



# AT A CROSSROADS: RESPONDING TO A NEW AIDS EMERGENCY IN MOZAMBIQUE

## IMPACT AT A GLANCE

Mozambique is at a critical turning point: around one in nine adults is living with HIV and prevention efforts are off-track. Funding cuts have disrupted treatment and weakened community-led services, exposing major gaps in coordination and financing. These challenges are being further undermined by shrinking civic space and the absence of social contracting mechanisms. Strong political leadership, sustainable resource mobilisation and renewed investment in prevention are urgently needed to protect progress and meet the needs of marginalised people.

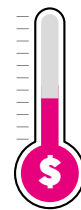
This year, the funding landscape for Mozambique's HIV response has changed dramatically



**67%** of Mozambique's HIV budget was funded by the **US government**. A significant proportion of this funding has been paused or terminated, and the future remains uncertain.



The **Global Fund** remains a key donor, but the current grant has also been **cut by 12%**.



Meanwhile the **domestic health budget allocation** has fallen to **8.3%**, well below the 15% Abuja target.

Sources: UNAIDS, Global Fund, Observatório Cidadão para Saúde

As a result, vital programmes for key populations and adolescents have been scaled back or shut down



Approximately **73,000** people from key populations could **lose access to tailored HIV prevention services**.



PEPFAR-funded DREAMS programme, providing services to **young people** in all their diversity, has **completely halted**.

Sources: Global Black Gay Men Connect, UNAIDS

The funding cuts have directly impacted people's access to life-saving HIV treatment and new prevention technologies



Around **91%** of people living with **HIV are on treatment** with direct or indirect support from PEPFAR.



**Oral PrEP services** have been **reduced**, especially for marginalised people.



**Studies** to support the roll-out of new technologies **are continuing**, but only with support from the Global Fund.

Sources: amfAR, PrEPWatch

# STATUS OF THE HIV RESPONSE: A COMMUNITY ANALYSIS



**Mozambique has one of the highest HIV prevalence rates in sub-Saharan Africa.**

The sudden withdrawal of US government funding, which previously covered more than two thirds of the national HIV budget, has severely weakened an already under-resourced health system. This funding was critical in sustaining prevention, testing and treatment services, and its abrupt removal now threatens to reverse hard-won progress in the fight against HIV. As a result, an estimated 83,000 additional new HIV infections and 14,000 extra HIV-related deaths are predicted to occur by 2030.

**HIV prevention, treatment and services for key populations<sup>1</sup> have been hit the hardest.** Since the US stop-work order, all PEPFAR<sup>2</sup> implementing partners have either halted or scaled back their work with key populations, leaving an estimated 73,000 people without access to vital prevention services. Before the US funding cuts, key population organisations were actively engaged in community-led monitoring, but the withdrawal of PEPFAR support is now undermining these efforts. Children affected by AIDS are also losing critical support, including HIV treatment, education and basic healthcare, as funding for these services has been cut. Without formal social contracting mechanisms in place, the government cannot channel domestic funds directly to civil society organisations.

**The impact on access to HIV treatment is extremely concerning.** The DREAMS<sup>3</sup> programme, which provided critical prevention support for adolescent girls and young women, has been stopped, reducing access to vital services. The number of patients on antiretrovirals (ARVs) has dropped by nearly 40% since the orders were issued. In 2023, ARV coverage for people living with HIV was as high as 95%, with approximately 91% of people receiving treatment from PEPFAR-supported facilities. Clearly these facilities can no longer provide services at the same scale, with potentially life and death consequences.

**Urgent action is needed to stabilise Mozambique's HIV response and adapt to the changing funding environment.** Mozambique began the evaluation of the [National Strategic Plan on HIV and AIDS \(2021–2025\)](#) in mid-September, concluding with a public consultation in October. There are ongoing discussions about expanding this review to include the National HIV Prevention Roadmap (2020–2025). However, the overall process has faced delays due to funding shortfalls. Mozambique has begun

developing the UNAIDS-led [Sustainability Roadmap and Transformation Plan](#), aimed at supporting sustainability in the wake of funding cuts. However, consultation with civil society has been limited due to stretched resources.

