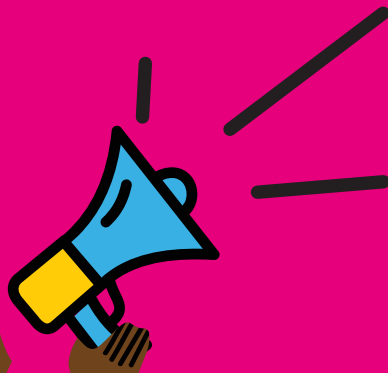


MOZAMBIQUE



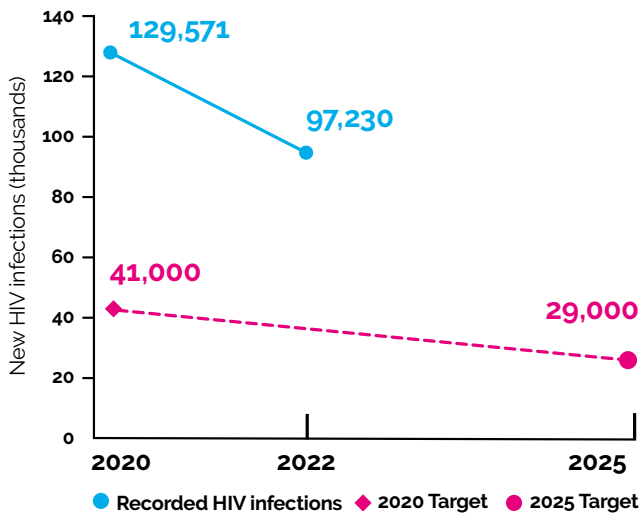
**HIV PREVENTION
& ACCOUNTABILITY
A COMMUNITY
PERSPECTIVE
2023**

SUMMARY OF CIVIL SOCIETY ANALYSIS

Mozambique is making notable progress in involving civil society and communities as key partners in its HIV response and should be applauded for championing human rights through the development of a human rights plan (to be validated in late 2023), a national harm reduction plan and the rollout of pre-exposure prophylaxis (PrEP) to the general population. There has also been an increase in donor funding for HIV prevention through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund, demonstrating concerted efforts to prioritise HIV prevention.

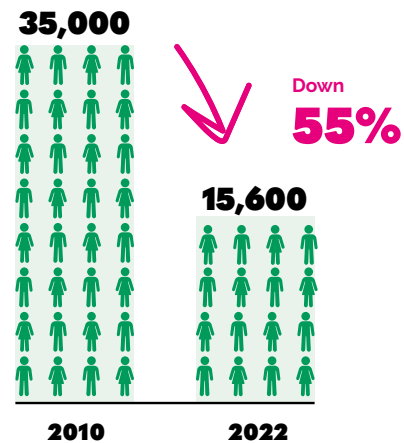
Although this a real breakthrough, challenges persist. There is an over reliance on donor funds for HIV prevention, threatening the sustainability of the response. Data gaps for people who inject drugs need to be urgently addressed to ensure no one is left behind. The National AIDS Commission (NAC) is trying to involve civil society and communities, but more needs to be done to ensure true accountability and the meaningful engagement of these groups.

NEW HIV INFECTIONS FOR ALL AGES



Source: The Global HIV Prevention Coalition

NEW HIV INFECTIONS AMONG CHILDREN



Source: The Global HIV Prevention Coalition



KEY POPULATIONS

	Sex workers	Men who have sex with men	People who use drugs	Transgender people
Latest size estimate	2021	2021	2014	2023
Estimated HIV prevalence	NO DATA	NO DATA	NO DATA	NO DATA
HIV prevention service coverage	57%	31%	40%	NO DATA
Avoidance of healthcare due to stigma and discrimination	NO DATA	NO DATA	NO DATA	NO DATA

Source: Instituto Nacional de Saúde, UNAIDS Key Populations Atlas, The Global Prevention Coalition

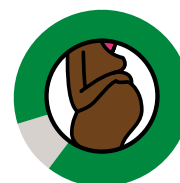
INTEGRATION



HIV testing and counselling services are integrated with sexual & reproductive health services (SRH)

✓ Yes Integrated in some health facilities (2019)

