



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	22.4 million (mid-2010)
Estimated Population Living with HIV/AIDS**	1,400,000 [1,200,000–1,500,000] (2009)
Adult HIV Prevalence**	11.5% [10.6–12.2%] (2009)
HIV Prevalence in Most-at-Risk Populations	Not available
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	30% (end 2009) ¹

* U.S. Census Bureau **UNAIDS ***WHO/UNAIDS/UNICEF *Towards Universal Access*, 2010

Since the first Mozambican case of HIV/AIDS was diagnosed in 1986, prevalence has increased steadily over the past two decades. A protracted civil war in the country from 1977 to 1992 destroyed nearly 50 percent of Mozambique’s public health sector infrastructure, leaving the country with only three medical doctors and 21 nurses per 100,000 people and limiting the country’s response to the HIV epidemic. In 2009, the Joint United Nations Program on HIV/AIDS (UNAIDS) estimated 11.5 percent of all adults (15 to 49 years of age) were HIV positive and 1.4 million people were living with HIV. An estimated 74,000 AIDS-related deaths occurred in 2009. Mozambique’s first national AIDS Indicator Survey (AIS) was completed in 2009, providing new data on the epidemic.

The majority of new infections in Mozambique occur through sexual contact in the general population. The prevalence is disproportionately higher in urban areas (15.9 percent) compared to rural areas (9.2 percent); along transportation corridors; and among women (13.1 percent) compared with men (9.2 percent), according to the 2009 AIS. National data from antenatal care (ANC) surveillance sites show little change from 2002 to 2009, with around 15 percent prevalence among pregnant women 15 to 49 years of age. In addition, different regions throughout Mozambique are disproportionately affected by the HIV/AIDS epidemic. In the southern region, ANC surveillance estimates for adult women (15 to 49 years old) indicate an increase in prevalence during this period, from 16 percent in 2002 to 21 percent in 2009; estimates from 2007 to 2009 indicate this increase is slowing and may be stabilizing. Prevalence rates in the other regions have remained relatively stable: In 2009, prevalence among pregnant women (15 to 49 years of age) at ANC sites was 18 percent in provinces in the central region and 8 percent in the northern region.

Women and young people are considered highly vulnerable to HIV infection. Given the high proportion of youth in Mozambique, risky behaviors and lifestyle choices among this subpopulation impact the epidemic significantly. A 2009 study by UNAIDS, the *Conselho Nacional de Combate ao HIV/SIDA*, and the Global AIDS Monitoring and Evaluation Team estimated 95,000 young people 15 to 19 years of age (disproportionately females) are already HIV infected, and HIV infection rates in the country are highest among the 20- to -24-year-old age group (18.3 percent in 2008). As such, a number of HIV/AIDS activities in recent years have focused on adolescent and youth prevention. High-risk behaviors in the general population, especially multiple and concurrent sexual partnerships and low condom use, are challenges in decreasing the rates of new infections. According to the 2009 AIS, 20 percent of adult men had multiple partners in the past year and 9 percent of men had paid for sex. In addition, the 2009 AIS reported early initiation of sexual activity was common: 25 percent of youth aged 15 to 24 had sex before their 15th birthday. Many high-risk behaviors are particularly common in low-prevalence northern provinces, but high prevalence of circumcision in the same areas may provide some additional protection against transmission.

In Mozambique, data on HIV prevalence among most-at-risk populations (MARPs) are limited. MARPs were first officially identified in the Strategy for the Acceleration of Prevention of HIV Infection (2009-2010). MARPs in Mozambique include women, adolescents, prisoners, miners, and sex workers. Of all new cases of HIV in 2008, it was estimated 2 percent were among sex workers, 7 percent among clients of sex workers, 5 percent among men

¹ The Ministry of Health reported 156,498 HIV-infected people had received ARV by December 2009.

who have sex with men (MSM), and 3 percent among injecting drug users. An estimated 19 percent of all new infections are attributed to sex workers, their clients, and their partners. In 2009, *Projecto 100% Vida* reported 28 percent of sex workers attending counseling and testing services tested positive, though this was a limited sample.

The country's prevention of mother-to-child transmission (PMTCT) program was started in 2002. Since then, the number of health facilities that provide PMTCT services has been rapidly scaled up, from eight in 2002 to 832 in 2009, when 76.3 percent of the 1,090 health facilities providing ANC services were equipped to provide PMTCT care. Access to antiretroviral drugs (ARVs) for PMTCT among HIV-positive pregnant women has also increased in recent years, from 31.8 percent in 2007 to 45.8 percent in 2009. Despite increases, coverage remains low, and the 2010 United Nations General Assembly Special Session (UNGASS) report estimates in 2009, approximately 91 infants were born each day with HIV infection due to mother-to-child transmission.

