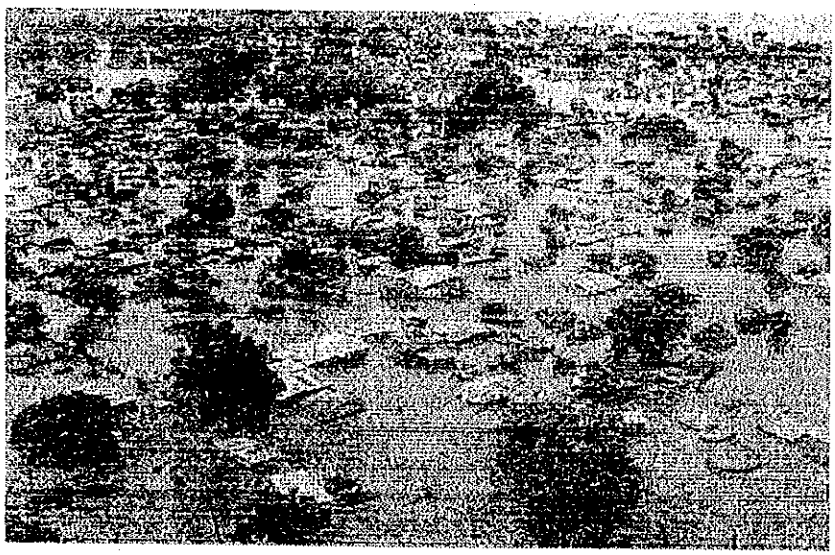
６．保健省からの入手資料

REPÚBLIC OF MOZAMBIQUE
MINISTRY OF HEALTH
NATIONAL HEALTH DIRECTORATE

FLOODS IN MOZAMBIQUE:

GENERAL INFORMATION AND RECOMMENDATIONS TO FOREIGNERS



Coordenation and Information Emergency Technical Unit
Unidade de Coordenação e Informação
Técnica de Emergência
(UCITE)

Mozambique is facing a disaster situation without precedents. The combined effects of excessive rains in our country and in neighbouring countries, and those of tropical Cyclone Eline are causing floods in southern and central regions of the country, particularly Maputo, Gaza, Inhambane, Sofala and Manica Provinces, affecting dramatically the basins of Incomati, Umbeluzi, Limpopo, Save, Búzi, Lucite, Mucune and Mussorize Rivers and their respective tributary streams.
Evidence of recorded historical data show that these are the biggest floods along the Limpopo and Save Rivers over the past 50 years.

In view of efforts by the government and the population, sacrifices of the affected community and solidarity of the international community, the serious effects of this tragedy are being faced with decision and order so as to best use the resources available and maximize the impact of the actions.

In order to inform the international volunteers about the main characteristics of the country, particularly the affected areas, we hereby present this brief synopsis.

MOÇAMBIQUE	1997	MOZAMBIQUE
Data da Independência	1975/06/25	Independence date
Área (km2)	799 380	Area (km2)
População (1000 hab.) a/	16 542.7	Population (1000 inhab.) a/
Densidade populacional (hab/km2) a/	21	Population density (inhab./km2) a/
Taxa de crescimento da população (%) a/	2.3	Population Growth rate (%) a/
População urbana (%)	29	Urban Population (%)
Cidade Capital e População	Maputo	Capital City and Population
(em milhares de habitantes)	1 015.3	(in thousands of inhabitants)
Língua oficial	Português	Official Language
Chefe do Estado e do Governo	Joaquim Alberto Chissano	Head of State and Government
MOEDA, INFLAÇÃO.		**CURRENCY, INFLATION**
Moeda	Metical	Currency
Taxa de câmbio (13/03/00) (MT/US$)	14 000	Exchange rate (13/03/00) (MT/US$)
Inflação (%) Dez. 97 / Dez. 96	5.9	Inflation (%) Dec. 97 / Dec. 96
COMÉRCIO EXTERNO		**FOREIGN TRADE**
Exportação (fob) 1000 US$ 1996	226 084	1996 Exports (fob) 1000 US$
1997	225 552	1997
Importação (cif) 1000 US$ 1996	782 646	1996 Imports (cif) 1000 US$
1997	768 169	1997
Balança de Pagamentos (10^6 US$) Saldo global 1996	-62.5	Balance of Payments (10^6 US$) Overall balance 1996
1997	-80.2	1997

