to around 20 years is observed. This shocking reality indicates a high regression in the living conditions of a large part of the regions, in contrast to very different adaptive survival options for the more urban communities, namely the capital of Mozambique.

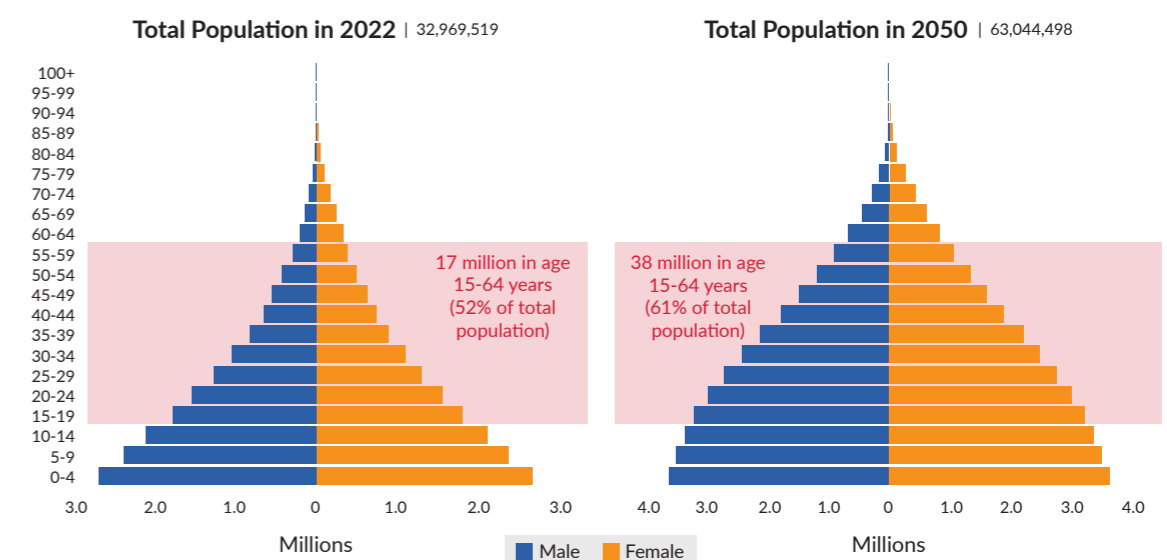
## 2.2 Changing age structure

The age structure of Mozambique is changing rapidly. In 2022, about 14 million (44%) of the population were aged 0 to 14 years, 52% (17 million) were aged 15 to 64 years, and 4% (1 million) were aged 65 years and over. This means that Mozambique has a young population, with a median age of 16.6 years in 2017

The age structure is changing because of an acceleration of demographic transition, primarily the mortality decline. The life expectancy at birth has increased from 42 in 1970 to 54 in 2017 (UN WPP 2022, and INE 2020). In 1970, the total fertility rate (TFR) in Mozambique was 6.7 children per woman. By 2017, the TFR had declined to 4.9 children per woman. This decline is due to several factors, including increased access to family planning, education, and economic development. The changing age structure is having several implications for Mozambique. One implication is that the country is facing a youth bulge. This means that there are many young

people in the population, who will need to be educated and employed. The government is facing the challenge of providing education and jobs for this large youth population.

Another implication of the changing age structure is that the dependency ratio is declining. The dependency ratio is the number of people who are not of working age (children and the elderly) divided by the number of people who are of working age. In Mozambique, the dependency ratio has declined from 90.4 in 1970 to 70.9 in 2021. This means that there are fewer dependents for each worker, which can help to boost economic growth. The changing age structure is a complex issue with several implications for Mozambique. The government is working to address the challenges posed by the youth bulge and the declining dependency ratio. The success of these efforts will depend on several factors, including the availability of resources, the quality of education, and the pace of economic development.



**FIGURE 7: Population pyramid by age and sex from 2022 and 2050 in Mozambique.**

Source: *UN World Population Prospects 2022.*

According to data from the 2017 Census, child labor, defined by UNICEF and ILO (2021) as the combination of hours of economic activity, domestic and unpaid work, for children aged 7 to 17, accounted for just over 19%, about 1.5 million children being considered economically active [63].

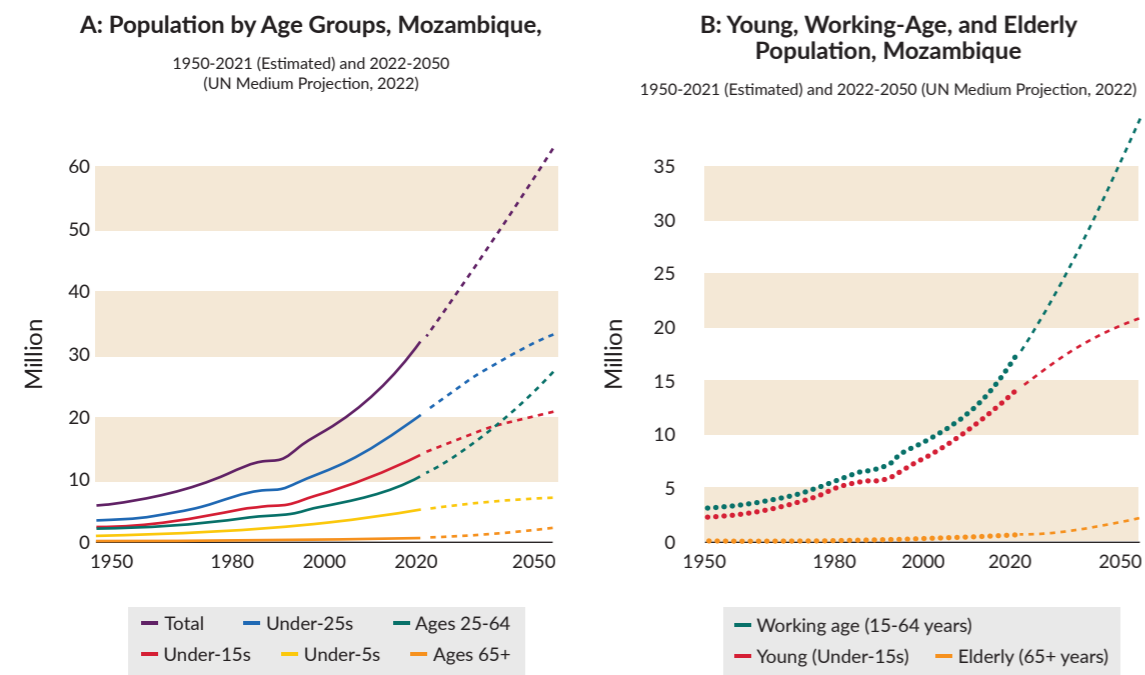
The population dependency ratio in rural areas highlights the challenging increase in demographic dependency, resulting in fewer economically active people to support a growing inactive population. This growth is primarily due to the failure of economic growth to generate and translate into development and improvement of the living standards of the Mozambican population.

Some alternative measurements, such as the Labor Force Dependency Ratio (LFDR), allow the capturing of some of the nuances by showing the number of people participating in the labor force compared to those not in the labor force. In this context, 'participation' is defined as people working or actively seeking employment.



Figure 7 compares the variation of estimates and projections for the main age groups (Figure 7A) with the major 'dependency' groups (0-14 and 65+ years) and the 'working age' group (15-64 years). Around 2018, globally, the number of people aged over 64 surpassed, for the first time in human history, the number of children under five years old. In contrast, in Mozambique, during the same year, the age group of 65 and older accounted for only 490 thousand people (3% of the total population), while the number of children under five years old reached 4.7 million (17% of the total population).

The comparison between the evolution of the working-age groups and the dependent groups allows us to predict future prospects - in some cases more pessimistic and in others more optimistic, depending on whether we use the Age Dependency Ratio (which does not consider workforce participation after the age of 65) or the Labor Force Dependency Ratio (which includes all participants without an age limit in the workforce).



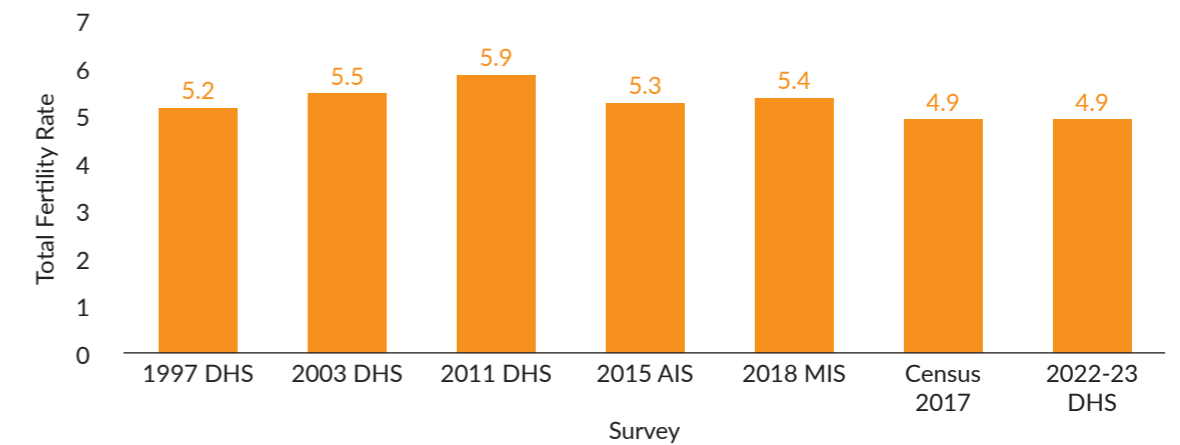
**FIGURE 8: What is More Relevant for Dependency: Age or Labor Market Participation?**

Source: United Nations World Population Prospects (2022) | OurWorldInData.org/age-structure • CC BY Source: [61]

Eventually, as Mozambique approaches higher rates of adult population participation (both below and above the age of 65) in the labor market, as seen in countries that have embarked on effective economic development, the risk of increasing dependency becoming a high economic and social burden will reduce. To achieve this, the economic model and educational systems need to induce an endogenous and effective expansion of human and physical capital.

## 2.3 Fertility Transition in Mozambique

The Total Fertility Rate (TFR) in Mozambique has been stagnating since the 1990s (see Figure 8). In 1997, the TFR was 5.9 children per woman. By 2017, the TFR had slightly declined to 4.9 children per woman (Figure 8). The 2017 census shows a range in fertility from Tete (5.4) as the highest to Maputo city (3.1) being the lowest. The recently released thematic studies by INE, shows that about one million births were born every year in Mozambique. This simple estimate of births per year is useful in many ways. It shows the need for antenatal care and obstetric care, assistance with delivery, and post-natal for both women and newborns, which requires significant investment to achieve universal health coverage including immunization.

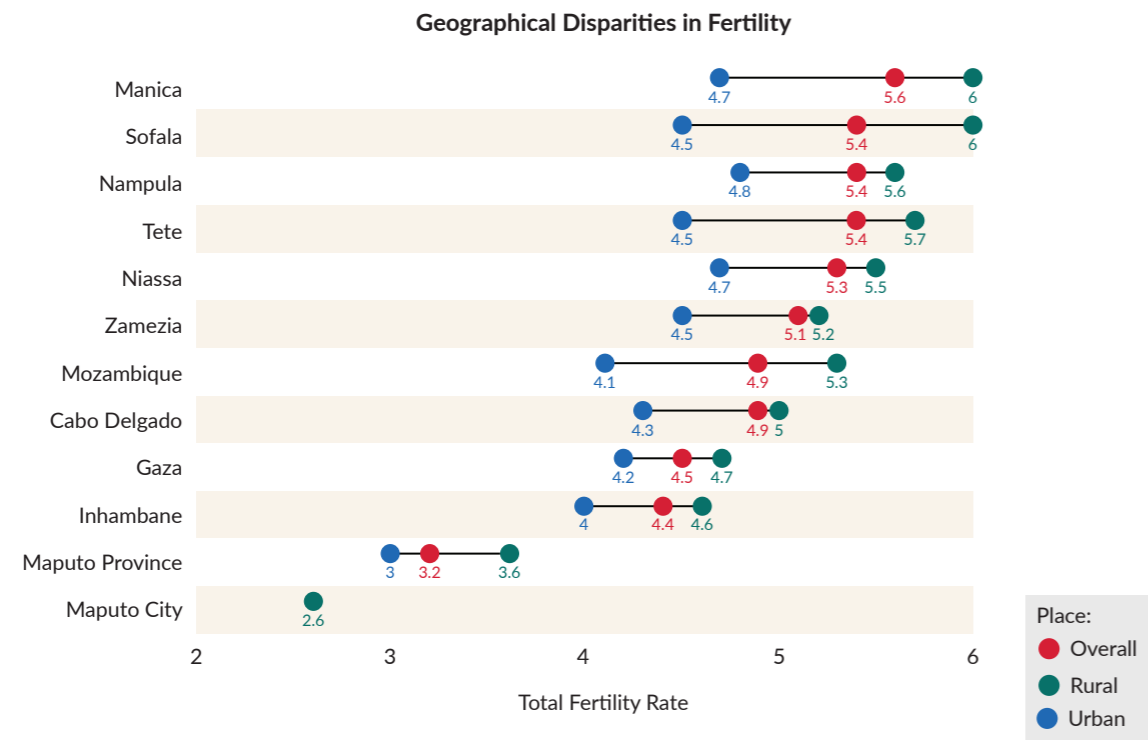


**FIGURE 9: Level and trends Total fertility Rate (TFR) at the national level**

Source: Various Surveys

Despite the overall gain in fertility reduction, the urban-rural difference in total fertility rate remains significant at 1.2 for children/women at the national level. The total fertility in rural areas is 5.3 compared with urban areas of 4.1 children/women. The difference is higher in Sofala (1.5 children/woman) and lower in Inhambane, Gaza, and Maputo province (0.6 children/woman in each province) (see Figure 9).





**FIGURE 10:** Total fertility Rate (TFR) at the national and provincial level by urban and rural areas

Source: Population Census 2017







## 3. ECONOMIC PERFORMANCE AND HUMAN DEVELOPMENT

Mozambique has experienced significant economic growth in the last three decades, resulting in a 167% increase in real GDP per capita between 1990 and 2021. However, it is important to examine whether this growth has translated into improvements in the living standards of the population, considering the context of the Mozambican economy with a predominantly subsistence-based and underdeveloped population.

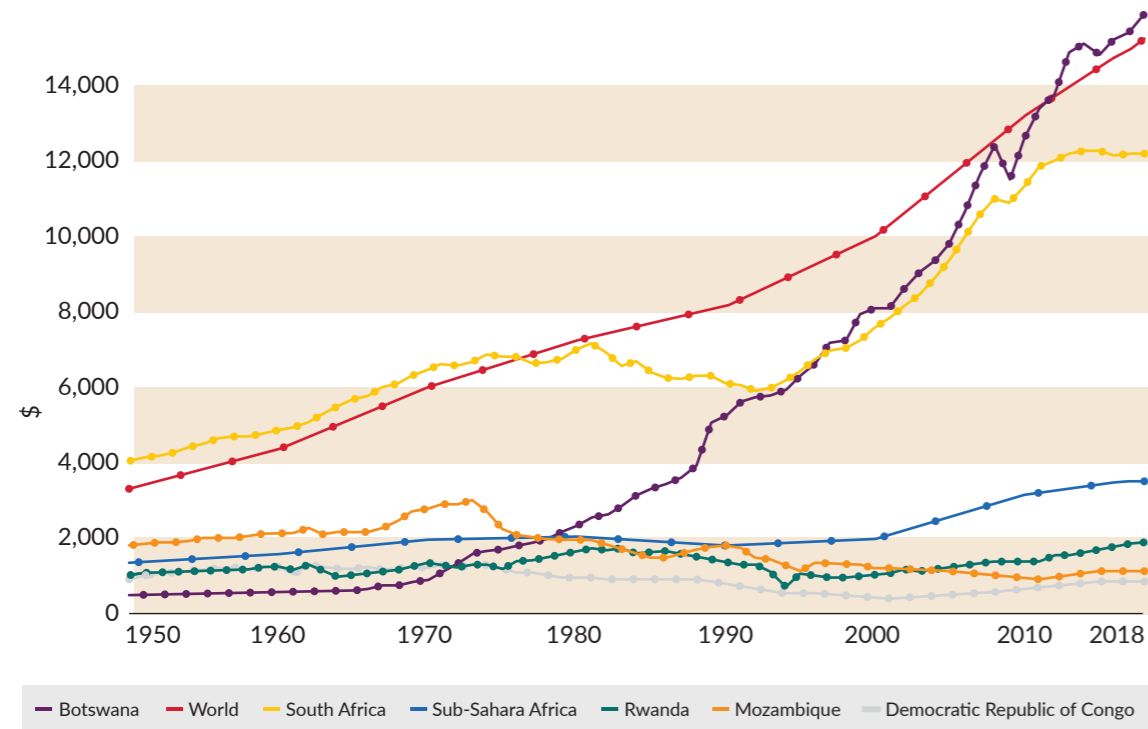
### 3.1 Economic Growth and Living Standards in Perspective

The growth of Mozambique's GDP was significant, not only compared to the previous period but also in comparison to the Sub-Saharan Africa average (which grew by 24%) and the world average (which grew by 62%) during the same period. However, considering Mozambique's long-term economic growth, as illustrated in Figure 10, it has not been a consistently steady and sufficiently expansive growth to place Mozambique on par with neighboring countries such as Botswana and South Africa.

Mozambique's economic growth is below the Sub-Saharan Africa average and increasingly distant from neighboring countries like Botswana and South Africa, that have growth rates competitive with the global average. Additionally, it exhibits significant fluctuations, regional and social asymmetries, that are problematic in two ways: it concentrates and relies on a few highly profitable sectors, and the added wealth is sufficient to improve the living standards of only a small minority of the population.







