

BACKGROUND

- To date, Mozambique's VTP program remains stable, as national policies and guidelines for testing and prevention have not changed.
- Staffing levels have decreased, and after a prioritization exercise, several initiatives especially those geared towards expansion of VTP services, training, and capacity-building were delayed or scaled back. However, delivery of essential VTP services has remained stable despite reduction of partner supported staff as health facility team includes at least one healthcare worker employed by the government.
- Overall, the impact on essential VTP service delivery has been minimal, though program expansion and development activities have slowed due to the evolving funding landscape.

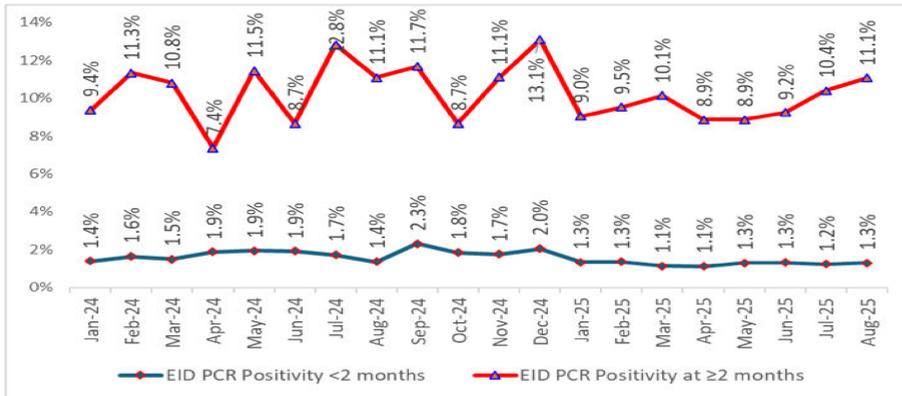
NATIONAL DATA: SELECT VTP INDICATORS, TRENDS OVER TIME, 2024-2025

Figure 1. HIV Positivity at ANC1



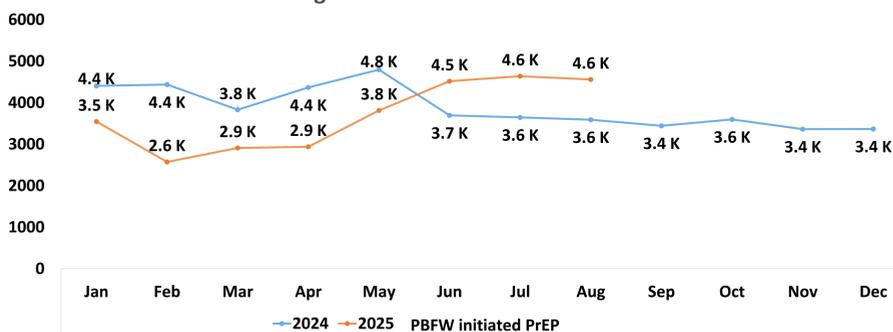
- When comparing 2025 to 2024, there were no significant changes in the number of pregnant women testing positive during ANC (Antenatal Care).
- The proportion of pregnant women who are aware of their HIV status has remained the same.

Figure 2. PCR Positivity < 2 months vs PCR Positivity ≥ 2 months



- The PCR positivity rate among children under two months of age remained the same across months.
- Positivity among children over two months varied, ranging from 7.4% to 12.8%.
- These findings highlight the importance of implementing HIV retesting for pregnant and breastfeeding women and ensuring effective linkage to comprehensive combination prevention services, as well as the need to strengthen the provision of psychosocial support across the entire VTP cascade, through continuous mentorship and technical assistance to health care workers, and peer-led approaches.

Figure 3. PrEP Initiation for PBFW



- Provision of PrEP to pregnant and breastfeeding women (PBFW) remained stable throughout 2024.
- A temporary decline was observed in 2025 due to the SWO, as demand creation activities were primarily led by implementing partners' support staff. This decline was quickly reversed, and there is now a growing trend in PrEP initiation among PBFW due to:
 - Increased engagement of health facility teams in integrating PrEP for pregnant and breastfeeding women within the framework of the triple elimination of HIV, syphilis, and hepatitis B.
 - PrEP indicator is currently monitored and discussed monthly with provincial teams, and strategies are being developed to further strengthen performance.

