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Mozambique UEM suspends private concession of the University Clinic funded by Dutch NGOs

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Maputo based Eduardo Mondlane University (UEM) has suspended the lease contract on the university clinic signed on 20 May 2020 with the company *Affinity Health*, SA, administered by Rogério Uthui, who is a teacher at the university. The suspension of the clinic's lease contract occurred after the Centre for Public Integrity (CIP) questioned the contracting procedure in a letter dated 10/10/2020. The Clinic construction and equipment costed about USD 2,5 million funded by Mozambique government and Dutch non-governmental organizations¹.

At stake are irregularities discovered in the contracting procedure. At first sight, it seemed to be another case of awarding a contract directly, without due explanation. However, UEM says that, in this case, it used a tender with prior qualification and that several companies were invited to make bids. After assessment, *Affinity Health*, SA of Rogério Uthui was selected. According to the UEM, the contract was suspended in order to review and correct problems detected in the process.

The decision to suspend the contract was announced during a meeting between the UEM, represented by its Vice-Chancellor, Orlando Quilambo, the Director of the University Foundation, Pedro Búfalo, staff of the Finance Directorate, and CIP, represented by its Director, Edson Cortez, and researchers from the area of Procurement and Public-Private Partnerships, namely Borges

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CIP congratulated the university for the decision taken and recommended that, should it opt for a new lease, the form of contracting used should be a public tender, in order to allow greater transparency. During the meeting, CIP urged that the operation of the clinic should take into account the main objective behind its creation, which was to provide accessible health services for students and staff. The university recognized it has no experience in public-private partnership contracts, and was open to collaborating with CIP in order to ensure that in the event of an eventual lease of the clinic, the principles of transparency and integrity are observed.

The UEM university clinic is the result of an investment of about 3 million euros from the State Budget, Dutch grants and the university's own resources. The now suspended contract granted to *Affinity Health*, SA the operation of the university clinic (all the health services provided) and the management of an eventual health plan for UEM students and staff for a period of five years. As stated on the UEM website, the lease has as its goal "to boost the quality and the efficiency of the health centre, the coverage of the health services provided, the transfer of know-how and the economic and financial sustainability of this centre"².

¹ <https://www.facebook.com/uemmoc/posts/630617703616397/>

² <https://www.uem.mz/index.php/noticias-recentes/1311-acordo-entre-a-uem-e-a-affinity-health>

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The story of the privatisation of the clinic was previously reported by local press and CIP followed up the case to ascertain what was going on. This article presents and analyses the history of the clinic from the conception of the project to the first four years of its operation; the winding path to its privatization, from the presentation of the proposals to the signing of the contract between the UEM and *Affinity Health*, SA. It also presents the main actors involved.

1. UEM University Clinic: the story of a distorted project

The UEM university clinic, valued at around 3 million euros, was designed to provide health services to the students and staff of that educational establishment, and to be a reference laboratory in Mozambique in matters of research into HIV/AIDS. Inaugurated in 2016 by the President of the Republic, Filipe Nyusi, the clinic is the fruit of a partnership begun in early 2010 between the UEM management and *PharmAccess*, a Dutch non-governmental organisation based in Amsterdam, which operates in the area of health and has a strong presence in African countries.

In 2010, the UEM management wanted to set up a health insurance plan in order to improve access to good quality health services for students and teachers of the university. Since it had wide-ranging experience in implementing health insurance for students in African countries such as Nigeria, Tanzania, Kenya and Ghana, and had some interest in working in Mozambique, the Dutch NGO was asked to help develop, in the UEM, a similar project. In the same year, the then management of the UEM established a partnership with *PharmAccess* to implement a health insurance system for students and staff of the University.

According to the project presented by the then director of *PharmAccess*, Joep Lange, to which CIP has had access, it was forecast that the health insurance system would cover, at the time, at least 20.000 students and 5,000 staff, including teachers and members of the technical and administrative staff (CTA). However, before pushing ahead with implementing the health insurance project, it was important that infrastructures should exist. At the time, the UEM only possessed a medical post “that consisted of no more than two small rooms with minimal amenities”³. Under the agreement between *PharmAccess* and the UEM it was established that the latter would mobilise funds for building a clinic, and that the former would mobilise Dutch capital for acquiring equipment for the clinic. It was thus intended to set up “a fully-fledged Health Center where the entire university could go and where 90% of all medical assistance could be provided”⁴.

University clinics are common in various parts of the world. Generally located on university campuses, they are designed to provide health services for students, teachers and other staff, often through specially designed health plans⁵. The UEM project fits into this international model of providing health services to the academic community.

The original idea of the project was that, in order to gain access to this medical assistance, each student would pay for insurance through an increase in university fees. This increase would be 7.5 US dollars a month (about 210 Meticaís, at the exchange rate of the time). For its part, the University would enter with a budget of one million dollars (approximately 28 million meticaís) as premium support for the staff and for at least 200 students, who were unable to pay for the premiums. Furthermore, it was intended that Dutch students associated with the Dutch insurance company *HollandZorg* could channel their contributions to the clinic so that needy Mozambican students would also have access to health insurance⁶.