**FIGURE 11:** Gross Domestic Product (GDP) per capita, 1950-2018

Data adjusted for inflation and differences in cost of living between countries  
 Source: Maddison Project Database 2020 (Bolt and van Zanden, 2020) |  
 Note: This data is expressed in international-\$ at 2011 prices. | OurWorldInData.org/economic-growth • CC BY  
 Source: [61]

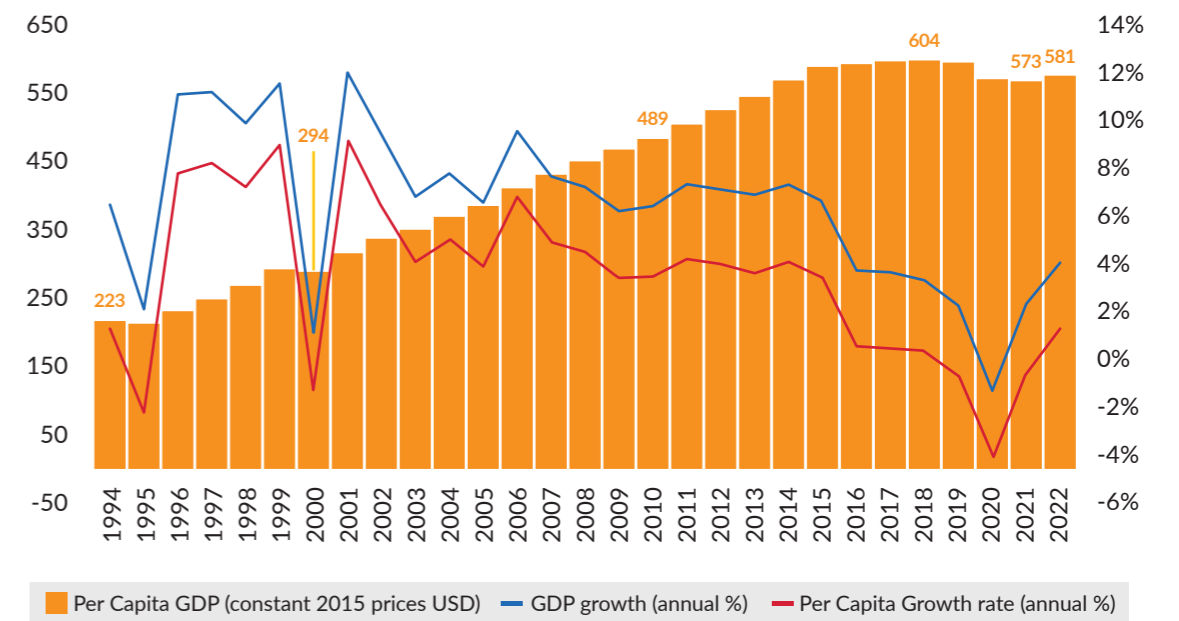
## 3.2 Economic and Demographic Growth: What Kind of Transformation?

### TRENDS AND DYNAMICS OF STRUCTURAL COMPOSITION

The economic growth of around 7% per year in the past two decades (MEF, Mozambique), which was considered one of the fastest in the world, led to recurring enthusiasm and high expectations about the success of Mozambique’s “remarkable and robust economic growth”.

This occurred in the mid-2010s due to a combination of significant events that pushed the national economy into a severe recession and macroeconomic crisis, including a drastic loss of confidence from international partners due to the known “hidden debts” crisis shocks caused by commodity price declines, recurring droughts, the COVID-19 pandemic, and the terrorist attacks in the Northern region of the country. The combination of these events resulted in an economic

growth slowdown of around 3.4% in 2018 (Figure 11). During the COVID, the economic growth further decreased to 1.1%, on average from 2019-2021. The economic growth recovered to 4.1% in 2022 and forecasted to 7% in 2023 (MEF).



**FIGURE 12:** Real Growth and Gross Domestic Product (GDP), Mozambique, 1994-2022.

Source: World Bank Data, 2023

Mozambique’s economic growth has been primarily driven by high inflows of foreign aid and foreign direct investment (FDI) [79–81], as well as some improvements in productivity, themselves driven mainly by foreign investments in the mining and energy sectors [56,64]. The pace of industrial growth in the country is not taking pace, it has remained stagnant since 2000, with production and exports concentrated on a few agricultural and mineral products [82]. Export diversification improved slightly until 2013 but reversed in subsequent years.

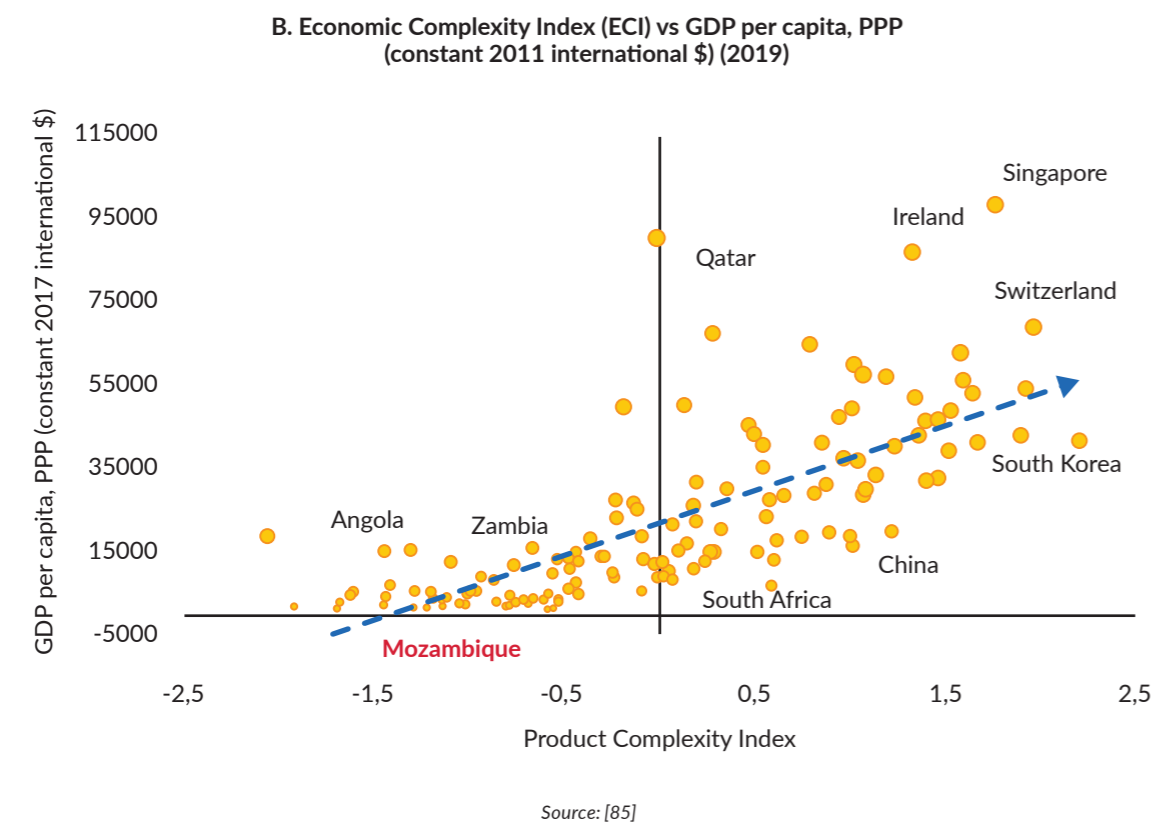
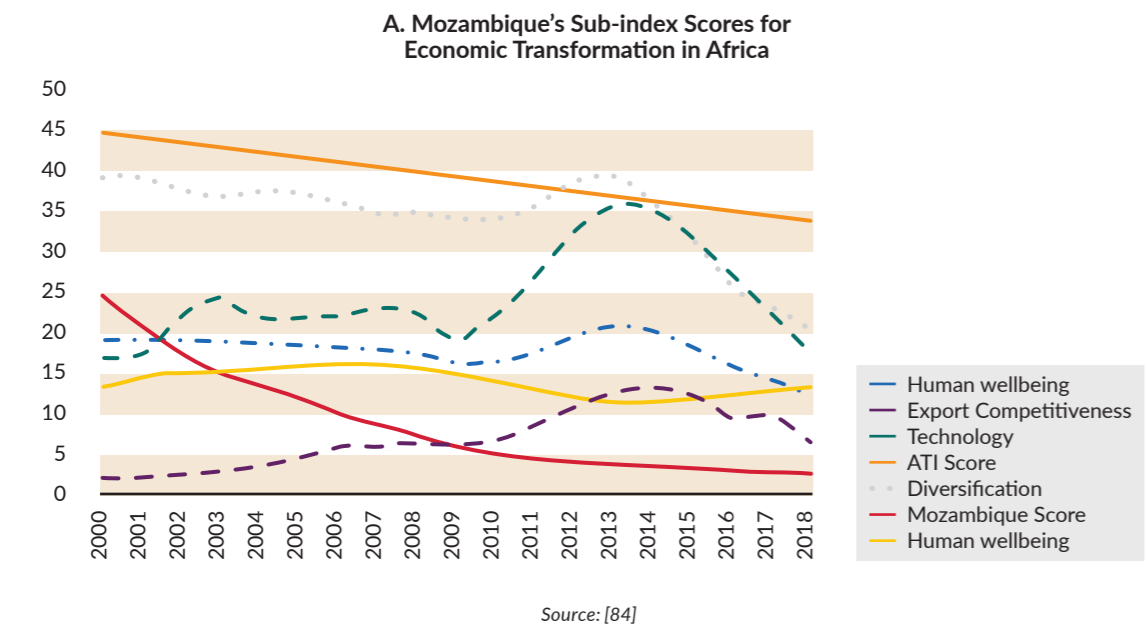
Mozambique’s score in the African Transformation Index (ATI) has been steadily declining, particularly since 2014, reaching levels below those in 2000 by 2020 (Figure 15A). This indicates a setback in economic transformation in the past two decades, resulting from the deterioration of all sub-components of the economic transformation index, including diversification, export competitiveness, productivity, technology, and human well-being. In comparison to other African countries, Mozambique’s ranking in the ATI has dropped from the 14th position (out of 33 countries) in 2000 to the 28th position (out of 54 countries) in 2020.

Figure 12a illustrates a positive relationship between economic complexity and economic growth, meaning countries with a portfolio of complex products tend to sustain high long-term growth rates through their ability to add more products given their current capabilities.

Figure 12B also shows that Mozambique lags in both per capita GDP and economic complexity. The implication is clear: to move from the current quadrant to the quadrant of a complex and high-income economy, a significant effort and commitment will be required, considering the substantial



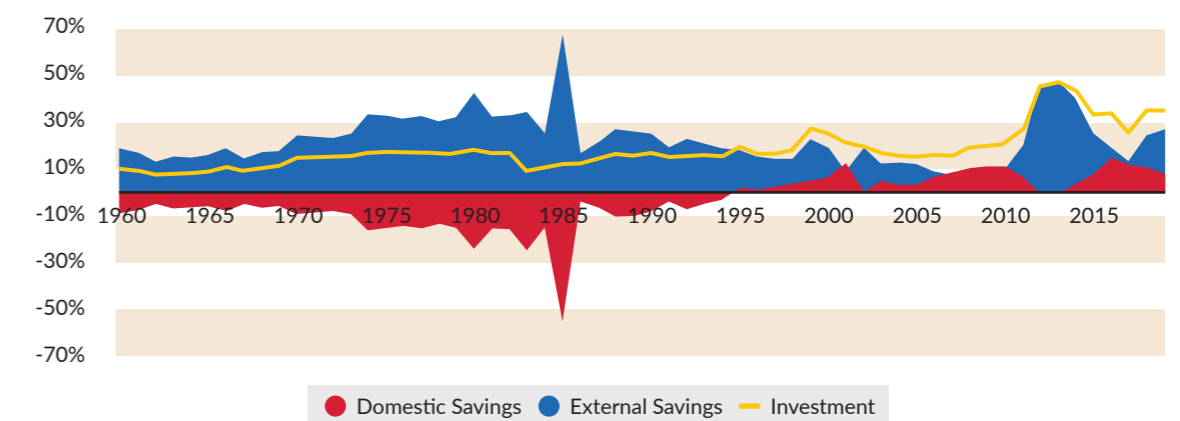
distance between Mozambique's current production structure (which is not complex) and a level of production that is fair or neutral. Mozambique's position below the trend line suggests that the current level of per capita GDP is below the ideal, given its effective potential to achieve higher growth rates [83].



**FIGURE 13:** Deterioration of Mozambique's Ranking in the Economic Complexity Index

With reference to the Mozambique "remarkable and robust" growth in the first decade of the 21st century, it became evident that it occurred largely outside the reach of the majority of the population, who survive through a precarious subsistence economy to the extent that the rural population had no alternative but to increase the number of children, leading to the widening of the age pyramid base and a reduction in the median age to the level of 14.5 years, as revealed by the 2017 Census.

Mozambique's economy, characterized by its fragility and small scale, has historically relied on subsistence economy, particularly in rural areas. This fragility is partly the result of the lack of a solid foundation in domestic savings that can ensure that periods of accelerated economic growth are grounded in a broad and more equitably shared productive base, rather than solely in the distribution of dividends [1].



**FIGURE 14:** Domestic Saving, Foreign Saving, and Investment, Mozambique 1960-2019

Source: PWT.10  
Source: [85]

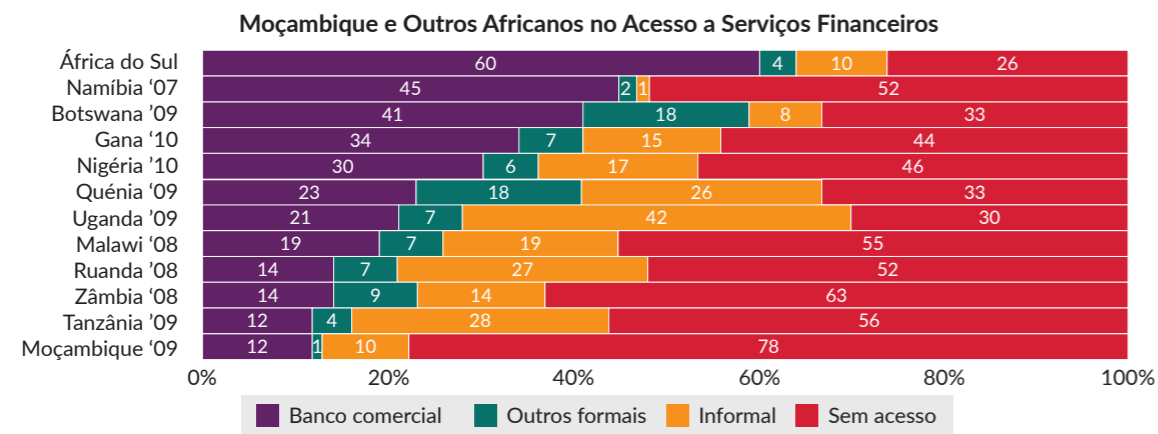
### 3.3 Financial Sector and its Relevance for Social Protection

Financial inclusion is a fundamental pillar for sustainable development and demographic transformation. In Mozambique, FINSCOPE surveys have provided a representative national picture of financial inclusion between 2009 and 2019 [93,94].

Figure 14 compares the access to financial services in 2009 and 2019, showing a visible evolution over the course of a decade. In 2009, 78% of working-age Mozambicans reported not having access to any type of financial services, both formal and informal. Only 12% had access to formal financial services, conducting their financial transactions through a commercial bank.

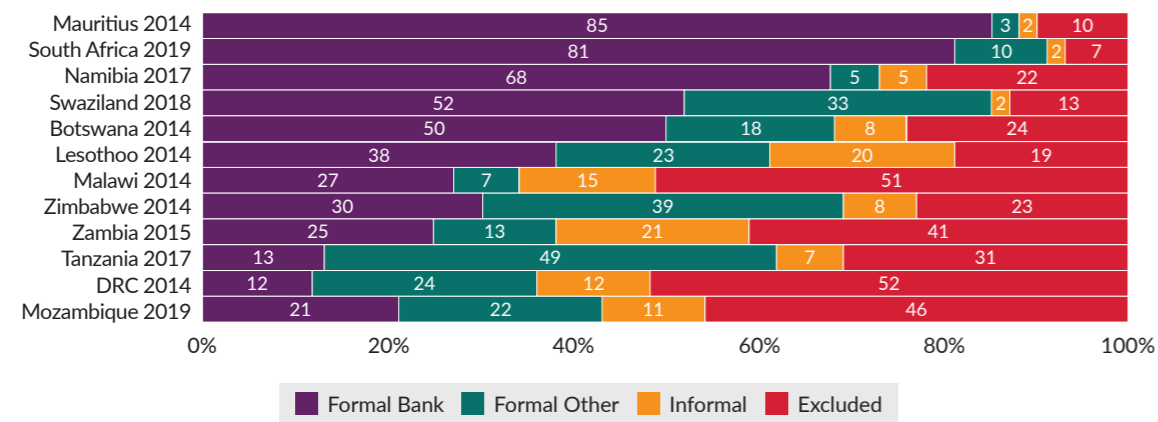


### A: Access to the Financial System in 2009



Source: FinMark Trust, 2010

### B: Access to the Financial System in 2019



Source FinMark Trust, 2019

Source: [93,94]

**FIGURE 15:** Financial System in Mozambique and Other African Countries, 2009 and 2019

Over the course of ten years, financial exclusion reduced from 78% to 46% in 2019. Thus, by the end of the 2010s, approximately 2.3 million adults were integrated into the financial system, representing an increase of 32 percentage points. Financial exclusion among rural adults and women also decreased substantially, with Mobile Money recognized as the primary driver of this decrease.

It is important to highlight that an inclusive financial system is crucial for enabling the population to transition from rudimentary family and community mechanisms to a modern market economy. Therefore, the lack of an inclusive financial system in Mozambique has constituted a significant obstacle to the progress of the population and overall development in the past three decades.

## MOZAMBIQUE IN COMPETITIVENESS PERFORMANCE INDEXES

A recent assessment of various general performance indexes of economies in Sub-Saharan Africa briefly analyzes the evolution of several indexes of economic freedom and competitiveness, including Mozambique [97]. In the Global Competitiveness Index (GCI), Mozambique stands out as the only country that worsened its ranking position among evaluated countries between 2000 and 2020. The indicators with the lowest ratings during this period were health and education, quality of institutions, business sophistication, and technology.

In the Index of Economic Freedom (IEF), Mozambique showed an improvement in assessment and ranking position among evaluated countries. These improvements can be attributed to various factors, including openness to international trade, protection of property rights, improvements in government efficiency, and ease of doing business.

Overall, Mozambique faces significant development challenges, with a decline in several important indexes and improvement only in the IEF. Compared to other countries in Sub-Saharan Africa, Mozambique faces similar challenges, although its situation appears to be more severe in some areas, such as corruption and global competitiveness.



