I. HIV testing and treatment cascade - Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

II. Prevention of mother-to-child transmission - Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

III. HIV prevention; Key populations - Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

IV. Gender; Stigma and discrimination - Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

V. Knowledge of HIV and access to sexual reproductive health services - Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

VI. Social protection - Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

VII. Community-led service delivery - Ensure that at least 30% of all service delivery is community-led by 2020

VIII. HIV expenditure - Ensure that HIV investments increase to US$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

IX. Empowerment and access to justice - Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

X. AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C
HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

Mozambique is making a slow but steady progress towards finding and treating PLHIV, from 2.1M to 2.2M PLHIV, approximately 55% of PLHIV have been initiated on treatment. New infections in adults were on a steady decline until 2018, where Mozambique saw a slight increase from approximately 130K in 2017 to 150K in 2018 or 1.3%. This could be attributed to the increase of PLHIV found in 2018. Mozambique’s Ministry of Health continues to upgrade its health units nationwide and additional units are now providing ART, even in some of the remotest areas. Implementing partners are drilling down into the communities with stronger outreach efforts targeting key populations and AGYW. Retention and adherence efforts have increased greatly in the last quarter, and Mozambique will soon have a full 90-90-90 cascade.

Policy questions (2018)

Is there a law, regulation or policy specifying that HIV testing:

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) Is mandatory for certain groups

No
What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

a) For adults and adolescents

Yes, fully implemented

b) For children

Yes, fully implemented

1.3 Retention on antiretroviral therapy at 12 months, Mozambique (2011-2018)

Percentage of adults and children living with HIV known to be on antiretroviral therapy 12 months after starting
1.5 Late HIV diagnosis, Mozambique (2018)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm³ during the reporting period

1.6 Antiretroviral medicine stock-outs, Mozambique (2018)

Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period
1.8 HIV testing volume and positivity, Mozambique

Percentage of HIV-positive results returned to people (positivity) in the calendar year

Number of HIV tests conducted = 9 787 397
Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

The number of children living with HIV decreased slightly in 2018 from 2017 by .2%. Mozambique's strong PMTCT programs have continued to be the main point of intervention for identifying and treating children. ARV coverage for pregnant women surpassed 100% according to spectrum estimates both in 2017 and 2018, where as the percentage of women receiving ARV's remains in the high 90%'s. All children born in health facilites to HIV+ mothers receive ARV for the first six weeks after birth.

Policy questions (2018)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: =<5%; 2020

Elimination target(s) (such as the number of cases/population) and year: =<750/100,000; 2020

Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age; Implemented countrywide (>95% of treatment sites)
2.1 Early infant diagnosis, Mozambique (2011-2018)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth

![Bar chart showing increase in number of infants tested over years.]

2.4 Syphilis among pregnant women, Mozambique (2018)

Percentage of pregnant women tested for syphilis

![Pie chart showing 77.9% tested for syphilis.]

2.4 Syphilis among pregnant women, Mozambique (2018)

Percentage of pregnant women tested positive for syphilis

- 3.7%

2.4 Syphilis among pregnant women, Mozambique (2018)

Percentage of pregnant women on treatment among those who tested positive

- 75.0%
HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

Mozambique is currently relying on its IBBS results, which are limited to 3 provinces to locate key populations. It also focuses its HIV prevention lens at its borders and corridors with other countries, to find where this group congregates. Laws are slow to change to decriminalize sex work, as civil society becomes more vocal in their demands for inclusion of this population in public health care. However, stigma and discrimination remains a challenge to access for this group. There are an increasing number programs for behavior change and outreach provided by CSOs and NGOs, and Mozambique is gearing up for its first PHIA, which is slated to begin in 2019.

Male circumcision remains constant, however for adult males the pool of uncircumcised men is decreasing. The lens will begin shifting to adolescent boys and possibly children, however the laws surrounding the clinical approach to children will need to be revisited.

There are some health facilities rolling out PrEP, however, it is largely still in a pilot phase. This is largely aimed at key populations and AGYW and their partners.