PRINCIPAIS PRODUTOS DE EXPORTAÇÃO		**MAIN EXPORT PRODUCTS**
Castanha e amêndoa de caju, camarão, lagosta, algodão e madeira		Cashew nuts, prawns, lobsters, cotton and wood
Principais Produtos de Importação		Main Import Products
Equipamento de transporte,		Transport & electrical equipment
e eléctrico. Maquinarias		Machinery
Produtos de origem vegetal,		Vegetable and petroleum
e petróleo. Cereais		products. Cereals
INDICADORES MACRO-ECONÓMICOS		**MACRO-ECONOMIC INDICATORS**
PIB (preços correntes) (10^9 MT) 1996 b/	19 771	1996 b/ GDP (current prices) (10^9 MT)
1997 b/	24 183	1997 b/
Agricultura (% do PIB) 1997	24.6	1997 Agriculture (% of GDP)
Indústria manuf. (% do PIB) 1997	8.6	1997 Industry (% of GDP)
Serviços (% do PIB) 1997	50.5	1997 Services (% of GDP)
Investimento (% PIB) 1997 b/	54.5	1997 b/ Investment (% of GDP)
INDICADORES SOCIAIS (1996)		**SOCIAL INDICATORS (1996)**
Taxa de alfabetizados (%)	27.8	Literacy rate (%)
Esperança de vida ao nascer (anos)	45.5	Life Expectancy at birth (years)
Taxa de natalidade (por 1 000)	46.1	Birth Rate (per 1 000)
Taxa de mortalidade (por 1 000)	18.0	Mortality Rate (per 1 000)
Mortalidade Infantil (per 1 000)	127.7	Infant Mortality Rate (per 1 000)

FONTE : INSTITUTO NACIONAL DE ESTATÍSTICA / SOURCE: NATIONAL INSTITUTE OF STATISTICS
A/ INE, Projecções Anuais da População por Províncias, 1997 / NIS, Annual Projection by provinces, 1997
B/ Ministério de Plano e Finanças, Direcção Nacional do Plano e Orçamento/ Ministry of Planning and Finance, National Directorate of Planning and Budget

SOCIO-DEMOGRAPHIC SITUATION IN MOZAMBIQUE:

Population Structure:

Mozambique has a young population : 45.7% is under 15. The country has more women than men: 52% of the population are women and 48% are men.

Mortality:

Mozambique has a high rate of infant mortality: Per 1000 babies born alive, 146 die before reaching the age of one. The rate is higher in rural areas (160) as compared to urban areas (101).

Fecundity:

Despite the fact that it is still decreasing, Mozambique's fecundity is high: The Global Fecundity Rate (GFR) is 5.9 (that is, the average number of children that a woman would have by the end of her reproductive life if her fecundity was constant).

Civil Status:

Most of the population of 12 years and over is married (59%), of which 44% are living maritally. Women get married earlier than men, at the age of 19.4 and 23.5 respectively.
The percentage of widows is above 10% from the age of 45 and is over 50% in women aged 65 and over. The percentage of widowers is lower and in men aged 65 and above the percentage is about 10%.

Employment:

Of the population of 7 years and above, 62% are economically active and 38% are inactive. The percentage of the population economically active is higher in rural areas (67%) as compared to urban areas (40%).
The percentage of women economically active is higher in rural areas (69%) as compared to urban areas (32%).
At national level, most of the population works in the agriculture, forest and fisheries sectors, 88%. In urban areas this percentage reaches 36%, while in rural areas it is 94%.
Both in rural and in urban areas, the main field of activity for women is agriculture and fishery.
About 40% of workers have their own business, while 43% are non-remunerated family workers.
It is more common for women to be non-remunerated family workers (61%) than men (24%).
To work for other people is more common in urban areas (43%), as compared to rural areas (5%).

