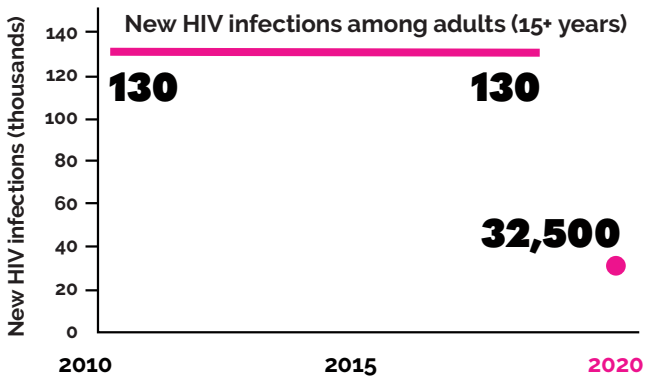
MOZAMBIQUE
HIV PREVENTION SHADOW REPORT 2019

Summary of civil society analysis

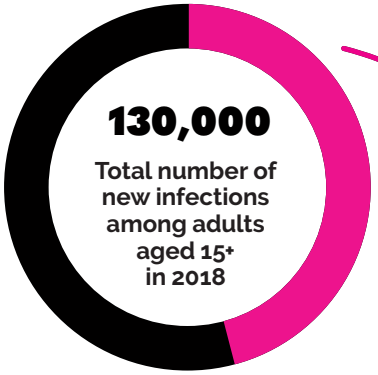
Mozambique is not on track to achieve the 2020 HIV prevention target. With an estimated 130,000 new cases in 2018, the country has made virtually no progress reducing the number of new HIV infections in the last ten years. Unlike most countries in the region, the country benefits from progressive laws and national institutions that openly collaborate with civil society organisations. However, according to civil society advocates the government's weak capacity and limited financial resources severely limit the ability to implement an effective prevention response.

ON TRACK TO MEET THE 2020 TARGET?



Source: hivpreventioncoalition.unaids.org

NEW HIV INFECTIONS



44.6% of new infections were among young people aged 15-24

Source: UNAIDS Estimates, 2019

KEY POPULATIONS SIZE ESTIMATES & SERVICE COVERAGE

	Men who have sex with men	Sex workers	People who use drugs	Transgender people
Latest size estimates	2011 (sub national only)	2012	2014	NO DATA
HIV prevention services coverage	4%	51%	15%	NO DATA

Source: Global AIDS Monitoring Data 2019, hivpreventioncoalition.unaids.org

LEGAL AND POLICY ENVIRONMENT

Same sex activities	Not Criminalised
Sex work	Not Criminalised
Injecting drug use	Criminalised
HIV transmission or exposure	Criminalised
HIV testing without parental consent	Permitted +14yrs

Source: lawsandpolicies.unaids.org

GENDER-BASED VIOLENCE

15.5% Prevalence of recent intimate partner violence among women (15-49)

Source: GAM 2019, AIS 2015

KNOWLEDGE OF HIV PREVENTION AMONG YOUNG PEOPLE

30.2% **30.8%**

Source: UNAIDS 2019, AIS 2015

HIV PREVENTION 10-POINT PLAN
A CIVIL SOCIETY ANALYSIS

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition to accelerate progress towards the global target to reduce new HIV infections. The Coalition endorsed the **HIV Prevention 2020 Road Map** which acknowledges common barriers to progress including lack of political leadership; enabling laws and policies; and funding for the implementation of combination prevention programmes.

The Road Map commits countries to a 10-point plan. This shadow report sets out a civil society's perspective on how Mozambique performed in 2019.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1 Conduct strategic assessment of prevention needs and identify barriers to progress

Mozambique's most recent HIV survey of the general population was published in 2018 (IMASIDA - Indicator Survey of Immunisation, Malaria and HIV/AIDS in Mozambique). This uses data collected in 2015, so it is already out of date. Information on all key populations is also out-of-date and for transgender people completely non-existent. Although size estimates are available for some key populations, these are from between 2011 and 2015, so are quite dated. On a more positive note the National Institute of Health, with support from the Global Fund, started the second seroprevalence survey for sex workers this year, and a survey of men who have sex with men is due to start in 2020.