According to the project, the health insurance package that would be offered by the clinic included access to essential medicines, laboratory analyses and X-rays. The health insurance envisaged covering primary and secondary out-patient care, as well as limited hospitalization. The students and teachers included in the health insurance system would have unlimited access to primary out-patient care services, which would constitute 90% of the medical services in the clinic. For the case of secondary out-patient care, involving more complex medical care, access would also be unlimited, but only on referral by a registered health care provider (in this case, the Military Hospital) after a pre-authorisation. Finally, the users would have access to hospitalisation services through a pre-authorisation, limited to the health insurance package⁷.

The inclusion of the beneficiaries in the health insurance services would occur in two phases. The first phase envisaged covering 17,000 students and 5,000 staff on the Maputo campus. In the second phase, it was hoped to include: a) 800 students and staff on the Vilanculos campus; b) 500 students and staff on the Quelimane campus; c) 300 students and staff on the Chibuto campus, and; d) 1.000 students and staff on the Inhambane campus⁸.

In addition to the health insurance, a laboratory for research in the HIV/AIDS area would be installed in the UEM university clinic. This laboratory would be the first in the country to undertake studies of this nature. Since *PharmAccess* is a pioneer organisation in research on HIV/AIDS at world level, it was hoped that the centre would be a reference point in the country in this matter.

1.2 Mobilisation of funds for the construction of the UEM clinic: from a dinner in Amsterdam to the coffers of the state.

PharmAccess, the Dutch organization that would be responsible for the creation of the health insurance system for UEM students and staff was also charged with mobilizing in Holland some of the funds needed to install the UEM's university Health Centre.

Thus, on the night of 5 June 2010, during the 18th edition of the *Amsterdam Diner*, an annual charitable gala against HIV/AIDS organised by the *Stichting De Grote Onderneming* and which took place in the *Heineken Music Hall*, a UEM medical student, named Hélder dos Santos (currently a doctor) presented the *PharmAccess*-UEM project to more than 1,100 people of the top Dutch elite, including members of the royal family. In this way, it was intended

3 <https://www.pharmaccess.org/update/amsterdamdiner-zet-eerste-stappen-op-weg-naar-een-uniek-project/>

4 Pharmaccess. Students Health Care Plan Mozambique, 2010. 15 slides. Available at <<https://slideplayer.com/slide/4311046/>>. Accessed on: 12/10/2020

5 <https://www.forbes.com/sites/collegeprose/2013/09/23/how-college-health-centers-help-students-succeed/?sh=3fc0c6ac184b> « Accessed on: 30/10/2010»

6 Pharmaccess. Students Health Care Plan Mozambique, 2010. 15 slides. Available at <https://slideplayer.com/slide/4311046/>. Accessed on: 12/10/2020

7 Pharmaccess. Students Health Care Plan Mozambique, 2010. 15 slides. Available at <https://slideplayer.com/slide/4311046/>. Accessed on: 12/10/2020

8 Pharmaccess. Students Health Care Plan Mozambique, 2010. 15 slides. Available at <https://slideplayer.com/slide/4311046/>. Accessed on: 12/10/2020

to raise the awareness of Dutch businesses and people of good will so that they would contribute to building the UEM clinic⁹.

On the day following the event, 6 June 2010, *Aids Fonds*, a Dutch foundation that fights against HIV/AIDS and for which the *Amsterdam Diner* donations were intended, announced to the press that about 700,000 Euros, (approximately 26,000,000 MZN¹⁰) raised at the event would be channelled towards “the construction of a university clinic in Mozambique”¹¹.

The matter made headlines in the Dutch press. The electronic paper *Het Parool* wrote in its edition of 6 June 2010 that “the money will be used to build a clinic in the Maputo University” and that “a health insurance project for students will be implemented (at the university) by *PharmAccess* in the second semester”¹².

In general, *PharmAccess* would be responsible for installing the clinic and health insurance in the UEM. A press release issued by the Dutch NGO a day before the event, to which CIP has had access, presents the idea of the project in detail.

“*The University of Maputo (i.e. the UEM) intends to include its 20,000 students and about 5,000 teachers in a health insurance plan. The students themselves will contribute towards the insurance premiums, depending on their financial capacity. In addition, an extra contribution will be made by the University and by HollandZorg, a member of the Salland insurance group. This insurance company (HollandZorg) will make it possible for Dutch students to contribute towards the health insurance of students in Maputo*”¹³.

In addition to the health plan, *PharmAccess* intended, with the sums raised, “to transform the medical post (in the UEM) into a fully equipped clinic”, the press release said.

CIP learnt that *Aids Fonds* allocated a total of 680,000 Euros to the Medical Credit Fund¹⁴ of *PharmAccess* in order to finance the installation of the clinic and the health insurance. As the annual report of the organisation, to which CIP has had access, shows, this was the largest grant channelled by *Aids Fonds* to any organisation that year¹⁵.

A source linked to the clinic, interviewed by CIP says that, in all, *PharmAccess* invested a million euros in the project to install the clinic.

While in Holland *PharmAccess* was raising funds to set up the clinic and the health insurance plan, in Mozambique the UEM management of the time was taking measures with the government to disburse funds for the construction. What was the result? The Government, through the State Budget, disbursed part of the 108 million meticaï used to build the clinic, and the UEM also participated with its own funds. Thus, with the funds raised in Holland, plus the funds made available by the Government and

by the UEM, the UEM university clinic, the first of its kind in Mozambique, was built and equipped.

