# Mozambique

# Country Operational Plan 2023

# Strategic Direction Summary

## April 18, 2023



PEPFAR
20 YEARS OF IMPACT

## Table of Contents



***Military PSNU data are non-public***

## Vision, Goal Statement and Executive Summary of PEPFAR/ Mozambique's Investments and Activities in Support of COP23

Mozambique has made tremendous progress in its efforts to achieve HIV epidemic control. According to the recently released population-based impact assessment survey (INSIDA 2021), 71.6% of adults (15+ years old) living with HIV were estimated to know their status, 96.4% of those estimated to know their status were on antiretroviral therapy (ART), and 89.4% of those on ART were virally suppressed. Based on 2023 preliminary UNAIDS estimates for December 2022, Mozambique has advanced significantly in the areas of HIV case identification and treatment cohort growth, and now boasts a clinical cascade of 84-93-93 nationally, with an estimated population-level viral load suppression (VLS) rate of 73%. However, achievement of the 1st 95 in particular lags for children, adolescents, men, and people living with HIV (PLHIV) in northern provinces, driving lower rates of population-level VLS in these populations and geographies (**Figure 1.1, Figure 1.2, Table 1.1, Table 1.2**). With more than 1.9 million people on life-saving ART of an estimated 2.43 million PLHIV, Mozambique has seen notable reductions in the number of new annual HIV infections and HIV-associated mortality (**Figure 1.3**).

The PEPFAR/Mozambique (PEPFAR/M) Country Operational Plan (COP23) has been designed to ensure alignment with PEPFAR's Global 5x3 Strategy, Mozambique's National HIV Strategic Plan 2021-2025 to achieve epidemic control, UNAIDS 2025 targets, and global Sustainable Development Goals (Goal 3.3: to end HIV as a threat to public health; and Goal 3.8: to achieve universal health coverage). This plan was developed in close collaboration with the Government of the Republic of Mozambique (GRM), Mozambican civil society, multilateral agencies, and other donor partners.

**Figure 1.1 Total PLHIV, Coverage of Total PLHIV on ART, and Viral Load Coverage in Mozambique by Province**

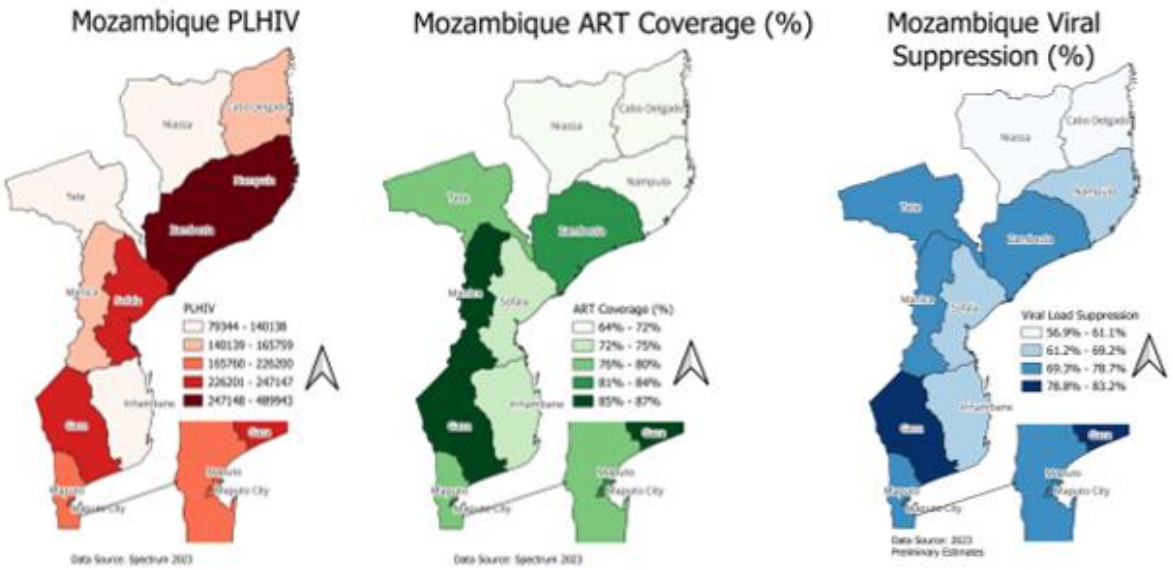


*Figure 0.A*

**Figure 1.2 Estimated Progress Towards 95-95-95 as of FY2023 Quarter 1 (FY23 Q1), by Age and Sex Band**


*Figure 0.B*

*Sources: Awareness of Status and PLHIV Estimates: 2023 Preliminary UNAIDS Estimates (FY24 Estimate); ART Coverage and VLS: triangulated with DATIM reported TX_CURR & Viral Load Suppression 2023Q1*

**Figure 1.3 Estimated New Infections and Deaths Among PLHIV in Mozambique by Year**

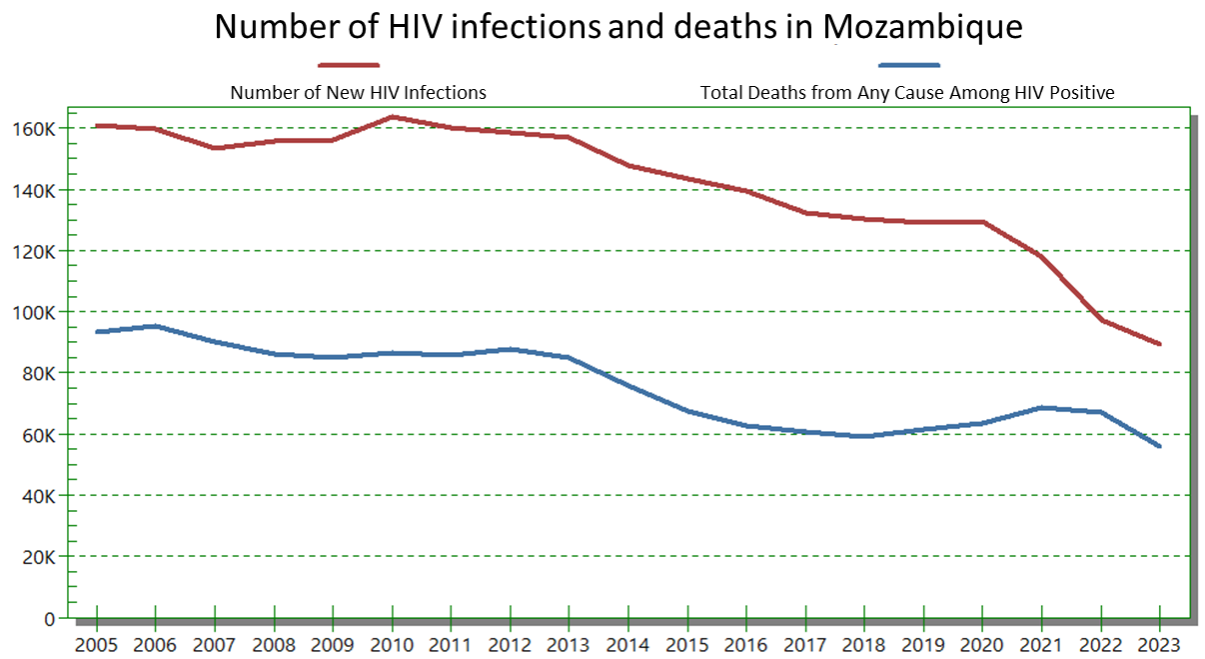


*Figure 0.C*

*Source: New Infections and HIV Deaths from 2023 Preliminary UNAIDS Estimates*

| Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression*<br>(2023 Preliminary UNAIDS Estimates 2023-FY24 Estimates & MER 2023Q1) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Epidemiologic Data** | | | | | **HIV Treatment and Viral Suppression** | | | **HIV Testing and Linkage to ART Within the Last Year** | | |
| | **Total Population Size Estimate (#)** | **HIV Prevalence (%)** | **Estimated Total PLHIV (#)** | **PLHIV Diagnosed (#)** | **On ART (#)** | **ART Coverage (%)** | **Viral Suppression (%)** | **Tested for HIV (#)** | **Diagnosed HIV Positive (#)** | **Initiated on ART (#)** |
| Total population | 33,956,198 | 7.2% | 2,456,410 | 2,135,138 | 1,962,966 | 81% | 93% | 9,562,637 | 325,254 | 314,089 |
| Population <15 years | 14,704,016 | 1.1% | 149,052 | 112,179 | 109,400 | 72% | 82% | 973,767 | 14,154 | 17,722 |
| Men 15-24 years | 3,424,237 | 2.5% | 85,069 | 66,861 | 63,518 | 72% | 88% | 692,310 | 15,173 | 10,319 |
| Men 25+ years | 5,875,813 | 12.5% | 736,959 | 645,805 | 574,114 | 79% | 93% | 1,244,747 | 111,067 | 105,005 |
| Women 15-24 years | 3,449,037 | 6.4% | 219,182 | 174,427 | 168,829 | 75% | 89% | 2,233,390 | 50,520 | 42,774 |
| Women 25+ years | 6,503,095 | 19.5% | 1,266,142 | 1,135,866 | 1,047,105 | 84% | 94% | 2,449,654 | 134,340 | 138,269 |
| MSM | 41,393 | 7% | 2,800 | | 5,339 | 191% | 95% | 16,864 | 3,186 | *2,020* |
| FSW | 93,523 | 23% | 21,631 | | 21,340 | 99% | 93% | 43,039 | 9,951 | *7,526* |
| PWID | 13,514 | 38% | 5,193 | | 934 | 18% | 93% | 4,144 | 684 | *550* |
| IDPs | 1,028,742 | 5.15% | 52,954 | | | | | | | |