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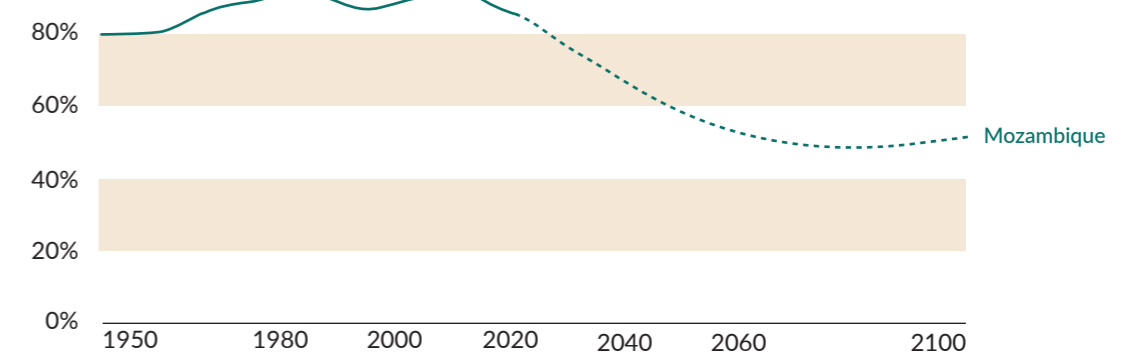


## 4. DEMOGRAPHIC DIVIDEND: EMPTY PROMISE OR REAL OPPORTUNITY?

Mozambique is a typical low-income country with high fertility rates, resulting in a high percentage of children and young people who are not (or should not be) of working age.

Although we do not know how the demographic transition will unfold in Mozambique, considering that the only way to achieve a sustainable demographic balance between births and deaths is to adjust fertility to the trend and desired reduction in mortality, the Mozambican population will eventually find a way to seek and achieve such balance. In fact, a small portion of the population, the most urbanized, has already adjusted their reproductive behavior in line with survival strategies.

From an economic standpoint, the change in age structure presents opportunities as well as threats and challenges across the spectrum of countries. For Mozambique, as shown in Figure 17, the share of the working-age population is expected to increase throughout the current century compared to the “dependent” population. The dependency ratio is expected to decrease over the next few decades, and as the working-age population will have fewer people to support, in principle, this should provide a window of opportunity for faster economic growth - the so-called “demographic dividend.”



**FIGURE 16:** Age Dependency Ratio Projections, Mozambique 1950-2100

Source: [61]

Source: United Nations, *World Population Prospects (2022)* | [OurWorldInData.org/world-population-growth](https://OurWorldInData.org/world-population-growth) • CC BY

Figure 17 illustrates the age dependency ratio, corresponding to the sum of the young population (under 15 years) and the elderly population (65 years or older), in relation to the working-age population (between 15 and 64 years). The data is presented as the number of dependents per 100 working-age individuals. The projections until 2100 are based on the UN medium population scenario [61].

Theoretically, as fertility rates decline, the potential for a demographic dividend in Mozambique will increase. However, as seen in Figure 12, if the peak of dependency occurred in the early 2010s, the age dependency ratio still hovers around 80%. Unless there is a process of accelerated and comprehensive economic transformation, it can be predicted that the dependency ratio may decrease slowly. If the UN’s demographic projection (medium variant) materializes, the dependency ratio is projected to still be close to 60% around the year 2050.



## 4.1 Demographic Transition without Economic Structural Transformation?

Mozambique has struggled to generate substantive and sufficiently transformative economic progress in its demographic and productive structure. The economy has fluctuated, and during periods of high economic growth, it has not directly benefited most of the population nor been distributed inclusively. As a result, the age structure of the population has remained resilient to progressive transformations, regressed, and increased its dependency base in the younger age groups, which is why the median age of the rural population has decreased over the past three decades.

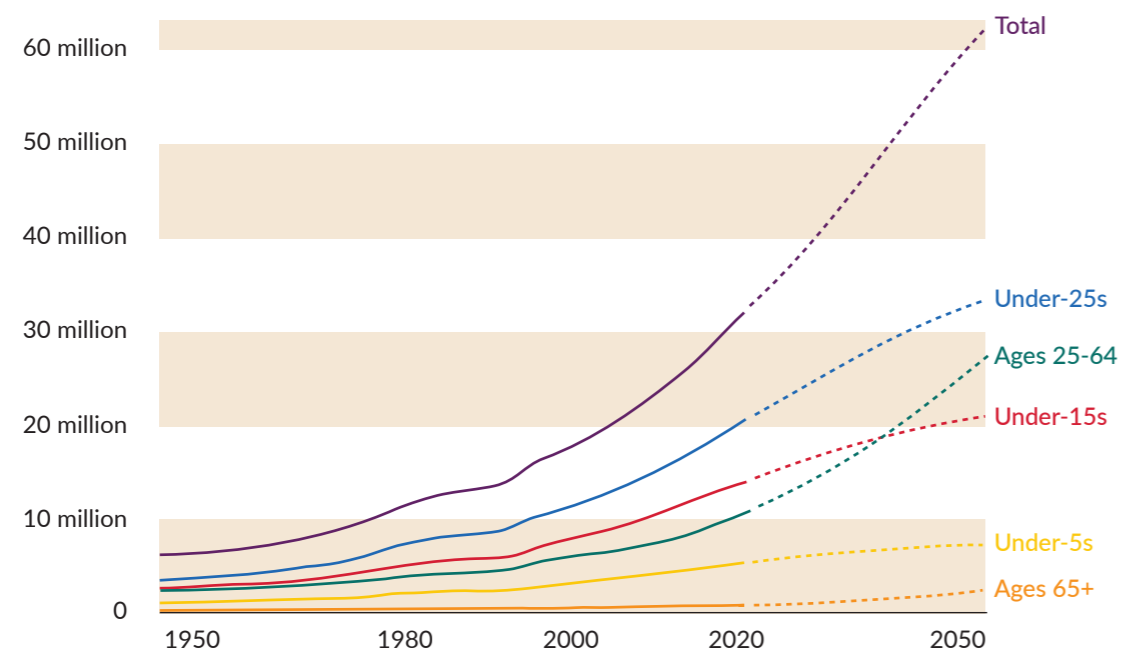


FIGURE 17: Population Projection by Age Group, Mozambique, 1950-2050

Fonte: [61]

Source: Source: United Nations, World Population Prospects (2022) | OurWorldInData.org/world-population-growth • CCBY

To reap the benefits or dividends of the demographic transition, certain conditions are necessary: the labor market and jobs need to have the capacity to absorb young adults; youth employability must be adequate to meet the demand for these jobs; precarious informality must decrease, or at the very least, transform into productive informality generating wealth for the family and the national economy. Education and vocational training systems need to respond to market changes to lower dependency rates. The political and public security environment must favor, rather than hinder, opportunities for work, mobility, and market interactions.

Considering the country's trajectory, the lack of progressive and inclusive structural economic and demographic transformation, along with a fluctuating economy and a growing population that is not benefiting from economic growth, as Mozambique is being oriented towards resilient and degenerative underdevelopment instead of inclusive and sustainable development, the chances of creating an environment conducive to harnessing the demographic dividend are minimal. Therefore, while the concept of the demographic dividend is appealing, given the reality in Mozambique and the lack of leadership and guidance towards progressive demographic and structural transformation, the realization of the demographic dividend is unlikely at the current time.



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## 5. BETWEEN FRAGILITY AND ANTIFRAGILITY

Table 1 presents a summary of the characteristics of fragility and vulnerability factors versus resilience and antifragility in Mozambique. The table provides a useful framework for assessing the effectiveness of current strategies and policies and for developing more effective approaches to promoting antifragility and addressing population fragilities.

**Table 1: Fragility, Resilience, Vulnerability, and Antifragility Factors in Mozambique**

FRAGILITY FACTORS	RESILIENCE FACTORS
<ol style="list-style-type: none"> <li>1. Mixed and ambiguous progress regarding decentralization as a mechanism for power and resource sharing</li> <li>2. Limited avenues for civic engagement and expression of citizenship</li> <li>3. Challenges related to transparent governance and revenue management</li> <li>4. Resource overexploitation and illicit trade</li> <li>5. Regional imbalances in access to services and infrastructure</li> <li>6. Rapid population growth and pressure on housing and services in peri-urban and informal areas</li> <li>7. Challenges related to timely, fair, and transparent access to justice and security.</li> </ol>	<ol style="list-style-type: none"> <li>1. Religious and traditional leaders acting as mediators and providing a buffer against violent extremism</li> <li>2. Peace clubs as a forum for mediation and grassroots peacebuilding</li> <li>3. Community-based organizations as frontline defense against natural risks and crises</li> <li>4. Academic culture and independent thinking</li> <li>5. Youth dynamism and growing civil society activism in opening spaces for voice and expression</li> <li>6. Public-private wildlife conservation as a model for effective management of community natural resources</li> <li>7. Strong connectivity and regional cooperation through adherence to SADC</li> </ol>
VULNERABILITY FACTORS	ANTIFRAGILITY FACTORS
<ol style="list-style-type: none"> <li>1. High dependence on external aid and external economic factors</li> <li>2. High levels of poverty and income inequality</li> <li>3. Limited access to quality education and healthcare</li> <li>4. High exposure to climate risks and natural disasters</li> <li>5. Weak institutional capacity and weak participatory governance</li> <li>6. High rates of urbanization without proper urban planning and infrastructure</li> <li>7. High prevalence of communicable diseases</li> </ol>	<ol style="list-style-type: none"> <li>1. Diversified economy with potential for self-sufficiency</li> <li>2. Strong community networks and social capital</li> <li>3. Increasing investment in education and healthcare</li> <li>4. Growing focus on climate change adaptation and disaster risk reduction</li> <li>5. Ongoing efforts to improve governance and institutional capacity</li> <li>6. Potential for urban development and investment in infrastructure</li> <li>7. Progress in healthcare delivery and disease control</li> </ol>

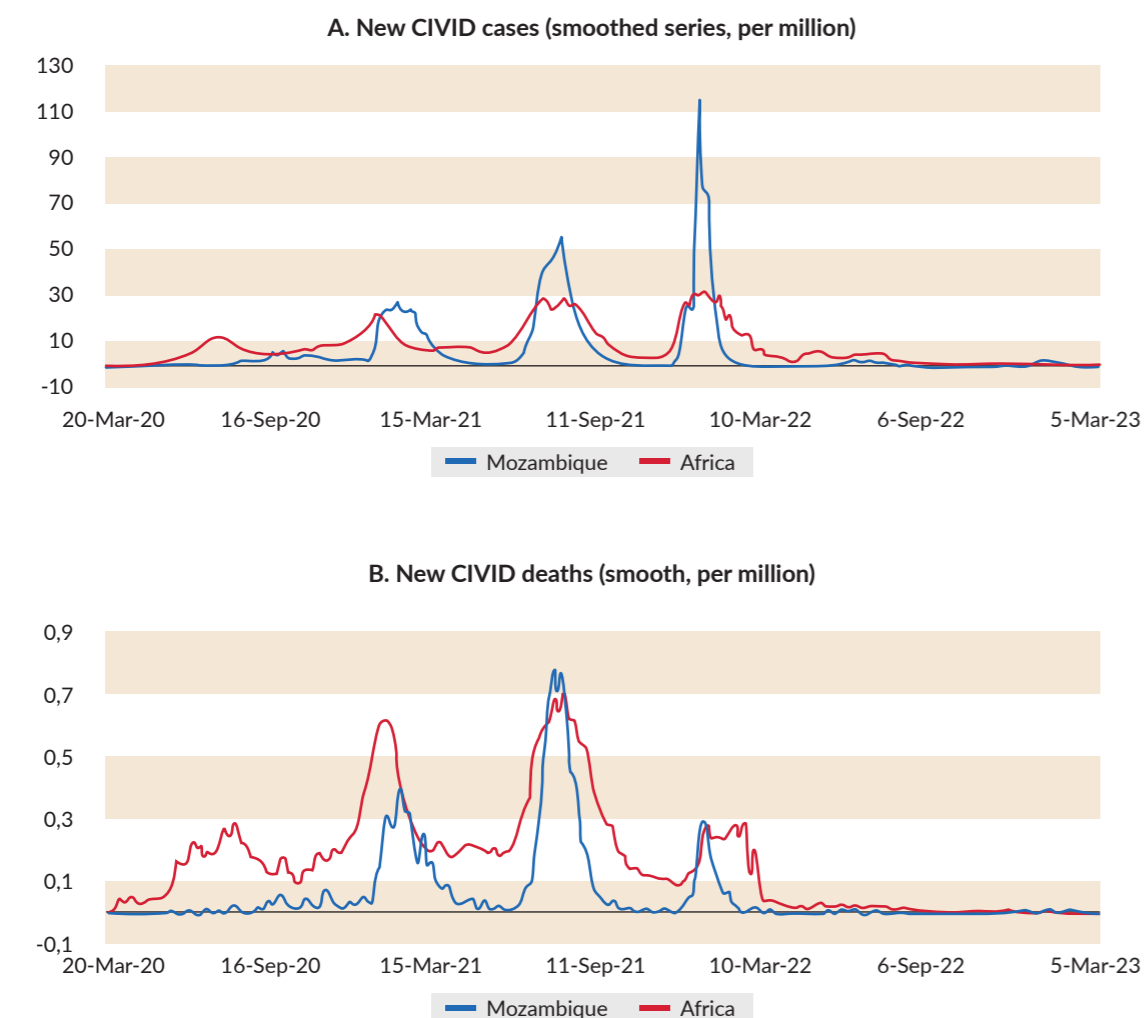
Source: Adapted from World Bank. 2020. Risk and Resilience Assessment [105].



## 5.1 COVID-19: The Catalyst for Antifragility in Mozambique

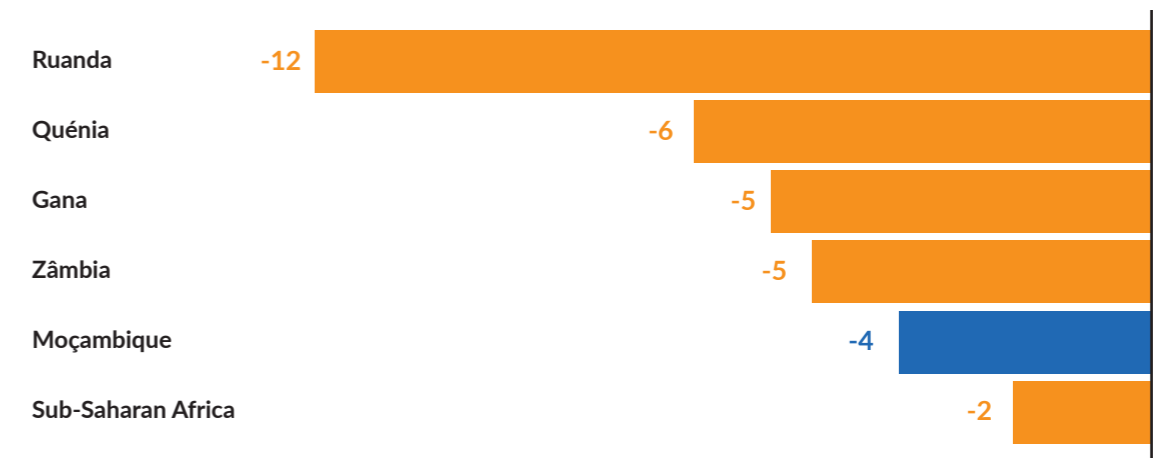
The coronavirus (COVID-19) pandemic hit Mozambique at a delicate time, as the country was trying to recover from previous crises such as the “hidden debt” crisis of 2016, low commodity prices, and the 2019 Cyclones Idai and Kenneth. The first case was publicly revealed in March 2020, and the pandemic reached its first peak in September 2020, the second peak in February 2021, and the third and highest peak in July 2021, leading to various containment measures.

Figure 19 shows how the COVID-19 positivity and mortality rates evolved over time, which is relevant for understanding the impact of the pandemic on public health and other sectors of activity.



**FIGURE 18:** The positivity and mortality rate of COVID-19 has decreased considerably, Mozambique and African Continent, Mar 20, 2020 – Mar 20, 2023

Source: [61]



**FIGURE 19:** Impact of COVID-19 on GDP growth in Mozambique

Source: Based on IMF WEO data

The COVID-19 pandemic has affected the Mozambican economy through reduced economic activity due to lockdowns and mobility restrictions, reduced domestic and external demand for goods and services, primarily related to tourism, hotels, and restaurants, and disruptions in global supply chains. The agricultural sector was the least affected, growing even during the peak of the pandemic due to its weak links to the market and being mainly produced in rural areas.

Mozambique witnessed its first economic contraction in nearly three decades, with GDP contracting by four percentage points (Figure 20).

Reduced domestic and external demand, as well as containment measures, impacted the private sector through revenue reduction, leading to layoffs and worsening the already precarious livelihoods of many Mozambicans. About 90.4% of companies were affected by COVID-19, resulting in reduced turnover for small, medium, and large enterprises in the first half of 2020.

## 5.2 Internal Displacement in Mozambique

The latest estimates revealed approximately one million persons were internally displaced due to conflict in the northern part of the country. In 2023, the humanitarian response in northern Mozambique will target 1.6 million out of two million people in critical need of assistance and protection in Cabo Delgado, Nampula, and Niassa, due to the ongoing impact of violence and insecurity in the region due to terrorism attacks. The IEP estimated that between 2007 and 2019, the economic impact of violence nearly doubled in Mozambique, representing around three billion PPP dollars, which corresponds to about 4% of the GDP and 100 dollars per capital [127].



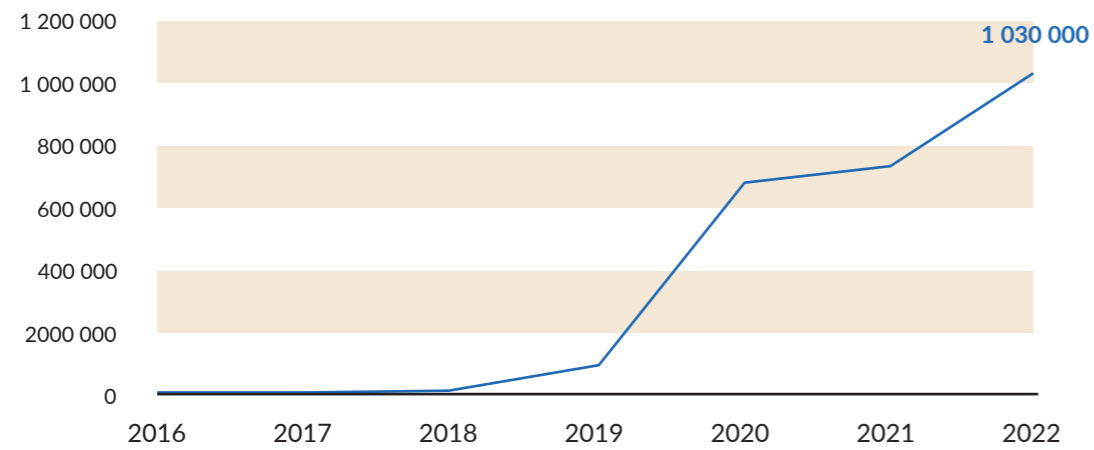


FIGURE 20: Internal Displacement due to Conflict, Mozambique 2016-2022

Source: [128]

Source: 2023 Global Report on Internal Displacement (GRID) 2023: Internal Displacement and Food Security, Geneva: The Internal Displacement Monitoring Centre.