It should be recalled, however, that less than a month before the Amsterdam dinner, in May 2010, Orlando Quilambo, the current Vice-Chancellor of the UEM, had just been appointed to the post, after holding the position of deputy vice-chancellor of the university for the previous five years. So it was during his administration that the project to set up the health centre was designed.

1.3 Four years later, no health insurance plan and no HIV/AIDS research

Work on building the university clinic began in 2013 and was completed in the second half of 2014. When the building work was finished, the UEM launched an international tender for supplying and assembling hospital equipment¹⁶. Inaugurated in 2016 by the President of the Republic, Filipe Jacinto Nyusi, the clinic is located a few metres from the main entrance to the UEM campus. It has about 30 staff, including doctors, nurses, and administrative and auxiliary workers. It is equipped with high quality hospital equipment, including a national level reference laboratory. It has paediatric and adult screening services, dentistry, and also a medical office. With its inauguration, it was expected that a health insurance plan would be implemented benefitting students and staff and that high level research into questions of HIV/AIDS would be undertaken, as envisaged. However, four years later no project has made the transformation from paper to reality.

CIP learnt that while the work was under way to build the health centre in 2013, *PharmAccess*, in the framework of technical assistance to the project, sought to identify an organisation specialising in management, which would be responsible for administering the university clinic and for providing technical assistance to the UEM for setting up a structure to administer the health plan¹⁷. Sources involved say that the Dutch NGO intended that, in an initial phase, a private body would manage the centre. Implicit in this was the idea of setting up a public-private partnership for providing health services, like other projects that the organisation has implemented in other African countries, such as Namibia and Nigeria.¹⁸

The organization contacted a manager with experience in the health area to administer the clinic but, some months later, she lost her life. The following year, the chairman of *PharmAccess*, the Dutch doctor and teacher of medicine, Joep Lange, and his colleague Jacqueline van Tongeren, who were involved in designing the project to install the UEM university clinic, died in a fateful plane crash, when they were travelling on board flight MH17 of *Malaysian Airlines* on their way to the International Conference on HIV/AIDS in Melbourne, Australia¹⁹.

9 <https://www.trouw.nl/nieuws/benefietgala-tegen-aids-brengt-ruim-7-ton-op~ba7442ab/>

10 Calculations based on the exchange rate of the time.

11 <https://www.trouw.nl/nieuws/benefietgala-tegen-aids-brengt-ruim-7-ton-op~ba7442ab/>

12 <https://www.parool.nl/nieuws/amsterdamdiner-brengt-ruim-7-ton-op~bbc6cbb5/?referrer=https%3A%2F%2Fwww.google.com%2F>

13 <https://www.pharmaccess.org/update/amsterdamdiner-zet-eerste-stappen-op-weg-naar-een-uniek-project/>

14 The PharmAccess fund dedicated to financing small hospital establishments in some African countries. The fund provides loans to small and medium sized hospitals that wish to invest in their infrastructure.

15 <https://www.yumpu.com/nl/document/view/23619950/jaarverslag-aids-fonds-jaarverslagcom>

16 UEM (2014), Activity and Financial Report

17 Pharmaccess, <http://docplayer.net/4881948-Stichting-health-insurance-fund-amsterdam.html>

18 PharmAccess (2019) Disrupting Health Care, PPP as a Model Adoption for Health System Strengthening in Nigeria Available at < <https://www.pharmaccess.org/wp-content/uploads/2019/05/Disrupting-Health-Care-Report-002.pdf> > Accessed on 30/10/2020

19 PharmAccess (2014) Remembering Joep Lange and Jacqueline van Tongeren; Available at < <https://www.pharmaccess.org/update/remembering/> > Accessed on 30/10/2020

With the death of the director of *PharmAccess*, it seemed that the idea of private management of the clinic had been abandoned. Between 2016 and 2020 the UEM officially took on the management of the clinic. Initially about 70 staff (clinical, administrative and auxiliary) were hired. Expenditure on wages and other items was borne by the university.

In mid-2016 the UEM management, rather against the original idea of the project, signed a Memorandum of Understanding with the Ministry of Health so that the university clinic might be integrated into the National Health Service (SNS) and in this way could benefit from some State support. As a result of the memorandum, the clinic, although equipped with a state-of-the-art laboratory, came to be regarded as a simple, primary level health unit, named the University Health Centre, and received assistance from the Ministry of Health (MISAU) in terms of clinical material and supplements. For its part, MISAU came to operate the laboratory in the clinic. In this period, the UEM answered for the human resources, and MISAU for the consumables.

So during the four years in which the clinic has been operational, up to the present day, no project has left the paper it was written on. No health insurance plan for students, teachers and other staff, as envisaged, was ever implemented. Likewise, the project to make the clinic a reference point in research into HIV/AIDS also failed, since no major research, as had been expected when the laboratory was installed, was ever carried out.

Furthermore, in 2016 and 2017 few UEM students and teachers benefitted from the health services provided at the clinic. With an average of 20 users a day, the clinic, endowed with at least 32 clinical and administrative staff²⁰ and equipped with a state-of-the-art laboratory, was operating well below its capacity. Sources consulted by CIP believe that the poor level of attendance of the academic community at the university clinic was due to the fact that, after its creation, the UEM did not clearly communicate who was the target public that should benefit from the services provided at the clinic, and what conditions they should meet to gain access to it. Indeed, many had the idea that, like the majority of the clinics scattered across the country, the health services provided at the university clinic, “cost an arm and a leg”.

