

STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) has been providing support to Mozambique's public health sector since 2000 to help develop the country's response to the dual HIV and tuberculosis (TB) epidemics. CDC is responsible for the implementation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and works closely with the Ministry of Health of Mozambique (MOH) and implementing partners to build long-term capacity for the country to achieve HIV epidemic control. CDC helps the MOH to deliver high-quality HIV prevention and treatment services and to strengthen laboratory, surveillance, infrastructure, and workforce capacity. CDC is committed to improving the availability, accessibility, quality, and use of service-delivery data to drive decision-making. CDC also supports HIV surveillance and behavioral surveys, and supports designing and improving systems for program monitoring.

Supporting Integrated HIV Prevention and Treatment Services:

CDC supports the delivery of antiretroviral treatment (ART), helping to rapidly scale-up viral load (VL) testing and drug resistance assessments to leverage the country's capacity to reach the United Nations Program on HIV/AIDS (UNAIDS) global epidemic control targets. CDC also supports prevention of mother-to-child HIV transmission services in high-burden areas of the country, voluntary medical male circumcisions (VMMC) in more than 100 fixed and mobile sites, and HIV testing and counselling.

Responding to HIV and Tuberculosis Co-infection: CDC supports the MOH's response to the national TB burden, the leading cause of death for those living with HIV. CDC provides technical assistance in the development of national policies, strategies, training materials, and mentoring and supervision activities. This work is dramatically improving laboratory and clinical capacity for TB/HIV diagnostics and treatment.

KEY ACTIVITIES AND ACCOMPLISHMENTS

HIV Testing and Counselling: Access to HIV testing and counselling (HTC) is critical for ensuring people in need receive HIV care and treatment services. CDC supports various testing modalities, including community-based testing.

Increasing Access to Antiretroviral Treatment: From development to implementation of national policies, including the National Accelerated Response to HIV, CDC efforts have dramatically increased access to treatment.

TB/HIV: TB preventive treatment (TPT) is critical to reduce morbidity and mortality among those living with AIDS. Addressing TB includes conducting routine TB and HIV screening, follow-up evaluation, treatment initiation, and HIV testing and linkage to care amongst household contacts of TB index patients using community healthcare workers (CHWs). CDC is also examining the feasibility of using nasopharyngeal aspirate and stool specimens to improve pediatric TB diagnosis.

Miner worker projects: CDC and its partners are working with miners to increase screening and adherence to HIV and TB treatment.

Prevention of Mother-to-Child Transmission of HIV: Identifying and treating HIV-positive pregnant women is the most effective approach to eliminate new infections among infants. CDC and its partners are reducing transmission from mother to child through testing and ART initiation during pregnancy.

Voluntary Medical Male Circumcision: With lifelong benefits, this low-cost procedure reduces the risk of female-to-male heterosexual HIV acquisition by approximately 60%. The service also connects men to health care and offers a package of services, including HIV testing and counselling services.

Viral Load (VL) Monitoring Expansion: Access to high-quality VL monitoring is essential for controlling the HIV epidemic and is a top priority for CDC in Mozambique. Since 2016, CDC's contributions resulted in the expansion of VL monitoring to 13 referral laboratories and an increase in the national capacity to perform more than 100,000 VL tests per month. The assistance to the national VL program resulted in improved management efficiency, real-time tracking of specimens and results, and reduced turn-around time for getting test results to clinicians.

Key Country Leadership

President:
Filipe Jacinto Nyusi

Minister of Health:
Nazira Karimo Vali Abdula

U.S. Ambassador:
Dennis Walter Hearne

CDC/DGHT Director:
Alfredo Vergara

[Country Quick Facts](http://worldbank.org/en/where-we-work)
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$440 (2018)

Population (million):
29.50 (2018)

Under 5 Mortality:
72/1,000 live births (2017)

Life Expectancy:
59 years (2017)

[Global HIV/AIDS Epidemic](http://aidsinfo.unaids.org)
(aidsinfo.unaids.org)

Estimated HIV Prevalence
(Ages 15-49): 12.6% (2018)

Estimated AIDS Deaths
(Age ≥15): 45,000 (2018)

Estimated Orphans Due to
AIDS: 1,100,000 (2018)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
1,125,642 (2018)

[Global Tuberculosis
\(TB\) Epidemic](http://who.int/tb/country/data/profiles/en)
(who.int/tb/country/data/profiles/en)

Estimated TB Incidence:
551/100,000 population
(2017)

TB patients with known HIV
status who are HIV positive:
40% (2017)

TB Treatment Success Rate:
90% (2016)

TB Mortality:
73/100,000 population
(2017)

DGHT Country Staff: 86
Locally Employed Staff: 66
Direct Hires: 20
Fellows & Contactors: 0

Our success is built on the backbone of science and strong partnerships.