*Epidemiological Data: 2023 Preliminary UNAIDS Estimates*

*Key population estimates from Estimativa do Tamanho de População chave, 2020*

*HIV Treatment: MER Q1 FY23*

*Viral Suppression: MER Q1 FY23, AJUDA Sites Only*

**Table 1.2 Current Status of ART Saturation and Progress Towards 95-95-95 across SNUs**

| Table 1.2 Current Status of ART Saturation | | | | |
|---|---|---|---|---|
| **Prioritization Area** | **Total PLHIV/% of all PLHIV for FY24** | **# Current on ART (FY22)** | **# of SNU COP22 (FY23)** | **# of SNU COP23 (FY24)** |
| Attained | 0 | 0 | 0 | 0 |
| Scale-up: Saturation | 0 | 0 | 0 | 0 |
| Scale-up: Aggressive | 2,456,399 (100%) | 1,861,931 (100%) | 11 | 11 |
| Sustained | 0 | 0 | 0 | 0 |
| Central Support | 0 | 0 | 0 | 0 |
| No Prioritization | 0 | 0 | 0 | 0 |
| Total National | 2,456,399 (100%) | 1,861,931 (100%) | 11 | 11 |

The plan presented herein is based on an in-depth assessment of current HIV epidemiology, geography, demography, and country context and focuses on reaching populations with the most critical gaps and needs. Based on the success of the program over the past few years, COP23 reinforces and strategically expands many of the interventions and activities underway in COP22. The portfolio will refine its focus to ensure better programmatic coverage of those sub-populations with highest HIV incidence to continue growth in the number of PLHIV identified, initiated, retained on treatment, and virally suppressed. COP23 targets are specifically designed to ensure that Mozambique reaches the populations and geographies that are furthest from epidemic control and to reach the 95-95-95 targets nationally by December 2025. Particular attention will be given to HIV case-finding, utilizing a mix of community- and facility-based modalities to tailor approaches to population-specific needs, including broad expansion of HIV self-testing. HIV testing fits within a suite of combination prevention interventions, all of which are articulated within Mozambique's 2022-2025 National HIV Prevention Roadmap, that are intended to further reduce new HIV infections and facilitate timely access to HIV care and treatment services. Rooted in the 5x3 strategy and all GRM guidance documents, COP23 focuses on addressing health equity for priority populations in a sustainable fashion and includes strengthening the overall health system through transformative partnerships guided by science and data.

The PEPFAR/M team recognizes that despite significant progress, additional efforts are required to ensure that all populations achieve equitable coverage along the clinical cascade and access to high-quality and person-centered treatment and combination prevention services, including for the three priority populations identified at a global level. For children, this includes analyzing gaps in case identification approaches and improving quality assurance (QA) activities, fortifying the Accelerating Progress in Pediatrics and Prevention of Mother-to-Child Transmission (PMTCT) (AP3) initiative, in alignment with the Global Alliance to End AIDS in Children, and strengthening PMTCT program performance in terms of early infant diagnosis (EID) testing, identification of sero-discordant couples, linkages to pre-exposure prophylaxis (PrEP) and other prevention services for at-risk mothers. For adolescent girls and young women (AGYW), the number of facilities with adolescent youth mentors (AYM) will be increased from 140 to 179 facilities and a continued focus will be placed on providing the Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe (DREAMS) package and youth-friendly health services to reduce AGYW's unique vulnerability to HIV acquisition. For key populations (KP), COP23 focuses on strengthening community-based service provision in alignment with GRM's standard operating procedures (SOPs) on community interventions, expanding facility-based peer navigators, increasing the number of locations offering opioid substitution treatment from five sites to seven, and initiating a KP integrated bio-behavioral survey to facilitate more targeted programming and improved results across the cascade. KP-led organizations will continue to be crucial to the national HIV response, receiving on-going capacity-building support while also having the opportunity to provide KP services in their communities through direct small grants and sub-contracts.

Given other local epidemiological gaps identified through population-based surveys like INSIDA 2021 and the military Seroprevalence and Behavioral Epidemiologic Risk Survey (SABERS) 2022, PEPFAR/M will also make a concerted effort to expand and enhance services for additional priority populations, including youth in general, men, military members, and internally displaced persons (IDP). To reach more youth, PEPFAR/M will support the GRM to expand community- and youth-friendly facility-based HIV testing services (HTS) as a critical entry point for both treatment and combination prevention services for those that test negative in line with the National Prevention Roadmap. Community HTS will also be increasingly focused on men, and the number of sites with male champions will be increased from 140 to 179 facilities as one component of a comprehensive male engagement package, which PEPFAR/M is committed to

improving in collaboration with GRM. PEPFAR/M will also engage adolescent boys and young men (ABYM) through communication and education activities and, while continuing to serve vulnerable AGYW, the DREAMS program will address harmful gender norms amongst youth in DREAMS districts, including ABYM. With the increased mobility of the military due to conflict in the north, PEPFAR/M recognizes the importance of increasing efforts to reach 95-95-95 within the military, including to prevent upstream incidence of HIV among AGYW, and will therefore implement targeted testing and offer of HIV self-test kits to military members deployed in areas of conflict. ART, PrEP, post-exposure prophylaxis (PEP) and voluntary medical male circumcision (VMMC) will also be made available. For IDPs, COP23 includes continued support for response coordination, and direct support to the Cabo Delgado Provincial Health Directorate (SPS/DPS) to provide services directly to those who are hardest to reach due to conflict, including newly displaced people and people returning home but not able to access services because of damaged health infrastructure.

COP23 also includes an increased focus on clients with advanced HIV disease (AHD) and comorbidities, who are particularly vulnerable to poor health outcomes. Per INSIDA 2021, 14% of individuals newly testing HIV-positive and without antiretrovirals (ARVs) in their blood had a CD4 count less than 200 cells/µl. PEPFAR/M is currently supporting the Ministry of Health (MISAU) in the implementation of a basic, intermediate, and complete AHD package in 75 sites across the country and will expand this support in COP23 to 66 additional sites, while simultaneously strengthening service quality. Despite major gains in tuberculosis (TB) preventive treatment (TPT) coverage and high rates of HIV testing and linkage to ART among TB patients, much work remains to be done with respect to HIV testing for clients with presumptive TB, and the TB diagnostic cascade. At the same time, PEPFAR/M will continue to work with GRM to strengthen access to services for mental health, cervical cancer, and gender-based violence (GBV) services, as well as to improve integration of HIV and non-communicable disease (NCD) services, especially as the PLHIV population in Mozambique ages.

To achieve greater equity, and as we near epidemic control, COP23 includes important innovations to reduce stigma, discrimination, and structural barriers to healthcare access. PEPFAR/M will continue to support the implementation of a quality improvement package for health provider communication aimed at reducing stigma and discrimination that patients face during clinical consultations. COP23 also includes

efforts to improve patient literacy, generate demand for services, and strengthen community-led monitoring (CLM) activities to identify and resolve issues at facility- and community-levels. A goal of these interventions is to place the locus of action with the populations most affected by, and in need of, quality HIV prevention and treatment services. As a result of consultations with Mozambican civil society organizations (CSOs) during the COP23 planning process, renewed and increased attention will be paid to expanding CSO involvement in implementation of programs, fostering space for innovations, and continuing to build the capacity of local CSO partners.