The Director of the University Foundation, Dr. Pedro Búfalo, recognised, in an interview granted to CIP, that the UEM did not undertake the due socialisation of the project among the university community.

The clinic management decided to extend the services provided at the clinic to the community in the surrounding neighbourhood of Polana Caniço, namely blocks 37, 40, and 41 for the services of unit C and blocks 57, 62 and 63 for the services of unit E. However, this effort did not lead to an increase in the number of users²¹. On the contrary, just like the UEM students, the local population very rarely attended the centre. According to sources interviewed by CIP, only in 2018 did the management of the establishment take the initiative to publicise the health services provided by the clinic to the academic community during a health fair held on the university campus in order to increase the number of users

2. Leasing the university clinic: the story of a problematic privatisation...

On 20 May 2020, the UEM signed a contract to lease operation of the University Health Centre to the company *Affinity Health, SA*, a subsidiary of *Affinity Capital* administered by Rogério Uthui, a teacher and Head of the Physics Department at the university. The contract, lasting for 5 years, grants *Affinity Health, SA* the operation of the university clinic (all the health services provided) and the management of an eventual health plan for UEM students and staff. As stated on the UEM website, the objective of the lease was “to boost the quality and efficiency of the health centre, the coverage of the health services provided, the transfer of know-how and the economic and financial sustainability of this centre”²². At the end of its period of operation by *Affinity Health, SA*, the clinic would revert to being managed by the UEM.

However, documents in CIP’s possession show that the measures taken by *Affinity Health, SA* to operate the clinic began much earlier. About two years before the privatization, on 28 September 2018, the company *Med Access*, which is also a subsidiary of *Affinity Capital* and is also administered by Rogério José Uthui, submitted to the UEM management a proposal for a partnership for the joint management of the health centre with the purpose of, allegedly, guaranteeing its “sustainability and growth”. At this time, the clinic was administered exclusively by the UEM.

CIP has had access to the content of the proposal. In general, *Med Access* promised “to make available the means and resources necessary for the operation of the UEM Health Centre and to mobilise users for the Centre”. As its counterpart, the UEM should grant *Med Access* “the existing infrastructures in the Health Centre and the resources available for joint management by the parties”. Furthermore, *Med Access* offered to guarantee medical care to UEM students and staff – one of the main purposes for setting up the clinic – through a health plan that would be developed by *Whubuntu Care, SA*, another subsidiary of the company *Affinity Capital* (see appendix).

CIP found that the proposal presented by *Med Access* in 2018 was rejected. Although the UEM Cooperation Office was in favour of the partnership, as the appended document shows, the Legal Office rejected the proposal. According to sources consulted by CIP, the Legal Office, because it did not agree with the idea of a partnership, given the financial incapacity of the UEM to deal with the costs that this would entail, was in favour of privatising the clinic²³.

But CIP knew that another proposal was presented by *Affinity Health, SA* for privatisation of the clinic, and that on 20 May this year the UEM signed with the company a lease contract – now suspended – for operating the university clinic.

The way in which the privatisation story unfolded raises strong signs of lack of transparency. At first sight, it seems to be another unjustified direct award without any tender. However, UEM says that, for this case, it used a tender with prior qualification, and that several companies were invited to make bids. After assessment by a jury, *Affinity Health, SA* administered by Rogério Uthui, was selected. CIP had no access to the bids supposedly presented by other companies. The tender with prior qualification allegedly used by UEM seems not to be suitable for this case. According

20 <https://www.uem.mz/index.php/noticias-recentes/981-centro-de-saude-da-uem-aberto-as-populacoes-circunvizinhas> (Accessed on 4/11/2020)

21 <https://www.uem.mz/index.php/noticias-recentes/981-centro-de-saude-da-uem-aberto-as-populacoes-circunvizinhas> (Accessed on 4/11/2020)

22 <https://www.uem.mz/index.php/noticias-recentes/1311-acordo-entre-a-uem-e-a-affinity-health> (Accessed on 4/11/2020)

23 Jornal Visão, Reitor acusado de privatizar clínica da UEM sem concurso público. Available at <<https://jornalvisaomoz.com/reitor-acusado-de-privatizar-clinica-da-uem-sem-concurso-publico/>> Accessed on 30/10/2020

to the PPP law (Decree 16/2012), this tender model should be applied “whenever the reliance on public tender can restrain the competitiveness (among the bidders) due to complex requirements of qualification or high costs in the drafting of the tender offers”. It seems not to be the case of the university clinic. A normal public tender, which grants more transparency, should be applied.

One notes, however, that two of the companies interested in operating the clinic and the health plan, namely *Affinity Health*, SA and *Whubuntu Care*, SA, both subsidiaries of *Affinity Capital*, and including the latter, were created in 2018, a few months before *Med Access* submitted the first proposal for joint management of the clinic. On 15 May 2018 *Affinity Health*, SA²⁴ was set up and, in less than a month later (7 June) *Whubuntu Care*, SA was registered.²⁵

This is not at all surprising. For, as the director of the University Foundation, Pedro Búfalo, explains, the UEM had informed its partners about the idea of privatising the clinic, and asked for expressions of interest. Hence the race to set up these companies is explained precisely by the need to charge with a business in sight: the operation of the clinic.