Expenses:

Average expenses per family, as well as per capita in rural areas were lower than in urban areas. Most expenses were in food, about 70%. This percentage was higher in rural areas (72%) as compared to urban areas (67%).
In urban areas, as well as in rural areas, bread and cereals were the most consumed foodstuffs.
After foodstuffs, both in urban as in rural areas, housing and fuel expenses were the most important, about 19%.

Revenues:

The main sources of revenue were: people employed (19%), people working on their own business (54%) and property revenue (6%). In rural areas, self-consumption has an important role, being about 20%.

Sources
Estimates and Annual Projections of the Population, Country Provinces and Districts 1990-2000. Series: Methodologies, Document No 2, National Institute of Statistics.
Demographic and Health Research 1997, National Institute of Statistics and Macro International Inc, August 1998.

SOME SOCIAL INDICATORS

Natural growth rate (in %) 1996-1997	2.3
Birth rate (per thousand)	44.4
Global fecundity rate (children per woman)	5.9
Mortality rate (per thousand)	21.2
Infant mortality rate (per thousand)	145.7
Post-infant mortality rate (per thousand)	116.9
Life expectancy at birth, Total (in years)	42.3
Life expectancy at birth, Men (in years)	40.6
Life expectancy at birth, Women (in years)	44

FLOODS AND THE HEALTH SITUATION IN MOZAMBIQUE

Besides the humanitarian impact, the floods caused negative economic effects, including the destruction of important roads and interruption of railway activities in Maputo, Chókwè and Mabalane. The floods also caused considerable damages to the treatment and supply of water in some cities and towns as well as to power supply lines. There were also damages of health centers and schools, destruction of wells, sewerage systems, loss of about 100 hectares of subsistence and income crops and loss of more than 40,000 cows.

The floods have also destroyed the Sabie and Chókwè irrigation systems and the protection dikes of Búzi town and the cities of Chókwè and Xai-Xai, allowing water invasion.

The negative impacts of these floods are affecting a larger group of inhabitants who are not able to go to work and to the market, are exposed to several epidemics and who will suffer from shortages of products in the market and price increases. They will be deprived of social services because of damaged infrastructures, among other losses. Experience shows that as time goes by, part of these people, mainly in rural areas, will be vulnerable to food and nutritional insecurity in view of the reduction of their food self sufficiency.

Schools and important health buildings in the provinces of Maputo, Gaza, Inhambane, southern Sofala and Manica have been totally destroyed or under water. Erosion problems have aggravated in many urban centers and the health conditions have worsened.

Informação do governo à segunda sessão ordinária da 5ª legislatura da Assembleia de Republica.

MAIN PROBLEMS

The health situation, as a result of the floods, is determined by the number of people affected at the assembling points by the time that these people stay in accommodation centers, the infrastructure and hygienic and health conditions of the accommodation centers, the level of organization, as well as the measures of prevention and control established. In these circumstances, the children, pregnant women and people suffering from acute and chronic diseases are the most vulnerable.

Malaria:

The number of malaria cases since the beginning of the year has been increasing in the health centers of the areas most affected in central and southern Mozambique.

Cholera:

By the 8th of March, a total of 1.353 suspected cholera cases were recorded, with 8 deaths. The areas affected are Sofala Province (the cities of Beira, Nhamatanda and Dondo), with a total of 1.127 cases and 6 deaths since the beginning of the year, and the city of Maputo recorded a total of 226 cases with 2 deaths.

Other diseases

In view of shortages of drinking water, soap and prolonged submersion, in many affected areas there is an increase in the number of diarrhea cases and diseases such as conjunctivitis and skin infections are emerging.