PEPFAR/M's systems investments directly align with identified program priorities, and overall aim to strengthen the Mozambican public health system, pandemic preparedness, and community-led efforts to ensure long-term HIV impact. This includes investments in critical human resources for health (HRH) and support to the GRM to increase staff absorption and management; laboratory systems strengthening, including increasing the coverage and quality of HIV and viral load testing and multi-disease sample referral systems; data and health information systems strengthening, interoperability, and quality; and investments in supply chain and commodities. Additionally, PEPFAR/M continues to support the Mozambican Public Health Institute (Instituto Nacional de Saude [INS]) across various technical areas, including laboratory services, pandemic preparedness and response, surveillance, and timely data analysis.

Building upon a sustainable HIV response is paramount and PEPFAR/M has been working with GRM to develop a common vision for the country. Discussions over the past year have focused on strengthening technical, institutional, and financial capacities of government institutions to maintain the gains of the national HIV response, and gradually shifting selected PEPFAR/M-supported responsibilities to local government and local partners' management. For COP23, GRM and the PEPFAR/M program have agreed to develop a measurable Sustainability Roadmap that focuses on strengthening the national systems and institutions required to sustain, manage, and lead the HIV response into the future. This will include defining a specific set of milestones to transition country programs toward increasing local leadership and management. Roadmap development will broaden the HIV conversation beyond the health sector, bringing together representatives from across various ministries and government institutions, civil society, and community organizations at the country-level to help galvanize collective political leadership.

Finally, effective implementation of COP23 will not be possible without strong engagement and leadership by an active civil society. To continue to strengthen civil society, PEPFAR/M will maintain its capacity building grant with PLASOC-M, the civil society platform that provides a coordination and advocacy platform for CSOs across all 11 provinces. This grant will complement other existing civil society capacity building initiatives that support comprehensive capacity building for 15 Mozambican CSOs to assume a more prominent role in the implementation of HIV programs. COP23 resources have also been allocated to directly fund CSOs to implement innovative and community-relevant programming outside of CLM. CLM efforts will continue as a fundamental approach to ensuring that affected community voices have a platform to share their experiences and needs with health providers and health facility leadership. PEPFAR/M is committed to elevating the voices of PLHIV, youth, key and priority populations, people living with disabilities, and other populations affected by HIV at all stages of programming, including planning, implementation, and monitoring.

Details of how PEPFAR/M will achieve its goals are explained throughout this document. The country team's vision is to support GRM and affected communities to continue recent progress towards reaching epidemic control and lay a foundation that will create better, equitable programs for all populations as well as stronger and sustainable systems so that epidemic control can be maintained.

## Pillar 1: Health Equity for Priority Populations

PEPFAR/M is committed to reaching 95-95-95 by the end of 2025, which will require closing gaps to reach populations that are furthest behind in terms of coverage, and at highest risk for HIV acquisition. These include PEPFAR global priority populations of children living with HIV (CLHIV) and their pregnant and breastfeeding mothers, AGYW, and KP, including female sex workers (FSW), men who have sex with men (MSM) including male sex workers, transgender people (TG), people who inject drugs (PWID), and people in incarcerated settings. Additionally, based on country-specific epidemiology, PEPFAR/M, GRM and other stakeholders have prioritized improving services for adolescents and youth in general (including ABYM), men (who lag for the 1st 95), IDPs (due to ongoing and/or recurrent climate and armed conflict-related crises), and military members. PEPFAR/M is committed to the delivery of quality, holistic, person-centered

combination prevention, case-finding and treatment services; the systematic dismantling of stigma, discrimination and other structural barriers that prevent equitable access to these services; and the empowering of PLHIV and affected communities to co-develop and continually improve an equitable, sustainable response.

**Closing the Gaps for Prevention to Promote Equity**

Analysis of the INSIDA 2021 results and health facility data indicate that significant, overlapping gaps remain in the coverage of proven, biomedical prevention interventions in Mozambique, including VMMC, PrEP and PEP. Coverage gaps also remain for sexual and reproductive health interventions; GBV and HIV primary prevention behavior change programs; condom and lubricant distribution at both health facility- and community-levels; sexually transmitted infection (STI) screening, testing, and treatment; harm reduction; and male engagement activities. To accelerate reductions in the number of new HIV infections in Mozambique, these combination prevention interventions must be scaled-up synchronously. Structural, behavioral and biomedical interventions to address coverage gaps among specific demographic groups (such as KP, AGYW, men, and pregnant women) or in districts or sites with high HIV incidence, low ART coverage, and/or low VLS will be prioritized. During COP23, PEPFAR/M will support national plans to accelerate uptake of PrEP and PEP services among eligible beneficiaries, including support to prepare the country for the introduction of new PrEP technologies. Efforts will also be placed on addressing gaps in VMMC coverage among young adult men aged 15-29, in addition to continued implementation of all other aspects of the GRM's combination prevention intervention package outlined in the 2022-2025 National HIV Prevention Roadmap. PEPFAR/M implementing partners are tasked with supporting this broad array of interventions while maintaining high quality provision of prevention services.

**Closing the Gaps for HIV Testing**

During COP23, PEPFAR/M will expand HTS among children, adolescents and young adults aged 15-24, men, KP, clients with presumptive TB, index case contacts, and other priority groups to close existing gaps in 1st 95 coverage, as well as within specific geographies that are farthest behind, as a critical entry point

for both care and treatment and combination prevention services. This includes rebalancing the HTS portfolio by expanding community- and youth-friendly facility-based testing for equitable knowledge of HIV status among priority groups. PEPFAR/M will support national efforts aimed at continuous quality improvements for HTS to ensure adherence to GRM-sanctioned HTS screening algorithms and effective linkage into care and treatment for PLHIV, improve documentation of retesting of known positives, and offer appropriate referrals for combination prevention services for those testing HIV negative. Index case testing (ICT) has proven to be a particularly effective approach for identifying HIV-positive adults, and has also been successful for reaching children, and during COP23, PEPFAR/M will work closely with GRM and other stakeholders to further expand the coverage of safe and ethical ICT. PEPFAR/M will also continue to support national expansion of targeted, community-based distribution of HIV self-test kits. For all HTS services, PEPFAR/M will support informed demand creation and testing literacy, so that beneficiaries fully understand results as well as the importance of seeking a confirmatory test and other relevant follow-on services.

**Closing the Gaps in the Pediatric Cascade**

Mozambique's pediatric ART program has seen considerable gains across the treatment cascade for CLHIV in recent years, including steep reductions in infant HIV-positivity. Despite this progress, programmatic gaps remain in case finding, mainly due to inconsistent use of pediatric risk screening tools and missed opportunities for ICT. Per the 2023 preliminary UNAIDS estimates, approximately 43,000 CLHIV in Mozambique have an unknown HIV status, though modeled estimates in Mozambique are imprecise. To improve annual CLHIV estimates through next generation antenatal care (ANC) surveillance a proposal was approved for LIFT Up Equity Initiative funding.

In COP23, PEPFAR/M will continue to implement interventions to identify more CLHIV and link them to care before they become ill. Pediatric case finding strategies include strengthening systematic ICT for children of adult PLHIV on ART; mentoring providers to correctly use pediatric risk assessment screening tools at all pediatric entry points; supporting GRM to conduct site-level analyses of HIV testing flow and use of pediatric testing algorithms; and continuing to work with the National TB and HIV Programs to better leverage community-based HIV ICT to include TB screening and referral. Though steadily decreasing

(reaching 3.7% in Q1 FY23), interruptions in treatment (IIT) among CLHIV have remained high for new ART initiates over several quarters, as did mortality among CLHIV under five years old. To address IIT, sustain growth, and improve VLS among children, Mozambique will continue to strengthen differentiated service delivery (DSD) model implementation, improve psychosocial support to CLHIV and their caregivers, provide mentor mothers (MM) support to CLHIV up to age 10, mentor providers to ensure quality of services for CLHIV, expand pediatric AHD package implementation, and improve TB screening and TPT completion.

Rapid transition to 100% of CLHIV receiving optimized dolutegravir (DTG)-based regimens has contributed to improvements in VLS among CLHIV. These gains have been coupled with AP3 activities that started in COP22 and are aligned with national plans for The Global Alliance to End AIDS in Children initiative. Through a unified approach, PEPFAR/M and GRM will continue to conduct joint site visits and implement a surge approach at 187 designated priority sites to provide mentoring and technical assistance (TA), identify specific challenges, and implement solutions. Site visit findings, challenges, and solutions will be discussed routinely at site, provincial and central levels. Related interventions are expected to be included in site-level quality improvement (QI) plans.