Barriers to progress, and the prevention needs of key populations and adolescent girls and young women have recently been assessed as part of the evaluation of the National HIV Strategy. The barriers and prevention needs are also discussed in thematic technical working groups (TWGs) set up by the National AIDS Commission (NAC) and Ministry of Health (MOH). Although TWGs include community-based organisations, civil society have expressed concerns over the limited extent of their involvement in assessing and monitoring the needs of marginalised groups. Decisions taken at MOH level are mainly based on donor opinions, and civil society, especially the most marginalised, are not being sufficiently consulted.

2 Develop or revise national targets and road maps

While clear targets exist for the HIV treatment cascade, targets for the main prevention interventions are incomplete. Civil society organisations report that even where targets exist, these have been set without consulting communities.

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Civil society recommends that the target setting process involves the different organisations and groups that make up civil society, so that even the most marginalised are represented. Targets should be accompanied by clear implementation plans showing the contribution of community-based organisations.

3 Enhance prevention leadership, oversight and management

The NAC is the entity responsible for coordinating and overseeing all HIV prevention work. However, civil society activists question whether NAC is able to fulfil its mandate. NAC's ability to lead the response is closely linked to the availability of donor funding. As funding for most prevention interventions goes to the MOH it often seems that the Ministry takes the lead in coordinating, although since the launch of the Global Prevention Coalition NAC collaboration with the MOH has improved. New technical working groups have been set up, for instance one on pre-exposure prophylaxis, and existing groups have improved coordination, particularly those on adolescent girls and young women and key populations. Civil society groups are part of the technical working groups, and some key populations are represented. Nevertheless, more inclusion is needed especially given the diverse and specific needs of civil society.

4 Introduce legal and policy changes to create an enabling environment

Legal and policy barriers to an enabling environment for HIV prevention have been identified, but a clear plan to address them is still missing. Despite the absence of a plan, there has been some good progress. In July 2019 parliament approved law 19/2019 that prohibits forced marriages and protects the rights of adolescent girls to complete their education. Also, consultations are taking place to make law 3/97 on narcotic drugs more progressive, and to introduce harm reduction services for

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people who use drugs. Thanks to the leadership of civil society organisations, a dedicated technical working group on harm reduction has been set up, and a harm reduction policy is now being developed.

To decrease discrimination in the general population and among health workers and law enforcers, MOH and NAC have collaborated with community-based organisations to roll out a training programme. The training promotes person centred approaches and human rights protection. However, as these interventions are typically funded by donors (the Global Fund mainly) the coverage is limited. More broadly, the involvement of civil society in delivering HIV prevention services is wholly inadequate to address the scale of existing needs.

5 Develop national guidance and intervention packages, service delivery platforms and operational plans

Although a road map to accelerate HIV prevention has been developed, civil society organisations are not familiar with its contents and weren't adequately involved in its preparation. A package of prevention services for key populations has been defined, but this has not been tailored to the specific needs of different key population groups, and as a result it is not sufficiently comprehensive.

Sites and facilities serving as "one-stop shops" to provide all prevention services have been set up by the MOH. Some public health facilities have established youth friendly "corners". Key population friendly health facilities have also been created in all main cities. However, these dedicated facilities do not have adequate coverage to reach all those who need them. Also, community-based organisations are only involved in delivering these services if they can obtain financial support from international donors.

6 Develop capacity building and technical assistance plan

As there is no technical assistance plan in place, capacity building activities tend to be sporadic and fragmented. NAC and MOH periodically request technical assistance for implementing partners, but limited funding from donors means capacity gaps remain.