For Pedro Búfalo, the purpose of privatising the clinic was to improve the quality of the health services provided to the academic community. Given the financial burden that the clinic represents for the UEM, the university is not able to provide the material resources necessary such as, for example, the acquisition of an ambulance.

2.1 Involvement of Uthui clashes with public probity

The idea of privatising the university clinic is not necessarily new. In sealing its privatisation, the UEM Vice-Chancellor simply took up again the idea that had been advanced by the Dutch NGO *PharmAccess* in 2013 that, in an initial phase, the university clinic should be placed under the management of a private entity which could provide technical assistance to the university in order to install a structure capable of administering the health plan.

However, the way in which the privatisation was handled, from the start, injured the most basic principles of transparency and integrity. The involvement of Rogério Uthui, a UEM teacher, in his capacity as administrator of the two companies interested in the privatisation of the clinic, clashes with the Law on Public Probity (LPP). Since he is a public functionary at the UEM, and at the same time represented companies with an interest in exploiting the university clinic, this immediately put him in a situation of conflict of interests. According to the LPP, a public servant is in a situation of conflict of interests when, among other situations, “he is the bearer or representative of another person in social participations or shares in any commercial, civil or cooperative enterprise which has an interest in a decision, business or any other type of asset-based relationship with the body to which he belongs and which has an interest in the decision to be taken”, or also, “provides services, even if casual, to the company whose activity is controlled, inspected or regulated by the body to which the agent is bound”.²⁶

Hence, it may be deduced that, since Uthui is a teacher at the

UEM, with access to privileged information and with interests in the management of the clinic, his involvement as a representative of *Affinity Health*, SA, the company to which operation of the clinic had been leased, is in contrast with public probity. On the one hand, there may be strong suspicions that his position as a teacher and as Head of the UEM Physics Department had weighed, above all, in the decision to grant *Affinity Health*, SA the operation of the clinic. Furthermore, in the case of eventual operation, his role as administrator of the lessor, and at the same time a staff member of the Leasing Authority calls into question the performance of the latter who should normally inspect the management of the undertaking leased to the former.

CIP believes that with the suspension of this contract, the UEM should guarantee that, if the clinic is eventually leased out, the process will obey the principles of transparency and integrity.

2.2 Privatisation of the clinic leaves workers with an uncertain future

One of the immediate consequences of privatising the clinic is the restructuring of its management. Before the suspension of the lease contract, the UEM had proposed some restructuring measures. But these were not welcomed by the staff. This was because, on the one hand, not all the workers would be included in the structure managed by *Affinity Health*, and, on the other, because those who did eventually become part of this structure, would have to leave the public administration.

A UEM circular, dated 31 July 2020, to which CIP has had access, refers to a procedure to assess and select the staff interested in becoming part of the new management and that only those selected (doctors and nurses) would be hired by *Affinity Health*, SA. For those not included in the new management structure, the UEM envisaged reorientation to other jobs in other university departments, and also allocation to the Ministry of Health (see Appendix).

But some matters worry the staff. The fact that only staff from the clinical area (doctors and nurses) were covered by the possibility of inclusion in the structure managed by *Affinity Health*, SA puts staff in the administrative area in a situation of great uncertainty. These staff members, even if they want to join *Affinity Health*, SA, will not be able to do so, supposedly because the company already has an administrative team.

The transfer of know-how is one of the objectives of the clinic lease contract, signed in May (and now suspended). Some staff members who spoke to CIP ask how this can be feasible since nobody from the administrative area could be included in the new management structure. “It only says that, after 5 years, the University will be endowed with the capacity to manage the clinic, but it says nothing about who will absorb this knowledge, since there will be no UEM staff member in the administrative team”.

Another fact that worries the staff is that, after they have left the clinic, they cannot choose the department where they want to work, and are thus at the mercy of eventual appointments by the UEM.

²⁴ BR nº 106, III Series, of 30 May 2018- p. 3343

²⁵ BR nº 122, III Series of 21 June 2018- p. 4025

²⁶ Law no. 16/2012 of 14 August

“We entered through a public tender, and it makes no sense that we leave without any criterion”, said CIP’s source.

For the case of staff included in the new management structure, three main alternatives were proposed for ending the ties with the UEM, namely: a) Secondment; b) Unlimited leave; and c) Authorisation for the exercise of paid activity. The first consists of appointing the staff member on the part of the institution where he is working to perform duties outside of the public administration. The second is leave granted for an indeterminate time at the request of a staff member who has been appointed definitively. The third is an authorisation which makes it possible to maintain the tie with the Public Administration, while at the same time undertaking paid activities outside of the state apparatus (see Appendix).

CIP has ascertained that, up until the moment of writing this text, the staff at the clinic had not yet been informed of the suspension of the contract.

Conclusion

The UEM university clinic, the result of investment estimated at 3 million euros, was designed to provide health services to university students and staff and to be a reference laboratory in Mozambique in matters of HIV/AIDS research. During almost five years of operation, none of these projects was successfully implemented.

