



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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## Mozambique

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## Country Situation

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With national prevalence being estimated at about 12.5%, all national and most international institutions have come together to support the HIV response. The Government of Mozambique has, since 2000, instituted a national coordinating body for all HIV related programmes. Further to this action, the bi-laterals, multi-laterals and non-governmental organizations (both national and international) have signed a code of conduct with this coordinating body. However, some vertical efforts still exist. Substantial amounts of resources have been invested in the national response to HIV and AIDS. Major challenges in the area of prevention include; (1) lack of evidence about the drivers of the epidemic; (2) limited linkages between condom distribution and prevention, leading to low utilization of condoms; (3) referral and linkages of services between for example Antenatal Clinics (ANC) and Prevention of Mother-to-Child Transmission of HIV (PMTCT) are not optimal, contributing to drop out of women and children from the PMTCT programme; (4) poor social communication in the community and psychosocial support for women identified as HIV-positive, which in turn contributes to the relatively low uptake of PMTCT services and high rates of women and children who drop out of the programme; (5) low access to health services which has an impact on access to PMTCT services; and (6) low coverage of HIV prevention programme in schools (less than 50% of primary and secondary schools covered). The key factors impeding performance in the treatment area include: (1) timely quality data which continues to be a barrier to improved planning and budgeting, and is essential to be able to demonstrate results and keep all partners, in particular the vertical funders, engaged in the Ministry of Health-led systems strengthening approach to HIV/ AIDS; (2) Integration of HIV/ AIDS services with other essential services, especially TB and reproductive health continues to be a practical and logistical challenge. Referral systems remain weak; (3) Adjunctive services pivotal to an appropriate treatment programme continue to be very weak, e.g. home-based care; (4) Essential interventions such as pediatric treatment have yet to optimize links with PMTCT, and in fact potentially risk the overshadowing of PMTCT as an essential prevention intervention unless this is strengthened.

### UNAIDS Support to the National Response

#### **UNAIDS activities at country level during 2007**

Activities were carried out under the six main working groups of prevention, treatment, mitigation, PMTCT, mainstreaming and M&E, and included the following:

Support to the NAC to establish the National Prevention Reference Group; establishment of the Communication Group; advocating for the prioritization of M&E.

Direct support to Ministry of Health to develop a STI National Strategy and National M&E Plan for HIV Drug Resistance; review and implementation of PMTCT communicating strategy and review of antenatal clinic registers; updating and translating of key guidelines such as the PMTCT protocol to international standards; the daily functioning of YFHS by provision of condoms and also supporting VCT activities.

Production and distribution of IEC material using radios, theatre and internet. •Support to PLHIV (including antiretroviral therapy patients) and OVCs in terms of food supply (including and encompassing training in agricultural and life skills) and improving OVC access to basic services and social protection through partnerships with Ministry of Women and Social Action and civil society organizations.

Production of HIV and Gender mainstreaming tools, capacity development in HIV and gender mainstreaming and development and management of workplace policies tool kit.

Support to the development of workplace policies for Mozambique Airlines and Mozambique Railways. Capacity building of CRIS database management and patient monitoring by health workers.

HIV studies on KAP in schools and drug resistance.

In all of the working groups capacity building activities were undertaken. The main target groups were young people; teachers; local and traditional leaders; government authorities; journalists; and health workers.

## **UNAIDS achievements at country level during 2007**

### ***Joint UN planning and programming***

The UN Team on AIDS was established in the month of April. There are currently 10 participating agencies; WHO, UNFPA, UNICEF, ILO, UNDP, UNESCO, WFP, FAO, UNIDO and UNHCR. UN staff working on AIDS joined efforts to achieve the objectives of the UNDAF. Extra impetus has resulted from the fact that Mozambique is one of the pilot countries of the 'One UN Initiative' which involves UN agencies planning and working together in a more coordinated manner. This has facilitated the UN Team on AIDS to strengthen joint planning and programming. For example, in 2007, one of the main products of this action was the development of a Joint HIV Programme, for the period 2008-09, with three components, youth and prevention; mainstreaming HIV and gender; and treatment and care. The youth and prevention component will be convened by UNFPA, the mainstreaming by UNDP and the treatment component by WHO. This Joint Programme will be implemented in 2008 with participation from all agencies.

### ***Strengthening national coordination***

During 2007 UNAIDS actively contributed to the NAC by co-chairing the pre-partners' forum. The pre-partners' forum seeks to ensure a coordinated response, to review and prepare critical documents and provide technical assistance in planning, implementation, monitoring and evaluation of activities undertaken by the NAC. This in turn improves the functioning of the NAC which is the coordinating body for the national response to HIV. UNAIDS also houses and oversees a coordinator who assists in management of partner forum meetings and other

processes like annual and mid-year reviews of both the NAC and partners' performance in the HIV and AIDS sector. In addition, UNAIDS was actively involved in the formation of the National Prevention Reference Group (PRG) that aims to create an evidence-informed, budgeted and prioritized list of key prevention activities, combining and taking advantage of synergies between different interventions. The PRG is composed of government representatives from the Ministry of Health (Chair), NAC, Ministry of Education and Culture, Ministry of Youth and Sports, Ministry of Women and Social Action, and other key stakeholder representatives from UNAIDS, WHO, UNICEF, UNFPA, Centre for Disease Control and civil society. The PRG has identified five priority areas based on criteria such as relevance, feasibility, impact, new developments and need for prompt action, namely: coordination, monitoring and evaluation, communication strategies, counselling and testing and interventions for most-at-risk populations. Other important areas identified include: condom promotion, PMTCT, male circumcision, diagnosis/treatment of STIs and antiretroviral therapy. Task Forces for each of these subject areas have been established to liaise with the existing technical working groups in order to identify local, regional and international best practices

### **Main challenges / activities for 2008**

Main issues that stakeholders will have to consider in 2008 are;

Grant Management Agency, contracted to financially manage NAC grants so that it can concentrate more on programmatic issues. This may present some hiccups in the initial phases.

Natural calamities especially from floods that have displaced a total of 240 000 people during the course of 2007 and 2008.

Compliance with antiretroviral therapy; there have been increasing numbers of dropouts with little evidence of the causes, whether due to death or otherwise. This might also present problems in terms of drug resistance.

Limited evidence about the success of HIV prevention programmes, as a result it is not always known 'what works'

Increased need to coordinate the response of civil society organizations, this will lead to more focused CSO efforts in the national response.

Operationalization of Multi-Sector Strategy that will focus on the Ministries of Education and Culture, Health and the Interior.

Ministry of Health will conduct a national HIV serobehavioural survey to run through to 2009. This will call for participation/contribution from all stakeholders.