



MOZAMBICANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

Country Profile: Mozambique

HIV/AIDS in Mozambique

Adults and Children Living with HIV: 1.8 million¹

AIDS Deaths (Adults and Children): 140,000¹

AIDS Orphans: 510,000¹

Mozambique is facing a severe, generalized HIV/AIDS epidemic, but the impact is not uniformly distributed. Poverty, limited health infrastructure, and corridors of increased population mobility are the primary determinants of high HIV prevalence rates. A civil war restricted movement within and outside the country until 1992, but economic and commercial activity since then has rapidly fueled HIV prevalence to levels nearly as high as those in neighboring countries. Prevalence of HIV infection is estimated to be 16 percent in 2005, with more than 500 new infections each day. Mozambique suffers co-epidemics of tuberculosis and malaria as well as seasonal cholera outbreaks, all of which exacerbate the impact of HIV/AIDS.

U.S. Government Response

The U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) is supporting Mozambique's response to HIV/AIDS by:

- Furthering the implementation of the Ministry of Health's strategic plan for scaling up care and treatment services for HIV/AIDS through a network model, and working with other major funding partners to ensure the success of this scale-up;
- Working with bilateral and multilateral partners to ensure the implementation and monitoring of the multi-sectoral national response to HIV/AIDS, coordinated by the National AIDS Council, through direct funding of civil society and private sector partners as well as technical and material support to key government agencies;
- Strengthening HIV/AIDS prevention, treatment and care for military and police forces;
- Developing community-level leadership and support for home-based care, treatment follow-up, referral services, psychosocial support, counseling and testing, and prevention of new HIV infections;
- Strengthening community-based services to ensure that orphans and vulnerable children are able to stay in school, have basic food and health services, and receive support from adults and peers;
- Linking government partners, international and indigenous nongovernmental organizations (NGOs), community-based organizations, faith-based organizations, employers, and academic institutions; and
- Finding a balance between immediate needs and building longer-term capacity to effectively address HIV/AIDS in Mozambique.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the Emergency Plan in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, U.S. Government (USG) agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, NGOs and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Mozambique is one of 15 focus countries of the Emergency Plan, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Mozambique received nearly \$37.5 million in Fiscal Year (FY) 2004 and more than \$60.2 million in FY2005 to implement a comprehensive HIV/AIDS prevention, treatment and care program in line with Mozambique's national strategies. In FY2006, the United States plans to provide approximately \$94.4 million to support Mozambique's fight against HIV/AIDS.



President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease—a five-year, \$15 billion, multifaceted approach to combating the disease around the world.

U.S. Department of State

U.S. Agency for International Development

U.S. Department of Defense

U.S. Department of Commerce

U.S. Department of Labor

U.S. Department of Health and Human Services

Peace Corps

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¹ UNAIDS, Report of the Global AIDS Epidemic, 2006



Emergency Plan Achievements in Mozambique to Date

Challenges to Emergency Plan Implementation

As Mozambique scales up HIV/AIDS programs and more people are reached with prevention, treatment and care services, it is vital to strengthen the capacity of Mozambican individuals and institutions to manage and deliver these services. There are about 650 physicians in Mozambique, 270 of them in the capital city. This situation leaves some districts of the country with one doctor to serve 70,000 people, sharply limiting the speed of service expansion. Shortages of other health providers (such as nurses, pharmacists, and lab technicians) are comparable. Outside of the health system, where the multi-sectoral HIV/AIDS response depends fundamentally on community-based initiatives and volunteers, Mozambique also is severely disadvantaged, with an adult literacy rate of only 40 percent (23 percent among women). In light of these challenges, all USG-supported HIV/AIDS programs in Mozambique incorporate strong training and support components that are intended to improve the efficiency of current service providers, increase the number of providers, and help partner organizations, especially Mozambican partners, to become more efficient at providing quality services.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2005 ¹	994,600
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 ¹	808,700
# of USG condoms shipped in Calendar Year 2005	16,968,000
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan ^{3,4}	124,100
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan ^{3,5}	8,300
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 ^{3,4}	132,700
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 ³	79,400
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 ³	108,000
# of individuals receiving downstream site-specific support for treatment as of September 30, 2006 ¹	16,700
# of individuals receiving upstream system strengthening support for treatment as of September 30, 2006 ²	17,500

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.

² Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

³ Total results combine individuals reached through downstream and upstream support.

⁴ It is possible that some individuals were counseled and tested more than once.

⁵ It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

Critical Interventions for HIV/AIDS Prevention

- Supported the Foundation for Community Development, which runs a program for in- and out-of-school youth in the Maputo Corridor. The program raises awareness of HIV/AIDS and reduces fear and stigma associated with the disease through face-to-face discussions in homes, schools, and communities.
- Supported an intensified condom social marketing program in bars, hotels and shops along transport corridors and other areas of high prevalence or high-risk behavior. The program includes behavior change communication targeting at-risk and high-transmitter populations, such as uniformed services and mobile populations in over 140 districts, building knowledge and skills for partner reduction and condom use.
- Enabled “South-to-South” collaboration with Brazilian experts to strengthen the Mozambican national HIV/AIDS program. Brazilian technical experts worked with the Ministry of Health to develop, adapt, and pilot counseling and testing training materials for the prevention of mother-to-child HIV transmission (PMTCT) curriculum. Brazilian technical support also helped the National AIDS Council to develop effective systems and procedures to provide funding to community-based organizations and NGOs.

Critical Interventions for HIV/AIDS Treatment

- Provided significant support to 15 of the 30 antiretroviral treatment (ART) sites in Mozambique and provided site-specific support for ART services for 4,100 persons in FY2005.

Critical Interventions for HIV/AIDS Care

- Supported the initiation of a program to make household-level safe water kits available to 7,000 people living with HIV/AIDS and their families. The kits consist of clean water bottles and a replenishable, purifying solution, helping to reduce vulnerability to water-borne disease.
- Supported training of and efforts by local communities in southern and central Mozambique to identify orphans and vulnerable children and provide services for them through pastor groups and volunteer networks.
- Supported the training or retraining of 138 home-based care volunteers who now provide care and support for chronically ill persons in their own communities in Zambezia and Sofala provinces.