Dear Chairperson,

Distinguished Ministers of Health and Head of Delegates
Ladies and Gentlemen

Mozambique would like to congratulate UNAIDS and UNFPA for convening the Global HIV Prevention Coalition of Governments, donors, civil society and implementers to re-energize primary prevention in order to achieve the goals that we collectively set in 2016, in New York, at the High-level Meeting on HIV and AIDS.

We have data indicating that Mozambique had a decline of 40% in new infections between 2010 and 2015. Despite this remarkable progress, in 2016, Mozambique had the third highest number of new infections in Africa after South Africa and Nigeria.

It is clear that for Mozambique to achieve the national target of reducing new infections to below 30,000 by 2020 – a reduction of 75% reduction of the 2010 estimates, we must combine primary prevention interventions with the preventative effects of the treatment. We support the need to strengthen country-led movements to Fast-Track HIV prevention programs, while we increase the access to high quality care and treatment for our fellow citizens already infected with HIV.

To this end, Mozambique is committed to join the Global HIV Prevention coalition and endorse the HIV Prevention road map.
This will be achieved through revitalization of primary prevention within the framework of the implementation of the Five Year Government Program 2015-2019, HIV/AIDS National Strategic Plan 2016-2020 and adopted 2016 HIV/AIDS Political Declaration.

Last month we held a national HIV Prevention consultation, and ninety stakeholders representing Government, civil society organizations, networks of people living with HIV, networks of key populations and development partners met in Maputo and reaffirmed our leadership for HIV prevention, reviewed progress and discussed accelerated action for prevention. We committed to undertake 3 concrete steps from the 10 point Global action plan to accelerate progress towards meeting our 2020 commitments on HIV prevention. Specifically, Mozambique will:

I. Revitalize the Reference Group on Prevention to enhance HIV prevention leadership, oversight and management.

II. Develop and implement structural interventions to remove barriers that limit access of high impact behavioral and biomedical interventions by key and high-risk populations.

III. Strengthen communities and civil society organization to support demand creation and increase the coverage of priority prevention interventions.
We appeal to international donors to increase funding for HIV primary prevention.

In closing, chairperson, I would like to reiterate Mozambique’s commitment to Fast-Track ending AIDS as a public health threat by 2030 as part of the Sustainable Development Goals.

I thank you for your attention.