Given the financial burden that the clinic represents for the UEM, its privatisation seems a necessary way out. However, CIP believes that, since the clinic is an undertaking built with money from the public treasury, its privatisation should observe the principles of transparency and integrity. For this reason CIP commends the decision to suspend the contract previously signed with *Affinity Health*, SA and recommends that the operation of the clinic should take into account the main objective behind its creation: **to provide accessible health services for students and staff.**

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<https://www.trouw.nl/nieuws/benefietgala-tegen-aids-brengt-ruim-7-ton-op~ba7442ab/>

<https://www.parool.nl/nieuws/amsterdamdiner-brengt-ruim-7-ton-op~bbc6cbb5/?referrer=https%3A%2F%2Fwww.google.com%2F>

<https://www.pharmaccess.org/update/amsterdamdiner-zet-eerste-stappen-op-weg-naar-een-uniek-project/>

<https://uem.mz/index.php/noticias-recentes/981-centro-de-saude-da-uem-aberto-as-populacoes-circunvizinha>

<https://www.uem.mz/index.php/noticias-recentes/1311-acordo-entre-a-uem-e-a-affinity-health>

<https://www.uem.mz/index.php/noticias-recentes/735-inaugurada-a-clinica-universitaria-da-uem>

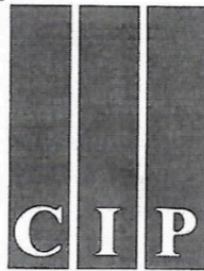
<https://www.facebook.com/uemmoc/posts/630617703616397/>

Legislation

BR No. 106, III Series of 30 May 2018 - p. 3343

BR No. 122, III Series of 21 June 2018 - p. 4025

Law No. 16/2012 of 14 August



CENTRO DE INTEGRIDADE PÚBLICA

Exmo. Senhor

Magnífico Reitor da Universidade Eduardo Mondlane

Dr. Orlando António Quilambo

N.Ref.C.087/EC/2020

Maputo, 16 de Novembro de 2020

Assunto: Pedido de informação sobre a gestão do Centro de Saúde da UEM

O Centro de Integridade Pública - CIP, organização da sociedade civil moçambicana que trabalha para a Transparência, Anticorrupção e Integridade na esfera pública, tomou conhecimento, através da imprensa, da alegada privatização do Centro de Saúde da Universidade Eduardo Mondlane.

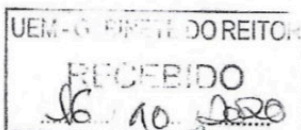
Nos termos do artigo 14 da Lei n.º 34/2014, sobre o Direito à Informação, o CIP vem, por meio desta, solicitar a seguinte informação:

1. Razões que ditaram a passagem do Centro de Saúde da UEM para gestão privada;
2. Dados relativos ao processo de concessão do Centro de Saúde da UEM, nomeadamente: a) modalidade de contratação aplicada; b) duração e valor do contrato; d) direitos e obrigações da Autoridade Concedente e da Concessionária;
3. Custo das obras de construção do Centro de Saúde da UEM e nome do empreiteiro responsável pela sua execução;
4. Custo do equipamento hospitalar adquirido para o Centro de Saúde da UEM e nome do respectivo fornecedor;
5. Fonte dos recursos financeiros usados para construção e equipamento do Centro de Saúde da UEM;

Cientes de que a presente carta merecerá devida atenção da vossa parte, subscrevemo-nos com a mais elevada estima e consideração.

O Director Executivo

Edson Cortês, Ph.D





parceria entre as partes passa pela disponibilização pela Med Access de meios e recursos necessários ao funcionamento pleno do CS-UEM e, a partir do plano de saúde e dos serviços de administração de fundos, promover a angariação e mobilização de utentes para o mesmo.

Em contrapartida, a Med Access espera da Universidade a disponibilização das infra-estruturas existentes bem como os recursos actualmente à disposição do centro (recursos humanos, técnicos e materiais) para a gestão conjunta das partes.

Recursos Humanos

Será feita uma reavaliação da capacidade e da necessidade de recursos humanos do CS-UEM e o resultado desta avaliação determinará as reais necessidades da instituição. Em caso de capacidade excessiva, esta será realocada a outras funções ou a outras unidades sob administração da Med Access.

A remuneração do pessoal será reavaliada de acordo com os padrões da Med Access e os devidos ajustamentos serão feitos dentro do acordo entre a direcção da instituição e a Med Access.

Capital

As necessidades de capital serão supridas pela Med Access, nos termos e condições acordadas entre as partes.

Investimento em infraestruturas

Serão mobilizados recursos para o investimento em infra-estruturas complementares, necessárias para o melhor funcionamento do CS-UEM. Um levantamento completo e detalhado deverá ser levado a cabo pela equipe técnica da Med Access.

Gestão do Centro de Saúde da UEM

O CS-UEM será gerido por uma equipe de gestão conjunta nomeada pelas duas instituições. A equipe de gestão terá um mandato e autoridade delegada por um conselho de gestão e incluirá pessoal experiente na gestão hospitalar.

Assistência médica aos estudantes e aos membros do CTA

A assistência médica aos estudantes, aos membros do CTA e do corpo docente, será feita a partir de mecanismos adequados de financiamento previamente estabelecidos. A



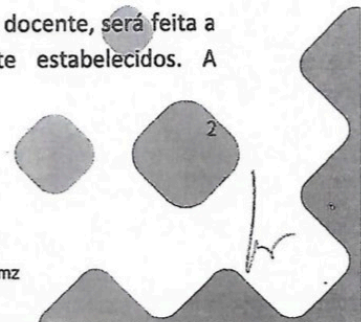
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Maputo - Moçambique



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www.affinitycapital.co.mz





Wubunthu Care irá desenhar um produto específico com uma matriz de benefícios e contribuições apropriadas a cada classe da comunidade universitária, tendo em conta o perfil demográfico e financeiro da mesma. Este atendimento deverá ser feito de modo eficiente e sustentável para o CS-UEM e para os beneficiários.