**A clear plan and better national coordination is urgently needed to protect the hard-won gains that have been made in Mozambique.**

The Prevention Technical Working Group was already struggling to meet regularly. Structural and behavioural interventions are not centrally coordinated, affecting the development of an enabling environment to support service transition. A National Condom Strategy (2024–2027) has been approved, and a new civil society-led distribution system for condoms and lubricants has been developed. However, these activities are currently funded by the Global Fund, which is undergoing reprioritisation and facing cuts of approximately 12%. With no clear future funding plans discussed by the Condom Technical Working Group, progress risks stalling.



<sup>1</sup> UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.

<sup>2</sup> The US President's Emergency Plan for AIDS Relief (PEPFAR) is a US government initiative launched in 2003 to address the global HIV and AIDS epidemic through prevention, treatment and care programmes.

<sup>3</sup> The Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme was funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) as a multi-sectoral HIV prevention initiative for adolescent girls and young women.

**Compounding the critical funding challenges facing Mozambique, the national health budget has fallen from 10% of total government expenditure in 2024 to 8.3% in 2025, well below the Abuja Declaration target.**<sup>4</sup> A new Health Sector Financing Strategy (2025–2034) is in development, but there is still no national resource mobilisation plan for HIV prevention. At the same time, the country is at risk of a public and private debt crisis, with debt payments at 13.3% of government revenue in 2025. The country is not halfway towards reaching the World Health Organization (WHO) recommended per capita budget for health, with expenditure failing to keep pace with population growth, leaving the system dangerously unprepared to cope with the loss of external support.

There are also ongoing concerns about the implementation and sustainability of new prevention technologies.<sup>5</sup> A pilot study for long-acting cabotegravir (CAB-LA) is currently underway in Nampula, with the results set to guide whether this prevention method will be rolled out more broadly. The dapivirine ring was also piloted, and preliminary findings have been shared, but funding remains the

primary barrier for rolling out this new technology. Mozambique is one of nine countries selected for the roll-out of lenacapavir, a new form of long-acting injectable pre-exposure prophylaxis (PrEP), with financial support from the Global Fund. To support this effort, a group has been developed to actively engage communities throughout implementation.

#### **Mozambique has made strides on human rights.**

The National Human Rights plan has been approved, and an improved reporting system now integrates key population and gender-based violence data. A second Stigma Index Study for people living with HIV is in the process of approval. However, these strides are being heavily impacted by increasing anti-rights narratives targeting LGBTQ+ individuals<sup>6</sup> and young people's access to sexual and reproductive health services, leading to increased stigma and discrimination and human rights violations. Civic space is also being restricted, with key population organisations facing challenges in registering as non-governmental organisations because of the work they do on sexual orientation and gender identity.<sup>7</sup>



<sup>4</sup> Under the 2001 [Abuja Declaration](#), African Union member states pledged to allocate at least 15% of their national budgets to the health sector to strengthen financing and improve health systems.

<sup>5</sup> Lenacapavir, cabotegravir and the dapivirine vaginal ring are long-acting HIV prevention options, giving people safer, easier protection without the need for daily pills.

<sup>6</sup> LGBTQ+ people are individuals who identify as lesbian, gay, bisexual, transgender, queer or other diverse sexual orientations and gender identities. This includes men who have sex with men and trans people.

<sup>7</sup> Mozambique's primary legislation governing freedom of association is Law No. 8/91 of 18 July (1991). The Ministry of Justice and Constitutional Affairs is responsible for authorising the establishment of national non-governmental organisations. In 2022, the Council of Ministers approved the [Draft Law](#) on the Creation, Organisation, and Operation of Nonprofit Organisations. Officially aimed at combating money laundering and terrorist financing, it has faced criticism for its abuse of human rights and restrictions on civic space.