AIM OF ACTIVITIES

1. Increase the capacity of the health sector to respond to the emergency situation.
2. Prevent and treat outbreaks, namely cholera, meningitis and measles, among others.
3. Treat on time cases of malaria among people affected by floods so as to avoid outbreaks.
4. Treat acute respiratory diseases.
5. Prevent vaccine-preventable diseases such as meningitis, and measles
6. Prevent and treat malnutrition among children, pregnant and breast-feeding women.
7. Respond to the needs of women in reproductive health.

STRATEGIES ADOPTED WITHIN THE FRAMEWORK OF EPIDEMIC CONTROL

1. Change of first line of malaria treatment from Chloroquine to Fansidar, particularly in affected areas, as a way of increasing efficiency of treatment and control of the epidemic.
2. Vaccination against meningitis and Measles in the affected areas.
3. Chlorinating of water in accommodation centers, as well as construction of latrines.
4. Health education campaigns.
5. Production and dissemination of guidelines in order to dispose of the solid and liquid residuals as well as corpses.
6. Pressure on relevant institutions to solve problems of hygiene and environment.

MAIN PARTNERS AND SUPPORT

- UNICEF: technical assistance medicines, transport, vaccinations, medical equipment.
- MSF-Switzerland-Belgium-Spain: Medical assistance, provision of chlorinated water, latrines, medicines, Cholera treatment centers, and transport.
- Mozambique Red Cross: health education, environmental hygiene, first aid, shelter, food, rescue of victims.
- WHO: technical assistance, cholera medicines.
- Spanish Cooperation: Campaign hospital, medicines.
- Swiss Cooperation: Financing for purchase of emergency medicines.
- French Cooperation: Medicines, technical assistance.
- Medicus Mundi-Intra-hospital Council: health assistance.
- Medicins du Monde: medical assistance.
- Pathfinder International: technical assistance.
- International Medical Corps: technical assistance.
- ISOS - World Vision: Food
- Japanese Cooperation: technical assistance.

DEMOGRAPHIC INDICATORS OF AFFECTED PROVINCES
Affected districts are highlighted in yellow (網模様)

Maputo Province

Urban District	Numbered Population					Maculinity rate	Particular housing	Family Agregate	Family agregate medium size
	Total	Men	%	Women	%				
Total	806,179	379,789	47.1	426,390	52.9	89.1	169,014	174,810	4.6
Cidade da Matola	424,662	204,083	48.1	220,579	51.9	92.5	79,276	82,885	5.1
Boane	56,703	26,697	47.1	30,006	52.9	89	13,620	13,891	4.1
Magude	42,788	18,160	42.4	24,628	57.6	73.7	9,523	9,755	4.4
Manhiça	130,351	57,800	44.3	72,551	55.7	79.7	29,858	30,399	4.3
Marracuene	41,677	19,721	47.3	21,956	52.7	89.8	10,058	10,276	4.1
Matutuine	35,161	17,312	49.2	17,849	50.8	97	8,713	8,963	3.9
Moamba	43,396	20,411	47	22,985	53	88.8	10,602	11,027	3.9
Namaacha	31,441	15,605	49.6	15,836	50.4	98.5	7,364	7,614	4.1