Source: IDMC, 2023

Considering the intensification of the terrorist attack in 2020 and 2021 on the civilian population and the involvement of external forces, the impact and cost of violence have further increased. However, there is currently no updated data on the recent impact and cost of the terrorist attack in Cabo Delgado. Furthermore, as pointed out by the EIU [114], a military solution to this conflict is ultimately unsustainable, which means that the underlying causes of the insurgency and the worsening humanitarian conditions need to be comprehensively, systematically, and broadly addressed.

While the security situation in Cabo Delgado remains critical, affected communities are striving to be resilient and anti-fragile, seeking shelter in minimally safe places, creating community alert systems, and engaging in peace dialogues whenever possible. The population has been seeking ways to survive by turning adversity into opportunities to strengthen community ties and develop survival strategies.

A series of attacks in mid-2022 triggered new waves of displacement, including among those who had already been displaced (Figure 28). The attacks reached the southern parts of Cabo Delgado and Nampula, indicating a changing conflict landscape, with the insurgents dispersing and fragmenting into smaller semi-autonomous groups. The ongoing conflict also exposes the immense challenges created by a thriving illicit economy, not only in the mining sector but especially in the drug trade, which has a strong potential to prolong hostilities and insecurity in the economy [105].

Mozambique, one of the ten most climate-vulnerable countries, faces significant fiscal challenges due to the impact of climate disasters. Figure 22 illustrates the number of internally displaced people due to these disasters between 2008 and 2022.

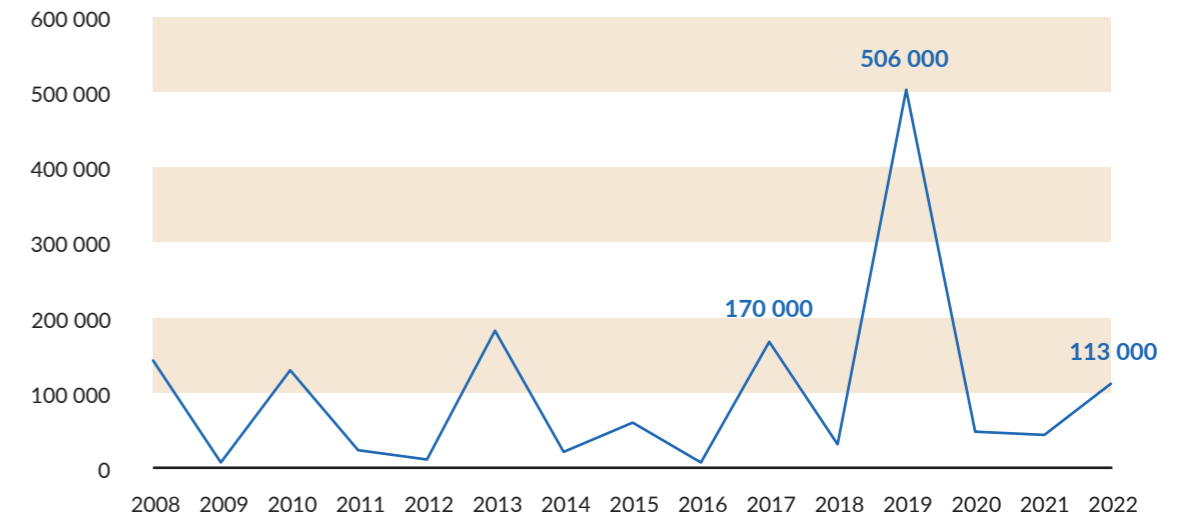


FIGURE 21: People internally displaced by natural disasters, Mozambique 2008-2022

Source: [128]

Following the major floods in 2000, the Mozambican government adopted a proactive stance, implementing a series of policy reforms to address climate change. The National Strategy for Climate Change Adaptation and Mitigation, approved in 2012, set guidelines for building climate resilience in communities and the national economy, promoting low-carbon development and the green economy.

Despite the country's vulnerability, Mozambique has demonstrated remarkable capacity to adapt and respond to climate shocks, a concept known as anti-fragility. Building an anti-fragile economy requires a clear understanding of the systemic transformations needed and overcoming constraints that may render these transformations unfeasible.

Recognizing anti-fragility as a key strategy can empower individuals and communities to adapt and thrive in response to climate challenges. In this context, the role of government and public policies is crucial in establishing the appropriate institutional environment for transformation, encouraging innovation, learning, and the adaptive capacity of the population [129].

Mozambique, like many developing or underdeveloped countries, faces the challenge of effectively integrating into the global economy. Globalization has brought opportunities but also threats and challenges. A country's ability to adapt and thrive in this context largely depends on its capacity to adopt and adapt new technologies that strengthen economic, demographic, social, and cultural development.

The Global Innovation Index (GII) ranks world economies based on their innovation capabilities, composed of around 80 indicators grouped into innovation inputs and outputs. Mozambique's performance in the GII 2022 can be considered moderate, especially when compared to other low-income economies in the Sub-Saharan Africa region.



Mozambique ranks 123rd among the 132 economies presented in the GII 2022. Among low-income countries, Mozambique holds the 7th position, indicating that it is improving and performing relatively well compared to other countries of similar income levels. Additionally, it ranks 20th out of 27 economies in Sub-Saharan Africa. The high-scoring indicators reveal that expenditures are channeled towards education and gross capital formation, but there are areas where Mozambique performs weakly, such as entrepreneurship policies and culture, and the proportion of graduates in science and engineering. Mozambique's performance exceeds expectations for its level of development in relation to GDP, which is a positive sign.







## 6. MONITORING THE COMMITMENTS OF ADDIS ABBA DECLARATION OF POPULATION AND DEVELOPMENT

The AADPD calls for a comprehensive approach to population and development that recognizes the interconnectedness of all six pillars. It emphasizes the importance of human rights, gender equality, and the empowerment of women and girls. It also stresses the need for sound data and statistics, and for strong partnerships between governments, civil society, and the private sector.

Monitoring the implementation of the AADPD is essential to ensure that its commitments are met. The AADPD itself provides some guidance on monitoring, calling for regular monitoring of the achievement of the goals of the Declaration, and for sound monitoring and evaluation based on reliable population data.

### 6.1 Pillar 1: Dignity and Equality

The section is dedicated to the first of them – human dignity and equality. The 29 commitments under this pillar have been divided into six sub-themes to measure progress: (i) poverty and inequality; (ii) gender inequality; (iii) child nutrition and mortality; (iv) women's rights and gender-based violence; (v) universal access to quality education; and (vi) well-being and longevity.

#### POVERTY AND INEQUALITY: HUMAN DEVELOPMENT INDEX IN MOZAMBIQUE

The Human Development Index (HDI) is a measure that evaluates the expansion of people's choices in terms of health, education, and income within a country. Mozambique has shown slow improvement over the past three decades but continues to rank at the bottom of the SADC countries (Figure 15). The HDI measures life expectancy, education, and standard of living. In 1994, Mozambique's HDI was 0.238 (ranked 174 out of 174 countries). In 2022, Mozambique's HDI was 0.446 (ranked 185 out of 191 countries).

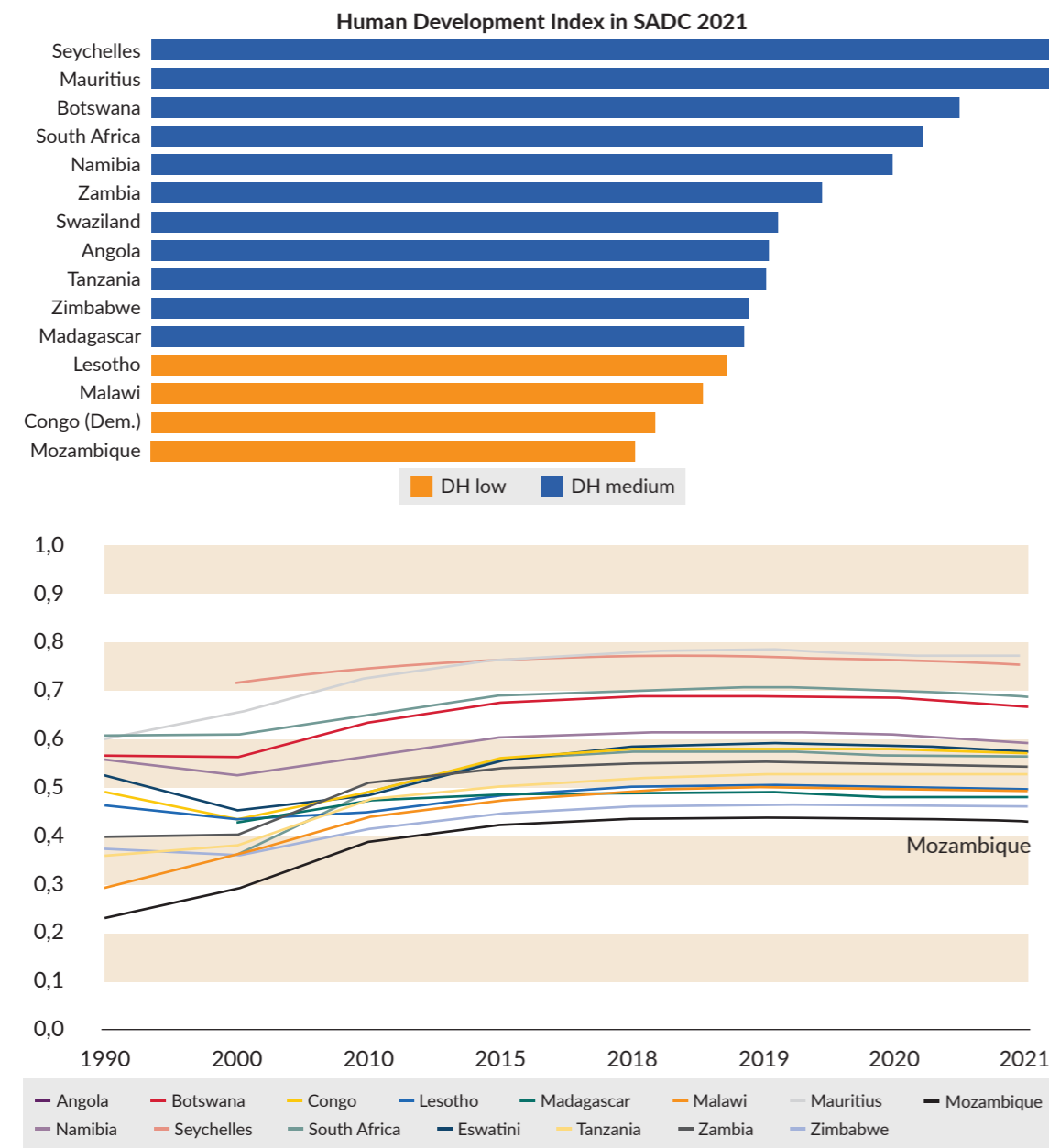
In 2002/03, 92.8 percent of Mozambican households, and nearly all rural ones, were deemed multidimensionally poor. This share declined over time, reaching 71 percent by 2014/15. More recent numbers show changes in the opposite direction. Multidimensional poverty rates increased to 78.3 percent between 2014/15 and 2019/20, going back to the levels last seen in 2002/03 in rural areas (95 percent) while also increasing sharply in urban areas, reaching 46 percent. The increase in multidimensional poverty has been driven by a worsening of the indicators related to water, housing quality, durable assets, and schooling. This deterioration in non-monetary poverty dimensions appears to support the hypothesis that living conditions and economic opportunities were already moving in the wrong direction even before COVID-19 hit [166].

In summary, the results indicate that poverty has decreased in both urban and rural areas, but the reduction was more pronounced in urban areas. The southern region of Mozambique shows the greatest reduction in poverty, while the northern region remains relatively poorer. There is



a significant disparity between provinces, with Zambezia emerging as the poorest and the City of Maputo as the least poor.

Mozambique's HDI improved by 87% between 1990 and 2021, but it was not enough to surpass other SADC countries.



**FIGURE 22:** Population and Human Development in the Southern Africa Region, 2021  
Source: UNDP 2023

Like 1994, in 2021, the last year with available data, Mozambique remained in last place among the 15 SADC countries [13]. It belongs to the group of nine countries with a Low HDI (below 0.55 on a scale from zero to 100). Among the remaining six countries, only two (Seychelles and Mauritius) have a classification of High HDI (0.70-0.80). There is no country in the SADC with Very High HDI (between 0.80 and 100).

Mozambique's low HDI has certainly multiple causes, some common to all three components that constitute it (education, life expectancy, and income), and others specific to each component. A combination of structural and conjunctural determining factors affects the three components in different ways.

Firstly, the economic structure of Mozambique is a critical factor. The economy heavily relies on underdeveloped agriculture, making it highly susceptible to climatic shocks and price fluctuations in the global market. Moreover, the lack of diversification and progressive endogenous transformation, along with dependence on a small number of commodities for export, limit employment opportunities and income generation. This, in turn, affects families' ability to improve their living conditions through inclusion and integration into a dynamic productive market, as well as access to quality education and healthcare.

Secondly, social, and cultural factors play a significant role. For example, cultural norms or the fact that a child continues to hold high economic value in intergenerational relationships within families may limit access to education, especially for girls, with long-term implications for human development. Additionally, the prevalence of primary diseases such as malaria, and HIV/AIDS directly affects life expectancy and people's ability to contribute productively to the economy.

The governance and the management of public goods, as well as public policies, are crucial. The inefficiency of government institutions in implementing policies that promote human development is fundamental to understanding the slow progress and difficulty in maintaining it. This includes the proper allocation of resources to key sectors such as education and health, as well as creating a conducive environment for investment and economic growth. Political instability and conflicts in some regions of Mozambique have also had a negative impact on human development.

## 6.2 Income Poverty

The dichotomy between "Income Poverty" and "Multidimensional Poverty" reflects the distinction between lack of financial resources and deprivation in various dimensions of life. Income Poverty is a quantitative measure that strictly focuses on monetary income, considering individuals or families as poor when their income falls below a specific threshold. On the other hand, "Multidimensional Poverty" is a broader concept that considers not only income but also access to essential services such as education, health, and social participation.



Considering the World Bank's latest classification of extreme poverty (below \$2.15/day), approximately 83% of the Mozambican population lived in extreme poverty in 1996. Over the course of two decades, data revealed that the proportion of the population in extreme poverty had decreased to around 65% in 2014.<sup>2</sup>

According to the latest world bank estimation, overall, 62.8 percent of Mozambique's population or 18.9 million people were estimated to live under the national poverty line in 2020, an increase of 14.4 percentage points from the last survey in 2014/15. The downward trend of the 2008/09-2014/15 period reverses and poverty rises from 48.4 to 62.8 percent, undoing the important gains in poverty reduction of the preceding decade. With the headcount rate well above the 2008/09 level (58.7 percent), Mozambicans find themselves in a worse situation than a decade ago [166].

The Provinces of Maputo, Maputo City, Manica and Sofala have average monthly expenses above the national average. The average monthly expenses of the Provinces of Maputo and City of Maputo correspond to approximately double the national average, with approximately 18,803.00 and 17,076.00 Meticaís, respectively. The province of Cabo Delgado had the lowest average monthly expenditure per household, with around 5,213.00 Meticaís. However, inequality persists, with a 7% unemployment rate among women compared to 9% among men (IOF 2022).

The United Nations Children's Fund (UNICEF) has assessed monetary poverty and multidimensional poverty among Mozambican children, estimating that nearly half (49%) of the 16 million children live below the poverty line, while 46% are multidimensionally poor, based on deprivations across eight dimensions and seventeen indicators. There is also a significant urban-rural disparity, with 57.6% of rural children being multidimensionally poor and 18.6% of children in urban areas.

Although child poverty has gradually decreased between 1996 and 2015, such reduction was not only uneven and with substantial regional disparities, but according to the 2019/20 HBS data, the well-being of families deteriorated in the second half of the 2010s [103,104].

Based on the available data, the assessment of compliance with commitments related to Dignity and Equity is limited. However, the data suggests that income inequality in Mozambique has been increasing, as evidenced by the Gini Index rising from 0.40 in 1996/97 to 0.51 in 2019/20, an increase of 28%. This suggests that achieving equity faces significant challenges.

## GENDER INEQUALITY

Under this section, two indicators are used to report on progress towards gender equality: the Gender Parity Index for primary and secondary school enrolment and the percentage of women in national parliaments.

The Gender Parity Index (GPI) for primary, secondary, and tertiary school gross enrollment is a measure of the relative enrollment of girls and boys. It is calculated by dividing the female enrollment rate by the male enrollment rate. A GPI of 1 indicates that there is gender parity in enrollment, while a GPI of less than 1 indicates that there are fewer girls enrolled than boys.

The Mozambique GPI for primary was 0.94 and 0.93 for secondary in 2020 (see Figure 24). This means that there were, on average, 94 girls enrolled in primary and secondary school for every 100 boys. However, there is significant variation in the GPI across neighboring countries. For example, in Tanzania, the GPI is 1.04 at primary and 1.08 at the secondary level, which means that there are more girls enrolled in primary and secondary school than boys. In contrast, in Malawi, the GPI is 1.03 at the primary level, while the GPI has declined significantly at the secondary level (0.83) which means that there are far fewer girls enrolled at secondary school than boys.

The GPI is a useful tool for tracking progress towards gender parity in education. However, it is important to note that it does not consider other factors that may affect the educational attainment of girls and boys, such as the quality of education, the availability of schools, and the economic opportunities for girls.

