**1. Demographic and socioeconomic data**

<table>
<thead>
<tr>
<th>Total population (millions)</th>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2004</td>
<td>19.2</td>
<td>United Nations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Population in urban areas (%)</th>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2003</td>
<td>35</td>
<td>United Nations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Life expectancy at birth (years)</th>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2002</td>
<td>42.6</td>
<td>WHO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross domestic product per capita (US$)</th>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2002</td>
<td>189</td>
<td>United Nations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Government budget spent on health care (%)</th>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2002</td>
<td>19.9</td>
<td>WHO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Per capita expenditure on health (US$)</th>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2002</td>
<td>11</td>
<td>WHO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Human Development Index</th>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2002</td>
<td>0.354</td>
<td>UNDP</td>
</tr>
</tbody>
</table>

**2. HIV indicators**

<table>
<thead>
<tr>
<th>Adult prevalence of HIV/AIDS (15-49 years)</th>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2003</td>
<td>9.4% - 15.7%</td>
<td>WHO/UNAIDS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated number of people living with HIV/AIDS (0-49 years)</th>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2003</td>
<td>980 000 - 1 700 000</td>
<td>WHO/UNAIDS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reported number of people receiving antiretroviral therapy (15-49 years)</th>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>April 2005</td>
<td>10 657</td>
<td>WHO/UNAIDS</td>
</tr>
</tbody>
</table>

| Estimated total number needing antiretroviral therapy in 2004 | Date | Estimate | Source |
|                                                             | Dec 2004 | 199 000 | WHO/UNAIDS |

| HIV testing and counselling sites: number of sites | Date | Estimate | Source |
|                                                  | 2004  | 113     | Ministry of Health |

| HIV testing and counselling sites: number of people tested at all sites | Date | Estimate | Source |
|                                                                        | 2004  | 207 639 | Ministry of Health |

| Prevalence of HIV among adults with tuberculosis (15-49 years) | Date | Estimate | Source |
|                                                               | 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.

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
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 critical issues and major challenges are addressed. 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 the Community of Sant’Egidio and Médecins Sans Frontières are providing 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 programs 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.

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). At the end of 2004, WHO/UNAIDS estimated that the number of people needing treatment had risen to 199 000.
- As of April 2005, an estimated 2840 people were receiving antiretroviral therapy in Mozambique. This rose to 3133 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.

6. Implementation partners involved in scaling up antiretroviral therapy

Leadership and management

The Ministry of Health and the National AIDS Council provide leadership on all technical and policy-related issues, including developing national plans, coordinating implementation of the 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 therapy service delivery. The National Health Department and the Human Resource Department of the Ministry of Health coordinate 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.

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.

7. WHO support for scaling up antiretroviral therapy

Who’s response so far
SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

MOZAMBIQUE

• 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.

For further information please contact: WHO “3 by 5” Help Desk, E-mail: 3by5help@who.int, Tel.: +41 22 791 1565, Fax: +41 22 791 1575, www.who.int/3by5

This country profile was developed in collaboration with national authorities, the WHO Country Office for Mozambique and the WHO Regional Office for Africa.

© World Health Organization 2005