Summary of civil society analysis

In 2020, Mozambique’s HIV prevention response remained inadequate and failed to achieve a substantial reduction in new HIV infections. There are not enough prevention programmes that specifically address the needs of adolescent girls and young women and their male partners. Data shows that only 42% of priority districts offer prevention packages dedicated to them. Key populations face similar challenges: Only 4% of men who have sex with men, 15% of people who inject drugs and 51% of sex workers are routinely reached by prevention services. This situation is now being exacerbated by the COVID-19 epidemic, which has reduced people’s access to HIV prevention services and impacted on the livelihoods of the most marginalised groups.

10 ACTIONS: A CIVIL SOCIETY PERSPECTIVE

<table>
<thead>
<tr>
<th>Action</th>
<th>Progress</th>
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<tbody>
<tr>
<td>Needs assessment</td>
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<tr>
<td>Prevention targets</td>
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<td>Prevention strategy &amp; leadership</td>
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<td>Legal and policy reform</td>
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<td>Key population size estimates</td>
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<td>Defined key population package</td>
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<td>Adolescent girls &amp; young women size estimates</td>
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<td>Adolescent girls &amp; young women package</td>
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<td>Capacity development &amp; technical assistance plan</td>
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<td>Social contracting</td>
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<td>Financial gap analysis &amp; strategy</td>
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<td>Strengthen monitoring</td>
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<td>Performance review &amp; accountability</td>
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Global HIV Prevention Coalition 4th Annual Progress Report

ON TRACK TO MEET THE 2020 TARGET?

New HIV infections among adults (15+ years)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number (thousands)</th>
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<tbody>
<tr>
<td>2010</td>
<td>140</td>
</tr>
<tr>
<td>2015</td>
<td>130</td>
</tr>
<tr>
<td>2020</td>
<td>120</td>
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Global HIV Prevention Coalition 4th Annual Progress Report

KEY POPULATIONS: DATA, SERVICES, STIGMA

<table>
<thead>
<tr>
<th>Population</th>
<th>Services Utilisation</th>
<th>Avoidance of Health Care Due To Stigma &amp; Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men who have sex with men</td>
<td>4%</td>
<td>NO DATA</td>
</tr>
<tr>
<td>Sex workers</td>
<td>51.1%</td>
<td>NO DATA</td>
</tr>
<tr>
<td>People who use drugs</td>
<td>15%</td>
<td>NO DATA</td>
</tr>
<tr>
<td>Transgender people</td>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
</tbody>
</table>

KP Atlas, Global HIV Prevention Coalition 4th Annual Progress Report

LAWS THAT CRIMINALISE

- Same-sex activities
- Sex work
- Drug use or possession for personal use
- Criminalisation of transgender people
- HIV transmission, non-disclosure or exposure

UNAIDS Laws and Policies Analytics

UNAIDS Laws and Policies Analytics

ADOLESCENT GIRLS AND YOUNG WOMEN

- SRHR services available without parental consent (15-19 years)
- Intimate partner violence (15-19 years)
- HIV prevention service coverage

Global HIV Prevention Coalition 4th Annual Progress Report
HIV PREVENTION 10-POINT PLAN
A CIVIL SOCIETY ANALYSIS

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition. The Coalition developed a global HIV Prevention 2020 Road Map, to catalyse action and work towards reducing new HIV infections. The Road Map acknowledges common barriers to progress including lack of political leadership, restrictive laws and policies; insufficient funding, and lack of implementation at scale of combination prevention programmes. Each year the Coalition publishes a report, which tracks each country’s progress against these barriers. This shadow report sets out civil society’s perspective on how Mozambique performed in 2020.

STRENGTHENING POLITICAL LEADERSHIP

Civil society organisations (CSOs) in Mozambique report that the National AIDS Commission (NAC) is not strong enough or adequately resourced to lead and coordinate the national HIV response, as it lacks both financial autonomy and adequate human resources. In particular, its staff lack the expertise and knowledge required to address the HIV prevention needs of marginalised groups.

