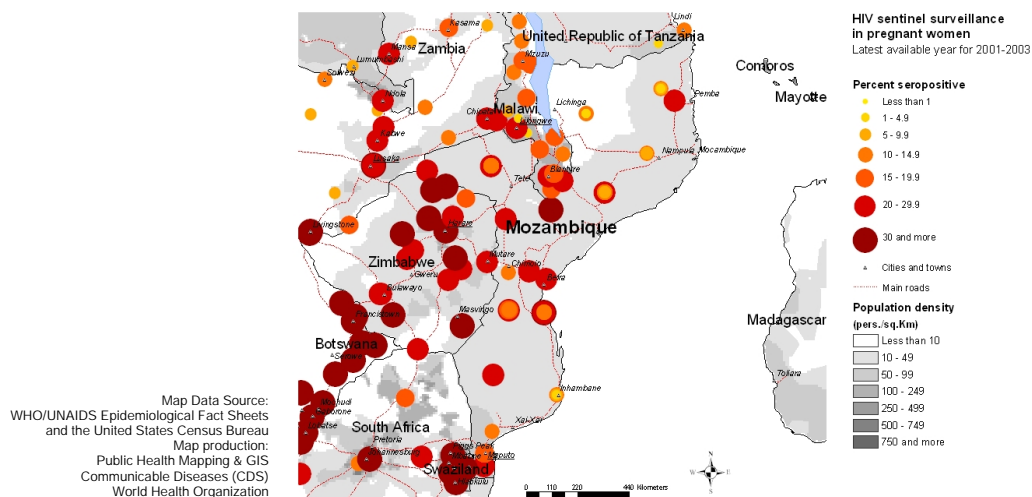


WHO estimate of number of people requiring treatment - end 2004: 199 000
 Antiretroviral therapy target declared by country: 29 000 by the end of 2005



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	19.2	United Nations
Population in urban areas (%)	2003	35	United Nations
Life expectancy at birth (years)	2002	42.6	WHO
Gross domestic product per capita (US\$)	2002	189	United Nations
Government budget spent on health care (%)	2002	19.9	WHO
Per capita expenditure on health (US\$)	2002	11	WHO
Human Development Index	2002	0.354	UNDP

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	9.4% - 15.7%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	980 000 - 1 700 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15-49 years)	April 2005	10 657	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	199 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2004	113	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	2004	207 639	Ministry of Health
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	47.3%	WHO

3. Situation analysis

Epidemic level and trend and gender data
 Mozambique faces a serious and expanding HIV epidemic with a high adult prevalence of 14.9% in 2004 and an estimated 500 people becoming infected every day. According to the Ministry of Health, 1.4 million people were estimated to be living with HIV/AIDS in 2004. The epidemic is fuelled by structural factors such as poverty, gender inequality, cultural conditions and high levels of labour mobility. An estimated 57% of all adults affected are women. Among women 15-24 years old attending antenatal clinics in 2002, 15% in Maputo City and 12% at other sites were HIV positive. The national prevalence of HIV infection masks considerable regional differences, with estimated adult prevalence rates of 15% in the south, 17% in the centre and 8% in the north.

Major vulnerable and affected groups
 The primary mode of HIV transmission is heterosexual contact. Vulnerable groups include mobile populations, sex workers and their clients and people seeking treatment for sexually transmitted infections. The high prevalence in the central region is attributed to a number of factors, including the return to Mozambique, after the peace agreement in 1992, of an estimated 2 million refugees from neighbouring countries with high rates of HIV prevalence. The mobility of the population along the transport corridors that link Mozambique and the port of Beira to Zimbabwe and Malawi also contributes to the high prevalence. In the southern region, the highest adult prevalence rates are in the province of Gaza, in which many men work as migrant labourers in mines in South Africa. Other modes of transmission - mother-to-child transmission, injecting drug use and blood transfusions - are minor contributors to the epidemic.

