



COUNTRY PROFILE

HIV/AIDS

Office of the
United States
Global AIDS
Coordinator

MOZAMBIQUE

Mozambique is largely a rural nation with an estimated 14.9 percent adult HIV infection rate. With a population of about 18 million and only 500 doctors, some rural areas in Mozambique have just one physician per 60,000 people. The health infrastructure is poor, and even provincial referral hospitals have limited access to water and electricity. Between 40 percent and 60 percent of people have access to health care.

HIV/AIDS Epidemic in Mozambique	
HIV Prevalence in Pregnant Women (2002)	14.6%
Estimated Number of HIV-Infected People (2004)	1.4 million
Estimated Number of Individuals on Antiretroviral Therapy (end 2003)	2,000
Estimated Number of AIDS Orphans (2004)	228,000

Affected by an extended war, floods, and drought, Mozambique has also been hard-hit by HIV/AIDS. In 2004, projected HIV prevalence among men and women aged 15–49 was 14.9 percent, with an estimated 1.4 million HIV-positive people. HIV is not uniformly distributed: areas of high HIV prevalence correspond roughly to areas of high population mobility, including transport corridors, and particularly the routes from the Indian Ocean ports across Mozambique to South Africa, Zimbabwe, Malawi, and Zambia. Mozambique suffers from co-epidemics of tuberculosis and malaria, as well as seasonal cholera outbreaks, all of which exacerbate the impact of HIV/AIDS.

U.S. GOVERNMENT RESPONSE

In 2003, President George W. Bush announced the Emergency Plan for AIDS Relief, a five-year, \$15 billion U.S. Government initiative that aims to provide treatment to at least two million HIV-infected individuals, prevent seven million new HIV infections, and provide care and support to 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children. To help attain these goals, the U.S. Government is rapidly expanding its programs and engaging new partners in 15 focus countries, including Mozambique. Under the Emergency Plan, Mozambique will receive \$25.5 million in 2004 to support a comprehensive treatment, prevention, and care program.

Treatment

The U.S. Government program will expand antiretroviral therapy to more sites and clients. It will strengthen the capacity of the Ministry of Health to manage the further expansion of quality antiretroviral drug services by improving coordination and training. U.S. Government efforts will go toward improving laboratory capacity to accommodate the rapid scale-up of voluntary counseling and testing, antiretroviral therapy, and prevention of mother-to-child transmission services. Its



Map of Mozambique: PCL Map Collection, University of Texas

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support of two reference and training centers will enable service providers to update their skills and to improve service management and delivery.

Prevention

In collaboration with the Ministry of Health and a number of international nongovernmental and faith-based organizations, the U.S. Government will support a projected 60 sites for prevention of mother-to-child HIV transmission. The program will include training for health workers, laboratory technicians, and provincial supervisors. U.S. efforts will promote abstinence, faithfulness, and delay of sexual debut for in-school and out-of-school youth in areas with high HIV/AIDS prevalence. U.S. Government assistance will build the capacity of the National Blood Transfusion Program, promote quality assurance, provide technical expertise to strengthen access to a safe blood supply, and promote injection safety. The program will also support the national control program for sexually transmitted infections and behavior change campaigns, including focused condom social marketing for those at heightened risk.

Care

U.S. Government funding will strengthen the national voluntary counseling and testing program by supporting a quality assurance system, caregiver training, and a national voluntary counseling and testing database. The U.S. program will assist in identifying people who are infected with HIV and linking them to care and support services through day hospitals and antiretroviral treatment facilities. The program also will support nongovernmental and faith-based organizations to reach orphans and vulnerable children and to provide care, basic services, and direct support by mobilizing community leaders and partners.

Other

U.S. Government resources will continue to support surveillance efforts by assessing and strengthening monitoring and evaluation practices to identify gaps and needs at all levels. The program's follow-up training and technical support will strengthen national monitoring and evaluation systems that are essential to providing reliable and adequate data to measure the progress of the national response and the effectiveness of U.S. Government programs. Crosscutting activities will support human and organizational capacity development. U.S. efforts will strengthen the capability of the National AIDS Council to more effectively serve its leadership and coordination role and promote a more effective national response to the epidemic. The program will also support technical assistance to help businesses address HIV/AIDS prevention, care, and treatment for their employees and their families.

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