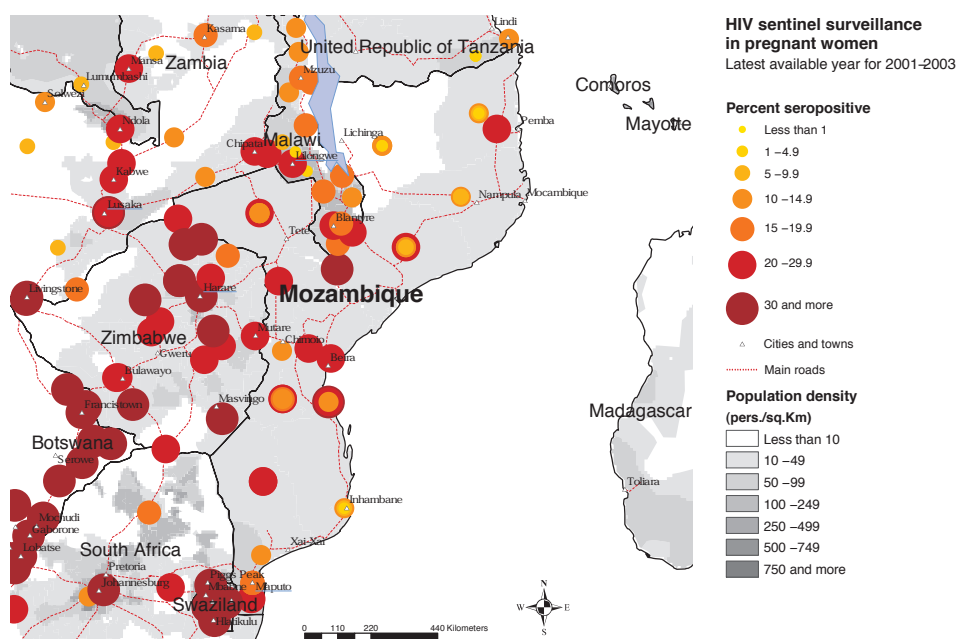


# MOZAMBIQUE

July 2004

WHO estimate of number of people requiring treatment – end 2005: 190 000

Antiretroviral therapy target declared by country: 21 000 by 2005



## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	19.2	United Nations
Population in urban areas (%)	2003	35	United Nations
Life expectancy at birth (years)	2002	42.6	WHO
Gross domestic product per capita (US\$)	2001	189	United Nations
Government budget spent on health care (%)	2001	18.9	WHO
Per capita expenditure on health (US\$)	2001	11	WHO
Human Development Index	2001	0.356	UNDP

## 3. Situation analysis

- **Epidemic level and trend and gender data.** Mozambique faces a major HIV epidemic, given the high average prevalence level coupled with structural factors such as poverty, gender inequality, cultural conditions and high levels of labour mobility. With an estimated HIV prevalence among adults (15–49 years) of 13% in 2001, Mozambique is one of the most affected countries. An estimated 500 people are infected every day. An estimated 57% of all adults affected are women. The national HIV prevalence masks considerable regional differences, with estimated adult prevalence rates being 13.2% in the south, 16.5% in the centre and 5.7% in the north.
- **Major vulnerable and affected groups.** The high prevalence in the central region is attributed to a number of factors, including the return to Mozambique, after the peace agreement in 1992, of an estimated 2 million refugees from neighbouring countries with high rates of HIV prevalence. The mobility of the population along the transport corridors that link Mozambique and the port of Beira to Zimbabwe and Malawi also contribute to the high prevalence. In the southern region, the highest adult prevalence rates are in the province of Gaza, in which many men work as migrant labour in mines in South Africa.
- **Policy on HIV testing and treatment.** Mozambique has no official policy on HIV testing. Testing for the general population is largely “opt-in”, whereas “opt-out” is the standard approach for preventing mother-to-child transmission and for inpatient services. There is strong political commitment to scaling up antiretroviral therapy. The National Health Sector Strategic Plan to Combat Sexually Transmitted Infections and HIV/AIDS, 2004–2008 plans for scaling up highly active antiretroviral therapy to 132 000 people by the end of 2008. The Ministry of Health has established

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	9.4–15.7%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	980 000–1 700 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	2001	25 024	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	2 840	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	190 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	47.3%	WHO

clear treatment criteria that are in line with WHO recommendations. Guidelines on antiretroviral therapy are being reviewed.