Source: National Commitments and Policy Instruments Database



93%

Coverage of pregnant women who receive ART to prevent vertical transmission

Source: The Global HIV Prevention Coalition

STRUCTURAL BARRIERS



LEGAL ENVIRONMENT	CRIMINALISED?
Same-sex sexual acts	NOT CRIMINALISED
Sex work	NOT CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Transgender people	NOT CRIMINALISED
Gender expression	NOT CRIMINALISED
HIV transmission, non-disclosure, or exposure	CRIMINALISED

Source: [UNAIDS Laws and Policies Analytics](#), [Human Dignity Trust](#)

MOZAMBIQUE



GENDER VIOLENCE



45%

of women experienced physical and/or sexual intimate partner violence in the last 12 months

Source: [As Nações Unidas em Moçambique](#)

STIGMA



Latest stigma index report conducted in

2013

Source: [Global Network of People Living with HIV \(GNP+\)](#)

FINANCING



15% Abuja Declaration target

9%

of government budget to health expenditure

Source: [Citizen Observatory for Health](#)



International funding for HIV prevention (2019)

96%

Source: [UNAIDS Financial Dashboard](#)

Domestic funding for HIV prevention

4%

ADOLESCENTS AND YOUNG PEOPLE



SRHR services without parental consent

✓ For adolescents over 15 years



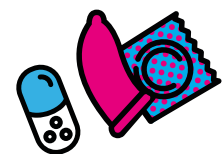
HIV testing without parental consent

✓ For adolescents over 12 years



National CSE curricula in place

✓ Primary & secondary



30.5%

Knowledge of HIV prevention amongst adolescents (aged 15–24)

Source: [UNAIDS Laws and Policies Analytics](#), [UNESCO](#), [AIDSinfo](#)

PROGRESS AGAINST THE 2025 ROAD MAP: A CIVIL SOCIETY ANALYSIS



ACTION

1

EVIDENCE-DRIVEN ASSESSMENT OF HIV PREVENTION PROGRAMME NEEDS AND BARRIERS



Mozambique has a National Strategic Plan to Combat HIV 2021-2025 (PEN V). It takes a combination prevention approach with a major focus on biomedical interventions, and less focus on structural interventions. All the five major prevention pillars are covered, and there is a simple monitoring and evaluation framework attached. A mid-term evaluation was due in 2023 but has been postponed until 2024. It is still not clear to civil society which tools or methodology will be used to complete this.

The results of the Mozambique Population-Based HIV Impact Assessment 2021 (INSIDA 2021) demonstrated that HIV prevalence in the general population was at 12.5%, with the highest prevalence among key populations and adolescent girls and young women.

There is a mapping of high-risk districts in Mozambique that supports programme priorities and implementation. In 2020-2021, a new Integrated Biological and Behavioural Surveillance (IBBS) survey was carried out by the National Institute for Health with support from the Global

Fund, and included population size estimates (PSE) for men who have sex with men and sex workers. PSEs for prisoners were obtained in 2022, and estimates for transgender people were published in 2023.

Civil society and communities actively participated in these processes, contributing to the research design and implementation. However, these studies only cover a handful of provinces. There is still no up-to-date, national PSE for people who inject drugs. Funding challenges prevent the scaling up of research to other areas.

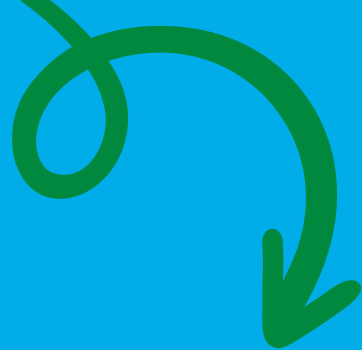
RECOMMENDATIONS

- ✓ Conduct up-to-date size estimates for people who inject drugs, and complete a size estimate for transgender people in three provinces.
- ✓ Finalise a methodology for the Mid-Term Evaluation of the National Strategic Plan that includes civil society and communities, with any relevant action points linked to the delivery of the new National HIV Prevention Road Map.

ACTION

2

PRECISION PREVENTION APPROACH



The new national and sub-national targets were set in 2020 as part of PEN V. The target-setting process was spearheaded by a prevention reference group led by the Ministry of Health (MoH) and NAC, although there was limited involvement of civil society.

The target-setting process was robust and linked to existing data collection processes. However, dissemination of these targets has been a challenge. Only a few civil society organisations (CSOs) and community networks are aware of the full set of indicators being tracked.