Inhambane Province

Urban District	Numbered Population					Maculinity rate	Particular housing	Family Agregate	Family agregate medium size
	Total	Men	%	Women	%				
Total	1,123,079	491,242	43.7	631,837	56.3	77.7	256,415	259,618	4.3
Cidade de Inhambane	52,370	24,798	47.4	27,572	52.6	89.9	12,436	12,699	4.1
Funhalouro	30,321	13,039	43	17,282	57	75.4	6,247	6,321	4.8
Govuro	29,031	12,718	43.8	16,313	56.2	78	6,398	6,463	4.5
Homoine	92,796	40,203	43.3	52,593	56.7	76.4	22,661	22,857	4.1
Inharrime	76,518	33,639	44	42,879	56	78.5	16,272	16,489	4.6
Inhassoro	43,406	19,038	43.9	24,368	56.1	78.1	9,890	10,019	4.3
Jangamo	81,210	35,639	43.9	45,571	56.1	78.2	18,933	19,233	4.2
Mabote	39,661	15,986	40.3	23,675	59.7	67.5	7,983	8,250	4.8
Massinga	186,650	79,839	42.8	106,811	57.2	74.7	43,417	43,680	4.3
Cidade de Maxixe	93,985	42,063	44.8	51,922	55.2	81	22,316	22,617	4.2
Morrumbene	110,817	48,950	44.2	61,867	55.8	79.1	26,632	26,812	4.1
Panda	46,539	20,019	43	26,520	57	75.5	11,065	11,170	4.2
Vilanculo	113,045	49,834	44.1	63,211	55.9	78.8	25,840	26,242	4.3
Zavala	126,730	55,477	43.8	71,253	56.2	77.9	26,325	26,766	4.7

Gaza Province

Urban District	Numbered Population					Maculinity rate	Particular housing	Family Agregate	Family agregate medium size
	Total	Men	%	Women	%				
Total	1,062,380	456,909	43	605,471	57	75.5	224,093	228,310	4.7
Cidade de Xai-Xai	99,442	45,778	46	53,664	54	85.3	19,128	19,604	5.1
Bilene Macia	133,173	56,793	42.6	76,380	57.4	74.4	29,281	29,593	4.5
Chibuto	164,791	69,062	41.9	95,729	58.1	72.1	36,568	36,919	4.5
Chicualacuala	33,284	14,598	43.9	18,686	56.1	78.1	5,530	5,707	5.8
Chigubo	13,405	5,618	41.9	7,787	58.1	72.1	2,333	2,406	5.6
Chókwè	173,277	74,425	43	98,852	57	75.3	34,264	35,097	4.9
Guijá	57,217	24,714	43.2	32,503	56.8	76	12,253	13,277	4.3
Mabalane	25,464	10,935	42.9	14,529	57.1	75.3	4,667	4,787	5.3
Manjacaze	161,147	68,389	42.4	92,758	57.6	73.7	38,109	38,495	4.2
Massagena	13,300	5,282	39.7	8,018	60.3	65.9	2,489	2,620	5.1
Massingir	22,284	10,125	45.4	12,159	54.6	83.3	3,871	3,915	5.7
Xai-Xai	165,596	71,190	43	94,406	57	75.4	35,600	35,890	4.6

Manica Province

Urban District	Numbered Population					Maculinity rate	Particular housing	Family Agregate	Family agregate medium size
	Total	Men	%	Women	%				
Total	974,208	465,942	47.8	508,266	52.2	91.7	184,209	201,910	4.8
Cidade de Chimoio	171,056	86,927	50.8	84,129	49.2	103.3	31,335	33,022	5.2
Barue	81,002	38,326	47.3	42,676	52.7	89.8	13,975	15,189	5.3
Gondola	184,629	90,720	49.1	93,909	50.9	96.6	37,269	39,398	4.7
Guro	45,680	20,671	45.3	25,009	54.7	82.7	8,297	11,177	4.1
Machaze	75,804	32,214	42.5	43,590	57.5	73.9	14,437	14,928	5.1
Macossa	13,969	6,446	46.1	7,523	53.9	85.7	1,863	2,106	6.6
Manica	155,731	77,355	49.7	78,376	50.3	98.7	29,515	31,982	4.9
Mossurize	122,244	55,129	45.1	67,115	54.9	82.1	24,406	27,138	4.5
Sussundenga	92,622	43,577	47	49,045	53	88.9	18,138	19,182	4.8
Tambara	31,471	14,577	46.3	16,894	53.7	86.3	4,974	7,788	4