Assistência médica às comunidades circunvizinhas

O atendimento médico social às comunidades circunvizinhas, que faz parte de um acordo de responsabilidade social e extensão universitária, será feito em respeito à eficiência e sustentabilidade do CS-UEM. Deverá ser determinado o rácio óptimo de atendimento social que não comprometa a eficiência do centro de saúde.

Expansão de infraestruturas físicas

A expansão de infraestruturas físicas poderá ser feita dentro dos planos directores da Universidade. O investimento poderá vir de fundos próprios da universidade e seus parceiros ou ainda, poderá ser feito a partir da parte que cabe à Universidade, dos fundos gerados pelas operações do centro de saúde.

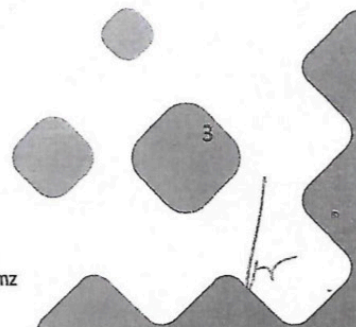
Apresentação da proposta técnica e financeira

A proposta técnica e financeira detalhada será feita depois da assinatura do memorando de entendimento. A proposta técnica e financeira deverá obedecer aos detalhes do plano de negócios a ser concebido para a instituição.

Proposta dos passos a seguir até à finalização do processo

Entendemos, assim, que os seguintes passos deverão ser dados no estágio em que nos encontramos, até ao arranque pleno das actividades:

1. Análise do presente documento pelas instâncias competentes da UEM;
2. Participação na Reunião da UEM com Parceiros (convite recebido, entretanto);
3. *Drafting* conjunto e assinatura do Memorando de Entendimento entre a UEM e a Med Access e Wubunthu Care;
4. Envio de uma equipa técnica para trabalho no CS-UEM e desenho de um *Business Plan* com base a situação real no terreno;
5. Assinatura do Contrato específico e início das actividades.



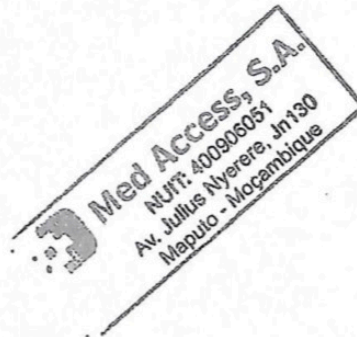


Em mais de momento, esperamos que o nosso interesse mereça a melhor atenção da Vossa instituição. Estamos desde já disponíveis para os esclarecimentos que julgarem necessários.

Os nossos melhores cumprimentos

Prof. Doutor Rogerio Jose Uthui

(Administrador Delegado)



c.c. Sua Excia Sr. Vice-Reitor Administrativo da UEM;

Exmo Sr. Director da Cooperação da UEM.



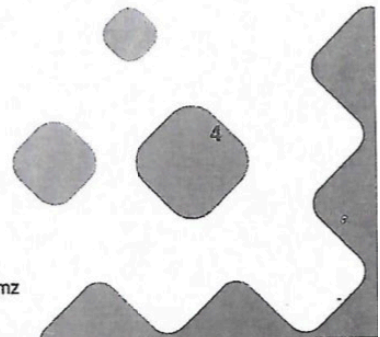
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*Visto
este assunto vai ao
debate para discussão
em 31/10/2018*

Gabinete de Cooperação

*40**
FM/fin

Exma. Senhora
Prof. Doutora Maria de Fátima Cuembelo
Clínica Universitária
Universidade Eduardo Mondlane
MAPUTO

*

N. Ref. 1209/DRNI - GC/2018

Maputo, 24 de Outubro de 2018

Assunto: Memorando de Entendimento entre o Centro de Saúde da UEM e a Med Access/Wubunthu Care

A Med Access e a Wubunthu Care, ambas empresas moçambicanas especializadas no investimento e gestão de unidades hospitalares, clínicas, postos médicos e centros de saúde pretendem desenvolver uma parceria com o Centro de Saúde da Universidade Eduardo Mondlane (CS-UEM).

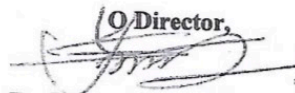
O objectivo essencial da referida colaboração é a revitalização do CS-UEM permitindo a sua sustentabilidade bem como a geração de renda.

Assim, tendo em conta que um dos actuais desafios da UEM é a consolidação da capacidade de rentabilização das suas potencialidades, o Gabinete de Cooperação considera que se trata de uma parceria muito pertinente e estratégica também para a UEM, sugerindo portanto a sua concretização.

Neste contexto, junto submetemos para consideração de V.Excia a proposta descritiva da parceria recebida pela Med Access, no âmbito da Reunião com os Parceiros de Cooperação.

Concordando com a proposta, sugerimos uma reunião de trabalho para preparação da proposta de Memorando de Entendimento para materializar esta colaboração com a Med Access/Wubunthu Care.

Os nossos mais respeitosos cumprimentos.