- **Antiretroviral therapy: first-line drug regimen, cost per person per year.** The national guidelines on antiretroviral therapy are currently being revised to incorporate changes in treatment regimens in accordance with international standards. However, the backbone first-line regimen will continue to be lamivudine + stavudine + nevirapine, procured at a price of US\$ 140 per person per year. All first-line drugs have regulatory approval.
- **Assessment of overall health sector response and capacity.** The overall health sector response to HIV/AIDS has been limited, both geographically and programmatically. The largest share of resources invested has been concentrated in the province of Maputo, and activities restricted to epidemiological surveillance, certain preventive interventions (such as modest campaigns to promote condoms) and sporadic provision of treatment for opportunistic infections. The national health system is constrained by a lack of resources. The multisectoral National AIDS Council, established in 2000 and chaired by the Prime Minister, has provided significant support in planning, coordinating and streamlining the multisectoral response to HIV/AIDS. Mozambique has developed a specific plan for building human resource capacity to fight HIV/AIDS, planning to train 2000 intermediate-level health care professionals. A new national drug management and logistics system is being developed in anticipation of a massive increase in antiretroviral therapy coverage. Under this system, drugs, instead of being sent to Maputo (the capital), will be sent directly to the five provincial hospitals (Maputo, Beira, Nampula, Zambézia and Manika).



- *Critical issues and major challenges.* Mozambique lacks trained human resources and requires considerable investment in health care infrastructure to increase geographical coverage and facilitate access in remote areas. Drug procurement and management systems are complex, and fear of stock-outs is widespread. Policies and strategies to address such issues as care for and protection of orphans and other children affected by HIV/AIDS, advocacy against stigma and discrimination and cross-border migration of vulnerable groups need to be strengthened. Coordination also needs to be strengthened between the National AIDS Council, the Ministry of Health and other partners, including nongovernmental organizations.

#### 4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total funding required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 95 000 people by the end of 2005 is between US\$ 117 million and US\$ 132 million.
- Mozambique has recently transformed its international aid management system from project-based assistance to a sector-wide approach.
- Of funds available from Round 2 grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, an estimated US\$ 10 million is expected to be available for scaling up antiretroviral therapy over the period 2004–2005.
- An estimated US\$ 50 million may become available from the United States President's Emergency Plan for AIDS Relief to support scaling up antiretroviral therapy during 2004–2005.
- In 2003, Mozambique received a five-year grant of US\$ 55 million as part of the World Bank Multi-Country HIV/AIDS Program for Africa, to focus on building the capacity of civil society organizations and strengthening the capacity of health services.
- Other key organizations contributing to scaling up antiretroviral therapy include United Nations agencies and the Clinton Foundation.
- In April 2004, Mozambique submitted a proposal to the Treatment Acceleration Program of the World Bank. The proposal includes components on voluntary counselling and testing, antiretroviral therapy, preventing mother-to-child transmission and MTCT-Plus, opportunistic infections and home-based care.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Mozambique to reach 95 000 people by the end of 2005 is between US\$ 39 million and US\$ 54 million.

#### 5. Antiretroviral therapy coverage

- Mozambique's total treatment need for 2005 is estimated to be 190 000 people, and the WHO "3 by 5" treatment target is 95 000 people by the end of 2005 (based on 50% of need).
- As of April 2004, an estimated 2840 people were receiving antiretroviral drugs in Mozambique. An estimated 20 sites offer antiretroviral therapy in the public sector through collaboration between the government and nongovernmental organizations such as the Community of Sant'Egidio and Médecins Sans Frontières.
- The National Health Sector Strategic Plan to Combat Sexually Transmitted Infections and HIV/AIDS, 2004–2008 plans to provide treatment to 21 000 people living with HIV/AIDS by the end of 2005 and 132 000 people by the end of 2008, with the support of bilateral and multilateral agencies.
- In order to reach these targets, the Plan foresees opening and operationalizing 129 integrated networks of preventive and curative services, including voluntary testing and counselling, across Mozambique.

