Mozambique:

Ambitions in HIV policy clash with challenges in implementation

Mozambique's HIV response has been slightly slower than other countries in the region, with just under 45 percent of those who need it currently on HIV treatment. However, robust efforts have been made recently to include in the national HIV programme constructive plans to bring ARV coverage up to 80 percent within the next few years. This includes introducing tenofovir (TDF) as the standard treatment regimen, initiating patients on treatment at an earlier stage (CD4 count <350), and providing lifelong treatment for all HIV-positive expectant and lactating mothers to prevent mother-to-child transmission (PMTCT B+). However, donor funding and support will be crucial to ensure that implementation can take place.

Moving HIV/AIDS care out of the clinic and managing patient within their communities is increasingly recognised by policymakers as an effective strategy. In Mozambique's Tete province, this can be seen in the successful pilot of Community ART Groups (CAGs), whereby a group of HIV-positive people share the burden of collecting their monthly supply of antiretrovirals (ARVs) from distant clinics on a rotational basis. This model has had highly successful outcomes, with only 0.2% of 1,384 patients being lost to follow up. The Ministry of Health (MoH) has decided to roll out CAGs across the country, while the MoHs of neighbouring Malawi and Zimbabwe have visited the programme to assess its feasibility for their own settings.

Facts and figures

- An estimated 270,000 of the 615,000 people who need it are receiving ARV treatment (44% ARV coverage).
- 23,000 (or 19%) of the 119,000 children who need it are receiving ARV treatment.
- Government spending on health accounts for 7% of Mozambique's budget.
- 96% of Mozambique's HIV budget is donor-funded (the majority by the GF and PEPFAR).
- Mozambique's total budget needs for ARVs alone are US$75 million for 2013 and US$95 million for 2014.

What is at stake?

- The government has recently approved recommendations for, among others: Option B+; tenofovir in a simplified fixed-dosed combination as the first-line regimen; and viral load as the monitoring tool. However, implementing these will depend on the availability of funding.
- Mozambique is willing to increase its current ARV treatment coverage targets for 2015 to 80% coverage (close to 600,000 people) – but, again, can only do so if money is made available. Allowing nurses to initiate ARVs will be a crucial element of the strategy to achieve this target. Mozambique is still the only country in the region where this form of task-shifting is not permitted.
- There are plans to further integrate HIV and TB care to alleviate the burden of HIV/TB co-infection.
- Because funding through Round 9 of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) was not released on time, Mozambique had to submit an emergency request of US$16 million

for ARVs in September 2011, of which only US$10 million has arrived. Its Round 10 grant proposal was rejected, and Mozambique was not eligible to apply either for Round 11 or for the Transitional Funding Mechanism (TFM) for its HIV programme, since it still had unspent funds in its Round 9 grant. Although the US President's Emergency Plan For AIDS Relief (PEPFAR) is continuing its support to Mozambique, funding by the World Bank and Clinton Health Access Initiative (CHAI) will run out next year. Unless other funding can be found or existing funding is increased, implementing the improved guidelines and expanding access to ARVs may be forced to be slowed down.

- Mozambique's TB programme is also under threat, due to the cancellation of GF Round 11, as Mozambique was eligible for TB grants. The situation is now more critical, since Round 10 – which included plans on treatment and diagnosis expansion for multidrug-resistant TB (MDR-TB) – was rejected. The country is reliant on Round 7 for first and second-line drugs and reagents for its TB programme until June 2013. However, the reagents funding line was not approved, and Round 7 was disbursed only recently; Mozambique is hoping that this delay will not cause another stock-out, as happened at the beginning of this year. The World Bank recently agreed to finance part of the reagents for the TB programme for 2012 as the situation is so critical.

- For mid-2013 onwards, Mozambique applied for the GF's Transitional Funding Mechanism (TFM) for its TB programme, hoping that it would be covered until mid-2015. Although Mozambique has now increased its capacity to diagnose MDR-TB, it will be difficult to guarantee the supply of vital MDR-TB drugs because the TFM does not allow for scaling up treatment. Besides the possibility of the government of Mozambique covering part of the cost for TB and MDR-TB treatment, there are no other donors foreseen as likely to contribute to the national TB programme from 2013 onwards.

> ***"I come from a country where, tragically, for every five children in need of HIV treatment, four are not receiving it. We want to see our government increasing its contribution for health, but at the same time donors cannot walk away from their commitments and abandon the thousands of men, women and children in Mozambique whose lives are at risk, as we cannot save them alone."***
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