In COP23, the PEPFAR/M program for orphans and vulnerable children (OVC) will continue to contribute to improving health equity for vulnerable children by addressing social barriers, particularly for children and adolescents living with HIV (C/ALHIV) in highest HIV-burden areas. The program utilizes a comprehensive and family-based approach, using case management to facilitate access to socioeconomic services for children most at risk to acquire HIV. OVC clients include HIV-exposed infants (HEI), children of HIV-positive caregivers and FSW, and C/ALHIV at risk for poor ART outcomes. Since FY21 Q2, the OVC program has enrolled over 20,000 C/ALHIV into comprehensive services, with 99.9% enrolled on ART, thus increasing the OVC program catchment-area-coverage of C/ALHIV on ART to 87% in FY22 Q4. Since FY22, when the program began tracking viral load testing, VLS has been higher in OVC-supported sites (90.6%) than in the general C/ALHIV population (80.1%). In COP22, the OVC program has optimized its site-level presence to improve C/ALHIV coverage, expanding its geographic coverage to 29 new high-volume sites with more than 150 C/ALHIV on ART and a pediatric VLS rate <75%. For COP23, the OVC program will expand from ten to all 11 provinces by establishing a permanent presence in Niassa Province. This aligns

with the AP3 Surge Plan and was designed in response to recommendations from the MISAU Pediatric Technical Working Group (TWG).

**Closing the Gaps for Pregnant and Breast-Feeding Women (PBFW)**

Mozambique has made tremendous progress in PMTCT, with consistently high rates of HIV testing and ART initiation among PBFW (100% as of Q1 FY23), high attendance of 1st ANC (92% per INSIDA 2021) and, within AJUDA sites, a decrease in HIV PCR positivity among HEI aged 0-12 months from 3.1% in FY22 Q1 to 2.5% in FY23 Q1. However, the national MTCT rate is still estimated at 10% for FY22 (2023 preliminary UNAIDS estimates), well above the <5% elimination target, reflecting the need to further strengthen the quality of both ANC data and services. A combination of late ANC initiation and HIV diagnosis, incident infection among PBFW, interruptions in ART during the PBF period, and slow improvement of VLS among PBFW all likely contribute to this problem.

Current efforts are underway to improve program performance, including continuous strengthening of EID, maternal retesting during the PBF period, and identification and linkage of eligible PBFW to PrEP and other prevention services. To appropriately target HTS resources, a risk assessment screening tool to identify PBFW most at risk of new HIV infection is under evaluation and results will be used to inform guidance during COP23. PEPFAR/M will provide ongoing support to the Global Alliance Initiative through implementation of the AP3 initiative activities underway in COP22, including reinforcing the MISAU QI strategy through provincial mentoring teams for providers to improve quality of care, VL monitoring, vertical transmission prevention, and CLHIV case-finding and linkage to ART. The MM strategy will continue to be implemented at all AJUDA sites, ensuring fidelity of implementation using quality standards, and the CLM platform will continue to be strengthened to improve PMTCT and pediatric health outcomes. PEPFAR/M will continue to support implementation of the National Plan for Triple Elimination of HIV, Syphilis and Hepatitis, and foster collaboration with the MISAU Family Health Department to reinforce Maternal and Child Health (MCH) guidelines, and support for routine data revision and QA activities, including ANC surveillance to improve annual CLHIV estimates. Additionally, the PMTCT, DREAMS, and OVC programs will collaborate to ensure effective referral and counter-referral of adolescent and young mothers and their at-risk HEI, including provision of comprehensive services

provided through OVC PEPFAR domains (Healthy, Schooled, Stable, Safe) against graduation benchmarks, and coordination between MMs and OVC linkage facilitators and case managers. Finally, to address especially high (but decreasing) rates of infant HIV-positivity in Cabo Delgado in the setting of an ongoing humanitarian crisis, and barriers to healthcare access in other emergency contexts, PEPFAR/M will continue to support the GRM to implement community DSD models to improve continuity of HIV and PMTCT care within highly mobile communities, including access to multi-month dispensing (MMD) for PBFW and expansion of mobile brigades and clinics to unstable districts. Key community actors (community health workers known as Agentes Polivalentes Elementares [APEs]), MMs, traditional birth attendants, and other community leaders) will continue to be used to further access the most-hard-to-reach areas and communities.

**Closing the Gaps for Adolescents and Youth, Including AGYW**

The 2023 preliminary UNAIDS estimates indicate that 101,000 15-19 year olds are living with HIV, of which only 75,000 are aware of their HIV status. New HIV infections are estimated to be disproportionately higher among AGYW at 26,000 per year, in comparison with their male age- matched peers (9,700 new infections per year). Most female ALHIV are identified during ANC, while male ALHIV are frequently diagnosed when sick. Additionally, the cycle of treatment interruptions and return to care (CIRA) among adolescents aged 15-19 at AJUDA sites was 6.5% in FY23 Q1, the highest among all populations, and VLS was only 86%. VLS among AGYW has steadily improved but lags behind adults despite the introduction of optimized ART regimens in 2019. In COP23, PEPFAR/M will support the implementation of strategic prevention activities such as the national HIV combination prevention strategic marketing campaign focused on adolescents and young adults that include the education on consistent condom use, referral for VMMC, provision of HIV comprehensive prevention services for HIV-negative PBF adolescents including expanded access to PrEP and HIV self-test distribution for adolescents >15 years, including through AYM, a peer mentor-based program which will be expanded to an additional 39 sites in COP23 (from 140 to 179 high volume sites). In order to access the hardest to reach adolescents and youth and support them in determining their HIV status, HTS activities will be expanded to technical schools, universities and other community locations where adolescents and young adults aged 15-24 are concentrated.

Mozambique will establish a Youth Advisory Board, which will ensure youth engagement in the national HIV combination prevention campaign to engage youth as leaders to capitalize the demographic dividend of Mozambique. These actions are part of the national youth engagement strategy being finalized and includes peer leadership, mentorship and support, community dialogues to address stigma and gender norms that specifically affect youth. Additionally, the inclusion of adolescents and youth in TWG and other consultation forums such as CNCS and civil society will be mainstreamed. PEPFAR will continue to engage youth in improving access to, the quality and the monitoring of services, with a focus on demand creation activities for HTS and HIV prevention services at the community level. While implementation of DREAMS activities continues its focus on AGYW, PEPFAR/M will also engage ABYM through communication and education activities, and support implementation of youth-friendly services (YFS) at existing community centers to reach adolescents and young people that cannot easily access health facilities. A transition package of health services is under development and will be implemented to ensure a smooth transition from adolescent to adult care and treatment services. MM support to HIV-negative pregnant AGYW will also be implemented to increase uptake of prevention services for this particularly vulnerable population.

To respond to high HIV incidence in AGYW, high prevalence of GBV and high acceptance of harmful gender norms (VACS 2019), the DREAMS program will maintain its current geographic focus as well as the core and contextual components of the DREAMS package of community interventions and clinical services. DREAMS will focus on reaching the most vulnerable AGYW, addressing harmful gender norms and ensuring quality adolescent- and youth-friendly health services (AYFHS), known locally as SAAJ. The DREAMS program also aims to strengthen the gender norms change component and inequalities that increase AGYW vulnerabilities by implementing Coaching Boys Into Men and reaching additional youth (including ABYM) through youth community centers that provide combination prevention services such as HTS, family planning (FP), distribution of condoms/lubricants, PrEP, and referral for VMMC and STI treatment. Furthermore, DREAMS will expand community dialogues to all DREAMS districts, and ensure that key stakeholders have GBV and HIV prevention information. Lastly, DREAMS will continue to improve clinical services offered through: (a) youth-focused provider trainings on sexual and reproductive health (SRH), STIs and combination prevention services; (b) an evaluation of the quality of SAAJ services; and (c) a clinical mentoring package for SAAJ providers and finalization and dissemination of AYFHS supervision

tools. In COP23, the OVC program will complement DREAMS to ensure gender-equitable coverage of primary HIV and GBV prevention activities for adolescent boys and girls aged 10-14. The OVC program will serve a total of 56,126 adolescents, prioritizing districts with the highest estimated incidence and numbers of new HIV infections among youth. Notably, and importantly, adolescent and youth health services require multi-sectoral collaboration and PEPFAR/M is committed to liaising with the relevant ministries and stakeholders to ensure a holistic approach to this critical and growing population.