7 Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based responses

Mechanisms to contract civil society to provide services do not formally exist. However in 2018, NAC provided small domestic grants to eight community-based organisations active in the Maputo province to deliver prevention and care activities for orphans and vulnerable children. Although this initiative was not repeated in 2019, it sets a precedent which could lead to establishing more solid social contracting mechanisms to expand prevention work at community level.

8 Assess available funding and develop strategy to close financing gaps

Data on prevention financing is not readily available. According to a 2016 HIV Spending Measurement study, Mozambique spent 27% of the total resources for the HIV response on prevention in 2014. NAC has recently hired a consultant to conduct a similar study for 2017 and 2018. The assessment will involve NAC, MOH, non-governmental and civil society organisations.

Civil society does not consider the prevention budget adequate to meet existing needs. The little funding that is available is often not spent in the provinces with the highest numbers of new infections. Community interventions are mostly funded by international donors. And although NAC regularly reviews national HIV expenditure with civil society the proportion of resources allocated to prevention seems to be decreasing instead of growing.

9 Establish or strengthen programme monitoring systems

Existing systems to monitor the prevention response rely on the District Health Information System 2 (DHIS2) platform, but this mainly captures services provided at the health facility level. Monitoring the provision of services outside healthcare settings is more complicated and relies on project reporting which is not always possible to aggregate at national level. To solve this issue, there are plans to expand the use of the DHIS2 platforms to community partners, so that data produced by civil society can be captured by MOH.

10 Strengthen national and international accountability

Current national accountability mechanisms exist, in the form of quarterly review meetings hosted by NAC and MOH. However, these meetings normally take place separately, with little possibility for a joint assessment of the overall prevention response. Civil society organisations' participation in the review meetings is not well coordinated, and as a result their involvement is often quite weak.

The lack of strong national accountability systems also means that donor procedures to allocate funds – such as the Global Fund grant making cycle and the PEPFAR Country Operational Plan process – end up becoming opportunities to account for progress and setbacks in the HIV response. While this is a good thing, it risks leading to an uncoordinated and fragmented prevention response, more driven by international donors agendas than agreed national prevention priorities.

RECOMMENDATIONS

In order to meet the global and national targets, Mozambique should prioritise the following actions:

1. Consolidate the existing HIV prevention road map and set clear policy, coverage and output targets for all five prevention pillars, accompanied by clear implementation plans. Establish separate combination prevention packages for each key population, tailoring services to their needs, and making them available at scale throughout the country.

2. Develop a plan to address the remaining structural barriers that prevent marginalised people from accessing HIV services. Implement programmes that decrease stigma and discrimination towards people living with HIV and key populations, focusing on healthcare providers, law enforcement agents and community leaders.

3. Increase the HIV prevention budget and prioritise allocation to locations and populations with the highest number of new infections. Set up social contracting mechanisms that expand prevention activities provided by community-based organisations and contribute to the sustainability of the prevention response.

4. Strengthen participation of civil society organisations and representatives of most the marginalised populations in setting priorities and developing policy, and establish stronger national accountability mechanisms that meaningfully engage these groups.

METHODOLOGY

As a member of the Global HIV Prevention Coalition, Frontline AIDS plays a key role convening civil society and community organisations. After the launch of the Global Prevention Coalition in October 2017, Frontline AIDS supported activists from 22 countries to participate in workshops to learn, share and agree prevention advocacy priorities. In 2018 as part of this process, activists from different community-based organisations worked in country teams to analyse their nation's progress on HIV prevention. In six countries this collaboration led to the development of prevention shadow reports. The reports are based on responses to a standard questionnaire developed by Frontline AIDS. In 2019 prevention activists in five of the six original countries, plus two additional countries, completed new shadow reports with the latest achievements. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments.

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For national progress reports see: www.frontlineaids.org/prevention

OUR PARTNERS

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