O Director,

Dr. Manuel Guilherme Júnior
(Assistente Universitário)

C/c: Unidade de Mobilização de Recursos/Direcção de Finanças, UEM

U.E.M. Centro de Saúde
Entrada N.º <i>0244</i>
Data <i>31 Outubro 2018</i>
O Funcionário <i>Manuel</i>

FM/fin

Circular n.º 01/CE-CSUEM/2020

Maputo

31.07.2020

Assunto: Processo de selecção de funcionários e agentes do Estado afectos ao Centro de Saúde da Universidade Eduardo Mondlane para integração na estrutura sob gestão da Affinity Health Moçambique, SA.

1. No âmbito do processo em curso de transferência da gestão do Centro de Saúde da Universidade Eduardo Mondlane (CSUEM) para a Affinity, terão início, no próximo dia 5 de Agosto de 2020, entrevistas com os funcionários e agentes do Estado, afectos ao CSUEM, tendo em vista explorar o potencial de cada um para a sua integração nas diferentes vagas previstas na estrutura orgânica a ser implementada pela nova gestão do Centro, constantes em anexo.
2. O modelo de selecção referido no número anterior admite, à partida, que podem ser mais do que uma as vagas para as quais um determinado funcionário ou agente do Estado poderá ser proposto, dependendo do seu perfil, desempenho na entrevista e aceitação pessoal da proposta de integração final a ser apresentada pela Affinity, o que torna penalizador o mecanismo tradicional, ora afastado, de candidatura pelos interessados a apenas uma vaga específica. Deste modo, caberá à Affinity avaliar as opções de integração a que um determinado perfil do funcionário ou agente do Estado melhor se ajuste. Espera-se, com este procedimento, contribuir para o aumento das probabilidades de admissão dos actuais funcionários e agentes do Estado, afectos ao Centro, à nova estrutura de gestão a ser estabelecida pelo parceiro.

3. Assim, todos os funcionários e agentes do Estado interessados em integrar a nova estrutura de gestão do Centro deverão estar disponíveis para participar das entrevistas referidas no n.º1, sendo que esta participação não estabelece, por si só, qualquer vínculo com a nova gestão do mesmo. Os candidatos aprovados serão integrados por qualquer uma das vias descritas no n.º 5, abaixo, dependendo da sua condição de funcionários públicos ou agentes do Estado, devendo, em qualquer das circunstâncias, ser celebrado um contrato a ser assinado entre estes e a Affinity, fixando as condições contratuais específicas, incluindo salariais.

4. Conforme referido em ocasiões anteriores, os funcionários ou agentes do Estado que não forem seleccionados para integrar a nova estrutura de gestão do Centro serão reorientados para novas funções em qualquer uma das unidades orgânicas da UEM. Determinadas especialidades poderão requerer que a UEM negocie com o Ministério da Saúde a sua afectação em unidades do Sistema Nacional de Saúde.

5. Considerando que o pessoal actualmente afecto ao Centro é composto por funcionários e agentes do Estado, os quais estão sujeitos a regimes diferenciados de vinculação, os mecanismos da sua desvinculação e integração num novo regime laboral serão também distintos. Com efeito:

a) Os funcionários públicos que tenham sido seleccionados para integrar o novo modelo de gestão deverão optar por uma das seguintes situações:

(i) Destacamento-que consiste na designação do funcionário, por iniciativa de serviço e no interesse do Estado, para exercer actividade ou função fora do quadro de pessoal da Administração Pública, nos termos do n.º 1 do artigo 24 do Estatuto Geral dos Funcionários e Agentes do Estado (EGFAE);

(ii) Licença ilimitada- concedida por tempo indeterminado, a pedido do funcionário de nomeação definitiva, nos termos do n.º 13 do artigo 75, c EGFAE;

(iii) Autorização para o exercício de actividade remunerada- que permite a manutenção do vínculo com a Administração Pública e, conseqüentemente, de todos os direitos como funcionário público, nos termos do nº 2 do artigo 9, do EGFAE.

b) Para os agentes do Estado que tenham sido seleccionados para integrar o novo modelo de gestão, a sua passagem implicará a cessação de contratos com a UEM e a celebração de novo vínculo com a Affinity, sem possibilidade de retorno automático à UEM.

6. Para os agentes do Estado que não sejam seleccionados para integrar a nova gestão do Centro, a UEM garante a manutenção dos contratos, em vigor, produzindo todos os efeitos legais (incluindo remuneratórios), independentemente da prestação laboral, até ao seu *terminus* normal, ou seja, conforme previsto no contrato.

7. Para quaisquer pedidos de informação adicional ou esclarecimento, qualquer funcionário ou agente do Estado poderá contactar os membros da Comissão de Entrega do Centro abaixo indicados:

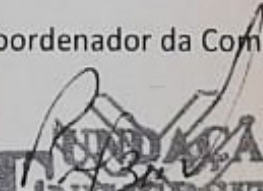
- Dra. Fátima Cuembelo- Directora do CSUEM e membro da Comissão

Contacto: 82 327 6280

- dra. Cacilda Andela- Funcionária da Direcção de Recursos Humanos da UEM e membro da Comissão.

Contacto: 84 892 8549

O Coordenador da Comissão


FUNDAÇÃO
UNIVERSITÁRIA
Dr. Pedro João Bufalo
(Especialista)



CENTRO DE INTEGRIDADE PÚBLICA
Anticorrupção - Transparência - Integridade

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