**Closing the Gaps for Key Populations**

In line with the World Health Organization (WHO) definition, KP in Mozambique include MSM, FSW, PWID, prisoners, and TG individuals. These populations are disproportionately affected by the HIV epidemic and at higher risk for HIV acquisition. KP often face social and structural barriers that increase their vulnerability to HIV, such as stigma, discrimination, criminalization, and limited access to healthcare. In COP23, PEPFAR/M will prioritize the empowerment of KP-led and -allied Mozambican entities to design and implement interventions tailored to meet the specific needs of KP. This will involve a three-part approach: (1) improving access to KP-friendly health services; (2) reducing structural barriers such as stigma, discrimination, and GBV; and (3) strengthening the evidence base to better address gaps in KP services. To improve KP service access, PEPFAR/M will support the dissemination of updated national KP guidelines, including the training and mentoring of health providers to offer KP-friendly services. PEPFAR/M will support the expansion of differentiated clinical service delivery models (e.g., mobile clinics and extended hours), HIV self-testing, and all combination prevention outreach and options, as well as increase the number of facility-based KP peer navigators to support linkage and retention in care. To address structural barriers and inequalities that increase KP vulnerabilities, PEPFAR/M will support community-based and KP-led organizations to implement community dialogues designed to facilitate changes in cultural and social norms that perpetuate stigma and discrimination. PEPFAR/M will strengthen clinical, legal, psychosocial and mental health referrals and support systems for KP who face stigma, discrimination, and GBV. In COP23, PEPFAR has included plans for an integrated biological and behavioral surveillance (IBBS) survey among KP to quantify disparities and lay the foundation for evidence-based program planning. Finally, PEPFAR/M was approved for LIFT Up Equity Initiative funding to introduce new

demand creation and treatment literacy interventions for hard-to-reach MSM and TG through virtual platforms.

**Closing the Gaps for Other Priority Populations**

*Men*

While the coverage gap for men is estimated to have largely closed for the 2nd and 3rd 95s, men still lag behind women in terms of knowing their HIV status. Reaching men is crucial for epidemic control and continues to be a key focus. Men are often reluctant to seek services at health facilities and thus a successful case identification strategy will require concerted efforts to reach men in community settings. In addition to strengthening existing community-based testing strategies, including community ICT, COP23 will include targeted male-focused demand creation for HIV testing, including through distribution of self-testing as a crucial tool. PEPFAR/M is committed to supporting GRM to more effectively implement its national, comprehensive Male Engagement Strategy at all AJUDA sites, a notable challenge based on a recent countrywide assessment. In COP23, PEPFAR/M will: (a) support the implementation of a Male Engagement Strategy operational guide; (b) expand the number of sites with male champions from 140 to 179 (in alignment with the AYM strategy); (c) train providers on the Male Engagement Strategy; (d) support an annual meeting on male engagement; and (e) better utilize the Male Engagement Strategy dashboard to facilitate quality improvement interventions.

*Internally Displaced Persons*

The ongoing conflict in Cabo Delgado has resulted in a significant number of IDPs who face unique challenges in accessing HIV services. Throughout FY21 and FY22, PEPFAR/M responded to the critical needs of IDPs through a targeted strategy that included: (1) expanded DSD models (e.g., mobile brigades and APEs); (2) increased access to psychosocial support services (e.g., for GBV screening and mental health support); (3) community-based defaulter tracing activities; and (4) IDP surveillance. COP23, however, presents a new set of challenges. Gains by security forces in the north have facilitated the return of nearly 200,000 people to previously inaccessible districts that still have severely compromised health

infrastructure. At the same time, insurgents have moved south, displacing an additional 300,000 people, further straining the capacity of IDP camps and health services. To address these security shifts and IDP movements, PEPFAR/M will extend its support for HIV services to IDPs and returnees in high-risk districts. COP23 will include two new priorities for improved access: (1) increased funding to the SPS/DPS to provide HIV services to the hardest-to-reach IDPs; and (2) strengthened coordination among humanitarian partners to ensure standardized and collaborative delivery of HIV services. The newly proposed SPS/DPS-led implementation model, named Juntos (or "Together"), finances the SPS/DPS to deliver the MISAU package of HIV essential services in districts where clinical partners are unable to travel due to damaged infrastructure or insecurity. The model will include a smaller site-level HRH footprint compared to AJUDA sites, with support from roaming district personnel and mobile brigades. In terms of enhanced stakeholder coordination, PEPFAR/M will restructure the existing high-risk project based in Cabo Delgado. While maintaining support for IDP community surveillance, the project will shift its focus to providing HIV coordination support and TA to WHO Health Cluster partners. This new role should improve collaboration through potential activities such as establishing a platform to co-plan mobile brigade deployment with cluster partners, and mapping and triangulating partner data collection tools to better evaluate provision of services and target gaps.

*Military*

The 2022 SABERS indicates that the military program needs to focus on the 1st and 3rd 95s. Targeted testing will be implemented outside of facilities to active-duty military (ADM), expanding support to isolated Mozambique Defense Armed Forces (FADM) facilities that currently have no services, and increasing combination prevention efforts in the northern region where the SABERS found the highest HIV prevalence. HIV self-testing will be promoted among troops stationed in conflict areas, and ARV, PrEP and PEP will continue to be readily available at military clinics. Particular attention will be given to troops deployed for extended periods of time in Cabo Delgado and Nampula Provinces.

The SABERS study revealed that HIV-positive ADM (majority male) reported engaging with younger sexual partners (AGYW). With the increased mobility of the military due to conflict in the north, it is crucial that the military population address clinical cascade gaps to prevent downstream new HIV infections among

AGYW. There also is a need to improve viral load coverage and suppression for deployed HIV-positive troops and, in unstable and hard-to-reach areas, an m-PIMA portable instrument will be used. The program will increase efforts to improve Undetectable = Untransmissible (U=U) patient level education amongst military personnel. VMMC will also continue to be a core biomedical prevention intervention to reduce risk of HIV acquisition.

**Closing the Gaps for Stigma, Discrimination, Human Rights, and Other Structural Barriers**

Human rights and HIV-related stigma and discrimination barriers continue to hamper Mozambique's HIV control efforts and progress. A recent analysis from PEPFAR/M on the country's progress toward the UNAIDS 10-10-10 societal enabler targets identified important gaps across the various 2025 goals that require strategic, multisectoral, and coordinated actions to advance the national HIV response. These include advocacy efforts to: (a) enact effective legislation and policies that guarantee PLHIV, KP, and vulnerable populations have access to safe, quality, and humanized HIV services; (b) implement interventions that reduce HIV-related stigma and discrimination in community settings and support health clinics to become HIV stigma-free and KP-friendly; and (c) promote supportive actions to advance gender equality by changing harmful societal norms that contribute to violence against women, children, and KP.

In early 2022, Mozambique was selected to become part of the Focal Country Collaboration (FCC), a joint effort of the Global Fund, UNAIDS and PEPFAR, which intends to measurably reduce stigma and discrimination through increased coordination, collaboration and planning with communities, governments, and national partners over a three-to-five-year period. Building on previous work, and together with the National AIDS Council (CNCS) and MISAU, the FCC partners intensified their coordination efforts to maximize the impact of interventions aimed at reducing HIV-related stigma and discrimination in Mozambique. Additionally, FCC members committed to support a national human rights operational plan that will support the human rights component of Mozambique's HIV National Response Strategy (2021-2025). The strategy draws from UNAIDS' guidelines and recommendations for addressing human rights and HIV-related stigma and discrimination in HIV programs, and includes various interventions directly supported by PEPFAR/M. PEPFAR/M-funded interventions were prioritized based on numerous consultations with national stakeholders, including representatives from PLHIV and KP constituencies.

PEPFAR/M has provided funding and technical support to initiatives that: (1) raise individual and community awareness on HIV transmission and the impact of stigma and discrimination, including through community dialogues; (2) expand peer-based and psychosocial support for PLHIV and KP; (3) train health providers in human rights and ethical health care provision; (4) contribute to the development and implementation of national policies that help to overcome barriers for accessing health services, including for KP; (5) increase patient health and legal literacy; (6) promote CLM programs that identify and address violations of patient health rights; and (7) change harmful gender norms (through the DREAMS-supported Coaching Boys Into Men activity). Furthermore, PEPFAR/M is supporting the dissemination of a patient bill of rights and duties in all AJUDA health facilities and contributing to strengthen existing mechanisms (such as "satisfactometer" and suggestion and complaint boxes) for health service users to provide feedback on the quality of the services offered.