## 6.3 Monetary Child Poverty

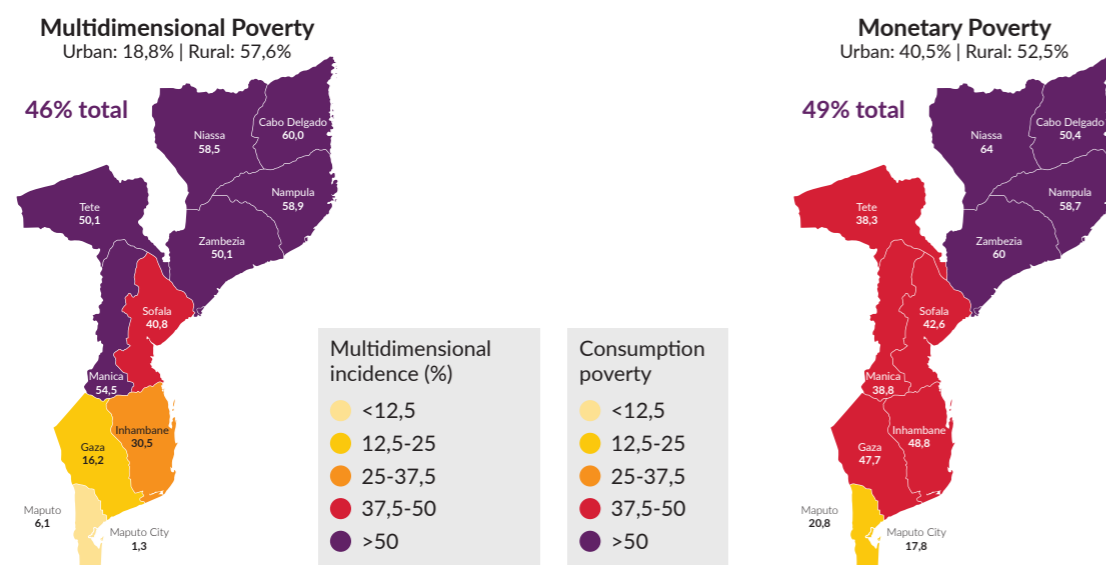
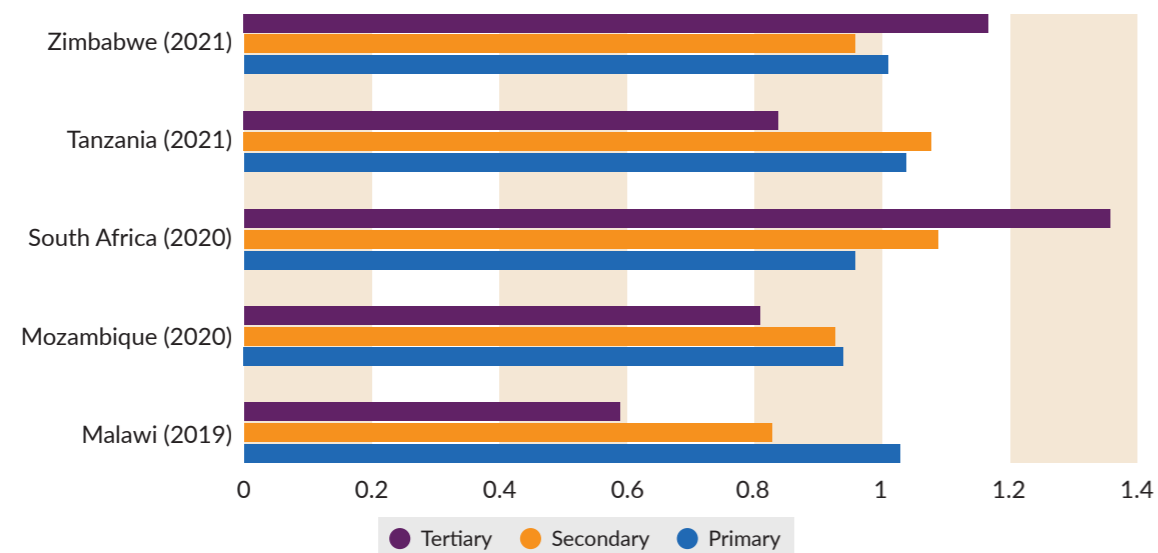


FIGURE 23: Multidimensional and Monetary Child Poverty Using National Definitions by Province

<sup>2</sup> <https://data.worldbank.org/indicator/SI.POV.DDAY?locations=MZ>





**FIGURE 24:** Gender Parity Index (GPI) for school enrollment (gross) at primary, secondary and tertiary level in Mozambique and neighboring countries.

Source: World Bank Educational database, 2023

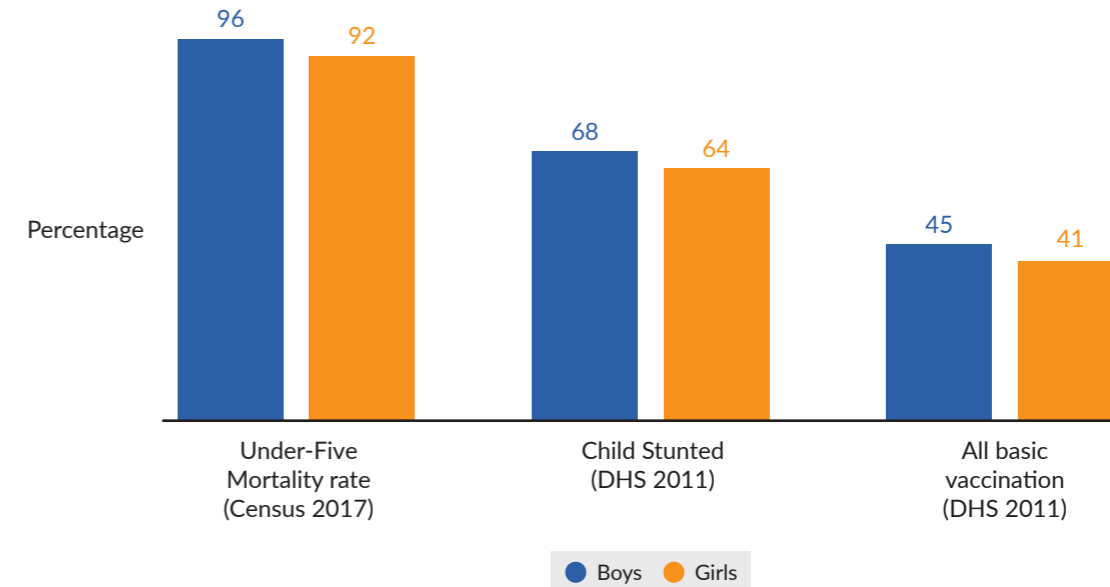
Access to education has also improved. The net adjusted primary school enrollment rate increased from 61.2% in 1994 to 94.5% in 2018, a 54% increase. The percentage of children out of school decreased from 56.2% in 1996 to 24% in 2018, a 58% decrease.

## CHILD NUTRITION AND MORTALITY

The infant mortality rate decreased from 135 per 1,000 live births in 1997 to 39 in 2023, a decrease of 66%. The under-5 mortality rate also decreased from 201 per 1,000 live births in 1997 to 60 in 2023, a decrease of 69% (IDS 2022-23). This means that 60 out of every 1,000 children born in Mozambique will die before they reach the age of five. The U5MR has declined by about 50% since 1990, but it is still higher than the average for sub-Saharan Africa (57 deaths per 1,000 live births).

The under-five mortality rate (U5MR) disaggregated by sex in Mozambique is illustrated in Figure below. The sex-differentials in Mozambique are not very significant. The under-5 mortality for boys was 96, and 92 for girls (See Figure 25).

Child nutrition and mortality in Mozambique have improved in recent years. Child stunting: Stunting is a measure of chronic malnutrition. A child is considered stunted if their height is below what is expected for their age. The prevalence of stunting among children under five in Mozambique was 68% for boys and 64% for girls. Moreover, about 45% for boys and 41 for girls received all 8 basic vaccinations (Figure 25).



**FIGURE 25:** Child mortality and nutrition indicators disaggregated by sex in Mozambique.

Source: Population census 2017, and DHS 2011

## WOMEN'S RIGHTS AND GENDER-BASED VIOLENCE

Women's rights in Mozambique are still limited, despite significant progress in recent years. The country has a progressive constitution that guarantees gender equality, but this is not always reflected in practice. Women face discrimination in many areas, including education, employment, and healthcare. They are also disproportionately affected by gender-based violence (GBV).

GBV is a serious problem in Mozambique. About, 40 percent women woman has experienced physical or sexual violence, highest in Sofala (56%) and lowest in Maputo city (23%) (See Figure 26). The most common forms of GBV are domestic violence, rape, and sexual harassment. While, about 50% of those women did not seek help. GBV has a devastating impact on women's physical and mental health, as well as their ability to participate fully in society. There are several factors that contribute to GBV in Mozambique. These include:

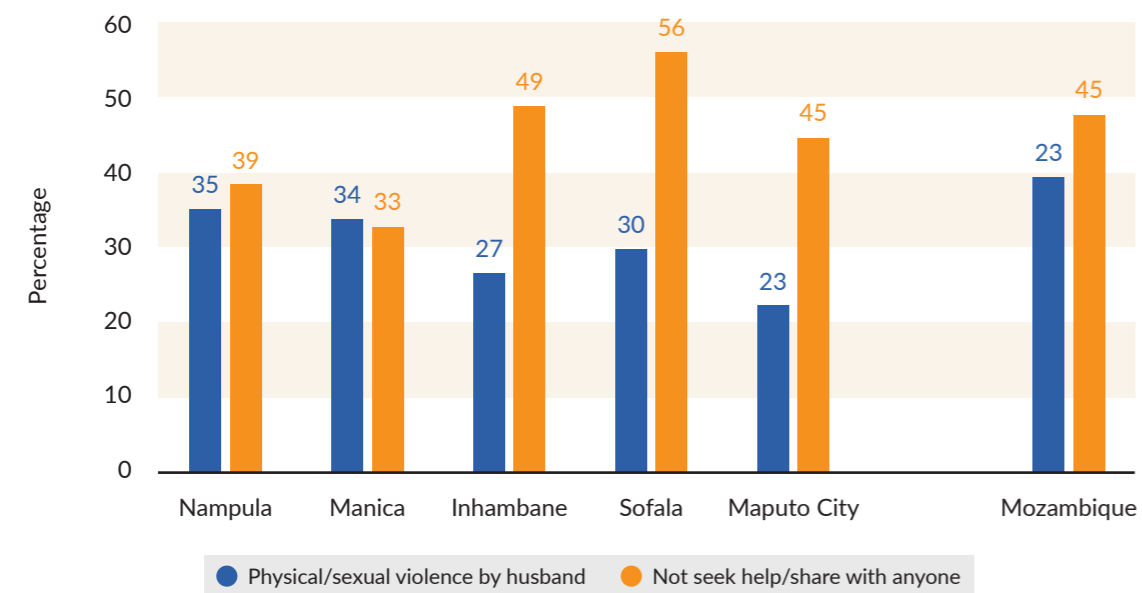
- Traditional gender roles that place women in a subordinate position to men
- High levels of poverty and unemployment
- Lack of education and awareness about GBV
- Weak legal and institutional frameworks for addressing GBV.

The government of Mozambique has taken some steps to address GBV, but more needs to be done. In 2017, the government launched a national action plan to combat GBV. The plan includes



measures to raise awareness about GBV, strengthen the legal framework, and provide support to victims of GBV. There are also several non-governmental organizations (NGOs) working to combat GBV in Mozambique. These NGOs provide a range of services, including shelter, counseling, and legal aid to victims of GBV.

Despite the challenges, there is hope for progress on women's rights and GBV in Mozambique. The government and civil society are working together to address these issues, and there is a growing awareness of the need to protect women's rights.



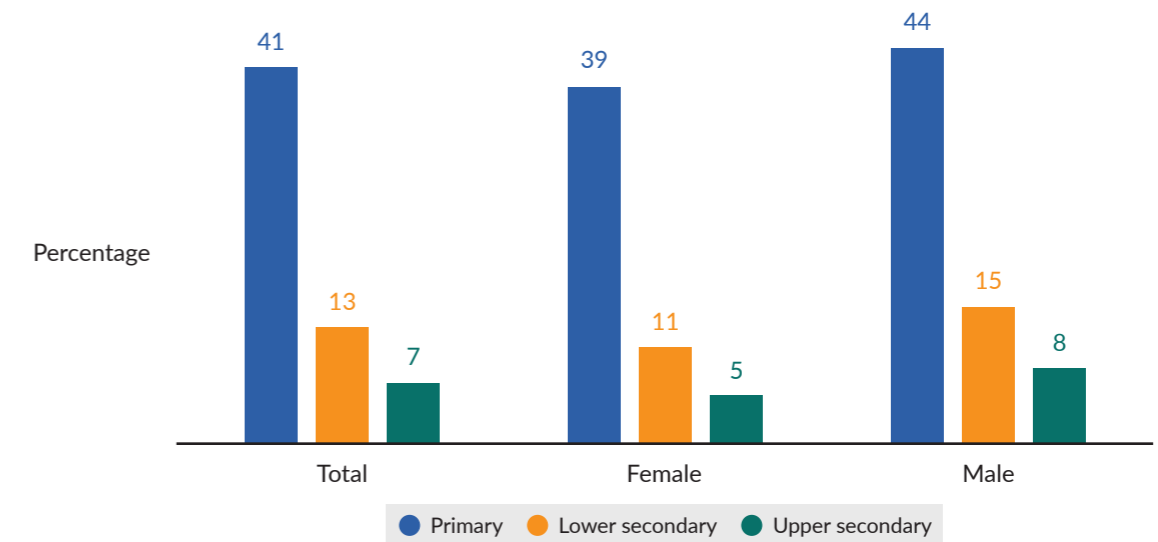
**FIGURE 26:** Gender-based violence in Mozambique

Source: Mozambique DHS 2011



## UNIVERSAL ACCESS TO QUALITY EDUCATION

Completion rate of specific level of education is defined as the percentage of children or young people three to five years older than the intended age for the last grade of each level of education (primary, lower secondary, or upper secondary) who have completed that level of education.



**FIGURE 27:** Completion rate of specific level of education in Mozambique

Source: UNICEF Global database on completion rate by educational level

The completion rate of primary and secondary education in Mozambique is still low compared to other countries. The primary completion rate in Mozambique is 41%,

which means that only 46% of children who start primary school complete it.

While the completion rate for girls remains 39% and 44% for boys (Figure 27).

This is below the average of 92.68% for all countries in the world.

The lower secondary completion rate is even lower, at 13% (11% for girls and 15% for boys).

The upper secondary complete rate remains 7%. There are several factors that contribute to the low completion rates in Mozambique. Many families in Mozambique cannot afford to send their children to school, especially if they live in rural areas. Moreover, girls are more likely to drop out of school than boys. This is due to several factors, including cultural norms and the need to help with household chores.

- Child labor: Many children in Mozambique are forced to work to help support their families. This leaves them with little time or energy for school.
- Inadequate infrastructure: Many schools in Mozambique lack basic facilities, such as classrooms, teachers, and textbooks. This makes it difficult for children to learn and stay in school.



The government of Mozambique is working to improve the completion rates of primary and secondary education. They have implemented a few programs, such as providing scholarships for poor children and building new schools. However, more needs to be done to address the underlying causes of the problem.

## WELL-BEING AND LONGEVITY

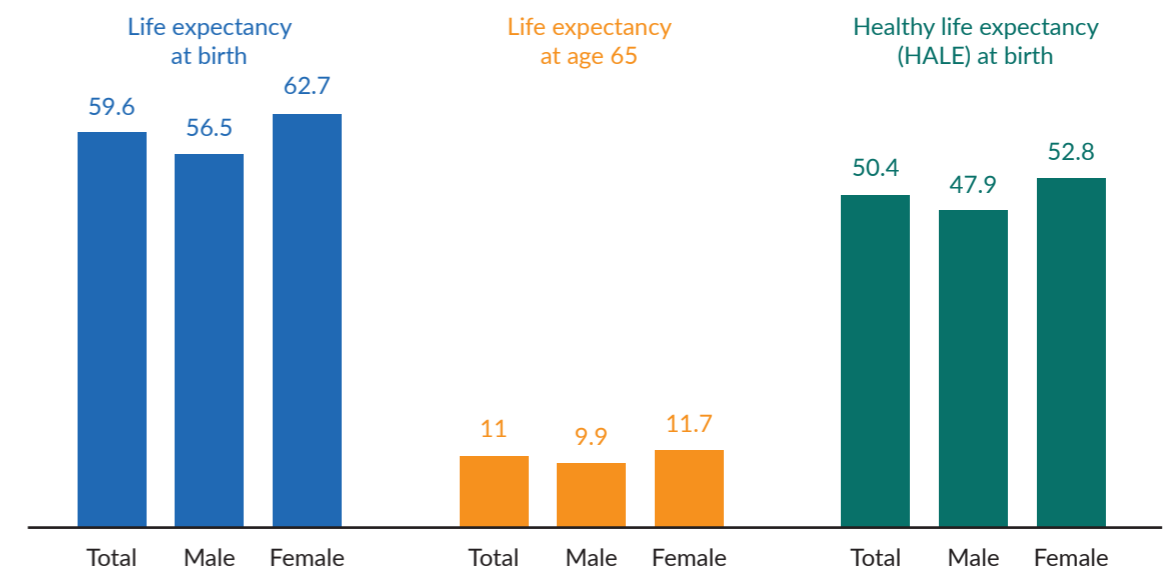
Life expectancy at birth increased from 45.6 years in 1994 to 59.6 years in 2022. The life expectancy at birth for females stood at 62.7 years and male remains at 56.5 in 2022. Healthy life expectancy at birth has also increased, from 43.6 years in 2000 to 50.4 years in 2019. While the health life expectancy for male remains at 47.9 years and 52.8 years for females. It is interesting to note that the male population has lost 9 years due to the higher prevalence of diseases such as HIV/AIDS. The years lost for females was 10 years (Figure 28).

However, there are still significant disparities in well-being and longevity between different groups in Mozambique. For example, women have a higher loss of years than men, and people living in rural areas have a lower life expectancy than those living in urban areas.

There are several factors that contribute to these disparities, including poverty, lack of access to healthcare, and poor sanitation. The government of Mozambique is working to address these challenges, but it will take time to make a significant impact.

Here are some of the key challenges to well-being and longevity in Mozambique:

- Poverty is a major barrier to well-being and longevity. People living in poverty often have limited access to healthcare, education, and other essential services.
- Malnutrition is a major problem in Mozambique, especially among children. Malnutrition can lead to stunting, wasting, and other health problems that can have a long-term impact on well-being and longevity.
- Maternal and child health is a major concern in Mozambique. The country has one of the highest maternal mortality rates in the world, and child mortality rates are also high.
- HIV/AIDS is a major public health challenge in Mozambique. The country has one of the highest HIV prevalence rates in the world. HIV/AIDS can lead to premature death and can also have a negative impact on well-being.
- Other diseases, such as malaria and tuberculosis, are also major causes of death and disability in Mozambique.



**FIGURE 28:** Life expectancy at birth, at age 65 and health life expectancy, disaggregated by female and male.

Source: UN WPP 2022 and WHO 2022

## WOMEN REPRESENTATION IN PARLIAMENT

Mozambique has shown progress in women's participation in parliament over the years, according to the data provided in the table. In 1997, the country had a representation of 28.4% of women in parliament, increasing to 39.2% in 2009 and reaching 44.2% in 2021. The progress achieved so far demonstrates Mozambique's commitment to promoting gender equality and women's participation in political decision-making. However, it is crucial to continue raising awareness, adopting inclusive policies, and removing barriers to ensure even greater representation of women in parliament and other positions of power.

Mozambique has made significant progress in promoting gender equality, with female representation at 64.7% in government, surpassing the 50% target set by the Sustainable Development Goals (SDGs). However, female representation in decision-making positions still falls behind that of men, with most women occupying lower positions in the hierarchical scale. Despite the increasing participation of women in politics, they still face numerous barriers to accessing political space and influencing political agendas.

