



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

MOZAMBIQUE

The HIV/AIDS epidemic in Mozambique is advancing quickly. According to UNAIDS, more than 1.1 million Mozambicans were living with HIV/AIDS at the end of 2001, yielding an adult prevalence of 13 percent. Prevalence varies throughout the country, with estimated rates of 6.8 percent among adults in the northern region, 14.4 percent in the southern region, and 16.8 percent in the central region. Compared with its neighbors, Mozambique was affected late by the epidemic. Throughout the 1980s and 1990s, much of the population was isolated and inaccessible, and many Mozambicans were refugees in neighboring countries. As war-induced isolation ended, HIV spread rapidly. Today, proximity to the country's vital commercial corridor correlates positively with the higher prevalence areas of the country.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	1,100,000
Total Population (2001)	18,644,000
Adult HIV Prevalence (end 2001)	13%
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, patients seeking treatment for a sexually transmitted infection, or others with known risk factors)	15%
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	9%

Sources: UNAIDS, U.S. Census Bureau

Nearly 200,000 new infections are occurring annually, of which 30,000 occur among children aged 0–14. The primary mode of transmission in Mozambique is heterosexual intercourse. Other modes of transmission—mother-to-child transmission (estimated at 4.5 percent of new infections), injecting drug use, blood transfusions, and needle stick injuries—are small contributors to the epidemic.



Map of Mozambique: PCL Map Collection, University of Texas

Analysts from the USAID-supported POLICY Project have used improved epidemiological surveillance data from 2000 to project the course of the epidemic in Mozambique. It is a grim picture, with conditions similar to those facing neighboring countries. The central region can expect rapidly increasing adult mortality in the near future while HIV prevalence continues to rise. Prevalence in the south and north may stabilize below 17 percent, but would likely increase rapidly if the commercial corridors develop as hoped.

The implications of Mozambique's HIV/AIDS epidemic are far-reaching. Deaths due to HIV/AIDS among adults in their economically productive years will leave many orphans, a situation likely to destabilize traditional family structures as extended families struggle to cope with multiple new dependents. Beyond the impact on productivity and family life, the costs of care and treatment for the rising number of persons living with HIV/AIDS will overwhelm an already inadequate health care system and budget.

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NATIONAL RESPONSE

Mozambican political leaders have become increasingly cognizant of the threat of HIV/AIDS and have been involved in the process of developing a national response. Mozambique has in place several building blocks for a successful HIV/AIDS response at the highest levels of government: support of the President, the Prime Minister, and senior officials; an Inter-Ministerial Commission on AIDS; and a National AIDS Council. Much remains to be done, however, to ensure that the political leadership—of all political parties—effectively uses its influence, and that the government commits financial and human resources to fight the epidemic.

The government of Mozambique recognizes that the spread of HIV can be halted only through a comprehensive national response that includes prevention, care, treatment, and impact mitigation. Approved in 2000, Mozambique's National Strategic Plan to Combat HIV/AIDS 2000–2002 outlines the following priorities:

- Prevention activities focused on young people and highly mobile populations and their sexual partners;
- Better quality and coverage of voluntary counseling and testing services;
- Impact reduction through support to activities aimed at people living with HIV/AIDS and children affected by the epidemic;
- Emphasis on prevention and services along commercial corridors;
- Development of comprehensive services, including behavior change communications, voluntary counseling and testing, community mobilization, care and support for people living with HIV/AIDS, and treatment for sexually transmitted infections.

The National Strategic Plan expects all government ministries and agencies, as well as all of Mozambique's provinces, to prepare action plans that address HIV/AIDS within their own workforces and within the programs and services they manage.

USAID SUPPORT

In 2002, the United States Agency for International Development (USAID) allocated \$7.5 million for HIV/AIDS activities in Mozambique; this is expected to double to approximately \$14 million now that Mozambique is one of the 14 presidential initiative countries. The Mission's strategy is to assist Mozambicans to make positive changes in personal and social behaviors, both to reduce the risk of HIV transmission and to ensure basic care and support for those infected and affected by the disease. This program expands and extends the Mission's past HIV/AIDS efforts—which emphasized HIV prevention through behavior change and use of basic health services—by building on experience to date, and using new information and an increasing array of partners, approaches, and complementary resources. A vital pillar of the Mission's strategy is to strengthen the national response to the HIV/AIDS crisis by mobilizing Mozambique's civil society to actively promote behavior change. However, USAID's main emphasis is on achieving people-level impact in targeted geographic areas.