PEN V's biomedical targets do align with the global targets set by the Joint United Nations Programme on HIV/AIDS (UNAIDS), but there are no targets addressing structural barriers in line with the UNAIDS' [10-10-10](#) goals. Advocates also express concerns that existing targets might not be ambitious enough, especially considering this is a five-year

plan. Nonetheless, the country still appears to be struggling to meet the targets that have been developed. The lack of community-specific reporting mechanisms further exacerbates this problem, making it difficult to capture the community's contribution.

RECOMMENDATIONS

- ✓ Disseminate the PEN V strategy and corresponding monitoring and evaluation framework; ensure that civil society and communities understand the key focus areas and indicators; are able to contribute to the implementation of the strategy; and are able to feed into future monitoring and evaluation efforts.
- ✓ Develop specific targets on structural interventions in line with UNAIDS' [10-10-10](#) targets, ideally as part of the Mid-Term Evaluation of PEN V.

ACTION

3

COUNTRY INVESTMENT NEEDS



The proportion of annual government budget allocated to the health sector has decreased from 10.2% in 2021 to approximately 9% in 2022, even further below the Abuja Declaration target of 15%. The PEN V is fully costed, although there is a shortfall of US\$604 million for HIV prevention.

The last published National AIDS Spending Assessment (NASA/MEGAS) covers 2017–2018. The UNAIDS country office and NAC have recently announced that a new NASA will be conducted for 2021–22, and the steering committee, which includes civil society, has already been consulted on this. In 2018, the largest proportion of HIV spending (51%) was allocated to care and treatment, while only 13% went to HIV prevention.

PEPFAR and Global Fund are the main source of funds for the HIV response, accounting for approximately 83% of 2020 expenditures. Donor funding for HIV prevention has increased between 2017 to 2019. PEPFAR has increased its investment in prevention by 17%, and the Global Fund has almost tripled its funding for prevention in the 2020–2023 grant (GC6), going some way towards filling the resource gaps.

In 2021, the Health Policy Plus project assessed several private sector companies in high HIV-burden areas of Mozambique, pinpointing multiple opportunities for enhanced investment. The Sovereign Wealth Fund was approved in 2022 to ensure that revenues from mineral resource exploration are used to support the country's health programmes. The percentage allocation for health is unknown and civil society is calling for greater transparency.

Although a Partners' Forum has been set up to coordinate funding for the HIV response, opportunities for civil society to influence budgets remain limited.

RECOMMENDATIONS

- ✓ Develop a national resource mobilisation plan to address the shortfall in funding for HIV prevention.
- ✓ Make financial data such as annual budgets and spending reports, annual Monitoring and Analysis of Financial Resources reports and NASA/MEGAS reports accessible to civil society in a timely manner; enhance opportunities for and capacity of civil society and communities to participate in budgeting and planning processes, as well as budget accountability and analysis, especially concerning HIV prevention.

ACTION**4****HIV PREVENTION POLITICAL LEADERSHIP**

The NAC is the central government body responsible for coordinating the national response to HIV in Mozambique. There is no transparency related to the NAC's annual budget, but there is a general sense that it is chronically underfunded and staff are burdened with high workloads. This affects NAC's ability to lead effective, high-quality HIV prevention.

Technical assistance (TA) is provided to NAC by a range of partners, such as the South to South Learning Network (SSLN), the United States Agency for International Development (USAID) and Joint United Nations Programme on HIV/AIDS (UNAIDS). However, there is not a consolidated technical assistance plan in place that looks at the response holistically.

NAC continues to lead the National Prevention Task Force but it does not meet frequently. Coordination of this group is also hindered by the lack of a prevention focal point within NAC – although recruitment is underway. Technical Working Groups (TWGs) do not meet frequently, but rather in response to specific issues. There is civil society representation on these groups, including adolescent girls and young women and key population networks, but this could be strengthened. Feedback from these spaces to

other civil society and community members could also be improved.

Several prominent politicians, including members of Parliament's HIV Committee, actively advocate for a comprehensive approach to HIV prevention. The committee plays a vital role in safeguarding the rights and health of key populations by holding dedicated sessions to discuss their needs and incorporating their feedback into parliamentary accountability reports. The government has also collaborated with community leaders to counter anti-rights narratives and to emphasise the importance of HIV prevention for all.