The "SADC Gender and Development Monitor 2022" report highlights Mozambique's significant progress in promoting gender equality and women's empowerment between 1994 and 2022. However, female representation in some Member States, such as Angola, Seychelles, and Eswatini, has declined despite previous advancements.

The representation of women in Electoral Commissions in Mozambique has slightly increased from 15.4% in 2011 to 17.6% in 2022. However, this value is lower than that of some SADC countries, such as Namibia (50%), Seychelles (42.9%), South Africa (60%), and Tanzania (42.9%). Gender



parity in Electoral Commissions among SADC Member States is regressing, with only one-fifth of Member States achieving at least 50% women's representation in electoral commissions in 2022.

Another aspect revealed by the SADC Gender and Development Monitor 2022 report is that the representation of women in Electoral Commissions in Mozambique has slightly increased from 15.4% in 2011 to 17.6% in 2022. However, this value is lower than that of some SADC countries, such as Namibia (50%), Seychelles (42.9%), South Africa (60%), and Tanzania (42.9%). Gender parity in Electoral Commissions among SADC Member States is regressing, with only one-fifth of Member States achieving at least 50% women's representation in electoral commissions in 2022.

Mozambique has made progress in women's participation in parliament, but there are still areas where improvements are needed. It is essential to address the structural and social barriers that limit women's access to politics and ensure that women's representation translates into effective influence in decision-making and the implementation of policies aimed at gender equality and women's empowerment. Continued efforts to promote gender equality and women's empowerment will be crucial for the full fulfillment of international commitments.

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## 6.4 Pillar 2: Health

### PREVALENCE OF MODERN CONTRACEPTION AND UNMET NEED FOR FAMILY PLANNING

The country has implemented the Family Planning Policy, the Sexual and Reproductive Health Strategy, and interventions under the Family Planning 2020 project. The community-based approach in revitalizing the distribution of contraceptives and the increased public budget for family planning explain the relative progress in contraceptive access.

The prevalence of modern contraception in Mozambique increased significantly, from 5% in 1997 to 25.3% in 2015. However, recent DHS revealed that the use of modern methods remains stagnant, at 25% (Mozambique DHS 2022). While the unmet need for family planning in Mozambique is also high, it stood at 25% in 1997. In 2022, the unmet need for family planning was 26.6% (see Figure 29). This means that about 1 in 4 women of reproductive age in Mozambique want to avoid or delay pregnancy but are not using a method of contraception.

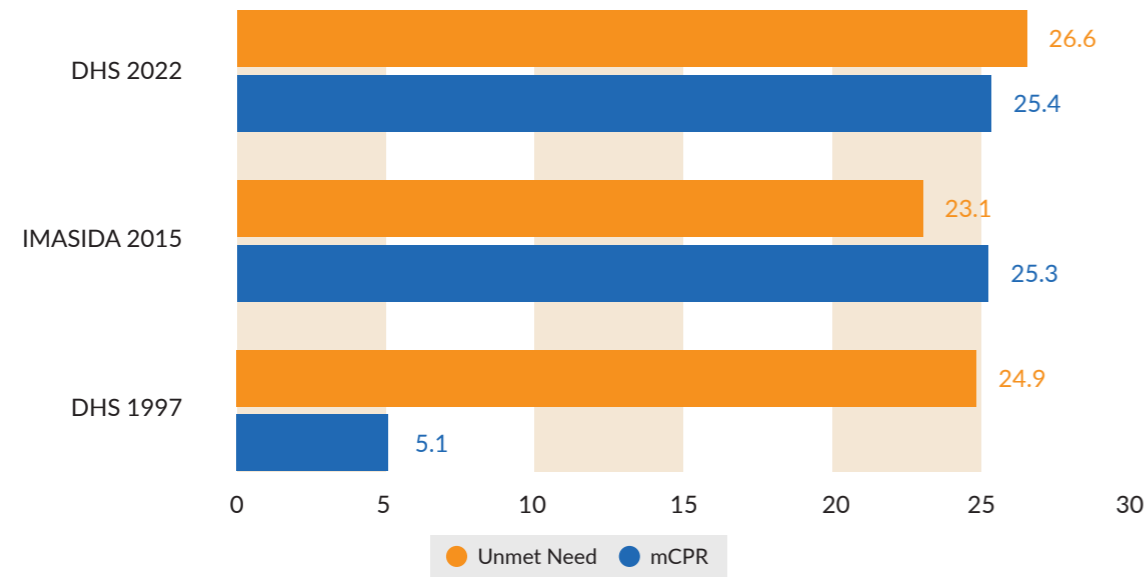
There are several factors that contribute to the low prevalence of modern contraception and high unmet need for family planning in Mozambique. These factors include: 1) Many health facilities in Mozambique do not provide family planning services, or the services they do provide are not of good quality, 2) Many women in Mozambique do not know about the different methods of contraception available or how to access them, 3) Some cultural and religious beliefs discourage the use of contraception, 4) Many women in Mozambique cannot afford to pay for contraception or the cost of transportation to get to a health facility.

The government of Mozambique is working to address these challenges and increase the availability and use of family planning services. The government has also launched several awareness campaigns to educate women about family planning. Such as:

- Expanding the availability of family planning services in rural areas.
- Training health workers on family planning.
- Providing financial assistance to women who want to use contraception.
- Conducting awareness campaigns about family planning.

However, there is still much work to be done to ensure that all women in Mozambique have access to the family planning services they need.





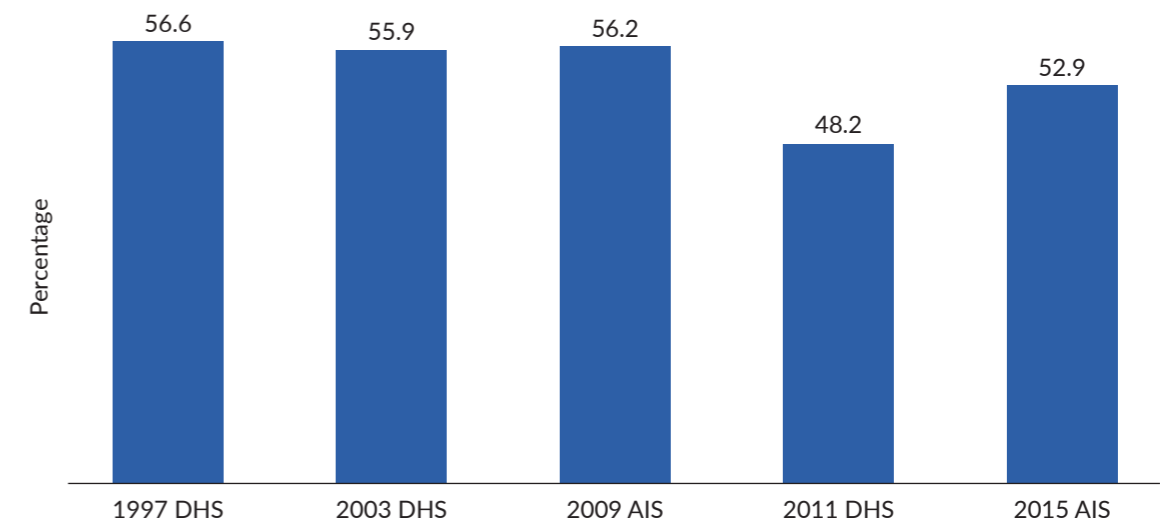
**FIGURE 29:** Contraceptive prevalence rate and unmet need for family planning in Mozambique  
 Source: various sources

## ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

Adolescent sexual and reproductive health (ASRH) refers to the well-being and rights of adolescents (individuals between the ages of 10 and 19) in relation to their sexual and reproductive health. This encompasses a wide range of issues including safe sexual behavior, access to accurate information and services, prevention of unintended pregnancies, protection from sexually transmitted infections (STIs), and overall well-being.

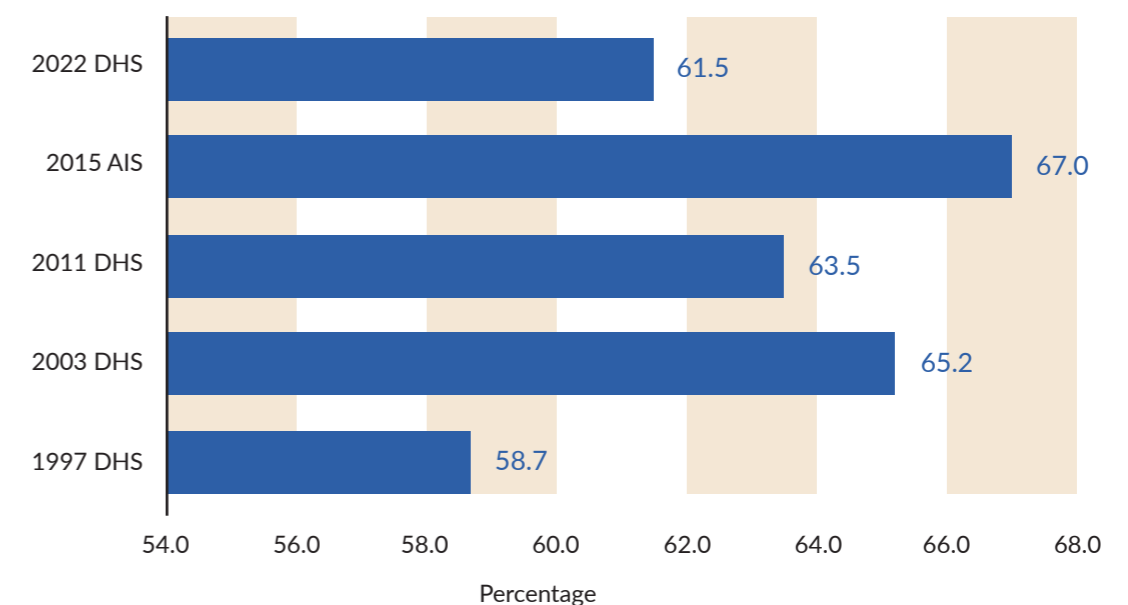
Recent surveys exposed the large prevalence of child marriage in Mozambique, indicating that 1 in 2 girls aged 20-24 are married before turning 18. The prevalence of child marriage remains virtually stagnant, as it has declined slightly from 56.6% from 1997 to 52.6% in 2015 (see Figure 30). A large geographical differential for marriage age is also apparent, with 8% of girls aged 17 married in Maputo, compared to 55% of 17-year-old girls in Nampula (Population Census 2017).

There is a clear north-south divide in the prevalence of child marriage with 40% of girls (in 2017) in the northern provinces ever married, compared to 5-15% in Maputo city and southern provinces. In most central and northern provinces there has been little change in the prevalence of child marriage over the last inter-censal period (2007-2017).



**FIGURE 30:** Percentage of women aged 20-24 who were married by 18 years.  
 Source: Several household surveys

Adolescent health in Mozambique is a major concern. The country has a high rate of teenage pregnancy, in 2022, 61.5% of girls aged 15-19 having given birth by the age of 19 (see Figure 31). The prevalence of teenage mothers has hardly declined significantly during the last two decades, as it was estimated that 58.7% of teenage mothers in 1997. This is the second highest rate in the world, after Malawi. The leading risk of first births among adolescents is prolonged or obstructed labor, which can end in obstetric fistulas, particularly in those settings where access to care is limited. First births can also elevate the risk of preeclampsia, malaria, and infant mortality.



**FIGURE 31:** Percentage of women aged 15-19 years old, who were mothers by age 19 years.



The government of Mozambique has made some progress in improving adolescent health. For example, the country has increased access to contraception and family planning services and has also implemented programs to raise awareness about HIV/AIDS and other STIs. However, much more needs to be done to address the challenges facing adolescent health in Mozambique.

Access to comprehensive and accurate sexual education is often limited in Mozambique, leading to misinformation and inadequate knowledge among adolescents about safe sexual practices, contraception, and STIs. The level and trends of comprehensive education in Mozambique are mixed. In 2017, the government of Mozambique adopted a national curriculum that includes information on sexual health, rights, and relationships. However, the curriculum is not yet being implemented in all schools. Mozambique's multisectoral Programa Geração Biz (PGB) initiative, piloted in 1990 and fully scaled up by 2008, has been considered one of Africa's successful adolescent SRH programs due to its national scale and its sustained scale-up of complementary interventions. The program used the momentum built by the 1994 ICPD, the commitment made by the government of Mozambique to address adolescent SRH and the nation's HIV epidemic. However, Evaluating the impact of the PGB has been tricky. A few evaluations have indicated that SRH outcomes were mixed and that the norms that contribute to adolescent SRH outcomes were not sufficiently addressed.

There are several challenges to the implementation of CSE in Mozambique. Among the top, there is a lack of political will: The government of Mozambique has not yet made CSE a priority as well as the lack of resources, and cultural barriers.

## MATERNAL MORTALITY

Maternal mortality refers to the number of maternal deaths (deaths related to pregnancy or childbirth) per 100,000 live births each year. Mozambique, like many other low-income countries, faced challenges in reducing maternal mortality due to factors such as limited access to quality healthcare, inadequate infrastructure, and socioeconomic disparities. The maternal mortality ratio in Mozambique has declined significantly in recent years. In 2000, the maternal mortality ratio was 600 deaths per 100,000 live births. By 2017, this had fallen to 427 deaths per 100,000 live births (see Figure 32). This represents a decline of 29% (Population Census 2017, INE). Currently, the country has 7,122 trained traditional midwives.

Maternal deaths are highest in the north (more than double) than in the southern provinces. The highest maternal mortality ratio recorded in Cabo Delgado (519.5) and Tete (519.4).

The reduction in maternal mortality has been achieved due to several factors primarily by the increased access to skilled birth attendance. In 1997, only 44% of births in Mozambique were attended by skilled health personnel. By 2022, this had increased to 67.5% (DHS 2022). The prevalence of HIV/AIDS among pregnant women in Mozambique has declined from 18% in 2000 to 10% in 2020, and improvement in access to essential obstetric care (such as blood transfusions, Cesarean sections, and emergency deliveries).

Despite these gains, the maternal mortality ratio in Mozambique is still high. Despite these gains, the maternal mortality ratio in Mozambique is still high. There are still many women who die from pregnancy-related complications each year. The main causes of maternal death in Mozambique are Hemorrhage, Sepsis, Obstructed labor and preeclampsia and eclampsia. In addition, unintended pregnancies leading to unsafe abortions and HIV/AIDS also contributed to maternal mortality.

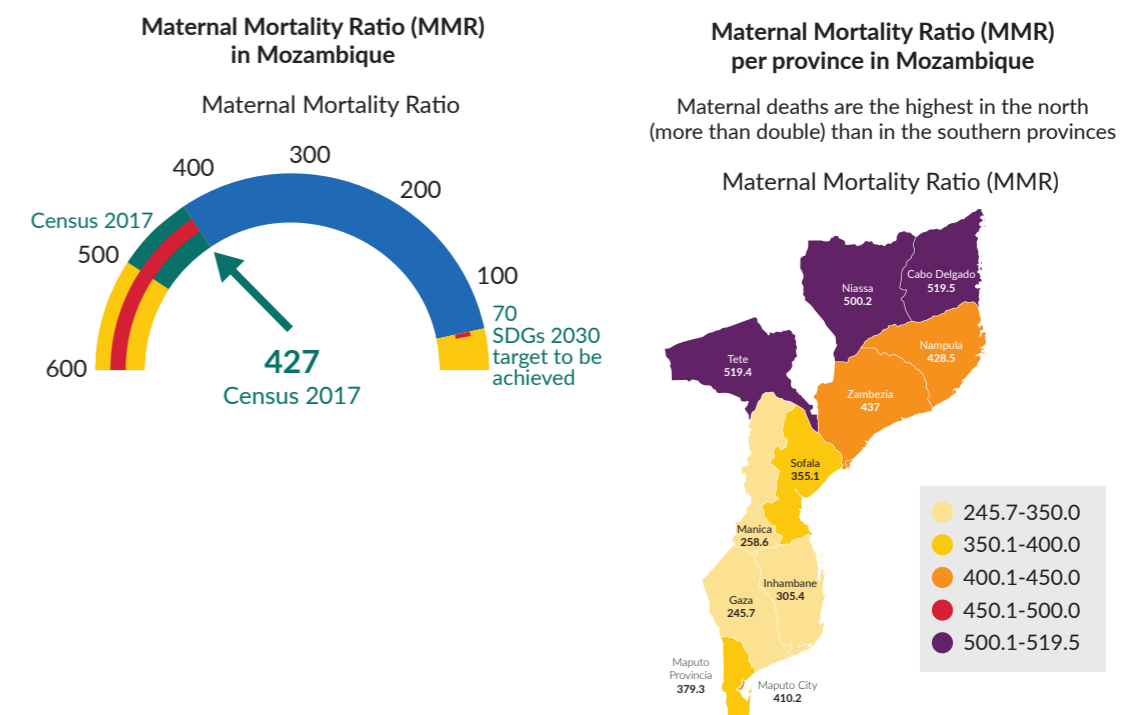


FIGURE 32: Maternal mortality ratio at national and provincial level in Mozambique.

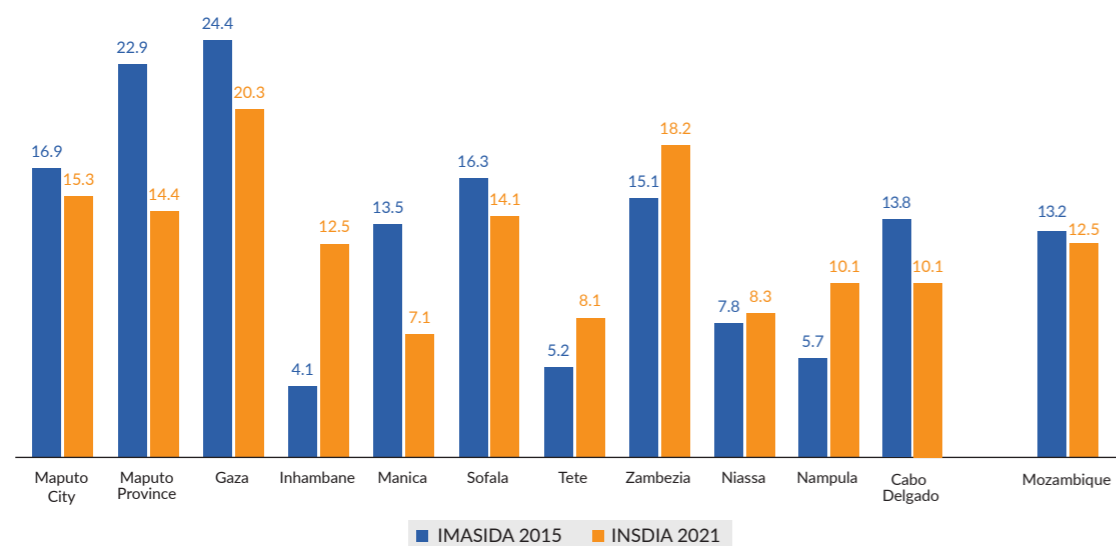
Source: Population Census 2017, INE

## HIV AND AIDS, OTHER INFECTIOUS DISEASES

HIV and AIDS are major public health challenges in Mozambique. The adult HIV prevalence rate remains stagnant at 13% during 2015-2021 (Figure 33), which is the second highest in Southern Africa. This means that about 2.1 million people in Mozambique are living with HIV / AIDS.