Antiretroviral therapy (ART) coverage among all people living with HIV/AIDS (PLWHA) also remains low. The World Health Organization's (WHO's) 2010 *Towards Universal Access* report estimated that less than one-third (30 percent) of PLWHA in need of ART, as determined by the 2010 WHO recommendations for initiating treatment, were receiving it. Since 2008, ARV treatment delivery has been decentralized and integrated into the health network system, increasing the proportion of PLWHA receiving treatment. Human resource shortages continue to be the primary challenge to continued scale-up of ART distribution; other challenges include the need for an improved monitoring and evaluation system, clinical quality and adherence, and home-based care management. ART access is not equitably distributed throughout the country: Adult coverage in the north and center of the country is approximately 30 percent, while in the south, where prevalence is highest, it has reached 65 percent, according to the 2010 UNGASS report.

The number of orphans and vulnerable children (OVC) is highest in areas most affected by the HIV epidemic, particularly in the southern provinces. UNAIDS estimates in 2007, there were 400,000 children (0 to 17 years of age) in Mozambique who had been orphaned by HIV/AIDS and that in 2009, there were 130,000 children (0 to 14 years of age) who were HIV positive. The same report estimated the number would reach 630,000 by 2010. Traditionally, orphaned children have been absorbed by their extended families, but the HIV epidemic has strained community and family support networks. In many cases, orphaned children drop out of school to work or care for younger siblings, thus increasing their vulnerability to exploitation.

Mozambique is one of WHO's 22 high-burden countries for tuberculosis (TB). According to WHO, the TB incidence rate in Mozambique was 409 cases per 100,000 population in 2009. TB incidence is fueled by the HIV/AIDS epidemic: UNAIDS reports that in 2009, 66 percent of TB patients were HIV positive, complicating the care and treatment of both diseases.



National Response

In Mozambique, the Government and political leaders have provided strong political support to the HIV response. The national multisectoral HIV/AIDS coordination body has been chaired by the Prime Minister and co-chaired by the Minister of Health since its creation in 2000. The National Strategic Plan I (2000–2004) and National Strategic Plan II (2005–2009) have guided the response in the past decade. Faced with an explosive AIDS situation, the Government worked diligently to design a follow-on plan to control the situation. The third National Strategic Plan (2010–2014) was created in 2009, with wide involvement from all stakeholders. Programs under this plan are based on evidence provided by studies of the HIV epidemic in Mozambique, allowing the Government to select appropriate priority action items.

The Strategy for the Acceleration of Prevention of HIV Infection (2009–2010) came out of the planning for the National Strategic Plan III and involved the Government, nongovernmental organizations, and other civil society entities. The strategy has two pillars: eight priority areas of action – counseling and testing, condoms, MARPs, sexually transmitted infections, male circumcision, PMTCT, treatment, and biosafety – and technical and institutional capacity building in the coordination of the response, communication for behavior change, and monitoring and evaluation. To date, programs targeting MARPs have been limited to prevention and treatment activities among sex workers. Programs targeting youth (10 to 24 years of age) through youth-friendly health service venues saw a remarkable increase in the number of attendees in recent years, from 1.3 million in 2007 to 3.6 million in 2008.

Government funds only accounted for 3 percent of total funds spent on HIV/AIDS programs in 2008; all other program funding came through private (1 percent) and donor (96 percent) channels. Total expenses for HIV/AIDS programs from 2007 to 2008 were \$251 million; HIV/AIDS expenses have tripled between 2004 and 2008, outpacing growth for any other public health program in the country. Treatment and care programs accounted for the largest proportion of total funds (28 percent). The proportion of funds from public sources has decreased in recent years (from 16 percent in 2004–2006 to 3 percent in 2008), creating reservations about the sustainability of the response.

The number of workplaces offering HIV prevention and AIDS mitigation programs increased significantly in 2008 and 2009. The number of businesses affiliated with the Association of Enterprises against AIDS has increased, from 23 in 2008 to 62 in 2009. Trade unions and the informal cooperative sector have also been actively involved in the implementation of HIV activities. Special attention has been provided to workers in situations of higher vulnerability, such as migrant and seasonal workers, as well as those in mining and public works construction positions.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is a major supporter of HIV/AIDS programs in Mozambique. Since the first grant was approved in 2005, a total of \$260.6 million in grants have been approved. Most recently, the Global Fund approved a \$22.7 million second-round grant to support the Mozambican initiative to expand coverage for prevention, care, support, and treatment for people affected by HIV/AIDS. The program supported by the grant aims to scale up the integrated health network for HIV/AIDS prevention and care. Major challenges in Mozambique have been the poor grant performance to date and issues impeding grant disbursement. Assisting to resolve bottlenecks in receiving Global Fund grants is a high U.S. Government (USG) priority in fiscal year (FY) 2010. The USG provides nearly 30 percent of the Global Fund's total contributions worldwide.

