

## BACKGROUND

### Sustaining Momentum Amid Funding Cuts:

Mozambique continues to face ongoing challenges in its HIV response, despite progress toward the 95–95–95 targets.

By September 2025, the country had reached 87–95–91, reflecting advances in identifying people living with HIV, access to ART, and viral suppression.

Temporary funding cuts (Q1–Q2/2025) caused disruptions in essential services, including laboratory services, supply chain logistics, community outreach, and clinical follow-up, and led to the layoff of 2,100 health workers.

These impacts temporarily affected ART coverage and viral suppression rates, requiring rapid coordination and adaptive actions.

## ADAPTIVE APPROACHES TO RESOURCE CONSTRAINTS

**Adaptive Approaches to Resource Constraints:** Mozambique is sustaining HIV outcomes amid funding pressures through strategic resource optimization, community engagement, and data-driven decision-making

- Financial Strategies:** Strengthen domestic resource mobilization, address inefficiencies and improve partner alignment to sustain HIV program gains
- Human Resources for Health (HRH):** Apply task shifting and targeted training and redistribution of health workers to high-burden areas based on service needs
- Technical Capacity:** Transition from traditional training to Telehealth-based learning and institutionalize mentorship, integrated supervision and skills transfer
- Community Engagement:** Reinforce community-led initiatives through local health committees and develop repositories for demand-generation materials and promote inclusion in planning and review
- Enabling Adaptations:** Expand digital tools for evaluation and multisectoral coordination and strengthen data-driven decisions and system resilience

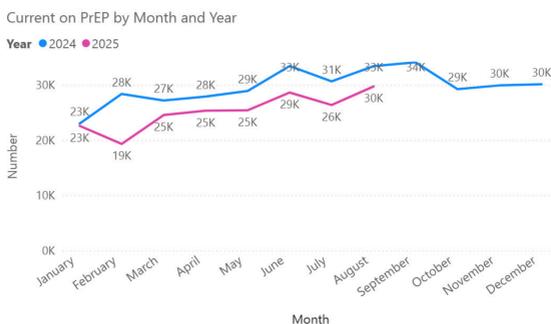
PREVENTION SERVICES			TESTING SERVICES			TESTING SERVICES			TREATMENT SERVICES			TREATMENT SERVICES													
Component	Intervention	MZ	Component	Intervention	MZ	Component	Intervention	MZ	Component	Intervention	MZ	Component	Intervention	MZ											
Infant prophylaxis	Infant PEP HR 0–6w		Blood products	Blood product screening		Community-based (virtual and in-person)	CB HIVST points >15		ART continuity	Uninterrupted ART for all		OI management	TB Xpert for symptomatic												
	Infant PEP HR 6–12w			Facility-based	Symptomatic testing (entry)			CB HIVST points 95-gap			MMD 3–6 months			TB treatment		AHD package	TPT per regimen								
	Infant PEP LR			ANC first test			CB HIVST points KP			Annual clinical review			Enroll less-intensive DSD		CRAG for symptomatic			Integration	CRAG S3/4 seriously ill						
PEP	Facility PEP (guidelines)			ANC late retest			HIVST digital outreach			Maintain facility DSD-indiv			Maintain client-managed groups		LAM S3/4 seriously ill				Tracking and tracing	CRAG S3/4 IPD					
	Community PEP (GBV/KP)			Postnatal PBFW 6-monthly			KP high-volume outreach			Maintain community DSD-indiv			Maintain adolescent groups (HCW)		CD4 S3/4 new or >90d					Psychosocial support/Counseling	CD4 S1/2 new or >90d				
	Facility condoms/lube			HEI 6w/6-9-18m EPI			KP all outreach sites			Men targeted outreach			Maintain DSD groups (HCW)		LAM S1/2 CD4<200						VMMC	CRAG S1/2 CD4<200			
Condoms	KP condom points			HEI birth test			Men workplace testing			Active transfer same-day 3MMD			Prisoners: On entry/discharge		Fluconazole pre-emptive							VMMC	PAP smear never-screened		
	Community condom points			TB clients (newly diagnosed)			Children targeted outreach			Prisoners' entry/annual			Recency testing		HPV screen never-screened								VMMC	Hypertension integration	
	Facility PrEP KP 3MMD/6m			TB clients (presumptive TB)			Prisoners: On entry/discharge			Recency testing					Diabetes integration									VMMC	Family planning integration
PrEP continuation	Facility PrEP PBFW 3MMD/6m			STI clients (new STI)			Children in malnutrition clinics								VIAC annually WLHIV										VMMC
	Facility PrEP others 3MMD/6m		Hep B/C (new)		EPI child post-screen						Phone trace abnormal labs		VMMC	Phone trace high-risk											
	Annual PrEP review		Inpatient (new admission)		FP initiation clients						Phone trace >28d missed			VMMC	Home trace abnormal labs										
	PrEP review 6-monthly		Children in malnutrition clinics		FP <25 init+annual						Home trace high-risk				VMMC	Home trace >28d missed									
	Facility PrEP DSD-indiv		EPI child post-screen		FP init+biennial+change						Adherence assessment visits					VMMC	Adherence assessment visits								
	Out-facility PrEP DSD		FP init+annual		Self-initiated HIVST (annual)						VL and DSD prep						VMMC	EAC for high VL							
	Virtual PrEP refills		Self-initiated HIVST (annual)		VCT/HIVST any frequency						Child disclosure support							VMMC	MH screening at start						
	Adherence/risk counselling		VCT/HIVST any frequency		PrEP users 1m+6m						MH screening high VL								VMMC	MH screening all visits					
	Continue DVR PrEP		PrEP users 1m+6m		PrEP users 1m+3m															VMMC					
	Continue LAI PrEP		PrEP users 1m+3m		VMMC clients																VMMC				
PrEP initiation (& re-initiation)	Start PrEP PBFW self-ID		Network-based (including facility/virtual and community-based)	PN EPN + HIVST/FBT								VMMC													
	Start PrEP PBFW at-risk		PN APN + FBT (virtual)										VMMC												
	Start PrEP KP		PN APN + community test											VMMC											
	Start PrEP AGYW self-ID		Female index: child FBT/HIVST												VMMC										
	Start PrEP others self-ID		Female index: child CBT													VMMC									
	Test post-start 1–3m		PN EPN + HIVST (VL>1000)														VMMC								
	PrEP demand creation		PN EPN + HIVST FP/ANC<25															VMMC							
	Continue DVR PrEP		PN EPN + HIVST (FP/ANC)																VMMC						
	Continue LAI PrEP		KP SNT + HIVST																	VMMC					
	PrEP start education		AGYW SNT + HIVST																		VMMC				
Harm reduction for people who inject drugs	Facility-first NSP+naloxone		PN EPN + HIVST (95s STI-neg)								VMMC														
	Community NSP+naloxone		PN EPN + HIVST (STI-neg)									VMMC													
	Continue OAMT refills (PWID)		PN APN + FBT (STI-neg)										VMMC												
VMMC	Initiate/continue OAMT (PWID)													VMMC											
	Targeted VMMC scale-up														VMMC										