Prevention of mother-to-child transmission

Mozambique was selected to benefit from the President's Emergency Plan for AIDS Relief to prevent mother-to-child transmission of HIV. USAID will continue to work closely with the Centers for Disease Control and Prevention and in conjunction with the Ministry of Health and other partners to improve sites across Mozambique that work to prevent mother-to-child transmission—starting from a base of 11 in 2002, most in urban areas. Beyond making volunteer counseling and testing routinely available for pregnant women as part of antenatal care, prevention of mother-to-child transmission includes greater use of safe delivery services, family planning to reduce mother-to-child transmission, and antiretroviral therapy (Nevirapine) for HIV-positive pregnant women. Additional activities could include counseling on appropriate infant feeding; referral to treatment (including antiretroviral therapy) and care services for infected family members (the mother, the husband/partner, other children); and perhaps promotion of circumcision for male newborns.

Behavior change communication

USAID will work to create an enabling environment in which individuals who have the knowledge, skills, and motivation to change their behaviors can do so in an environment that supports and sustains that change. In this community context,

USAID will focus on 1) increasing motivation, knowledge, and skills to reduce personal risk; and 2) promoting risk-reducing social norms. Special emphasis will be placed on youth and the elders who counsel them.

Care and support

USAID will expand the available treatment and care options for people living with HIV/AIDS in targeted areas. Assistance will be provided in a context of rapidly expanding antiretroviral treatment and related services supported by other donors. Although USAID allows for the possibility of financing so-called high-tech treatment options, the Mission expects to focus its efforts on “low-tech” approaches—including home-based care, psychological and emotional support, nutrition counseling and food security—as well as the coordination and referral structures that will enable more Mozambicans to be reached by the high-tech approaches that other partners are financing. The USAID Mission will work closely with the Ministry of Health and other partners to identify the most vital areas for assistance.

Children affected by AIDS

As of 2001, Mozambique had an estimated 1.8 million orphans, nearly 60 percent due to HIV/AIDS. This represents about one-fifth of all children 14 years of age and under. Community-based programs for orphans and other vulnerable children render benefits far beyond those received by children themselves. As communities mobilize to care for orphans and other vulnerable children, they identify opportunities to strengthen existing community structures, provide benefits to caregivers, and heighten the visibility of awareness-raising, stigma reduction, and community-based prevention activities. The needs of orphans and other vulnerable children may include access to health services, psychosocial support for the children and their caregivers, food and nutritional support, or access to schooling.

Community-based organizations

USAID will assist in building and strengthening the links between national and community-level organizations by improving the management of information and the strategic coordination of HIV/AIDS-related services. Activities will conjoin with the commitment of financial and strategic resources at the national level and the commitment of individuals and communities to organize and respond.

Involvement of people living with HIV/AIDS

Organizations of people living with HIV/AIDS now exist in all of Mozambique’s ten provinces, although with vastly different levels of activity and capacity. The oldest and most active ones are based in the capital city, and their members are active in the national response both as implementers of support and advocacy activities and as policy and strategy contributors. More of these organizations are expected to become vibrant in the next two years, as civil society organizations working in HIV/AIDS tap the resources of the government and donors. The USAID Mission intends that people living with HIV/AIDS, to the extent they are available, will be essential contributors to the design and implementation of USAID-supported activities.

Sexually transmitted infections

Because the presence of other sexually transmitted infections increases the risk for HIV transmission, appropriate and timely diagnosis of sexually transmitted infections can play a key role in reducing new HIV infections. USAID will work with Ministry of Health facilities and local partners to expand and promote services to prevent and treat sexually transmitted infections.

Voluntary counseling and testing

Because the health system is overburdened, HIV testing can often occur without appropriate counseling and referral and in an environment that raises concerns about stigma and confidentiality. Properly implemented, voluntary counseling and testing provide an entry point for both prevention and care. A good voluntary counseling and testing program begins with raising a community’s awareness of the benefits of testing and counseling both in preventing the spread of the infection and meeting the need for care and support in that community. While Mozambique’s Ministry of Health has established a sound voluntary counseling and testing protocol, fewer than 30 sites in Mozambique provide these services. USAID will

expand the availability of voluntary counseling and testing services in target areas and ensure that referral networks linked to them are established or strengthened.

For More Information

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USAID HIV/AIDS Website, Mozambique:
http://www.usaid.gov/pop_health/aids/Countries/africa/mozambique.html

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For more information, see http://www.usaid.gov/pop_health/aids or www.synergyaids.com.

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