The HIV epidemic in Mozambique is concentrated among young people aged 15-29 years, with a prevalence rate of 32%. Women are also disproportionately affected by HIV, with a prevalence rate of 13.6%, compared to 10.1% for men.





**FIGURE 33:** Percentage of men and women aged 15+ living with HIV, by province, 2015 and 2021.

Source: IMASIDA 2015 and INSDIA 2021

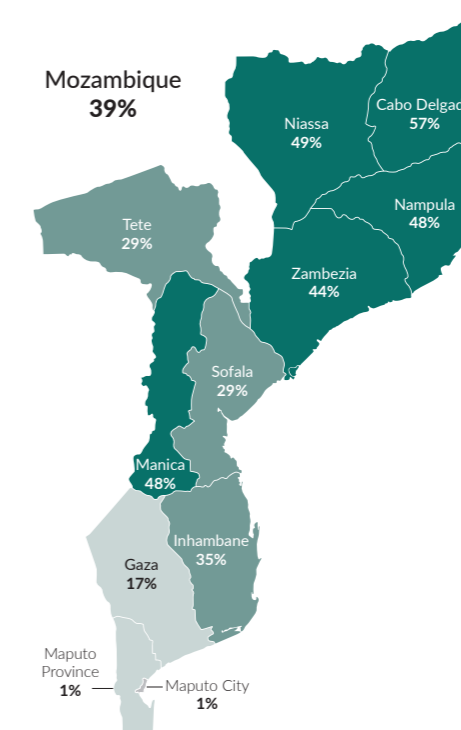
The government of Mozambique has taken several steps to address the HIV epidemic, including: 1) Scaling up HIV testing and treatment services, 2) Increasing awareness about HIV and AIDS, 3) Providing support to people living with HIV and AIDS and 4) Addressing the social and economic factors that drive the epidemic.

These interventions have led to some progress in reducing the HIV epidemic in Mozambique. However, there is still much work to be done. The government of Mozambique needs to continue to invest in HIV prevention, treatment, and care services. It also needs to address the social and economic factors that drive the epidemic.

## PREVALENCE OF MALARIA IN MOZAMBIQUE

Malaria is a mosquito-borne disease caused by a parasite called Plasmodium. It is a major public health problem in Mozambique, where it is highly endemic. The entire country is at risk, with the highest prevalence of disease in the north and along the coast. The main type of malaria in Mozambique is Plasmodium falciparum, which is the most severe form of the disease. It is responsible for most of the cases and deaths.

The 2018 Mozambique Malaria Indicator Survey (IIM) provides population-based estimates on malaria indicators to inform strategic planning and program evaluation.



**FIGURE 34:** Percent of children aged 6-59 months who tested positive for malaria by rapid diagnostic test (RDT).

Source: Malaria Indicator Survey 2018

About 39% of children aged 6-59 months tested positive for malaria by rapid diagnostic test. Malaria prevalence ranges from a low of 1% in Maputo Cidade and Maputo Província to a high of 57% in Cabo Delgado (see Figure 34).

Mozambique's healthcare system still struggles with diseases that are significant causes of mortality among the population, notably HIV/AIDS, Tuberculosis, and Malaria. The prevalence of HIV is high, but there has been a trend of reduction in HIV and AIDS incidence in recent years, as well as a decrease in HIV-related deaths.

1. The trend of reducing new infections may be the result of implementing the Accelerated Plan for the Response to HIV and AIDS in the Health Sector, which has driven the expansion of antiretroviral treatment. The number of pregnant women benefiting from HIV mother-to-child transmission prevention prophylaxis has significantly increased with the adoption of Option B+ under the new WHO Protocol on the matter.
2. Regarding Tuberculosis and Malaria, these diseases present significant incidence rates. Tuberculosis tends to decrease, although insignificantly, while Malaria tends to see an increase in the number of cases.
3. The Geração Biz (GB) Program has been an important tool in the government's strategy to combat HIV/AIDS and promote adolescent and youth access to Family Planning services. The program is characterized by its multi-sectoral approach, gender sensitivity, youth engagement, and emphasis on Mozambican ownership and empowerment to promote sustainability.



Despite these efforts, HIV and AIDS, malaria, tuberculosis, and other infectious diseases continue to be major public health challenges in Mozambique. The government needs to continue to invest in these programs and to ensure that they are reaching the people who need them most.

## BURDEN OF NON-COMMUNICABLE DISEASE

The burden of non-communicable diseases (NCDs) in Mozambique is increasing. NCDs now account for 28% of deaths in the country, up from 15% in 1990. The most common NCDs in Mozambique are cardiovascular diseases (CVDs), cancers, diabetes, and chronic respiratory diseases. There are several factors that have contributed to the rise of NCDs in Mozambique. These include:

- The aging population. Mozambique is one of the fastest-aging countries in the world, and the number of people aged 60 and over is expected to more than double by 2050 (from 1.5 million in 2022 to 4 million in 2050). This means that there will be more people at risk of developing NCDs.
- The increasing prevalence of risk factors for NCDs. These risk factors include tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol. The prevalence of these risk factors is increasing in Mozambique, as people adopt more Western lifestyles.
- The decline of infectious diseases. In the past, infectious diseases were the leading cause of death in Mozambique. However, thanks to improved healthcare, the incidence of infectious diseases has declined. This has led to a shift in the burden of disease, with NCDs now becoming more common.

The increasing burden of NCDs is a major challenge for Mozambique's health system. The country's health system is already overstretched, and it is not well-equipped to deal with the complex and chronic nature of NCDs.

## HEALTH SYSTEM STRENGTHENING

Some of the challenges to health system strengthening in Mozambique:

**Limited Access to Healthcare Services:** Mozambique has a high burden of disease, including communicable diseases like malaria, HIV/AIDS, and tuberculosis. The country has a shortage of healthcare facilities, especially in rural areas. According to the latest estimates in 2022 from WHO, there is only one doctor for every 10,000 people in Mozambique. Limited access to healthcare services, especially in rural and remote areas, makes it difficult for many people to receive the necessary treatment and preventive care.

**Infrastructure and Resource Constraints:** There are only about 1 hospital per 100,000 people in Mozambique, and many of these hospitals are in poor condition. There is also a shortage of clinics, especially in rural areas. Insufficient healthcare infrastructure, including hospitals,

clinics, and medical equipment, can hinder the delivery of quality healthcare services. Resource constraints, such as shortages of medical supplies and qualified healthcare personnel, further exacerbate this issue.

**Human Resource Shortages:** Mozambique faces a shortage of trained healthcare workers, including doctors, nurses, and other skilled professionals. According to a 2023 study, the average number of community health workers (CHWs) per 10,000 population in Mozambique was 1.33 in 2016. This increased by 18% annually between 2016 and 2018. However, the baseline CHW density ranged from 0.93/10,000 population in Tete to 2.02/10,000 population in Cabo Delgado. Tete and Zambézia, the two provinces with the lowest baseline CHW density, had the most notable annual increase between 2016 and 2018.

**Health Financing:** Limited government funding for healthcare can result in inadequate resources to support a comprehensive and effective health system. Health financing in Mozambique is a complex issue, with a mix of public and private funding. In 2019, 79% of the health sector budget was domestically funded, with the remaining 21% coming from outside the country. The government is the largest single source of health financing, followed by development partners, out-of-pocket payments, and private health insurance. In 2020, government health expenditure was 7.6% of GDP, compared to the sub-Saharan Africa (excluding high income) average of 4.9% (World Bank database). Out-of-pocket payments are the third largest source of health financing in Mozambique, stood at 10% of the current health expenditure.

**Weak Health Information Systems:** Accurate and up-to-date health information is essential for effective health system planning, resource allocation, and monitoring of health outcomes. Weak health information systems can hinder data collection, analysis, and reporting.

**Geographical and Socioeconomic Disparities:** There are significant disparities in access to healthcare between urban and rural areas, as well as among different socioeconomic groups. Poorer and more remote communities often face greater challenges in accessing healthcare from health facilities. People with disabilities in Mozambique face many challenges in accessing healthcare services. These challenges include physical barriers, such as the lack of accessible facilities, as well as attitudinal barriers, such as discrimination and stigma. Moreover, many people with disabilities live in rural areas where access to healthcare services is limited.

The LGBTI population in Mozambique faces many challenges in accessing healthcare services. These challenges include discrimination and stigma, as well as a lack of healthcare professionals trained to provide culturally competent and gender-sensitive care. Additionally, many healthcare services are not inclusive or accessible for the LGBTI population.

**Health Education and Awareness:** Limited health literacy and awareness among the population can hinder the adoption of healthy behaviors and preventive measures. Health education campaigns are important for promoting good health practices and preventing disease.

**Political and Governance Challenges:** The government of Mozambique has not made health a priority, as evidenced by the low level of funding allocated to the health sector. In 2020, health



spending was only 9.5% of the national budget, which is well below the African average of 15%. There is a lack of coordination between the central government, provincial governments, and local authorities on health matters. This has led to duplication of efforts and gaps in service delivery. The government of Mozambique does not make public information about the health sector, such as budgets, spending, and performance data. This makes it difficult to hold the government accountable for its health policies and programs. Access to mental health services.

## 6.5 Pillar 3: Migration Management - Local and Mobility

### URBANIZATION IN MOZAMBIQUE

In 2017, Mozambique had close to 9 million people living in urban areas, corresponding to 32.6% of the urban population (Population census 2017). From 2007 to 2017, the country recorded a population increase well above the previous census average of 1.5 million. In the last census, the increase was more than 2.6 million inhabitants.

Despite a large increase in the population in urban spaces, census data show a slowdown in urbanization, after a boom in the early years (1970), when the country's urban population was below 5%. In 1997, the country achieved a degree of urbanization of 29.2%. In 27 years, the population living in urban areas of Mozambique has increased by 25%. Over the next 20 years, urbanization was more modest, representing a growth of about 3%, that is, there was a slowdown in urbanization, mainly because rural population growth continued to be highlighted, although with population growth rates below those recorded in urban areas.

The average growth rate of the country's urban population from 1997 to 2017 was 3.4%. During this period, the three provinces that grew the most were Tete (5.2%), Maputo Province (4.6%) and Niassa (4.6%). From 1997 to 2007, with the provinces of Zambezia (5.4%), Maputo Province (4.8%) and Cabo Delgado (4.3%). The highest growth rate (3.6%) was in the period 2007-2017, influenced by the province of Tete (6.7%), Manica (5.5%) and Niassa (4.8%). In the provinces of the center of the country, there were very marked dynamics in the growth of urbanization in the provinces of the center of the country, namely in Tete, whose degree of urbanization increased from 3.7% to 6.7%; Manica, which rose from 2.6% to 5.5%; and Sofala, which increased from 1.0% to 4.4%.

### POPULATION LIVING IN SLUMS.

The percentage of the population living in slums in Mozambique has been declining in recent years. In 2000, it was estimated that 90% of the urban population lived in slums. By 2020, this number had fallen to 52% (United Nations Human Settlements Programme, UN-HABITAT 2022). This decline is due to several factors, including economic growth, government investment in housing, and slum upgrading programs.

However, the level of slum urbanization in Mozambique remains high compared to other countries in the region. The slum urbanization rate in Mozambique is estimated to be 3.8% per year. This means that the number of people living in slums in Mozambique is increasing by 3.8% each year (World Bank's "Slum Indicators" database). The slum urbanization rate in Mozambique is higher than the global average of 2.6%. This is due to several factors, including rapid urbanization, poverty, and a lack of affordable housing.

Majority of people living in slums in Mozambique are concentrated in the capital city of Maputo. Other major cities with high slum populations include Beira, Nampula, and Quelimane.

There are several challenges that need to be addressed to further reduce the level of slum urbanization in Mozambique. These include: 1) Lack of access to land: There is a shortage of land available for housing in Mozambique, particularly in urban areas, 2) Lack of infrastructure: Many slums lack basic infrastructure such as roads, water, and sanitation, 3) Discrimination: People living in slums are often discriminated against, which makes it difficult for them to access jobs and other opportunities.

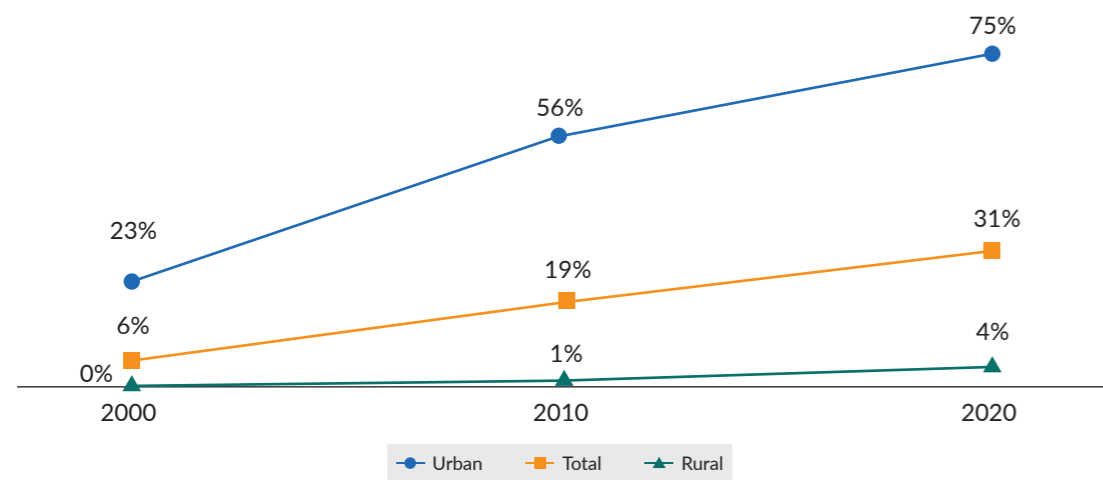
### PERCENTAGE OF PEOPLE WITH ACCESS TO ELECTRICITY

The percentage of people with access to electricity in Mozambique has been increasing in recent years, but it is still relatively low. According to the World Bank, the access rate was 31.49% in 2021. This means that approximately 2/3 of Mozambicans do not have access to electricity. The access rate is much lower in rural areas than in urban areas. In 2021, only 4.5% of the rural population had access to electricity, compared to 75% of the urban population (see Figure 35).

The government of Mozambique has set a goal of electrifying all households by 2030. To achieve this goal, the government is investing in expanding the electricity grid and in developing off-grid solar and wind power projects.

There are several challenges to increasing access to electricity in Mozambique. These challenges include: 1) The high cost of electricity infrastructure development, 2) The remoteness of many rural areas, 3) The lack of financial resources for households to pay for electricity connections.





**FIGURE 35:** Access to electricity in Mozambique disaggregated by urban and rural areas

Source: World bank development database

The census 2017 data shows that 61% of households live either with no or low-quality sanitation conditions, i.e., they have no toilet or latrine or have an unimproved latrine. This is higher than the average for sub-Saharan Africa, which is 35%. The gap in access to improved sanitation is large by urban and rural areas, with only 12% of people in rural areas having no access to improved sanitation facilities, compared to 43% of people in urban areas<sup>3</sup>. The poorest 40% of the population are the least likely to have access to improved sanitation, with only 12% having access.

Mozambique is facing a severe water crisis. According to the Population Census 2017, about 77% of families live in dwellings with no or poor water supply conditions. The water crisis in Mozambique is having a devastating impact on people's health, education, and livelihoods. It is also increasing the risk of waterborne diseases such as cholera and diarrhea.

<sup>3</sup> Joint Monitoring Programme (JMP) for Water Supply and Sanitation by WHO and UNICEF (2017)

## INTERNATIONAL MIGRATION IN MOZAMBIQUE

Mozambique is the main country of origin of immigrants residing in the Southern Africa region, with 921,513 people abroad (12%). While historically there was a large number of migrants moving from Mozambique to South Africa to work in mines and in commercial farms, more recently internal labour migration has been on the rise as the country opens up to mining and energy companies.

Additionally, with Mozambique's economy rapidly improving, migration flows into the country, especially in the center and north, are increasing, as migrants come to be employed in mines or use the country as an entry point to reach South Africa. The top five countries of origin are Zimbabwe (approximately 100,000), Malawi (60,000), Angola (40,000), Kenya (25,000), and South Africa (20,000).

By mid-year 2020, the total number of international migrants was 338,900, while emigrants were 640,200. The migration trend over a five-year period until 2019 showed a minimal change, with slightly more emigrants than immigrants, with a net migration of -25,000. In 2020 approximately 52.1% of immigrants were female, 26.8% were 19 years old and younger, and 3.2 % were 65 years or older.

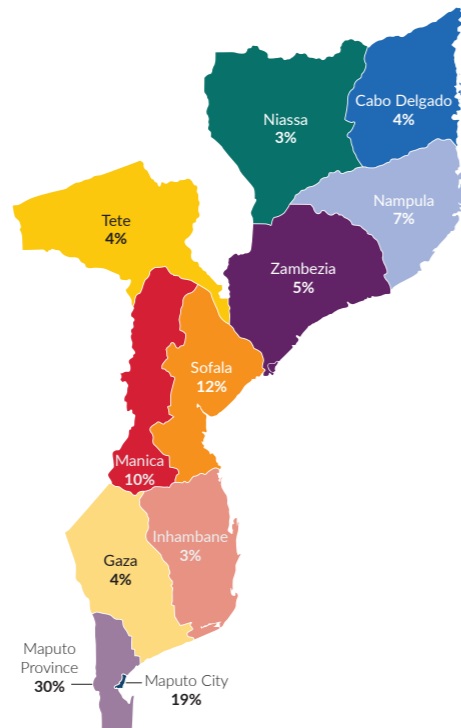
## INTERNAL MIGRATION

The levels of internal migration in Mozambique have been increasing in recent years. The 2017 census found that 3.7% of the population had migrated within the country in the previous five years. This is a significant increase from the 1997 census, which found that 14.4% of the population had migrated within the previous five years.