There is also confusion between the roles and tasks of NAC and the Ministry of Health. For example, in September 2020, the Southern African Development Community (SADC) held a meeting to evaluate the regional HIV response in the context of COVID-19, but it was unclear whether NAC or the Ministry of Health were leading the process.

In addition, CSOs are concerned that NAC and the Ministry of Health do not enable meaningful participation from their representatives in planning and decision-making, and that their engagement is tokenistic. For example, government institutions have sometimes involved CSOs at the end of a process to legitimise it rather than involving them in the decision-making itself.

Despite these concerns, CSOs believe that HIV prevention at country level benefits from a political environment that is generally open to discussing the most pressing needs of civil society and key populations in particular. In the past few years, some politicians have provided opportunities for CSOs to present their concerns to Parliament. UNODC, an organisation led by people who use and inject drugs, were invited twice to share their activities and concerns with the parliamentary cabinet.

Importantly, at an inter-ministerial meeting organised by the Global HIV Prevention Coalition in November 2019, the Minister of Health committed Mozambique to prioritising primary HIV prevention within the next National HIV Strategic Plan 2021 to 2025.

ADDRESSING POLICY GAPS AND LEGAL BARRIERS

In the past year there have been some positive developments in the legal and policy environments.

The Ministry of Health has promised that, by the end of the year, Mozambique will have its first harm reduction framework and consultations to amend existing legislation on narcotic drugs (Law 3/1997) continued throughout 2020. The aim of civil society activists is to regulate the use of methadone for the purpose of drug treatment and to decriminalise possession of drugs for personal use.

There has also been progress on Law 20/2019, which prohibits forced marriages. Although it will take time to implement, Mozambique’s first harm reduction framework and consultations to amend existing legislation on narcotic drugs (Law 3/1997) continued throughout 2020. The aim of civil society activists is to regulate the use of methadone for the purpose of drug treatment and to decriminalise possession of drugs for personal use.

Another positive development concerns sex workers’ rights. The Ministry of the Interior, and the police force in particular, have established a new procedure for responding to cases of violence against sex workers. This is significant because it requires police to be trained on sex workers’ rights before they can interact with this key population. The new procedure is being widely promoted and discussed in law enforcement institutions.

With regards to the LGBT community, the government has finally committed to including transgender people in the next National HIV Strategic Plan and to conducting a site estimate and needs assessment study to define an intervention package for transgender people. However, the HIV prevention services are not being implemented at scale in Mozambique, especially for the most vulnerable people. Indicators for HIV prevention coverage for key populations and adolescent girls and young women show that the vast majority can’t access HIV prevention services tailored to their needs. CSOs also report that, although youth-friendly condom distribution and promotion still continues in most health facilities, the type and quality of services provided varies widely – even within the same country – as most health facilities rely on external resources.

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On a more positive note. In the last year NAC and the Ministry of Health have been updating population estimates for sex workers and men who have sex with men. The sex workers’ study was conducted in collaboration with the sex worker community, although it didn’t cover all provinces and results have not yet been shared. The size estimate study for men who have sex with men is still underway and the community reports that the exercise has been delayed by COVID-19 restrictions.

At country level, condom distribution and promotion still needs strengthening. Although there is a new national condom strategy that aims to increase demand and improve the availability of condoms, CSOs report that this is hampered by insufficient coverage of behaviour change communication initiatives, because CSOs are the main implementers of these interventions – rely on external donor support.

Lastly, the country needs to rapidly expand its oral pre-exposure prophylaxis (PrEP) programming, as there are not enough facilities providing this treatment to cover everyone who is at substantial risk of HIV infection.

THE IMPACT OF COVID-19 ON HIV PREVENTION

HIV prevention activists all agree that, since the onset of the COVID-19 pandemic, HIV has had less attention and service provision has been affected in various ways. Some health facilities had to temporarily interrupt HIV treatment services to accommodate COVID-19 patients, and some experienced stock outs of antiretroviral treatments. Accessing prevention commodities and services has also been challenging, particularly with social distancing measures and recommendations to avoid health facilities except in emergencies. Activists also report stock outs of prevention supplies such as condoms and lubricants.