RECOMMENDATIONS

- ✓ Increase technical capacity within NAC through training and up-to-date knowledge of trends, programmes and interventions in the field of HIV prevention, in line with new global guidelines.
- ✓ Convene the TWG meetings regularly so that all stakeholders have the opportunity to influence decision-making spaces, and expand the engagement of civil society and communities, as well as religious and community leaders, to ensure a strong multi-sectoral response.

ACTION**5****COMMUNITY-LED HIV PREVENTION SERVICES**

Mozambique currently lacks a comprehensive mapping of organisations providing community-led prevention, so it is difficult to confirm if the UNAIDS' [30-80-60](#) targets are being met.

Community organisations play a crucial role in HIV prevention throughout Mozambique, and their importance has been recognised historically in NAC-convened TWGs. Civil society also actively contributes to shaping priorities and influencing guidance for community-led services.

Social contracting is possible in Mozambique, but there is currently a lack of resources. There are also several prerequisites for receiving social contracting funds, which many community-based and community-led organisations do not meet.

Under the new Global Fund grant (GC7), there is an expectation that approximately 10% of the grant will go directly to community organisations, although the final percentage is still under discussion. While this is a positive development, it is also essential to provide capacity building for smaller organisations to guarantee compliance

and effective grant management. This is being done in the community systems strengthening component of the Global Fund grant and through PEPFAR. NAC is responsible for providing technical assistance to CSOs on key technical areas, but has limited staff expertise to implement this.

There are currently no funding restrictions for civil society, but the ongoing parliamentary revision of the Law on Organisations raises concerns. If passed it could undermine CSOs' work and limit the right to freedom of association.

RECOMMENDATIONS

- ✓ Undertake a comprehensive mapping of community and CSOs that manage and deliver community-led HIV services and develop a consolidated technical assistance plan to build the capacity of civil society and community networks to apply for funding.
- ✓ Ensure that the 10% funding commitment is upheld in the new Global Fund grant and that community organisations are adequately supported throughout the grant-making cycle.

ACTION

6

REMOVE SOCIAL AND LEGAL BARRIERS



A thorough legal and environmental assessment (LEA) was conducted in 2019. Advocates are hopeful that some of these recommendations can be addressed through the new Global Fund grant (GC7). Mozambique has also developed a National Human Rights Plan, due to be approved in late 2023 and recently revised the penal code to ban discrimination based on sexual orientation or profession.

Despite these initiatives, there is a concern that people will still be hesitant to report cases of gender-based violence (GBV) or other human rights violations. Reporting will not improve unless individuals trust the police and justice system to uphold their rights. The police have created a Training Manual on Key Populations but more funding is needed to operationalise it at scale.

Despite the approval of harm reduction programming in Mozambique, the laws remain restrictive and drug use and possession is criminalised. This results in people who use drugs being arrested for possession of drugs and injecting equipment, which increases stigma and discrimination.

GBV is another area where progress has slowed, with the 2018–2021 National Plan to Prevent and Combat Gender-Based Violence not being renewed. Data on GBV is captured in the national health monitoring system (SISMA) and the police database, but these systems do not interact with each other – and therefore do not provide an accurate picture of the state of GBV.

A new Stigma Index for people living with HIV is planned to document the widespread stigma that people living with HIV face. While there have been sensitisation campaigns and training sessions, much more investment is needed in interventions to reduce stigma, discrimination and violence

across different settings, including health.

There have also been positive moves for comprehensive sexuality education (CSE) with the endorsement of the Eastern and Southern African Ministerial Commitment on Adolescent Health and Wellbeing, and the approval of the National Adolescent and Youth School Health Strategy (2019–2029). Although this covers HIV prevention, it does not include information on sexual orientation or gender identity. Condoms are available in schools and sexual and reproductive health services are available for adolescents above 15 years of age. The anti-rights movement is capitalising on people's fears, and has been successful in getting text books removed from schools.

RECOMMENDATIONS

- ✓ Invest adequately in reducing stigma in line with the commitments made within *The Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination*.
- ✓ Mobilise resources to scale up interventions to reduce stigma, discrimination and GBV, and implement progressive policies adopted on these issues.
- ✓ Work in partnership with key populations' organisations and others to promote greater acceptance and respect for their rights.
- ✓ Leverage commitments in the new National Adolescent and Youth School Health Strategy to expand access to evidence-based, age-responsive CSE that includes information on gender identity and sexual orientation; and actively resist anti-rights narratives that make false claims that CSE sexualises children or increases sexual activity.