PRIORITIZATION OF VTP SERVICE DELIVERY ELEMENTS

Component	Interventions	Mozambique
HIV Testing	Ante-natal first visit/ first test	Keep (No Change)
	Ante-natal additional test in third trimester/delivery	Keep (No Change)
	Post-natal testing for HIV negative breastfeeding women all: 6-monthly until HIV exposed infants at 6 weeks and, if breastfeeding, at 6/9- & 18-month EPI HIV exposed infants additional birth testing	Keep (No Change)
Infant ARV prophylaxis	Infant prophylaxis (AZT and NVP); High risk first 6 weeks	Keep (No Change)
	Infant prophylaxis (AZT or NVP); High risk weeks 6-12	Keep (No Change)
	Infant prophylaxis (AZT or NVP); Low risk	Keep (No Change)
Continuity CTX	Provide cotrimoxazole to HIV exposed infants; Note recommendation when to initiate pregnant and breastfeeding women	Keep (No Change)
ART initiation (and re-)	For all pregnant women: If already on ART, provide VL testing at first ANC (if no testing at 34-36 weeks of pregnancy (or for all breastfeeding women, provide viral load testing 3 months after delivery	Keep (No Change)
Viral load monitoring	Oral PrEP initiation for pregnant and breastfeeding women self-identifying	Keep (No Change)
PrEP initiation (& re-initiation)	Oral PrEP initiation for all at risk pregnant and breastfeeding women	Keep (No Change)
	Facility based oral PrEP maintenance for pregnant and breastfeeding women-	Keep (No Change)

Figure 4: Prioritization of VTP Service Delivery Elements

Breastfeeding women are retested for HIV every three months until nine months postpartum; afterward, they follow the standard adult HIV testing schedule. No changes have been made to this testing schedule.

All perinatally-exposed infants continue to receive enhanced prophylaxis.

Keep (No Change)
Keep (Modify)
Drop
Not applicable
Missing Data

M&E Systems Components: Impact of SWO and Beyond

Figure 5: M&E System Components Heat Map 2025

Domain	Functionality	Mozambique	
		25-Feb	25-Sep
Data collection	M&E Tools Availability	Green	Green
	Data Quality and Completeness	Green	Green
	Community Based Monitoring	Yellow	Yellow
	Retention Monitoring and Follow Up	Yellow	Yellow
Databases, reporting, and use	Commodity Tracking Systems	Yellow	Yellow
	HMIS reporting	Yellow	Yellow
	EMR Functionality	Yellow	Yellow
HRH Capacity	Data Dissemination and Data Use	Yellow	Yellow
	M&E HRH Capacity	Green	Green
	Supervision and Mentorship for HRH	Green	Green
	Capacity Building for M&E Staff	Yellow	Yellow

Impact of SWO			
None	Partial	High	No data
Green	Yellow	Red	Grey

Mozambique still uses a manual data recording system; however, in health facilities supported by implementing partners, all the information recorded on patient forms is later entered into an EMR. This system generates key indicators that are not captured by the paper-based system, such as early retention. Reporting through the national health system (HMIS/DHIS2) has not been interrupted.

NEXT STEPS / WAY FORWARD

- Mozambique used a prioritization tool to developed budget scenarios. The VTP guidelines have been maintained without changes, covering HIV testing, prevention, and treatment for pregnant and breastfeeding women and follow-up of infants with perinatal exposure to HIV.
- Due to funding reduction:
 - Technical support to provinces and health facilities has declined due to reduced staffing and team restructuring.
 - Transportation of PrEP and other supplies has been disrupted, creating service-delivery challenges in some areas.
- To minimize this challenge and assure quality of service, the following is being implemented:
 - Provinces are encouraged to conduct supervision and technical support visits using the standardized electronic tool developed by MOH, ensuring visibility at the central level.
 - Virtual platforms have been used to hold meetings training sessions.
 - PrEP and other consumables are now being transported by the provincial health departments as an interim alternative.
- The country is in the process of introducing lenacapavir in selected provinces as part of an initial phase. In these locations, it will be available to all populations, including PBFW.
- For community approaches, the country continues to implement the mentor mother's strategy with no changes. There are plans to develop a guidance manual for peer groups, of which mentor mothers are a part of, to make them more sustainable and ensure better coordination.