National consultations with PEPFAR/M's stakeholders for CO23 planning have emphasized the need for PEPFAR/M to continue its support for human rights and stigma and discrimination interventions. In addition to funding critical activities such as stigma and discrimination awareness campaigns, health and legal literacy promotion, training of health service providers, and CLM programs, PEPFAR/M is committed to support the implementation of a qualitative study that will analyze existing systems that collect clients' feedback on the quality of service provision to make multi-level recommendations for reducing health and human rights violations in the health care system. In COP22, PEPFAR/M is piloting a phone-based platform at 40 sites to facilitate anonymous client feedback to health facility leadership following consultation visits, an approach that will be considered for expansion based on pilot results.

Concurrently, PEPFAR/M will continue to support CNCS's National Human Rights TWG in its efforts to advance the implementation of the national human rights operational plan for the HIV response. US/Embassy Maputo, including the US Ambassador to Mozambique himself, will maintain engagement with GRM officials about the critical need to improve the supportive HIV legal and policy environment that addresses barriers to service provision for PWID (use of illegal drugs is a crime in Mozambique) and administrative barriers to the registration of KP organizations (despite no impeditive laws/regulations, LGBTQI+ and sex worker organizations have not been able to formally register as an organization when they state in the application they are led by these populations). Furthermore, PEPFAR/M will support the

TWG to develop a functional monitoring and evaluation (M&E) system that is able to track the progress of human rights and stigma and discrimination interventions in Mozambique. Funding will also be provided to PLASOC-M and its PLHIV and KP constituencies to develop recommendations based on the findings of the Stigma Index 2.0 (results expected in August 2023). These recommendations are intended to shape PEPFAR/M's stigma and discrimination portfolio in future COP cycles.

## Pillar 2: Sustaining the Response

**Funding Landscape**

Total HIV spending in Mozambique increased from $508.5 million in 2017 to $545.4 million in 2021, a change of ~7% (2021 National AIDS Spending Assessment [NASA] report). Together, the Global Fund and PEPFAR/M accounted for approximately 83% of HIV expenditures in 2020. Government expenditures on HIV programming in 2018 were $12.1 million (2% of all expenditures) and were essentially devoted to program costs such as operations, human resources, logistics, limited equipment, and provider trainings.

The bulk (73%) of financial support provided to Mozambique as of 2018 was managed by international financing agent-purchasers, the majority of which were PEPFAR/M implementing partners (IPs). Only $135 million (25%) of international funding was managed by public financing agent-purchasers (FAPs) (i.e., GRM).

It is important to note that over 95% of facility-based HIV services are provided through a network of over 1,725 government-owned and run health facilities. The private health sector remains small and concentrated in urban centers and caters to higher-income groups. The government covers recurring costs in public facilities (staff, maintenance, etc), and donor funds support predominantly TA, community activities, lay cadres, limited amounts of direct service delivery (DSD) staff, as well as key inputs (medicines, diagnostics, logistics) and targeted systems support (data/health information, surveillance, supply chain, and laboratory systems).

Given that the country has the 2nd highest HIV burden in the world, ongoing reliance on external donors is an area of great concern. In the immediate- and short-term, GRM is unlikely to have the fiscal capacity to cover the costs of the HIV program for three reasons: (1) current implementation approaches are unaffordable; (2) recurrent and severe emergencies caused by climate events (e.g., floods and cyclones) and an insurgency in the northern part of the country are placing significant pressure on government finances; and (3) short-term economic prospects are not promising. Nevertheless, in the medium-term, it is hoped that GRM will have sufficient fiscal space (due to growing energy exports) to gradually cover a larger percentage of commodity needs.

In summary, the GRM's capacity to increase domestic contributions for the HIV response is currently limited, and the country will continue to require substantial international support to reach and maintain epidemic control. Nevertheless, careful transition planning to ensure sustainability once epidemic control has been achieved must be developed in the short-term. Therefore, PEPFAR/M and the GRM have initiated a high-level dialogue on sustainability, which aims to further improve alignment with GRM strategies, review implementation models with a view to identifying efficiencies, and craft a measurable, milestone-based sustainability roadmap.

**Proposed Country-Led Sustainability Approach**

GRM and PEPFAR/M initiated discussions about sustainability of the national HIV response in February 2022 and have been working together to build a shared vision for sustainability. This shared vision is to continue to strengthen technical, institutional and financial capacities of government institutions to maintain the gains of the national HIV response, while gradually shifting selected responsibilities, including funding, to local government management, implementation, and monitoring. The vision also includes further strengthening health systems, identifying key areas for focus such as HRH, supply chain and health information systems, the laboratory network, and financial management. For COP23, GRM and PEPFAR/M have agreed to develop a measurable sustainability roadmap, including a transition plan with concrete metrics and milestones for the short-, medium- and long-term, which will prepare GRM to sustain the gains and maintain HIV epidemic control, once achieved.

Although Mozambique has not yet reached either the 95-95-95 cascade nor the 10-10-10 UNAIDS targets, the consensus is that this is the right time to maximize PEPFAR/M support and create an enabling environment to start a country-led sustainability planning process. While the GRM and PEPFAR/M understanding of sustainability are seemingly aligned[1], there is need to define in more concrete terms what sustainability means in the Mozambican context. In COP23, the proposed approach for country-led sustainability planning and implementation will be comprised of the following steps/activities: (1) establish a steering committee and a task force; (2) develop terms of reference (TORs) and define concrete steps of the process and a timeline of key activities to be implemented in COP23; (3) promote a national dialogue about sustainability of the HIV response with leadership from CNCS and MISAU; (4) organize a national meeting to engage and consult on sustainability with key stakeholders such as affected communities, PLHIV, KP, DREAMS advocates, the private sector, civil society, multilaterals, donors and other partners (e.g., GF, WHO, Medicines Sans Frontières [MSF], etc.), including participation from provincial representatives such as provincial health authorities, district health care providers and other governmental institutions (e.g., parliament, and Ministries of Finance, Education, Women, Children and Social Action, etc.); (5) determine how PEPFAR/M and GF investments, which jointly represent the vast majority of HIV expenditures in the country, optimally leverage one another; (6) perform provincial consultation workshops as part of the national dialogue; (7) hire a consultant to facilitate the planning process and national dialogue workshops (consultation meetings) and coordinate the development of the roadmap; (8) perform an inventory of previous transition experiences and best practices from other areas of the national health sector; (9) develop a measurable roadmap for sustainability; 10) develop an M&E framework to monitor implementation of the roadmap.

Key areas to be included in developing a measurable country-led sustainability roadmap are:

- *Political*: GRM commitment to maintaining HIV on the national agenda; define policies favorable for priority populations, and mobilize domestic and external resources;

1 PEPFAR defines sustainability as a country that has and uses its enabling environment, capable institutions, functional systems, national resources, and diverse capacities within the national system (including government, community, faith-based organizations, and the private for-profit and non-profit sector) to sustain the progress made to date in its response to HIV toward the 95-95-95 targets; to maintain equity in its response to HIV; and to protect against other public health threats.

- *Programmatic*: GRM and PEPFAR/M commitment to continue building technical, managerial, and institutional capacity of sub-national governments to assume more responsibility in managing and implementing the HIV response, including setting short-, medium- and long-term milestones for sustainability and transferring knowledge and technical capacity from international NGOs operating in the country to local governments and organizations;
- *Epidemiological*: achievement of the 95-95-95 targets and HIV epidemic control to make sustaining the response more manageable, and ability to monitor the impact of interventions through robust data information systems. This includes identifying programmatic components essential to maintaining epidemic control within a budget that is feasible for GRM; and
- *Financial*: GRM, PEPFAR/M, and GF commitment to jointly build local capacity for management and absorption of allocated funds while advocating for increased domestic funding for HIV (including for KP programming). This should include advocacy for increasing domestic contributions to meet the Abuja Declaration of 15% of budget for health and mobilizing donor funding for the national HIV response and broader health system, including understanding program costs and what can be realistically appropriated by local governments.