ACTION

7

PROMOTE HIV PREVENTION INTEGRATION



Data on condom use among the general population is relatively low, especially among women, and there is currently a serious shortage of male and female condoms. NAC is drafting a condom demand creation strategy. International donors are stepping in to try and help, but a lack of supply chain management and forecasting remain problems.

The government has only met 27% of the 2025 target for Voluntary Medical Male Circumcision (VMMC). Numerous strategies have been used such as ensuring better integration of VMMC with other services, engaging men as champions and providing information through community dialogues.

Prevention programmes aimed at adolescent girls and young women exist but only 31% of high-risk districts were covered in 2021. Both the PEN V and the Road Map call for the expansion of donor-funded programmes to other high-priority districts. Integration of HIV and sexual and reproductive health (SRH) is being actively implemented in both family planning consultations, where HIV testing is offered, and vice versa. PrEP has only just been made available to all who need it.

Mozambique is lagging behind when it comes to achieving its [95-95-95](#) targets, with 86% of people knowing their status – 81% of those on treatment and 71% of those virally suppressed. Undetectable=Untransmittable ([U=U](#)) is a key strategy in Mozambique. However, there is insufficient

information available at community level. The MoH has developed a digital publicity campaign to reinforce messaging.

The minimum service packages and clinical guidance for transgender people, people who use drugs and adolescents in the context of sex work were updated, but this is still to be approved. Mozambique has drafted a Harm Reduction Plan, and harm reduction is also included in the National Hepatitis Guidelines and draft guidelines for target populations. Programming through the Global Fund and PEPFAR includes treatment for HIV and hepatitis C, opioid agonist therapy (OAT) and support for overdose treatment, but expansion to all areas in need remains a challenge due to funding.

RECOMMENDATIONS

- ✓ Resolve the condom shortage and strengthen the capacity of warehouses and clinics on forecasting and supply management.
- ✓ Disseminate the harm reduction health package at national and sub-national levels with all stakeholders, including civil society and community organisations, and expand OAT to include take-home methadone for stable clients.
- ✓ Expand adolescent programming in line with the Road Map and PEN V to reach more vulnerable adolescent girls and young women with HIV prevention services.



ACTION

8

NEW HIV PREVENTION TECHNOLOGIES



Neither Cabotegravir Long-Acting Injectable PrEP (CAB-LA), nor the the Dapivirine Vaginal Ring (DVR) have been formally registered in Mozambique. However, as far as civil society is aware, there are no significant regulatory barriers for these. In general, the government appears to be very open to these new technologies as a way to extend the options available. Both tools are included in the new national prevention Road Map (2021-2025). The delay may be attributed to uncertainty about categorising these technologies as “medicine” or as “prevention commodities” but may also be related to ensuring their acceptability in communities. To avoid further delay, NAC should collaborate with the regulatory authority to resolve these uncertainties.

Médecins Sans Frontières (MSF) has been in discussion with ViiV Healthcare to access CAB-LA for implementation research with female sex workers and men who have sex with men. However, approval of these interventions is needed before this can begin.

Once approved, there will be many challenges for implementation, such as sustained funding and demand creation. Based on the experience of introducing oral PrEP, the role of civil society and community organisations is critical in the implementation of these technologies. The government must also ensure that there is widespread awareness of these options among healthcare providers and that they are integrated into relevant guideline and policies.

RECOMMENDATIONS

- ✓ Accelerate the process of registering CAB-LA and DVR and preparing for implementation, including by adding the DVR and CAB-LA into the PrEP guidelines and engaging with and funding civil society and community organisations to support their rollout.
- ✓ Prioritise conducting a pilot study to understand the acceptability of the DVR in Mozambique among key population groups and other priority groups.

ACTION

9

REAL-TIME PREVENTION PROGRAMME MONITORING



Mozambique has a health information system called SISMA, which uses the District Health Information Software (DHIS2) platform. This collects comprehensive data on biomedical indicators from both the community and health systems across the country, at all levels. The MoH uses SISMA to consolidate this data and to prepare reports. It is currently the official source of all health information in the country.

