

Interactive Processes in Health Care Provision among Communities in Mozambique

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Mozambique health policy has also continued to articulate a commitment to universal coverage and primary health care.

The government has given priority to HIV and AIDS in its National Agenda .

Promotion of community participation, has been included in the National Health Strategy, actions include training of community-based leaders and organizations in matters of provision of home care to persons living with HIV and AIDS.

The country has already introduced systems for the administration of retroviral therapy, the programme for the Prevention of Vertical Transmission, the offices for Voluntary Testing and Counselling. All these services are conceived, however, in positivistic and mechanistic terms, in which the dimension of social relations, systems of signification, are not taken into account.

Based on research undertaken in southern Mozambique this paper aims to show what happens in the complex chain of networks of community members involved in the operationalization of the health system. In fact, interactive processes occur in their ideological, political and processual dimensions which confer particular characteristics upon the service provision here understood as constituted by and constitutive of cultural reality.

Churches are playing a major role providing solidarity and help among their believers. They establish networks for home based care for elderly, people living with HIV and AIDS.

Associations like PROMETRA initially primarily concerned with protecting their members from the effects of stigma and discrimination and lobbying for access to treatment, become increasingly partners in the development of HIV/AIDS policies and laws more broadly. Traditional healers treat people that are ill but give also support to people living with HIV and AIDS, orphans, elders individually or collectively. They are seen as more close to the people.

Looking into the forms of health systems is not simply attempting to understand the internal dynamic of rituals of health service delivery, but also broadening the framework of the wider context in which the experience of illness and care is developed.

As Foucault mention (1979) the process of creating norms for medical practice and knowledge takes place in a social and relational context.