**PEPFAR/M Engagement in Integrated National Planning**

In Mozambique, integrated national planning is a systematic process that aims at identifying future goals and outlining priorities as well as financial and other resources to achieve set goals. It is an annual cycle that generally starts in March of each year and consists of strategic planning guided by the GRM five-year plan, the health sector strategic plan, and Mozambique's National HIV Strategic Plan 2021-2025. PEPFAR/M has been engaged in this exercise to ensure that supported plans and programs are aligned with GRM priorities and plans. PEPFAR/M engagement takes place both at the central and provincial level with MISAU, CNCS, Ministry of Economy and Finance (MEF), Central Medical Stores (CMAM), INS, SPS/DPS, as well as the National AIDS Council's provincial bodies (CPCS). The new PEPFAR 5x3 strategy opens more opportunities for alignment, integration and localization. In COP23, efforts will continue to ensure strategic alignment of the PEPFAR 5x3 strategy with GRM priorities at all levels and to ensure complementarity of interventions, better allocation of resources for HIV program impact, as well as efficient use of those resources. Furthermore, in COP23, PEPFAR/M will work jointly with and advocate to

the GRM to prioritize further integration of HIV and other programs and implementation of person-centered services, start the conversation on the need to simplify service packages for better ownership by local governments, and ensure that quality of care is part of routine service delivery. PEPFAR/M will actively pursue opportunities to support harmonization and integration of platforms and systems that are vital for both HIV and TB services, but also those that support health services more broadly.

**Capacity Building towards Country-led Sustainability**

The PEPFAR/M program has been building capacity of local government institutions through direct government to government (G2G) agreements as well transferring funds and knowledge to local organizations to allow these partners to gain experience and gradually start to take on more responsibility to manage PEPFAR-funded HIV programs. The plan is to continue to strengthen G2G partner capacity to receive and execute direct funding through national health agencies and 11 provincial governments, for them to successfully perform program planning and implementation at the central, provincial and district levels. PEPFAR/M has initiated a dialogue with MEF to establish a G2G award to strengthen the financial management capacity of GRM entities to manage public resources and support advancement of public financial management reforms, specifically through the rollout of program-based budgeting, improved financial planning and accountability, and advancement of the domestic resource mobilization agenda. At the same time, PEPFAR/M acknowledges the key role that civil society plays and will continue to play in the national HIV response. In COP23, in response to CSO feedback, PEPFAR/M will increase the number of local CSOs that receive tailored capacity building support from 11 to 15. Tailored capacity building requires an in-depth organizational assessment of areas for improvement and systematic TA for those areas, which will require time and investment to ensure desired impact.

PEPFAR/M excludes CODB and commodities when calculating success towards its localization goals. Mechanisms that have yet to be awarded but receive funding (also known as TBDs), have not been included. Nevertheless, when the mechanism is known to be exclusively for local entities, it has been incorporated into the calculations. Many of our TBDs' target local mechanisms and/or will contribute to increased funding allocations to local mechanisms.

PEPFAR/M continues to actively seek opportunities to increase local partner funding within the parameters of our legally mandated existing implementing mechanism project periods and future

competitive award processes. For COP 23 Year 1 and Year 2, we anticipate a continuation of the upward funding trajectory exhibited over the last several years for local and G2G partners and an appreciable increase in the local vs international mechanism funding percentages. Increasing local funding is a priority initiative and we are striving to reach the 70% local partner benchmark as rapidly as possible.

CDC/M intends to continue to increase G2G provincial level awards and has scheduled a SWOT exercise with HQ facilitators in August 2023, to explore options and to help with the development of a multi-year plan for consolidation and reduction of the number of mechanisms and increased transition of activities to local (government and non-government) partners. Note: SWOT is a type of analysis which stands for "Strengths, Weaknesses, Opportunities, and Threats." USAID/M has made major progress in its localization agenda, completing the transition of the VMMC, KP, and OVC portfolios to local actors in COP22. While significant additional full program transitions will not take place in COP23 Year 1 or Year 2, USAID expects that the vast majority of its PEPFAR funding will be allocated to local partners by the end of COP25. DoD/M will be looking to transition its community and clinical program to a local partner (or partners) that present the most acceptable proposal and/or have the necessary experience upon completion of its existing award.

| COP Year | Total Funding | Local Funding | MZ % Local Funding |
|---|---|---|---|
| COP19 (CDC and USAID only) | $ 212,272,378 | $ 55,413,849 | 26.1% |
| COP20 (CDC and USAID only) | $ 276,996,519 | $ 97,190,481 | 35.1% |
| COP21 (CDC and USAID only) | $ 280,122,447 | $ 107,114,415 | 38.2% |
| COP22 (CDC and USAID only) | $ 268,563,456 | $ 106,297,931 | 39.6% |
| COP23 (All Agencies) | $ 277,513,827 | $ 124,747,086 | 45.0% |
| COP24 - Proposed (All Agencies) | $ 275,781,611 | $ 134,000,000 | 48.6% |
| COP25 - Proposed (All Agencies) | $ 275,781,611 | $ 150,000,000 | 54.4% |

Another key area driving the sustainability dialogue is HRH. PEPFAR/M has been building the capacity of all SPS/DPS' to hire, contract, and manage about 500 health care providers since 2020. Funds to support this provincial-level activity have historically been centralized through MISAU, yet in COP23, funding for one province (Nampula) will be decentralized, transferring the responsibility to the province to fully develop provincial management capacity.

Finally, programmatic capacity building is another very important step toward country-led sustainability. In COP23, strategic funding shifts have been made to provide SPS/DPS' additional resources for program implementation, including decentralization of the VMMC program to the SPS/DPS' of Zambezia, Sofala, Gaza, Maputo Province and Maputo City, with TA to implement activities in 14 sites. There are also G2G funds dedicated to support programs such as DREAMS, GBV, cervical cancer and data quality. SPS/DPS' will additionally be funded to further support the national QI strategy as an essential tool to improve quality of services and patient outcomes, and implement updated psychosocial support and "welcome back" packages to improve adherence and retention of patients on ART. Moreover, PEPFAR recognizes that affected communities, civil society and other stakeholders are key players in the national response, therefore, capacity building to empower these stakeholders to run CLM programs to address access barriers and contribute to improving the quality of services is critical for sustainability of the national response. CSOs will continue to be instrumental in implementing programs as direct recipients of funds, as sub-contractors under major awards, and as CLM implementers. This multi-faceted approach ensures that numerous local organizations of differing sizes, representing various HIV-affected communities, are intimately involved in the planning, implementation, and monitoring of HIV programs.

Finally, PEPFAR/M will implement a COP22-designed pilot AJUDA site "graduation" at 1-2 sites in Nampula and Zambezia Provinces through a collaborative and supportive transition between the clinical IP and the SPS/DPS, and additionally increase funding, technical support and site-level responsibility to the Cabo Delgado SPS/DPS to ensure delivery of HIV-related services in the emergency context through the new "Juntos" model described previously.

## Pillar 3: Public Health Systems and Security

**Strengthening Regional and National Public Health Institutions**

PEPFAR/M has been funding INS since 2006. INS houses epidemiologists, data management professionals and the national reference laboratories, including the physical infrastructure for a proposed national BSL-3 laboratory, albeit not yet functional. PEPFAR/M will continue to support staff and program activities related to laboratory, epidemiology and surveillance, data analytics, public health research, and the Field Epidemiology Training Program (FETP) program. All of these elements are foundational to a strong HIV response as well as a resilient system as it pertains to health security and preparedness and response capabilities to public health threats and emergencies. The systems investments made by PEPFAR/M, such as on laboratory information systems (LIS), sample transportation, laboratory infrastructure, workforce development, and multi-diagnosis high-throughput instruments were leveraged for the INS-led response to the COVID-19 pandemic. In addition, PEPFAR/M investments have been leveraged to support responses to polio and cholera outbreaks, including the current cholera outbreak exacerbated by the impacts of Tropical Cyclone Freddy in March 2023.

From the standpoint of US government (USG) commitments to the Global Health Security Agenda (GHSA), Mozambique was designated as an intensive support country in 2022. Mozambique's National Action Plan for Health Security (NAPHS) was approved by the Council of Ministers at the end of 2022, with priority actions to address gaps as identified in the Joint External Evaluation conducted in Mozambique in 2016. The USG GHSA portfolio funds both local and international actors to strengthen the country's ability to prevent, detect, and respond to diseases with pandemic potential. This includes, among other areas, strengthening animal and human laboratories, sample transportation, risk communication, and anti-microbial resistance.

