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In Mozambique, conservation meets care in a bold health experiment

A new plan aims to build a hospital and health campus in rural Mozambique, offering specialized care not yet available in the region. Project partners hope that it can serve as a model for rural health care delivery in Africa.

*By **Kelli Rogers** // 30 January 2026*

Using AI, the planning team has generated an image of what the hospital and health campus in Gorongosa might look like.

In Gorongosa, Mozambique, a woman with pregnancy complications may travel nearly three hours to reach a hospital that could save her life. One available ambulance could carry her there faster, if there is fuel to power it.

“It’s not strategic … it’s not feasible,” said Pio Vitorino, associate director of health at the Gorongosa Restoration Project.

This is not the story most people associate with Gorongosa, a rural district in central Mozambique better known for a landmark conservation project. Over the past two decades, a partnership between the government of Mozambique and the Gorongosa

Restoration Project has helped restore and protect roughly 1 million acres, reintroduced animal populations lost to decades of civil war and transformed a post-conflict landscape into both a research and safari destination.

But for the roughly 300,000 people living around the park, Gorongosa — and the broader umbrella of Sofala Province — remains a place of deep human vulnerability. A high number of women die during and after pregnancy, many children face chronic malnutrition, and HIV and malaria remain widespread. Meanwhile, jobs are scarce, and extreme weather events such as floods occur with punishing regularity.

Since its inception in 2008, the Gorongosa Restoration Project — funded by American tech entrepreneur-turned-philanthropist Greg Carr — has embraced an explicitly integrated model, linking conservation with community health and development. Health brigades provide immunizations to rural communities, and "model mother" programs train women to provide peer counseling for pregnant and postpartum mothers. Extensive agricultural, infrastructure, education, and livelihood initiatives help reduce hunger and build income for people living in what the project calls the "sustainable development zone," or the buffer area surrounding the national park.

But the limits of that approach have become clear. Outreach programs can narrow gaps in access, but they can't replace the absence of advanced care or reliable emergency services. Now, the project has launched an effort to build a 100-bed public teaching hospital and health campus in the rural district of Gorongosa. Project partners hope that key pieces of the initiative, from climate-smart infrastructure to technology tailored for low-resource environments, can serve as a model for rural health care delivery in Africa.

A 'One Health' system

Last week, while global elites gathered in the snowy Alps for the World Economic Forum in Davos, Switzerland, another group met in Idaho — the home of the Gregory C. Carr Foundation. Founded in 1999 by American entrepreneur Greg Carr, who cofounded Boston Technology, the nonprofit has channeled his fortune into the ambitious restoration of a long-neglected Mozambican national park after Carr's first visit in 2004.

In Idaho, conservation leaders, physicians, tech innovators, and Mozambican government officials discussed how to improve health systems in central Mozambique without repeating failures of past aid models.

With support from the Gorongosa project, the University of Pittsburgh, and Mozambique's Ministry of Health, a new plan is taking shape to build a hospital and health center in Gorongosa that would integrate specialized care not yet available in the region, along with workforce training and scientific research. The Ministry of Health formalized the partnership by signing a memorandum of understanding with the Gorongosa project last week.

The Gorongosa Restoration Project is in the process of building or restoring health centers in many communities around the national park.

Photo by: UN Habitat

The regional hospital and workforce training project is designed to sit inside the country's existing health strategy, Mozambique Minister of Health Ussene Isse told Devex. Separately, in December 2025, Mozambique signed a $1.8 billion health financing agreement with the United States — one of more than a dozen such "America First" deals signed with African nations so far. While the new agreements offer smaller investments than previous U.S. aid packages and tie funding to strategic U.S. interests, Isse told Devex he is happy with the deal. The government-to-government model will allow Mozambique to strengthen alignment of domestic and NGO spending and projects, he said.

Isse sees both the U.S. bilateral deal and the Gorongosa project partnership as complementary opportunities to advance a "One Health" approach in Mozambique.

"The concept of 'One Health' is to bring health outside the hospitals to focus in the community, where life starts," Isse told Devex. "In Africa, we should be an example of one health implementation."