The reports prepared by SISMA are accessible to civil society. However, there are disparities between the data from the community and those from the formal health system. SISMA still does not properly integrate information provided by civil society, which makes it difficult to account for the work carried out at community level, led by both civil society and community organisations. Due to the requirements of funders, the data collection systems of CSOs operate in parallel with formal reporting processes.

Within the context of the Global Fund grant, there have been discussions with Mozambique’s NAC, the MoH and the TWGs to harmonise civil society data collection tools,

regardless of funder. This is to ensure that community data, specifically on key populations, is added and counted within the government system. However, this is not yet finalised.

There are no specific meetings to validate the data but they are discussed during the TWGs, where civil society is able to cross reference information and discuss data on the HIV response. Follow up on actions and feedback from these meetings is a concern, and is not carried out in a way that supports the meaningful engagement of civil society.

RECOMMENDATIONS

- ✓ Harmonise civil society data collection tools and adapt SISMA to include and report on data from community systems for health.
- ✓ Establish regular data validation mechanisms at the national and sub-national levels and ensure that actions from TWG meetings and data validation mechanisms are completed.

**ACTION****ACCOUNTABILITY FOR HIV PREVENTION****10**

The new HIV prevention Road Map is aligned to PEN V. Despite commendable efforts in developing the national Road Map collaboratively, it has not yet been disseminated to all stakeholders, with awareness at sub-national level remaining limited. NAC plans to hold a mid-term evaluation of the Road Map in 2024 to assess progress against each action. However, some stakeholders are concerned that there has not been sufficient time to implement the Road Map in communities before moving to assess progress.

NAC reports data, key information around the response and the development of strategies through various TWGs, which include civil society and key population representatives. Mozambique also has specific funding streams for community-led monitoring through international donors, with a focus on HIV prevention and care and treatment. More needs to be done to strengthen the quality of CLM data collected and the capacity to utilise CLM data for advocacy.

However, more needs to be done to ensure the meaningful engagement of civil society and community organisations in other processes such as validating the Global AIDS Monitoring (GAM) data and preparing reports for the Global Prevention Coalition (GPC) annual progress reports. The GPC country survey is an example of where data was

submitted to UNAIDS without engaging whole sections of civil society or key population communities in validating it prior to submission.

NAC representatives and colleagues from the MoH continue to participate in global and regional policy processes and events, including global and regional AIDS conferences and high-level ministerial meetings hosted by the GPC and regional bodies such as the Southern African Development Community (SADC). However, this engagement on the global stage does not always translate into action at a national level.

RECOMMENDATIONS

- ✓ Ensure that civil society and communities are meaningfully and continuously engaged in data validation processes, including for GAM data.
- ✓ Ensure civil society and communities have the opportunity to review the annual GPC survey data, including progress reports on national milestones.
- ✓ Strengthen community-led monitoring and evaluation and use of data to respond to prevention challenges, such as access to services, reach, coverage, stigma and discrimination.



METHODOLOGY

As a member of the Global HIV Prevention Coalition (GPC), Frontline AIDS plays a key role convening civil society and community organisations to demand accountability for HIV prevention in their countries.

After the launch of the HIV Prevention 2025 Road Map, Frontline AIDS supported 126 organisations in 10 countries to play an active role in supporting their government to develop national Road Maps and holding their governments accountable for national and global commitments on HIV prevention.

As part of this process, community-led coalitions in these countries worked together to assess their country's progress against the 10-Point Action Plan outlined in the new Road Map, through reviewing key documents, agreeing on collective assessments and gathering input from government stakeholders.

These *HIV Prevention Accountability* reports voice the priorities of civil society and community organisations and offer an alternative to the official assessments put forward by national governments.

ACKNOWLEDGEMENTS

We deeply appreciate all the civil society partners for their joint efforts and leadership in developing this report.

National research and analysis: sincere thanks to the country coalition and country coordinating partner REPSSI.

Coordination and editing: Vicky Anning, Leora Pillay, Clare Morrison, Libby Van Zee, Lola Abayomi, Fionnuala Murphy, Arminda Gonçalves, Suzanne Fisher-Murray, Ntombizodwa Mthembu, Aditi Sharma, Amelia Weekley, Lois Chingandu and Revanta Dharmarajah.

Design: Fruit Design.

We gratefully acknowledge the funding for the United for Prevention programme from the Bill & Melinda Gates Foundation and funding for historical work through the partnership with the READY+ programme funded by the Embassy of the Kingdom of the Netherlands in Maputo.

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