Sofala Province

Urban District	Numbered Population					Maculinity rate	Particular housing	Family Agregate	Family agregate medium size
	Total	Men	%	Women	%				
Total	1,289,390	628,747	48.8	660,643	51.2	95.2	257,937	275,832	4.7
Cidade da Beira	397,368	205,734	51.8	191,634	48.2	107.4	73,935	82,429	4.8
Buzi	143,152	67,555	47.2	75,597	52.8	89.4	29,257	29,764	4.8
Caia	86,001	40,483	47.1	45,518	52.9	88.9	17,608	17,825	4.8
Chemba	49,634	22,798	45.9	26,836	54.1	85	9,534	11,859	4.2
Cheringoma	20,795	10,133	48.7	10,662	51.3	95	3,952	4,123	5
Chibabava	72,273	30,606	42.3	41,667	57.7	73.5	15,581	15,899	4.5
Dondo	117,719	59,628	50.7	58,091	49.3	102.6	25,343	25,917	4.5
Gorongosa	77,877	37,038	47.6	40,839	52.4	90.7	14,797	15,716	5
Machanga	44,784	20,288	45.3	24,496	54.7	82.8	9,760	9,833	4.6
Maringue	56,654	25,927	45.8	30,727	54.2	84.4	9,741	12,998	4.4
Marromeu	69,895	33,943	48.6	35,952	51.4	94.4	16,062	16,287	4.3
Muanza	15,308	7,520	49.1	7,788	50.9	96.6	2,702	2,861	5.4
Nhamatanda	137,930	67,094	48.6	70,836	51.4	94.7	29,665	30,321	4.5

PROVINCESC AFFECTED

- Gaza Province
77% of the districts affected
94.493 people displaced
26 health centers affected

- Maputo Province
75% of the districts affected
70,505 people displaced
7 health centers affected

- Sofala Province
23% of the district affected
45,000 people displaced
15 health centers affected

- Inhambane Province
14% of the districts affected
10 health centers affected
22,000 people displaced

- The city of Maputo
Outlying areas affected
11,000 people displaced
0 health centers affected

- Manica Province
30% of the districts affected
8,000 displaced people
4 health centers affected

A total of 2 million people in 5 provinces of the country, 250 thousand displaced 212 deaths and 15 missing.

LIST OF HEALTH CONTACTS

UNITY	NAME	CONTACT
Technical Unit of Emergency Coordination and Information	Dr. Marcelino Lucas Mr. Jose Chivale Dr. Miguel Aragón Lopez Dr. Milton Valdez Dr. Lieve Van der Paal	082307926 082316220 310281 310281 310281
Pharmaceutical Department	Mr. Durão Mr. Fernando Mr. Angelo Mr. Benjamin	082304227 082302214
National Health Directorate	Dr. Alexandre Manguele Dr. Avertino Barreto	426164 431305
Planning and Cooperation National Directorate	Dr. Humberto Cossa Mr. Fortunato	426007 426375
GACOPI	Mr. Almeida	426375

E-MAIL ADDRESS OF UCITE: misaudha@tropical.co.mz

STEPS FOR A GOOD COORDINATION

1. Contact the Technical Unit of Emergency Coordination and Information (UCITE) to obtain information on epidemiological, organizational and technical aspects, as well as on the affected areas still without a systematic health support.

2. As soon as you have been briefed on the emergency situation and in coordination with MISAU, identify possible areas of intervention.

3. Request a credential at the UCITE to work as a partner recognized by the Health Sector. Requirements: Name of the person responsible for the organization, name and objectives of the organization, presentation of areas of intervention and the health activities to be implemented.

4. Contact and inform the respective Provincial and District Health Directorate and present your credentials.

5. Send a weekly report to the health authorities, including to central level.

PREVENTION OF MALARIA:

1. Always sleep with a mosquito net, preferably impregnated with insecticide.

2. Use repellents and protect exposed body parts (long sleeves).

3. Use prophylaxis. MISAU recommends:

For all non-immune citizens, mainly foreigners coming from regions where Malaria has been eradicated or is not a public health problem, it is advised to take **Mefloquine weekly, on the same day of each week, recommended dose 5mg/kg of weight.**

For an adult the recommended doses is one tablet (250 mg) per week.