During the past year over 22 million condoms were distributed. Mozambique is in the process of creating its national condom strategy and streamlining its distribution logistics for increased efficiency.
Policy questions: Key populations (2018)

Criminalization and/or prosecution of key populations

Transgender people
Neither criminalized nor prosecuted

Sex workers
Sex work is not subject to punitive regulations and is not criminalized

Men who have sex with men
No specific legislation

Is drug use or possession for personal use an offence in your country?
Drug use or consumption is specified as a criminal offence

Legal protections for key populations

Transgender people
No

Sex workers
No

Men who have sex with men
No

People who inject drugs
No


Has the WHO recommendation on oral PrEP been adopted in your country’s national guidelines?
No, guidelines have not been developed
3.15 People who received pre-exposure prophylaxis, Mozambique (2017-2018)

Number of people who received oral PrEP at least once during the reporting period

3.17 Annual number of males voluntarily circumcised, Mozambique (2013-2018)

Number of male circumcisions performed according to national standards during the past 12 months
Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

There are now laws criminalizing violence against women and girls and PLHIV, however enforcing these laws is the challenge. Tradition and culture predominate in the rural areas, hence targeted behavior change programs at the community level is key in current and in future programming.

Policy questions (2018)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

Yes

What protections, if any, does your country have for key populations and people living with HIV from violence?

General criminal laws prohibiting violence

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exist but are not consistently implemented
Percentage of Global AIDS Monitoring indicators with data disaggregated by gender

16.7%
Knowledge of HIV and access to sexual reproductive health services

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

AGYW represent a very high prevalence group in the northern reaches of the country, where there has also been increased prevention activities, namely through DREAMS programming and other outreach programs offering services such as girls clubs and savings and loan programs (VSLs), as a measure to build capacity in young women to protect and empower themselves. Implementing partners and rolling out DREAMS-like programs to include boys, and education programs are targeting schools where this group is a captive audience.

Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school
   Yes

b) Secondary school
   Yes

c) Teacher training
   Yes
Social protection

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Policy questions (2018)

Does the country have an approved social protection strategy, policy or framework?

Yes, and it is being implemented

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

Yes

d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize children affected by HIV as key beneficiaries?

Yes

f) Does it recognize families affected by HIV as key beneficiaries?

Yes

g) Does it address the issue of unpaid care work in the context of HIV?

Yes
What barriers, if any, limit access to social protection programmes in your country?

Social protection programmes do not include people living with HIV, key populations and/or people affected by HIV
Lack of information available on the programmes
Complicated procedures
Fear of stigma and discrimination
Lack of documentation that confers eligibility, such as national identity cards
Laws or policies that present obstacles to access
High out-of-pocket expenses
Community-led service delivery

Ensure that at least 30% of all service delivery is community-led by 2020

Policy questions (2018)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Number of condoms and lubricants distributed by NGOs in the previous year

a) Male condoms:

- 

b) Female condoms:

- 

c) Lubricants:

-
HIV expenditure

Ensure that HIV investments increase to US$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

8.1 Domestic and international HIV expenditure by programme categories and financing sources, Mozambique (2013-2018)
Expenditure per person on treatment, Mozambique (2013-2018)
Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

Civil society organizations have grown in number, however laws acknowledging and accepting alternative lifestyles remains slow to change.

Policy questions (2018)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale at the sub-national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

No

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

Complaints procedure
Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

Mechanisms do not function
Mechanisms are not sensitive to HIV
Affordability constraints for people from marginalized and affected groups
Awareness or knowledge of how to use such mechanisms is limited
AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Policy questions (2018)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

No

b) The national strategic plan governing the AIDS response

No

c) National HIV-treatment guidelines

No

What coinfection policies are in place in the country for adults, adolescents and children?

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis

Percentage of estimated HIV-positive incident tuberculosis (TB) cases (new and relapse TB patients) that received treatment for both TB and HIV

10.4/10.5 Sexually transmitted infections, Mozambique (2013-2018)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months