# COMMUNITY IMPACT



**At the heart of delivering HIV services to marginalised communities is the relationship between the service provider and the communities they serve.** The sudden withdrawal of programmes from these communities has shattered trust and destroyed relationships within the health system that were built up over many years.

Marginalised communities across Mozambique have had safe spaces ripped away and the community members that supported and understood them suddenly removed from their positions. Communities were left in panic because there was no clear information about which services were ending, why they were being cut or where people could go for help.

In Mozambique, sex workers, men who have sex with men, trans and gender diverse people and people who use drugs, who were previously served at US funded sites, now face stigma and discrimination in overburdened public clinics. Criminalised populations have reported being judged and humiliated, which has eroded trust and discouraged them from returning to these clinics. Harmful experiences at clinics are undermining years of progress in HIV prevention, at a time when criminalised populations are experiencing more violence and human rights violations due to increasing anti-rights mobilisation – pushing them further underground.

Members of the LGBTQ+ community have lost access to psychosocial support and are worried about the lack of trained and sensitised healthcare workers to meet their specific needs. People who use drugs are seeing the efforts to bring services to their community undermined and the sex worker community is experiencing gaps in the availability of PrEP, condoms and lubricant.



*Sex worker communities must continue to be included in the HIV response. By us, for us and with us."*

**Sex worker**



***It feels like the ground has been ripped out from under our feet.** Before, we had places to go, people to talk to, and we knew someone cared. I felt supported when there were peer groups and community counsellors."*

**Woman living with HIV**



*I feel that hope is slowly disappearing. Before, I knew where to find support, condoms and counselling. Now, many of my peers face unwanted pregnancies, contract HIV or suffer violence with no one to listen to them. **A 17-year-old friend of mine was raped and couldn't get immediate care because the centre she used to go to was closed. This isn't just a question of funding – it's a question of human lives.**"*

**Adolescent**



Many youth-focused programmes funded by the US have closed, leading to a reduction in peer-supported activities within safe spaces. While some safe spaces remain operational, others are no longer fully active. As a result, access to key services, primarily counselling and condoms, for adolescents and young people has been uneven. Limited sexuality education in schools is increasing the knowledge gap in HIV prevention amongst young people.

The shift towards dependency on public health facilities is also challenging for rural women living with HIV, as travelling long distances is often unaffordable and impractical for them, due to domestic and caregiving responsibilities. For those who cannot afford private services, this is leading to treatment interruptions, with dire consequences for their health.

While these experiences provide very worrying insights, it is impossible to describe the full impact of the funding cuts on communities because no one is tracking the people being left behind. Data that exists is fragmented and a national picture is unavailable. What is clear is that the loss of tailored, community-led services in Mozambique is devastating.

Mozambique is now at a crossroads: without urgent action to ensure that these communities can access services that are safe and appropriate, the impact of these reductions could mean the difference between life and death.

**EVEN IF FUNDING RETURNS, THE LOSS OF TRUST IS IRREVERSIBLE.**

**THE IMPACT OF THESE CUTS WILL BE FELT FOR YEARS TO COME.**



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*The funding cuts have broken trust. We don't know what tomorrow will bring. We can only be tested once a year, and we don't even know how long we will have access to antiretrovirals. On top of that, as a transgender person, I am already discriminated against, and with the lack of these services, **I feel like I am on an island, in isolation, because I am seeing the doors of my hope closing little by little right in front of me.***

**Trans sex worker**



# MOZAMBIQUE

## RECOMMENDATIONS



These recommendations were developed by a coalition of over 16 civil society organisations, community networks and diverse affected populations across Mozambique, reflecting the current state of the HIV response and the impact of recent funding cuts on communities. They are directed to the Government of Mozambique, including the Ministry of Health, Ministry of Finance, Ministry of Justice, the National AIDS Council and the National Parliament.