For all those intending to remain for a prolonged period, it is advised to use mosquito nets, repellents and/or home insecticides.

Mefloquine Dosage

Age (years)	Weight (kg)	Pills
< 2	<15	Not recommended
2 - 4	15 - 19	1/4
5 - 8	20 - 30	1/2
9 - 15	31 - 45	3/4
> 15	> 45	1 (adult)

Note: Mefloquine, used for prophylaxis, is usually tolerated; but it may, from time to time, provoke some dizziness and/or gastrointestinal disturbances which disappear with the suspension of the drug.

CHOLERA PREVENTION:

1) Drink bottled water or water treated with chlorine.
2) Wash hands before eating and after going to toilet.
3) Eat food when still hot.
4) Avoid eating raw or fresh vegetables.
5) Maintain the house clean and closed.
6) Always warm the food.

PREVENTION OF AIDS AND STD:

1) Avoid OCCASIONAL AND UNSAFE sexual relations.
2) Avoid many partners.
3) Always use condoms.

7．新聞資料

12.3.07
日本経済新聞(夕)
総　　合

モザンビークに緊急援助

政府は七日の閣議で、一月中旬からの豪雨による洪水被害で三百万人以上の被災者が発生しているモザンビークに、新たに総額約九千百五十万円相当の緊急援助をすることを決めた。援助は六十万㌦の資金供与と約千九百五十万円相当の物資供与で構成する。

12.3.11
読売新聞(　)
総　　合

日本の緊急医療隊 先遣隊マプト入り

【ヨハネスブルク10日＝森太】アフリカ南部モザンビークの洪水被災地で医療活動にあたる日本の緊急医療隊の先遣隊が十日、首都マプトに到着した。先遣隊は、聖マリアンナ医科大東横病院看護婦の大塚恵さん、外務省の田瀬和夫・アフリカ二課課長補佐、国際協力事業団（JICA）職員の大野竜男さんの三人。

12.3.15
東京新聞( )
社　説

洪水難民に早く救いの手を

【モザンビーク】

大規模な洪水が発生したモザンビークに対し、ようやく日本も医療などの支援に動き始めた。救援活動が遅れた原因を分析し、今後の教訓にすべきだ。

アフリカ南東部に位置するモザンビークでは、一月から約一カ月間、記録的な豪雨が降り続いたのに加え、先月下旬にサイクロンが通過したため、洪水の被害が一気に拡大した。

一人当たり国民総生産が百ドル前後という最貧国にとって、大規模な災害を独力で克服するのは困難だ。国際社会は、被災者救援への協力には緊急に対応する必要がある。

現地からの情報によると、既に四百人以上の死者が確認され、六十五万人が収容所や高台、屋根の上などで助けを待っているという。雨期が来月ごろまで続くため、今後さらに被害が拡大する恐れは大きい。

雨がやんでも、上流の隣国がダムを放水すれば、洪水は引かない。マラリア、コレラといった伝染病も心配だ。最終的に死者は数千人、被災者は約三百万人に達する見込みだという。

大規模な災害が発生してから数週間が経過したのに、先進各国の支援は遅れている。人や食料などの輸送に必要なヘリコプターや航空機が英国、米国などから本格的に派遣されたのは、今月初めだった。

日本は既に計百万ドルの無償援助を提供しているが、医療チームは九日に先遣隊を送り出したばかりだ。近く十五人程度のチーム本隊が派遣される見通しだが、出遅れた印象は否めない。

昨年九月、台湾大地震の発生直後に日本が百人規模の国際緊急援助隊を派遣して被災者の救出にあたったのと比べ、今回、モザンビーク水害への取り組みが緩慢だったのは残念だ。