Community-based HIV prevention and testing services were adjusted, given that the majority of these interventions had been supported by PEPFAR.

An MoH circular was issued to suspend the decentralized ARV dispensing model through private pharmacies following the discontinuation of PEPFAR funding. Multi-month dispensing continues, contingent upon commodity availability at the health facility.

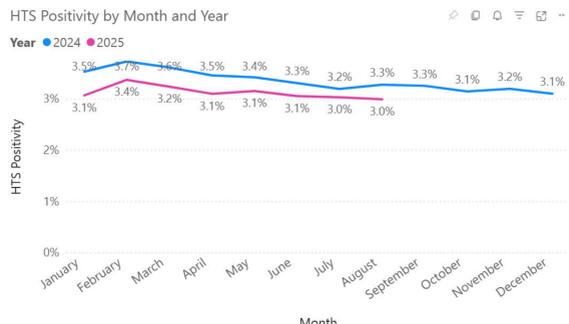
## SELECT HMIS HIV SERVICE DELIVERY INDICATORS: TREND OVER TIME, 2024-2025

Fig 1: Current on PrEP Trends



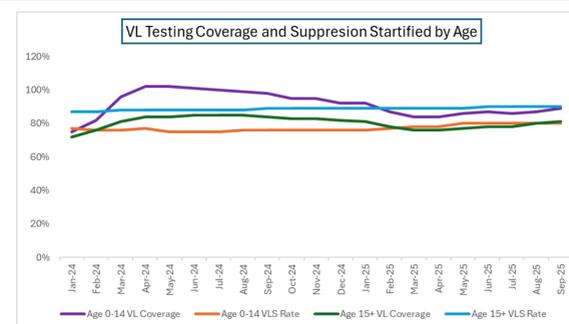
2025 trends for PrEP uptake are consistently lower than that across 2024. In February 2025, the SWO resulted in fewer providers and temporary commodity transport disruptions, reducing access to HIV PrEP services. Uncertainty around the transport of PrEP for populations not covered under the PEPFAR limited waiver led some partners to pause transport and support, contributing to service gaps and increased unmet need.

Fig 2: HTS Positivity Trends



HTS positivity is consistently lower across 2025 vs 2024. Although this indicator was not greatly affected by the SWO, overall testing was reduced when compared to previous periods. The trend of positivity is decreasing with time, from 3.5% in Jan 2024 to 3.0% in August 2025, however this decline is expected as the country gets close and closer towards attainment of the 95-95-95 targets.

Fig 3: VL Coverage and Suppression Trends



Cohort data showed a slight decline in VL coverage at approximately a 10% reduction for both adults and children during the early months of the SWO, while suppression rates remained stable. There are some additional data validation and data quality reviews ongoing to validate this data.

## SYSTEMS & SERVICES ADAPTATIONS

Program continuity has been maintained despite resource constraints through policy adjustments, financing strategies, and service delivery optimization.

### Areas still facing challenges / not fully adapted:

- Data use and workforce realignment still need improvement
- Laboratory and pharmaceutical systems face efficiency and resource management challenges
- Community activities reduced; tasks redistributed or integrated into routine services, but coverage and reach remain limited

## NEXT STEPS / WAY FORWARD

- Community Activities:** Continue integrating key community interventions into routine health services
- ROC Engagement:** Strengthen ROC involvement in HIV service re-prioritization and M&E feedback processes
- Service Optimization:** Review and phase out unsustainable interventions (e.g., decentralized ARV dispensing through private pharmacies)  
Continue implementing and monitoring the mitigation circular during the suspension of external support
- Financing:** Advocate and mobilize for increased and sustainable domestic HIV funding
- Monitoring & Evaluation:** Sustain monthly review and feedback mechanisms to reinforce data-driven decision-making across all levels