Policy on HIV testing and treatment
 Voluntary counselling and testing services were introduced in the public sector in 2001. National guidelines on voluntary counselling and testing and on preventing mother-to-child transmission have been developed. Testing for the general population is largely opt-in, whereas opt-out is the standard approach for preventing mother-to-child transmission and for inpatient services. All testing is confidential. Mozambique has also developed a national policy stipulating that all blood transfusions be tested for HIV. There is strong political commitment to scaling up antiretroviral therapy. The Ministry of Health has established treatment criteria that are in line with WHO recommendations. Guidelines on antiretroviral therapy have been reviewed to incorporate changes in treatment regimens in accordance with international standards. The National Health Sector Strategic Plan to Combat Sexually Transmitted Infections and HIV/AIDS for 2004-2008 includes scaling up voluntary counselling and testing services and access to antiretroviral therapy. Delivery of antiretroviral therapy is facility-based, and is initiated by the physician.

Antiretroviral therapy: first-line drug regimen, cost per person per year
 The first-line drug regimen in Mozambique is lamivudine + stavudine + nevirapine, procured at a price of US\$ 140 per person per year. All first-line drugs have regulatory approval.

Assessment of overall health sector response and capacity

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP



HIV control programmes began in the mid-1980s in Mozambique with a focus on prevention activities. A multisectoral National AIDS Council was established in 2000 to ensure that various sectors of government, civil society, donors and national and international nongovernmental organizations coordinate HIV prevention, education and care activities. The Council, chaired by the Prime Minister, has provided significant support in planning, coordinating and streamlining the multisectoral response to HIV/AIDS. The National Strategic Plan to Combat HIV/AIDS for 2000-2002 included prevention activities focused on young people and mobile populations, expansion of voluntary testing and counselling services, support activities for people living with HIV/AIDS and children affected by the epidemic, and treatment for sexually transmitted infections. In 2003, the government developed the National Health Sector Strategic Plan to Combat Sexually Transmitted Infections and HIV/AIDS for 2004-2008, with a focus on reinforcing prevention strategies, increasing the survival and quality of life of people living with HIV (including providing antiretroviral therapy) and reinforcing epidemiological surveillance. In 2001, Mozambique passed a law protecting the rights of people living with HIV/AIDS in the workplace. A framework for monitoring and evaluating the national response to HIV/AIDS was developed in 2002. By March 2004, an estimated 240 doctors had been trained to deliver antiretroviral therapy. The overall health sector response to HIV/AIDS has been limited, both geographically and programmatically. The largest share of resources invested has been concentrated in the province of Maputo, and activities have been limited to epidemiological surveillance, some preventive interventions (such as campaigns to promote condoms) and treating opportunistic infections. The national health system is constrained by a lack of human resources. Mozambique has developed a specific plan for building human resource capacity to fight HIV/AIDS, and plans to train 2000 intermediate-level health care professionals. A new national drug management and logistics system is being developed in anticipation of a massive increase in antiretroviral therapy coverage. Under this system, instead of being sent to Maputo (the capital), drugs will be sent directly to the five provincial hospitals (Maputo, Beira, Nampula, Zambézia and Manika).

Critical issues and major challenges

Mozambique lacks trained human resources and requires considerable investment in health care infrastructure to increase geographical coverage and facilitate access in remote areas. Drug procurement and management systems are complex, and fear of stock outs is widespread. Policies and strategies need to be strengthened to address such issues as care for and protection of orphans and other children affected by HIV/AIDS, advocacy against stigma and discrimination, and cross-border migration of vulnerable groups. Coordination needs to be strengthened between the National AIDS Council, the Ministry of Health and other partners, including nongovernmental organizations.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