For 2017, the census analysis shows a different direction: most migrants move from the north to the south. The north-to-center and the center-to-north movements are also important. Approximately 1.6 million people internally migrate between the provinces. Three provinces continued to stand out in the concentration of accumulated immigrant volumes, following: Maputo Provincia, with 30.3%, Maputo City, 18.9%, and Sofala with 12%. With the exception of Maputo city, the provinces with the highest volumes of accumulated emigrants in 2017 were practically the same as in 2007, i.e. Inhambane, with a volume of 18.5%; Zambezia, 18.3%, Gaza, 15.1%; and Sofala, with 10.9% (see Figure 36).

The trend of increasing internal migration is expected to continue in the future. This is due to the factors mentioned above, as well as the ongoing economic development of Mozambique. As the country's economy grows, more people will be able to find jobs in urban areas, and this will attract more migrants.





**FIGURE 36:** Percent of internal migration in Mozambique.

Source: Population Census 2017, INE

## CONFLICT, INTERNALLY DISPLACEMENT AND HUMANITARIAN SITUATION

The trends in internal displacement in Mozambique are also concerning. The number of internally displaced people has been increasing in recent years, and the conflict in Cabo Delgado shows no signs of abating. This is likely to put further pressure on the country's resources and humanitarian response capacity.

In March and April 2019, Mozambique was hit by two consecutive tropical cyclones, impacting several coastal areas, bringing a path of destruction and damage to the Sofala, Cabo Delgado and Nampula Provinces in central and northern parts of the country. Cyclone Idai, a category-4 cyclone, made landfall near Beira city on 14 March, with winds blowing at over 220km/h and causing the death of 603 people and affecting over 1,500,000 people. In addition, Cyclone Kenneth made landfall in northern Mozambique on 25 April 2019, with 200 km/h winds impacting several coastal areas, bringing a path of destruction and damage to the Cabo Delgado and Nampula Provinces, resulting in the death of 45 people and 286,282 people affected (IOM Situational report, May 2019)

The conflict in the northern province of Cabo Delgado, which has been ongoing since 2017. The conflict has caused widespread displacement, with about one million people displaced as of December 2022.

The government of Mozambique has taken some steps to address the issue of internal displacement, but more needs to be done. The government needs to invest in conflict resolution and peacebuilding efforts in Cabo Delgado, and it also needs to improve its disaster risk management and early warning systems. The international community also needs to provide more support to Mozambique to help it address the issue of internal displacement.

## 6.6 Pillar 4 and 5: Governance and Statistical Data

The Strategic Plan of the National Statistical System 2020-23 is the main planning instrument that guides the advocacy and resource mobilization process for statistical production. The INE has a base of specialized technicians with experience and capabilities to conduct the production, analysis, and dissemination of reliable statistics.

The 4th General Population and Housing Census was completed in August 2017 and the results were officially released at the end of April 2019, eight months later than previously planned due to data processing and procurement delays. The 2017 Census results revealed that the population of Mozambique had more than doubled between the first census in 1980 and this latest one in 2017. Based on the Post Enumeration Survey (PES) the undercount in 2017 was 3.7% which, when compared to international standards, is regarded as low. We can infer that the census produced accurate results at both national and subnational level. The census collected data on a variety of topics, including age, sex, marital status, fertility and mortality, education, employment, and housing conditions.

A key lesson learned for the next national census is the importance of transitioning to a system of electronic data collection. This would automate and considerably shorten the time required to process the data, thereby allowing for a timelier dissemination of all census products. Such a step would require an upgrade of the census IT infrastructure, capacity building of staff and enumerators, and an update of the data collection and processing workflows. While these changes carry some risks, the transition can build upon established mechanisms already in place at INE, extensive technical support, led by UNFPA, and positive examples from other African countries in similar contexts that have successfully shifted to electronic data collection of their population and housing census.

Institute of National Statistics, with technical support of UNFPA have conducted 15 thematic studies using the 2017 population census. The reports have released in July 2023 and provide



detailed information on the size, composition, and distribution of the Mozambican population. They also highlight key trends, such as the aging of the population and the increasing urbanization.

The availability of CRVS data in Mozambique is still relatively low. According to UNICEF, only about 60% of births are registered in the country. Civil registration in Mozambique is still limited, with an increase from 48% in 2011 to 55% in 2015. The proportion of children with birth certificates is higher in urban areas (47%) than in rural areas (35%). In terms of provinces, Cabo Delgado (64%) has the lowest percentage of registered births, while Maputo City (98%) and Maputo Province (90%) have the highest coverage.

The government of Mozambique is working to improve the availability of population census and CRVS data. It is providing training to civil registration officials, and it is working to raise awareness of the importance of registration. The government is also investing in new technology to improve the efficiency of the registration process.

Despite these efforts, there are still challenges to overcome. One challenge is the lack of resources. The government of Mozambique is a low-income country, and it does not have the resources to invest in a comprehensive CRVS system. Another challenge is the lack of political will. Some government officials are not convinced of the importance of registration, and they are not willing to allocate the necessary resources.

## 6.7 Pillar 6: Internal Cooperation and Partnerships

### COMMITMENTS AND COOPERATION

Mozambique has committed to strengthening its national statistical capacity to conduct evidence-based analysis and policy studies. To achieve this, the country has relied on the support of various local, national, and international civil society organizations in the design, implementation, coordination, monitoring, and evaluation of population and development programs and policies. This commitment is evidenced by the formulation of the Youth Policy (approved by Resolution No. 16/2013 of the Council of Ministers on December 31) and its Implementation Strategy (2013-2020), as well as the design of the Generation Biz Program Strategic Plan.

Youth participation is facilitated through the “Youth Dialogue Forums” project. This project provides a platform for ongoing consultation on youth issues and demonstrates the State and Government’s concern about the challenges faced by youth in their diversity. During the reference period, 403,748 young people were covered by national-scale dialogue forums.

## INTERSECTORAL COMMITTEE FOR THE DEVELOPMENT OF ADOLESCENTS AND YOUTH (CIADAJ)

To improve coordination and cooperation among government departments dealing with population and development issues, the Government approved Decree No. 40/2009 on July 14, creating the Intersectoral Committee for the Development of Adolescents and Youth (CIADAJ). This is a multilateral coordination body of the Government aimed at monitoring and evaluating policies for the development of adolescents and youth.

### PARTNERSHIP WITH UNFPA

The United Nations Population Fund (UNFPA) is the Government’s main partner in the areas of Population and Development, Family Planning, Women’s and Youth Empowerment, Sexual and Reproductive Health, among others, since the beginning of its operations in Mozambique in 1987.

In terms of compliance with the mentioned commitments, Mozambique has made significant progress. However, challenges still need to be addressed, especially regarding the integration of youth into development policies and programs. Although cooperation with international organizations such as UNFPA has been beneficial, there is still a need to strengthen local institutional capacity for policy and program implementation and monitoring.

In terms of internal cooperation and partnerships, the country has made notable progress, but there is still room for improvement. Cooperation and coordination among different government departments need to be strengthened to ensure effective implementation of population and development policies and programs. Youth participation in development policies and programs needs to be increased to ensure that their needs and interests are adequately addressed.

In summary, Mozambique has made significant progress in strengthening internal cooperation and partnerships, but challenges still need to be addressed. Increasing commitment to improving cooperation, coordination, and increasing youth participation will be crucial for the country’s future development.





## 7. CONCLUSION, KEY LESSONS, AND RECOMMENDATIONS

This report follows a series of periodic reports on the international commitment to disseminate actions and experiences within the scope of Population and Development. In addition to identifying the main population dynamics in Mozambique, it highlights critical challenges related to priority issues and gaps, as well as challenges in consolidating the progress made.

### 7.1 Mozambique at a Demographic Crossroads

Mozambique is experiencing a slow and incipient demographic transition, with a progressive and sustainable reduction in mortality while birth rates seem to resist the influence of more advanced global reproductive models in demographic transformation. A resistance with fissures in some more urbanized and diversified regions inducing changes in individual and family survival strategies.

Over the past three decades, Mozambique has been the lowest-ranked country in the SADC in terms of the Human Development Index (HDI), despite being the fourth largest in terms of population size. The structure of the Mozambican population has remained indifferent to political, social, and economic transformations since Independence in 1975. There is an apparent indifference at the national level, but when considering more disaggregated levels, it is evident that the composition of age groups in the population has been changing in some regions.

Population growth has a significant cost to income. Even with the exploitation of liquefied natural gas, economic growth may not be sufficient to cover the cost of population growth.

Accountability requires credible, regular, systematic, and representative data. The previous report to this one (Cairo+25), drew attention to the challenges of Mozambican multilingual diversity and the lack of a vital data system and systematic and regular statistical sources on the population. It is never too much to insist on this matter, considering the lack of satisfactory progress in the field of vital records at the district, locality, and village levels.

The lack of a credible and up-to-date national system of vital records from the grassroots level (village and locality), which would be of great utility for citizens' daily needs (such as birth certificates, identity cards, land registration, and various other records and documents), is a matter of great concern. Assigning this task exclusively to the Ministry of Justice, without the involvement of local bodies, is unacceptable and witnesses the enormous failure of the State in establishing an efficient and modern public administration for the benefit of citizens. Regarding demographic problems, the lack of vital records (i.e., births, deaths, and marriages) has direct and significant implications for the quality of demographic and social statistics.

The missed opportunity to engage local authorities and public managers in the reproductive organization of society is among many signs of the resilience of underdevelopment in Mozambican society. Without a comprehensive and accessible vital records system, accurate data for policy



planning, resource allocation, and demographic analysis are compromised, hindering the country's progress, and endangering the well-being of its citizens. Urgent action is imperative to address this deficiency and create a robust and inclusive vital records system that empowers both citizens and local authorities in building a better future.

It's important to understand that both successes and failures generate challenges. Challenges are not only the result of failures or shortcomings, but also arise from achievements and successes. For example, success in one area can generate the need for new actions to consolidate that success, prevent setbacks, and ensure long-term sustainability. Similarly, failures and shortcomings generate critical challenges that require corrective actions and improvement strategies.

Table 5 summarizes the main achievements and successes in parallel to the main failures and shortcomings, as well as the critical challenges of underdevelopment and the challenges of consolidating progress.

<b>Table 2: Mains Results - Achievements and Successes, Failures and Gaps, Critical Challenges and Challenges of Progress Consolidation</b>	
<b>ACHIEVEMENTS AND SUCCESSES</b>	<b>FAILURES AND SHORTCOMINGS</b>
<ol style="list-style-type: none"> <li>1. Progress in improvement in Gross Domestic Product (GDP)</li> <li>2. Achieved in reduction in infant mortality rate and coverage of child health services</li> <li>3. Significant increase in primary and secondary school enrollment rate,</li> <li>4. Increased life expectancy at birth</li> <li>5. Moderate reduction in total fertility rate</li> <li>6. Increase in basic health service coverage</li> <li>7. Increase in vaccination coverage</li> <li>8. Increase in coverage of maternal health services</li> </ol>	<ol style="list-style-type: none"> <li>1. Persistent income inequality and access to basic services</li> <li>2. Weak improvement in extreme poverty rate</li> <li>3. High prevalence rate of chronic diseases</li> <li>4. Limited access to quality health services</li> <li>5. Limited access to quality education</li> <li>6. Gender inequality in education and employment</li> <li>7. Limited access to clean water and basic sanitation</li> <li>8. Fragility of private and community law institutions</li> <li>9. High dependence on external savings</li> <li>10. Limited access to reproductive health services</li> <li>11. Exposure to climate risks and weak anti-fragility</li> <li>12. Violent conflicts disrupting community stability</li> </ol>
<b>CRITICAL CHALLENGES</b>	<b>CHALLENGES OF PROGRESS CONSOLIDATION</b>
<ol style="list-style-type: none"> <li>1. Increase in unemployment rate</li> <li>2. Increase in poverty rate and number of poor</li> <li>3. Increase in prevalence of chronic diseases</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain low infant mortality rate</li> <li>2. Maintain and improve primary school enrollment rate</li> <li>3. Comprehensive improvement in life expectancy at birth</li> </ol>

**Table 2: Mains Results - Achievements and Successes, Failures and Gaps, Critical Challenges and Challenges of Progress Consolidation**

<b>ACHIEVEMENTS AND SUCCESSES</b>	<b>FAILURES AND SHORTCOMINGS</b>
<ol style="list-style-type: none"> <li>4. Limited access to reproductive health services</li> <li>5. Limited access to quality education</li> <li>6. Gender inequality in education and employment</li> <li>7. Limited access to clean water and basic sanitation</li> <li>8. Inequality in access to basic services</li> <li>9. Consolidation of predatory and degenerative institutions</li> <li>10. High vulnerability and fragility</li> <li>11. Risk of "disaster" instead of "demographic dividend"</li> <li>12. Violent conflicts disrupting community stability</li> </ol>	<ol style="list-style-type: none"> <li>4. Increase in literacy rate and quality of literacy</li> <li>5. Expand and improve general health service coverage</li> <li>6. Expand access to electricity</li> <li>7. Maintain and improve vaccination coverage</li> <li>8. Improve access to secondary and higher education</li> <li>9. Strengthening of institutions promoting economic freedom</li> <li>10. Improvement of resilience and strengthening of anti-fragility</li> <li>11. Decrease in external dependence and coverage of demographic costs</li> <li>12. Translation of commitments into duly accountable actions</li> </ol>

Mozambique has shown positive demographic and economic growth in arithmetical terms, as both have generated increases in absolute numbers. However, it is crucial to go beyond growth rates and deeply assess the quality and nature of this development.

A simplistic approach to economic and social inequality, centered on distributive issues, is not sufficient to grasp the complexities of economic development in Mozambique. It is crucial to consider influential interests that have shaped the country's economic dynamics and evaluate whether the observed changes truly favor progressive and inclusive development of society.

Analyzing the experience of other countries that have achieved substantial progressive and inclusive demographic and economic transformations, such as Botswana, Mauritius, South Korea, Singapore, and Malaysia, it becomes evident that there are different and more effective options to overcome underdevelopment than those chosen by Mozambique.

The Mozambican population has faced a series of critical adversities, caused by both violent conflicts and serious assaults on human integrity, as well as natural disasters and climate changes. The ability to not only adapt but strengthen in response to these phenomena - a characteristic known as anti-fragility - is crucial for the sustainable development of the population.

The growing income inequality and barriers to women's political participation are critical challenges for progressive, inclusive, and equitable development.

The collection and analysis of credible and representative data are crucial for making informed decisions and ensuring accountability.



The idea of a demographic dividend is an enticing expectation, but its realization is not guaranteed and requires strategic policies and investments. In addition to international experiences demonstrating that the dividend is not guaranteed, the trajectory of Mozambican demographic and economic dynamics raises doubts about the path followed by Mozambique in the past three decades.

## 7.2 Recommendations

### INTEGRATION OF POPULATION DYNAMICS IN ALL DEVELOPMENT AND ECONOMIC PLANNING

- Ensure the integration of population dynamics within ongoing SDGs 2030 and national and provincial development and economic planning process to make sure development initiatives are successful and sustainable.

### INVESTMENT IN THE DEMOGRAPHIC DIVIDEND

- Conduct a regular assessment of demographic dividend using standard methodologies available: age-structural transition, population projections, labor income and consumptions using national transfer accounts.
- Implement policies and strategic investments that promote education, health, and employment, especially for the young population, to maximize the potential of demographic dividends. This should be done in collaboration with the Assembly of the Republic, academia, and CSOs.

### DIGNITY AND EQUALITY

- Support and promote efforts for reaching the poorest and most vulnerable populations and establish institutional mechanisms for measuring outcomes of pro-poor policies and programmes interventions.
- Explore innovative ways to end harmful practices, such as early and forced marriage and other harmful practices that violate the rights of women and girls, including developing the relevant laws, policies, and programs.
- Ensure a zero tolerance policy on violence against women and girls and develop and implement a framework on Violence Against Women prevention, response, protection, and rehabilitation.

- Promoting gender-sensitive budgeting and planning
- Intensify action to support the enrolment of girls in primary, and especially secondary, schools in rural areas.
- Investing in girl's skill development provides equal economic opportunities.

### HEALTH

- Reducing maternal morbidity and maternal mortality ratio, through increasing skilled birth attendance, access to modern contraception, expanded coverage of community health workers, and further reducing HIV and AIDS transmission as an essential component of Universal Health Coverage.
- Ensuring universal access to family planning, reproductive health services and commodities while aiming at significantly reducing unmet need
- Ensure implementation of Life Skills Based Education and Population Studies in all Secondary and Higher Secondary schools by 2030.
- Make universal health insurance coverage to all so that those who are most vulnerable can access quality health services.
- Provide sexual and reproductive health education for adolescents and young people in and out of school.
- Increase national health budgets to at least 15 percent.
- Intensify efforts to control and eliminate diseases such as malaria, through a comprehensive public health approach.
- Improve health systems by increasing the availability of human resources and improving specialist knowledge and skills, building infrastructure, etc
- Strengthen the monitoring and evaluation of health programs.
- Recognizing the linkages between population/family planning and climate change, integrate family planning programs in national climate change policies and strategies.

### PLACE AND MOBILITY

- Develop and implement effective land management policies (including rural economic development, training, and employment issues) to reduce rural-urban migration.
- Design joint regional projects for electricity and drinking water production and distribution.
- Develop and/or implement urban plans for large, medium, and small cities.



## GOVERNANCE

- Promote an institutional culture of systematic evaluation of policies, projects, and programs.
- Promote coordination and community ownership of programs and projects.

## DATA AND STATISTICS

- Strengthening the quality, data system and availability of accurate, reliable, and timely disaggregated data to ensure inclusiveness of all programs, including censuses and surveys.
- Ensure the data on international migration is captured in the population census.
- Create national funds for statistical development facilities to collect and analyze.
- Strengthen the “statistical culture” in countries using evidence in the planning, monitoring and evaluation of development plans, policies, and strategies.
- Strengthen investment in the civil registration system and vital statistics and ensure all stakeholders are involved.

## INTERNATIONAL COOPERATION AND PARTNERSHIP

- Strengthen its strategic positioning by working more closely with UN agencies and other donors in Mozambique for sharing resources, planning exercises, and strategic analyses to avoid duplication and increase effectiveness.
- Develop a robust partnership framework with national govt. and international development partners, and civil society to advocate for investments and create the conditions necessary for a demographic dividend to be attainable and harnessed.

An analysis of performance on the six pillars shows that progress has been made in several areas. Nevertheless, many challenges remain, particularly in terms of the effectiveness of public policies, governance, and the availability of data for better monitoring and evaluation of policies, programs, and projects.

In addition to these issues, there is the major challenge of growing insecurity in the northern regions of the country. Unless concerted and sustainable solutions are put in place, this dire security challenge could jeopardize the country’s development prospects.

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