USAID Support

Through the U.S. Agency for International Development (USAID), Mozambique received \$124.1 million in FY 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Mozambique are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which supports partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

The USG interagency PEPFAR program emphasizes expanding and improving prevention interventions, human resource development, and the strengthening of overall health systems to improve sustainability of the response to the HIV epidemic, supporting the Government of Mozambique's goal to achieve a 5 percent reduction in AIDS-related mortality and prevent 23,000 AIDS deaths by 2014. In FY 2010, funding for prevention interventions increased by 13 percent, and negotiation of the Mozambique Partnership Framework harmonized USG and Government of Mozambique objectives and programming. The Partnership Framework provides a five-year joint strategic framework for cooperation among the USG, the Government of Mozambique, and other partners to combat HIV/AIDS in the country through service delivery, policy reform, and coordinated financial commitments.

Prevention programs focus on behavior change interventions to reduce the number of sexual partners, targeted condom social marketing in MARPs, positive prevention, support for expansion of counseling and testing, timely initiation of ART (particularly for pregnant women), increased access to male circumcision, and expanding blood safety and workplace programs. In FY 2009, prevention programs provided more than 1.1 million Mozambicans with counseling and testing services.

Expansion of PMTCT services has been an additional priority, including provision of prophylaxis and treatment regimens to pregnant women and improved follow-up with HIV-exposed infants to ensure early diagnosis. In 2010, 462,742 pregnant women received HIV counseling and testing services through USG programs, and 34,291 HIV-positive pregnant women received ARVs for PMTCT. A one-time injection of \$20 million in FY 2010 bolstered the continued success and expansion of the PMTCT program. An additional 648,048 individuals received counseling and testing in settings other than PMTCT sites, and 205,911 OVC received support.

Health systems strengthening efforts, as part of the USG HIV program, support a sustainable response to the epidemic, local capacity building, and a gradual transition toward country ownership of HIV and other health programs. Since the deficit in the number of health workers is a primary barrier to continued improvements in HIV and other health indicators, the USG focuses on training new health workers and improving training curricula and

facilities; between FY 2009 and FY 2013, the USG aims to train 2,267 health workers and is supporting the scale-up of community health workers. In FY 2010 alone, 757 health workers were trained. Investment in public health infrastructure (including a new National Public Health Reference Laboratory), supply chain procurement systems, and country health information systems for monitoring and evaluation all underpin the continued strengthening of the health systems locally and nationally.

Integration of HIV programs with other health interventions has been a key priority as part of the countrywide health systems strengthening efforts of the USG/PEPFAR programs. The USG has developed an intense, integrated, and coordinated response through a multisectoral approach to deal with the challenges posed by the HIV/AIDS epidemic. Under USG-supported programs, maternal and child health (MCH) nurses who traditionally have been vertically trained in intermittent preventive treatment (IPT) of malaria and PMTCT will receive integrated training, supervision, and management to streamline work. USG-integrated MCH, family planning and reproductive health, and PEPFAR activities have resulted in an increased number of women and children receiving vitamin A supplements, more women receiving IPT and attending at least two ANC visits, and expanded reach of MCH programs in two additional provinces, allowing activities to scale up outside the four focal provinces in Mozambique.

USG programs also focus on the coordination and harmonization of TB and HIV/AIDS interventions and programs because Mozambique has a high level of HIV-TB co-infection. Through 2009 PEPFAR funding, USAID's TB program was able to provide training to 30 HIV/AIDS service providers in ART, PMTCT, voluntary counseling and testing, and TB screening services in Niassa Province. A total of 42,286 Mozambicans received TB treatment in FY 2010 through USG support. In addition, as part of the integrated health promotion messages for HIV/TB, a total of 50,000 leaflets targeting TB patients, PLWHA, and community health workers were distributed nationwide.

The response to the HIV/AIDS epidemic in Mozambique is also supported by the USAID Southern Africa Regional HIV/AIDS Program. Through the regional program, the Africa Bureau uses its resources to strengthen USAID Missions in Africa, build the capacities of African partner institutions, and promote activities that guide partners' capabilities to fight the epidemic and mitigate its effects.

Important Links and Contacts

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USAID's HIV/AIDS Web site for Mozambique:
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/mozambique.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids.

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