It's a framework that treats human health, environmental health, and the systems people depend on for survival — from food to livelihoods — as inseparable. In Gorongosa, conservation is already tied to livelihoods: coffee grown on reforested mountain slopes, for example, is designed to benefit both land and humans.

"It's a concept, but it's also practical," said Elisa Langa, director of human development for the Gorongosa Restoration Project. "When we say 'One Health,' we are saying that everything is connected. To bring good health to the ecosystems, the animals, the rivers, and the people as well … what we do has to be connected so that we are not harming one part."

Leapfrogging

If the hospital is the visible symbol of the new partnership, its most radical ambition is invisible: rethinking how medical workers are trained in countries where population growth is outpacing conventional education structures. Mozambique has fewer than two doctors per 10,000 people, and specialist training pipelines lag far behind population growth.

“If it takes me eight years to become an anesthesiologist in the United States, in Mozambique, that’s not going to work,” said Juan Carlos Puyana, a trauma surgeon and professor of surgery at the University of Pittsburgh. “At that rate, it would take 168 years to train the [number of] anesthesiologists Mozambique needs today.”

Instead, the partnership is looking to adapt accelerated, “fit-for-purpose” training models that prepare nonphysician surgical providers to perform specific procedures. Studies suggest patient outcomes are comparable to those of conventionally trained doctors for routine operations, Puyana said.

The logic, he explained, is this: “You will be my apprentice. I will do a C-section 120 times until you can also do it perfectly, with my supervision. Can you do a heart transplant? No. Can you do a gallbladder? No, I don't want you to do that. I want you to be the best C-section operator in this town.”

A community health worker explains various elements of maternal health to community members living in the “sustainable development zone,” or the border zone of the Gorongosa National Park.

Photo by: Gorongosa Restoration Project

In addition, the University of Pittsburgh team helping to build the project road map sees room for innovation, particularly in medicinal plant research on fungi found in the Gorongosa region and in digital systems that could allow Mozambique to leapfrog paper-based care.

“You don’t build a beautiful hospital and then have clinicians take notes on paper,” said Uduak Ndoh, deputy chief information officer for health sciences at the university. The health system vision includes using electronic health records — already being piloted in Mozambique — and telemedicine.

Financing a system, not a project

Unlike donor-built hospitals that struggle to survive once grants expire, the Gorongosa hospital is being designed to sit inside a broader economic ecosystem that Carr calls “community-based capitalism.”

The idea, Carr said, is to use nature-based enterprises to help fund public services, including health care. Carr himself founded Gorongosa Ventures, which includes for-profit businesses built around national park tourism, aviation services, and commercial coffee, cashew, and citrus production.

“What we have is a family of for-profit companies that are, in one way or another, nature-based,” Carr said.

Rather than extracting profits for outside shareholders, Carr has structured the companies around low-interest, repayable loans. “There’s not an equity shareholder expecting profit distributions,” he said. “The companies just have to pay back these interest loans, and that’s why a hundred percent of their equity can be used for philanthropy.”

In other contexts, Carr said, a similar model could channel a portion of profits — 50%, for example — back into community services, even if not all revenue were donated.

To advance the Gorongosa hospital and health campus, the University of Pittsburgh has funded its own scoping trips and will seek research grants to expand its commitment. Carr and the Carr Foundation will continue to contribute capital. Mozambique’s government, Isse said, currently puts 2.5% of its gross domestic product toward the health sector but will increase domestic health spending as part of its U.S. financing deal — committing to raise health expenditures as a share of the national budget over the next five years.

When Carr signed a memorandum of understanding with Mozambique’s government in 2008, the Gorongosa project pledged not only to restore the park’s land and wildlife but to support the development of a health care system alongside it.

“We started straight away doing community health,” Carr said. “So for us to now expand community health into a regional hospital health system for the center of the country … It's a scale-up, but it is a progression of the original idea.”

If it works, supporters say Gorongosa could move from a conservation success story to a test case for innovative ‘One Health’ partnerships.