国際社会全体の救援活動が遅れたのは、現地の情報を早期に把握できなかったことが主な原因だ。とりわけ日本は、欧州各国よりも被災地から遠く、状況の理解に手間取った。

震災の場合は地震波が即座に観測され、マグニチュードの大きさによって被害の規模がおおよそ予想できるのに対し、洪水の場合には現地情報が伝わりにくい面もある。

モザンビーク政府が当初、国際社会に対し、財政面を中心にして支援を要請した経緯も、人道的な緊急支援の必要性について、各国の感覚を惑わせたようだ。

今からでも手助けできることは多い。当面、日本の医療チームは、各国の救援隊と連携し、被災者の伝染病対策などに尽力してほしい。

洪水が引けば、住宅や道路など社会基盤の再建が課題になる。債務返済義務の軽減を含め、中長期的な支援も必要になるはずだ。

さらに、国際社会は、今回の緊急支援が出遅れた要因を整理し、教訓にしなければならない。情報発信力が貧弱な途上国で大規模災害が発生した場合、正確に被災状況をつかむにはどのような態勢を整備すべきなのか。七月に開かれる沖縄サミットや外相会議などの場で、ぜひ話し合ってほしい。

12.3.16
日本経済新聞(夕)
総　　合

モザンビークへ援助隊

政府は十六日、洪水災害で約三百万人の被災者が発生しているモザンビークに国際緊急援助隊の医療チーム二十人を派遣することを決めた。モザンビーク政府からの要請に応じた措置で、既に四人が現地入りし、残りの隊員は十六日夕に成田空港を出発する。派遣期間は約二週間。政府はこれまでに総額一億二千百五十万円相当の緊急援助を実施している。

12.3.17
朝日新聞(　)
解　説　面

モザンビーク洪水　今こそアフリカ援助を

安東　建（ナイロビ支局長）

二月から始まった南部アフリカ・モザンビークの大洪水で、百万人以上が家屋を失い、五百人近くが命を奪われた。貧困に悩むザンビアなど近隣諸国までが援助を繰り広げ、アフリカによるアフリカ援助の初のケースとして注目されている。その一方で、日本を含む先進国の対応の遅れが気になった。

「アフリカは遠い」。多くの日本人は言う。だが世界地図を広げてほしい。モザンビークと日本の直線距離は、昨年大地震に見舞われたトルコとの距離とさほど変わらない。なのに、政府や地方自治体がこぞって援助を繰り広げたトルコ地震に比べ、日本からの援助は総体的に少ない。政府の援助も、緊急医療援助隊の本格活動がこれからようやく始まるという段階だ。

日本は、モザンビークで十六年に及ぶ内戦が終わった一九九三年に国連が平和維持活動を展開した際、後方支援に自衛隊を派遣。その後の選挙でも監視員を派遣するなどかかわりが深い。当時の日本は、国連の安保理常任理事国入りを目指してカンボジアPKOへの自衛隊派遣など「国際貢献」に熱心だった時期でもある。常任理事国入りには、アフリカ諸国の票が重要だった。そのせいか、国連改革が遠のいた今、日本のアフリカ援助の勢いもそがれているように思う。

国際社会で自国への支持を求めておきながら、いざ危険を伴う緊急事態が発生すると、援助は欧米の出方をうかがってからという風にも映る。アフリカの人々にそうした姿勢が見抜かれていることを忘れてはいけない。

国会では国連平和維持軍への参加凍結を解除するかどうか議論も始まっている。だが、現地ではまだ数十万人が家に帰れず、コレラなど疫病も発生しつつある。日本がやるべきことは、まだたくさんアフリカにある。

12.3.17
産経新聞(　)
総　　合

モザンビークに援助隊

外務省は十六日、洪水で多数の被災者が出ているモザンビークに、国際緊急援助隊の医療チーム二十人を派遣すると発表した。十七日に現地入りし、二週間程度滞在、被災者に対する医療、救援活動に当たる。

同国は今年一月以降、断続的な集中豪雨に見舞われ、死者は数千人、被災者は三百万人に達しており、マラリアなど伝染病の流行も懸念されている。