To effectively support and strengthen Mozambique's HIV response and prevent a potential new AIDS emergency, these recommendations require the active engagement of key development partners. The Global Fund, other donors and UN agencies, including UNAIDS, will be critical in helping the country to strengthen its HIV response and stay on track to achieve the global goal of ending AIDS by 2030.

### POLITICAL LEADERSHIP AND ACCOUNTABILITY



1. Urgently complete the evaluation of the National Strategic Plan and HIV Prevention Roadmap (2020–2025) and updating the National Strategic Plan to ensure that it addresses current funding realities and prioritises community needs for a sustainable HIV response.
2. Ensure that civil society and community networks are meaningfully engaged in technical working groups, including acting as co-chairs, and are involved in all evaluation, strategy, transition and sustainability processes.

### FINANCIAL SUSTAINABILITY



3. Urgently complete the UNAIDS-led Sustainability and Transformation Plan, which must include a targeted resource mobilisation strategy to increase domestic resources for health, with a clear focus on creating a resilient health system and including specific commitments on HIV prevention.
4. Restore domestic health financing to at least 10% and work towards achieving the Abuja target of 15% through the introduction of innovative funding mechanisms, such as targeted taxation and stronger private sector investment.

### ENABLING ENVIRONMENT



5. Accelerate legal reforms on sex work and harm reduction to eliminate barriers for key populations, actively championing human-rights based approaches, in order to reduce stigma and discrimination.
6. Strengthen the enforcement of anti-discrimination laws within health services and provide ongoing training to health workers on respectful, stigma-free care.





## SERVICE DELIVERY



7. Integrate community-level service delivery approaches, especially those provided by key population-led organisations, within the Ministry of Health's existing service delivery models and service packages.
8. Establish formal mechanisms for social contracting between the government and community-based organisations, to help ensure sustainable funding and service continuity.
9. Take active steps to urgently restore access to existing HIV prevention and treatment services, and accelerate the introduction and scale-up of new prevention technologies including the dapivirine vaginal ring, long-acting injectable cabotegravir and lenacapavir, with a focus on making them affordable and accessible to marginalised groups.

## RESEARCH AND DATA



10. Accelerate the launch of the Stigma Index 2.0 to generate up-to-date data for the development of effective national HIV policies and programmes.
11. Establish a unified national data aggregation system, including a community dashboard that links biomedical and community-level data for better analysis and planning.

## INTEGRATION



12. Develop updated guidance on service integration, including safeguards against stigma, discrimination and breaches of confidentiality, with the support of civil society and development partners.
13. Develop standardised reporting templates and embed community-led monitoring into national monitoring platforms to capture community contributions, track service quality and accessibility, and flag human rights violations affecting marginalised populations.



## BACKGROUND AND METHODOLOGY

UNAIDS has set ambitious goals to end AIDS by 2030 and progress towards these goals in Mozambique is now under threat. Cuts in US funding and shifts in other donor support have weakened national health systems and disrupted HIV prevention programmes, potentially triggering a resurgence of new HIV infections.

Following the funding cuts, Frontline AIDS, together with advocates and civil society partners across Mozambique, reviewed national policy documents and strategies, and consulted government officials, civil society leaders and community stakeholders. The process aimed to capture the perspectives of those most affected and assess how funding changes are impacting both communities and government responses.

This report highlights key achievements and gaps, as well as experiences from community members, showcasing how the shifting financial landscape is undermining access to health and HIV services, community leadership and the ability for civil society and communities to engage with the government on transition. Drawing on community priorities, it offers practical recommendations to promote greater national ownership of the HIV response and support the development of a more resilient and sustainable health system.

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## OUR PARTNERS



Not all organisations and networks that contributed to this report are represented in the logos displayed above.

## SUPPORTED BY



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