#### 6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The Ministry of Health provides leadership on all technical and policy-related issues, including developing national plans, coordinating implementation and financial management. The National AIDS Council takes the lead in coordinating the multisectoral response to HIV/AIDS.
- *Antiretroviral therapy service delivery.* The Medical Care Unit within the National Health Department of the Ministry of Health coordinates procurement and supply-chain management of antiretroviral drugs, supported by the National Centre for Medical Supplies and the parastatal procurement agency MEDIMOC. The National Health Department and the Human Resource Department in the Ministry of Health coordinate training and capacity-building activities. The National Health Department also provides leadership in testing and counselling activities.
- *Community mobilization.* The National AIDS Council leads the multisectoral dialogue with national and international nongovernmental organizations. International nongovernmental organizations such as the Community of Sant'Egidio and Médecins Sans Frontières are implementing successful projects on highly active antiretroviral therapy.

- *Strategic information.* The Department of Planning and Cooperation of the Ministry of Health provides leadership in monitoring and evaluation with support from the United States Centers for Disease Control and Prevention. The Epidemiology Section of the National Health Department is responsible for surveillance.

#### 7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Conducting an assessment mission in April–May 2004 to identify opportunities for scaling up HIV/AIDS treatment and care
- Supporting the development of the World Bank Treatment Acceleration Program proposal with a focus on scaling up HIV/AIDS treatment and care
- As part of the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, supporting the prevention of mother-to-child transmission by implementing a comprehensive package of antenatal, obstetric, postnatal and infant care interventions in two provinces (Manica and Sofala), including expanding access to voluntary HIV counselling and testing among pregnant women; ensuring access to care and treatment for HIV-positive women and their children and partners; and increasing access to psychosocial support services for pregnant and postpartum women living with HIV/AIDS in seven districts
- As part of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa, providing technical support for developing policies and guidelines on preventing mother-to-child transmission and for the clinical management of HIV, including antiretroviral therapy; and providing essential services in three districts in the province of Sofala regarding blood safety, clinical management of opportunistic infections and home-based care.

Key areas for WHO support in the future

- Establishing a "3 by 5" country team to support the government and all partners in scaling up antiretroviral therapy
- Supporting the Ministry of Health in finalizing and updating policies and standard guidelines for HIV treatment and care
- Supporting the National AIDS Council, the Ministry of Health and the Ministry of Education in reviewing the current HIV/AIDS curriculum and developing standard training programmes for physicians, pharmacists, clinical officers and nurses in institutions of intermediate and higher education
- Supporting the Ministry of Health in technically supervising antiretroviral therapy prescription at the province and district levels
- Supporting the Ministry of Health in strengthening mechanisms for procuring, distributing and ensuring stock control of drugs and laboratory kits
- Providing technical assistance in developing a monitoring and evaluation framework, including surveillance of drug resistance
- Collaborating with the World Food Programme to ensure adequate food aid and nutritional support for people receiving antiretroviral therapy

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer for HIV/AIDS, and the recruitment of an international "3 by 5" Country Officer is currently underway.
- The WHO/OPEC Fund Multi-country Initiative on HIV/AIDS supports one National Programme Officer.
- Additional staffing needs identified include: two international medical officers for secondment to the Ministry of Health; one pharmacist to support the National Health Department; one technical officer to support the development of the national operational plan for scaling up antiretroviral therapy for 2005; and one consultant to review the current HIV/AIDS curriculum for physicians, nurses and clinical officers in institutions of higher and intermediate-level education.

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This country profile was developed in collaboration with national authorities, the WHO Country Office for Mozambique and the WHO Regional Office for Africa.