- WHO estimates that between US\$ 92.7 million and US\$ 98.7 million is required to support scaling up treatment to reach the WHO "3 by 5" target of 95 000 people by the end of 2005.
- Mozambique has recently transformed its international aid management system from project-based assistance to a sector-wide approach.
- Mozambique submitted a successful funding proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 2, with a total funding request of US\$ 109.3 million over five years. The proposal focuses on mitigating the impact of the epidemic through the provision of a comprehensive programme of HIV prevention, care and support. An estimated US\$ 6.3 million is expected to be available from the Global Fund grant for scaling up antiretroviral therapy over 2004-2005.
- An estimated US\$ 7.7 million is expected to be committed by the United States President's Emergency Plan for AIDS Relief to support scaling up antiretroviral therapy during 2004-2005.
- In 2003, Mozambique received a five-year grant of US\$ 55 million as part of the World Bank Multi-Country HIV/AIDS Program for Africa, to focus on building the capacity of civil society organizations and strengthening the capacity of health services.
- In April 2004, Mozambique submitted a successful proposal to the Treatment Acceleration Project of the World Bank. The proposal, of a total amount of US\$ 1 million, includes components on voluntary counselling and testing, antiretroviral therapy, preventing mother-to-child transmission, MTCT-Plus, opportunistic infections and home-based care.
- Other key organizations contributing to scaling up antiretroviral therapy include United Nations agencies, the William J. Clinton Foundation and bilateral donors including the Canadian International Development Agency, the French Cooperation and the Belgian Cooperation. An estimated US\$ 1.7 million from multilateral partners and about US\$ 15 million from bilateral partners (other than the United States President's Emergency Plan for AIDS Relief) is anticipated to be committed over 2004-2005 to support the scaling up of antiretroviral therapy.
- An additional estimated US\$ 71 000 is expected to be committed over 2004-2005 from various nongovernmental organizations, charities and foundations in support of scaling up access to antiretroviral therapy.
- An AIDS Common Fund designed to pool resources to support local civil society initiatives in the area of HIV/AIDS was launched in November 2001. The Fund is managed by the National AIDS Council.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Mozambique to reach 95 000 people by the end of 2005 is between US\$ 62.0 million and US\$ 68.0 million.

5. Antiretroviral therapy coverage

- In 2003, WHO/UNAIDS estimated Mozambique's total treatment need for 2005 to be 190 000 people, and the WHO "3 by 5" treatment target was calculated as 95 000 people by the end of 2005 (based on 50% of estimated need). As at the end of 2004, WHO/UNAIDS estimated that the number of people needing treatment had risen to 199 000.
- As of April 2004, an estimated 2840 people were receiving antiretroviral therapy in Mozambique. This rose to 5133 people in September 2004. By April 2005, a total of 10 657 patients were estimated to be receiving antiretroviral therapy. The government has declared a national treatment target of reaching 29 000 patients by the end of 2005.
- The National Health Sector Strategic Plan to Combat Sexually Transmitted Infections and HIV/AIDS for 2004-2008 sets a target to provide treatment to 8000 people living with HIV/AIDS by the end of 2004, 21 000 people living with HIV/AIDS by the end of 2005 and 132 000 people by the end of 2008, with the support of bilateral and multilateral agencies. The Plan also aims to provide care and treatment for opportunistic infections to 95 000 people by 2005 and 260 000 people by 2008; and to provide services to prevent mother-to-child transmission to 50 000 pregnant women living with HIV/AIDS by 2005 and 90 000 by 2008.
- The delivery of antiretroviral therapy in Mozambique is undertaken within the context of integrated health networks, which include a system of key health sector interventions for HIV/AIDS prevention and care. These networks include voluntary counselling and testing services, day hospitals and clinics (where antiretroviral therapy is offered), services for prevention of mother-to-child transmission, home-based care services, tuberculosis services, reproductive health services and services for safe blood. In order to reach the national treatment targets, the Plan foresees opening and putting into operation 129 integrated health networks across the country. As of March 2005, an estimated 24 sites were offering antiretroviral therapy in the public sector through collaboration between the government and nongovernmental organizations such as the Community of Sant'Egidio and Médecins Sans Frontières. The government plans to expand the number of sites to 47 by the end of 2005, and provide paediatric antiretroviral therapy services in at least 28 of these sites.

6. Implementation partners involved in scaling up antiretroviral therapy

Leadership and management

The Ministry of Health provides leadership on all technical and policy-related issues, including developing national plans, coordinating implementation of the health sector response, and managing finances. The National AIDS Council takes the lead in coordinating the multisectoral response to HIV/AIDS. The William J. Clinton Foundation has provided key support for planning.