As in other countries, lockdown measures have severely impacted lives of the most marginalised groups, drastically limiting their livelihoods. Sex workers in particular have been forced to stop working, and many of those who continued working have suffered physical violence from police officers or have been forced to pay to avoid arrest.

IMPLEMENTING QUALITY PROGRAMMING AT SCALE

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ADEQUATE AND SUSTAINABLE FINANCING

Information on the financing of Mozambique’s prevention response is not readily available to activists. Most of the information presented here is sourced from UNAIDS’ financial dashboard rather than government officials. Budgets for the HIV response have gradually increased in the last 10 years, totalling just over US$567 million in 2019. Of these funds, only 4% (US$23.6 million) came from domestic sources, and the remaining 96% was provided by international sources.

In the same year, spending on HIV prevention interventions totalled US$46 million, which represents only 8% of the total amount available. This is a major source of concern, since the current National AIDS Strategy stated that the anticipated expenditure for the prevention response (excluding HIV testing and preventing mother-to-child transmission) was US$500 million, or 20% of the total cost, estimated at around US$2.5 billion for 2019. Even more worrying is the proportion of the prevention budget that was allocated to key populations in 2019, approximately half a million US dollars, which equals just 0.1% of the total HIV prevention budget.

These imbalances in the way HIV funding is being allocated must be addressed urgently. The government has taken a step in the right direction in the new Global Fund for AIDS, TB and Malaria funding request. Out of US$434 million requested for the period 2021 to 2023 to support the national HIV response, about US$65 million (15%) will support HIV prevention interventions, and almost 50% of this amount will be dedicated to key populations.

That said, Global Fund support alone is not enough to cover the full cost of a national prevention response: a similar commitment is required from other donors, including PEPFAR, and the government itself needs to back up its pledge to strengthen HIV prevention substantially.
As a member of the Global HIV Prevention Coalition, Frontline AIDS plays a key role convening civil society and community organisations. After the launch of the Global Prevention Coalition in October 2017, Frontline AIDS supported activists from 22 countries to participate in workshops to learn, share and agree prevention advocacy priorities. As part of this process, activists from different community-based organisations decided to work together to analyse their nation’s progress on HIV prevention. The reports are based on responses to a data collection tool developed by Frontline AIDS. In 2020, activists from seven countries agreed to update their reports. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments put forward by governments.

We deeply appreciate all the civil society partners for their joint efforts and leadership to develop the 2020 shadow report.

National research and analysis: sincere thanks to our country partners listed below.

Coordination and editing: Virgilio Suande, Arminda Zandamela, Matteo Cassolato, Clare Morrison, Fionnula Murphy, Aditi Sharma, Juliet Hellier, and Vicky Anning.

Design: Fruit Design.

We gratefully acknowledge funding from The Partnership to Inspire, Transform and Connect the HIV response (PITCH). PITCH is a joint partnership between Frontline AIDS, Aidsfonds and the Dutch Ministry of Foreign Affairs.

COVID-19 has disrupted HIV prevention services and exacerbated economic and social drivers, with the risk that new HIV infections may begin to increase. Mozambique must commit to sustaining progress on and funding for HIV prevention, and must protect the human rights of the most marginalised communities.

The government of Mozambique needs to significantly increase domestic funding for HIV prevention, particularly for adolescent girls and young women and key populations, and must work with donors including PEPFAR to persuade them to invest more in the country’s HIV prevention response.

Mozambique’s Ministry of Health and National AIDS Commission need to dramatically scale up coverage of HIV prevention for key populations and for adolescent girls and young women, and to increase coverage of condom programming, behaviour change communication and PreP. Community based organisations can support the government in reaching the required coverage, but need to be resourced through social contracting mechanisms.

Mozambique must urgently strengthen the National AIDS Commission, ensuring it has the staff, technical skills and financial resources needed to coordinate an effective multi-sectoral HIV prevention response. It must also ensure clear division of roles between the Ministry of Health and National AIDS Commission and insist that both bodies meaningfully engage civil society and community-based organisations.

Mozambique must take steps to improve the legal, policy and social environment for key populations, particularly LGBT people. The needs assessment for transgender people should be expedited and the results quickly used to develop service packages tailored to their needs.

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