Antiretroviral therapy service delivery

The Ministry of Health and the National AIDS Council provide leadership in antiretroviral service delivery. The National Health Department and the Human Resource Department of the Ministry of Health coordinate training and capacity-building activities. The Medical Care Unit within the National Health Department of the Ministry of Health coordinates procurement and supply-chain management of antiretroviral drugs, supported by the National Centre for Medications and Medical Supplies and the parastatal procurement agency MEDIMOC. The United States Agency for International Development provides support for managing an information system for drug distribution. The National Health Department also provides leadership for counselling and testing activities and laboratory services. The William J. Clinton Foundation and Health Alliance International (a nongovernmental organization based in the United States) provide support for various services to expand HIV/AIDS care, including training of health workers, voluntary counselling and testing, preventing mother-to-child transmission, managing opportunistic infections and delivering antiretroviral therapy. WHO provides normative support for developing policies and guidelines for HIV care and treatment. WHO also provides support for training health workers and expanding services for voluntary counselling and testing, preventing mother-to-child transmission and ensuring blood safety. The United States Agency for International Development provides support for preventing mother-to-child transmission and voluntary counselling and testing. The French Cooperation provides support for strengthening laboratory services. The Belgian Cooperation provides support for treating opportunistic infections. The Instituto Emilio de Infectologia Ribas from Sao Paulo in Brazil and the Columbia University in New York, USA have also provided support for training health workers in antiretroviral therapy. International nongovernmental organizations such as the Community of Sant'Egidio and Médecins Sans Frontières are implementing successful projects to deliver antiretroviral therapy.

Community mobilization

The National AIDS Council leads the multisectoral dialogue with national and international nongovernmental organizations, supported by the Ministry of Social Welfare. International nongovernmental organizations such as Pathfinder International, CARE International and GOAL provide support for prevention programmes targeting young people. The United States Agency for International Development supports programmes related to behaviour change communication and support for children affected by HIV. The National Health Sector Strategic Plan to Combat Sexually Transmitted Infections and HIV/AIDS for 2004-2008 foresees the expansion of programmes of home-based care.

Strategic information

The Department of Planning and Cooperation of the Ministry of Health and the National AIDS Council provide leadership in monitoring and evaluation with support from the United States Agency for International Development and UNAIDS. The Epidemiology Section of the National Health Department of the Ministry of Health is responsible for surveillance. The United States Centers for Disease Control and Prevention and WHO provide support for surveillance of drug resistance.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Conducting an assessment mission in April-May 2004 to identify opportunities for scaling up HIV/AIDS treatment and care
- Supporting national authorities in developing the World Bank Treatment Acceleration Project proposal with a focus on scaling up HIV/AIDS treatment and care
- Supporting national authorities in developing a national plan for human resources
- Supporting national authorities in finalizing and updating policies and standard guidelines for HIV treatment and care
- Establishing a "3 by 5" country team to support the government and all partners in scaling up antiretroviral therapy
- As part of the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, supporting the prevention of mother-to-child transmission by implementing a comprehensive package of antenatal, obstetric, postnatal and infant care interventions in two provinces (Manica and Sofala), including expanding access to voluntary HIV counselling and testing among pregnant women; ensuring access to care and treatment for HIV-positive women and their children and partners; and increasing access to psychosocial support services for pregnant and postpartum women living with HIV/AIDS in seven districts
- As part of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa, providing technical support for developing policies and guidelines on preventing mother-to-child transmission and for the clinical management of HIV, including antiretroviral therapy; and providing essential services in three districts in the province of Sofala regarding blood safety, clinical management of opportunistic infections and home-based care

Key areas for WHO support in the future

- Supporting national authorities in advocating with partners for increased support to rapidly scale up access to antiretroviral therapy
- Supporting national authorities in reviewing the current HIV/AIDS curriculum and developing standard training programmes for physicians, pharmacists, clinical officers and nurses in institutions of intermediate and higher education
- Supporting national authorities in strengthening mechanisms for procuring, distributing and ensuring stock control of drugs and laboratory kits
- Providing technical assistance in developing a monitoring and evaluation framework, including for surveillance of drug resistance
- Supporting the Ministry of Health in technically supervising antiretroviral therapy prescription at the province and district levels
- Supporting national authorities in developing a proposal for the Global Fund Round 5
- Within the framework of the Treatment Acceleration Project, providing support for training human resources, strengthening monitoring and evaluation, expanding home-based care, strengthening laboratory infrastructure and the capacity for controlling the quality of pharmaceuticals and medical waste management
- Collaborating with the World Food Programme to ensure adequate food aid and nutritional support for people receiving antiretroviral therapy

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one international "3 by 5" Country Officer, one National Programme Officer for HIV/AIDS and one National Programme Officer supported by the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS.
- Additional staffing needs identified include one international staff member for drug procurement and supply management, two international medical officers for secondment to the Ministry of Health, one pharmacist to support the National Health Department and one consultant to review the current HIV/AIDS curriculum for physicians, nurses and clinical officers in institutions of higher and intermediate-level education.