INS is a key beneficiary of USG support aligned with Mozambique's NAPHS, further strengthening its role as a leading NPHI in the region, as well as its capacity for preparedness and efficient response at the national- and sub-national levels to public health threats. PEPFAR/M investments have supported the generation of health bulletins used to influence public health decisions by MISAU. Moreover, INS is a designated WHO member for the global surveillance of influenza-like illnesses (ILI), measles, and rubella,

as well as a supra-national TB reference laboratory for Portuguese speaking countries in Africa. Notably, through PEPFAR/M support, four national reference laboratories (TB, Serology, VL and EID, and Parasitology Reference Laboratories) have achieved International Organization for Standardization (ISO) accreditation, demonstrating competence and dedication to delivering proficient and quality laboratory services that meet internationally recognized standards.

In COP23, PEPFAR/M will continue to support HIV programming with INS that aligns with the NAPHS and builds Mozambique's health security capacity, including strengthening of laboratory quality management systems; strengthening the provincial Early Warning System for public health threats; genomic surveillance for HIV, TB, SARS-CoV-2, and other pathogens; enhanced disease surveillance among IDPs in areas affected by conflict; expansion of national workforce development through the FETP program; and TA for implementation of both PEPFAR/M- and GF-supported KP surveillance. USG non-PEPFAR global health security investments will complement PEPFAR/M's funding to strengthen MISAU and INS leadership, capacity and systems for pandemic preparedness. In alignment with GRM guidance for decentralization, and as INS has expanded provincial level delegations to all provinces this past year, opportunities to grow provincial level capacity will continue to be pursued in COP23.

Although this section highlights the specific investment in the NPHI, PEPFAR/M is also investing in MISAU surveillance capacity, as MISAU surveillance activities also play a critical role in public health surveillance and response in Mozambique. This complementary role has been seen over the past year in responses, among others, to cholera, polio, and Cyclone Freddy.

**Quality Management Approach**

*Quality Improvement Package for Clinical Services Delivered*

In alignment with Pillar 2 and ensuring sustainability and ownership by GRM of the HIV response, USG will align with the MISAU-sanctioned quality management approach and tool as requested by MISAU officials. This strategic shift will ensure and enhance the one country, one program approach as all entities will be utilizing the same QA management approach. Over the past several years, MISAU has developed and

rolled out several quality management/quality improvement tools to ensure implementation of standardized interventions that will improve the HIV response. The national HIV Clinical Services' QI Package is institutionalized and implemented in 728 sites (including all AJUDA sites, which account for more than 85% of PLHIV on ART). With PEPFAR's support, these sites will continue to implement cyclic and routine activities to monitor the quality of services provided to clients, including prioritization of key indicators and development and monitoring of action plans. Starting in COP22, this strategy was expanded to include client feedback as part of efforts to ensure provision of person-centered services. Furthermore, PEPFAR/M will continue to support the implementation of a QI package for communication in health. This component aims to reduce stigma and discrimination that patients face during interactions with health service providers, including not only training of providers on communication skills, but also the routinized collection of client feedback, and development and monitoring of improvement plans.

*Quality Improvement via Partner Management*

PEPFAR/M receives quarterly MER data from AJUDA sites with age-disaggregated performance across all priority program areas. PEPFAR/M teams review these performance submissions at the national, provincial and site level with all stakeholders. PEPFAR/M technical teams perform routine site visits across the country in conjunction with MISAU and other IPs. Since SIMS is no longer required as the only PEPFAR QA approach, PEPFAR/M has agreed to align with the national QA strategy to ensure sustainability, as requested by MISAU. The MISAU HIV QA tool is part of the national QI strategy and is used by the HIV Program at different levels (national, provincial, and district). The tool includes a final scoring dashboard, based on the same stoplight color system as SIMS, and consists of 13 components to be evaluated: HTS, STI, C&T, PMTCT, TB/HIV, psychosocial support, DSD models, male engagement, KP, QI, laboratory, pharmacy and clinical file revision for children, adults and PBFW. The gradual phase out of SIMS, apart from the required infection prevention and control Core Essential Elements (CEEs) for COP23, started in COP22 and will be concluded during COP23 after the approval and creation of a usable dashboard to allow for continued partner management and oversight. This approach will be supplemented by USG technical teams performing targeted technical visits based on data review and program performance, in order to ensure high fidelity program implementation that is aligned with national policy and SGAC guidance, and to provide TA to partner and site level staff. Official MER data submissions are complemented by partner

quarterly reports as well as Mozambique-specific program implementation reports, including quarterly reporting on the scale of implementation of a range of high priority program initiatives. PEPFAR/M also generates the "AJUDA dashboard", which allows the team to track monthly progress in terms of DSD model scale-up and treatment program growth, in alignment with the MISAU HIV Program's quality improvement initiative.

**Person-Centered Care that Addresses Comorbidities Posing a Public Health Threat for People Living with HIV**

*Advanced HIV Disease*

Recently released INSIDA results indicate that 14.1% of the participants unaware of their HIV status and not on ART had a CD4 count less than 200 cells/µL, emphasizing the need to address AHD. GRM, with support from PEPFAR/M and GF, has been implementing a standardized basic, intermediate, and complete AHD package in select sites since COP21 (currently at 75 sites nationally). Despite these investments, preliminary program data in FY23 Q1 reveal that 25% of CD4 results analyzed in AHD package implementation sites were below 200 cells/ µL, indicating a need for reinforced emphasis in this area. Activities to improve HIV epidemic control include improvement of VLS through quality care and treatment, and rapid expansion of AHD service coverage. GF support focuses on procurement of lab commodities and reagents and AHD drugs, while PEPFAR support focuses on TA, including: (1) training of providers to implement/expand pediatric and adult AHD services in designated sites; (2) provision of comprehensive ambulatory pediatric and adult AHD services at two reference sites in Maputo City; (3) provision of pediatric and adult AHD mentorship and supervision at designated provincial hospitals and ambulatory centers; and (4) development of M&E tools, including an electronic data base and reporting system. In COP23, PEPFAR/M will provide nationwide support to the expansion of the AHD package and Kaposi Sarcoma services to 66 and 22 additional sites, respectively. Despite these expansion plans, implementation of the national AHD package continues to have challenges. Based on a review of the HIV care and treatment electronic tracking system (EPTS), only 7% of all newly ART initiating clients received a baseline CD4 result in FY22. This sub-optimal result is due to a combination of provider awareness (an area PEPFAR/M will strengthen through clinician mentoring) and inadequate CD4 reagents. This is coupled

with a shortage of TB-LAM tests, which has hampered the diagnosis of TB and the fidelity of implementation of the AHD cascade. PEPFAR/M has not included funding for AHD commodities in COP23. AHD program implementation and expansion assumes that these commodities will be procured with GF resources in quantities that match agreed upon site coverage for COP23.

*Tuberculosis*

Given that rates of HIV testing and ART initiation among TB patients continue to be high in Mozambique, COP23 will focus on improved HIV case identification through implementation of universal HIV testing for all TB presumptive clients and expansion of TB/HIV one-stop shops to three new sites in each province. TB screening and diagnosis among PLHIV remains a significant challenge, despite support for the FAST (Finding TB cases Actively, Separating safely, and Treating effectively) strategy at all AJUDA health facilities. PEPFAR/M is working closely with MISAU and other IPs to identify root causes of a ~15% TB screening gap among active ART clients (February 2023 data from the monthly AJUDA Dashboard), and a 35% follow-up diagnostic rate for ART patients with TB symptoms, and to develop appropriate action plans. Identified challenges include inadequate quality and/or lack of TB screening registered in official patient charts (which, per MISAU policy, can only take place during a clinician consultation, not when performed by cough officers, community health workers, or pharmacists), and clients who screen symptom positive but who do not have a laboratory follow-up registered. In COP22, clinical IPs and provincial health authorities are jointly conducting intensive clinical mentoring and supervision for TB/HIV activities in health facilities identified with these gaps, and have developed a new EPTS report to closely track the TB screening and diagnostic cascade monthly, which generates line lists of clients that are missing TB screening in the last 5-6 months or have a positive TB screen in the last week to ensure that they get the appropriate work-up, and that relevant laboratory and chest X-ray (CXR) results are entered into patient charts and digitized into EPTS. In COP23, we will continue to: (1) provide TA and facility level support for national expansion of digital X-Ray and computer-assisted diagnosis (CAD) for TB screening; (2) support introduction and scale-up of use of GeneXpert for stool testing in children; (3) optimize the use of DISA for TB laboratory results capture, results return and analysis of turn-around-time; (4) pilot the use of DISA for GeneXpert laboratory results capture; and (5) improve EPTS data capture of TB screening among PLHIV using community and private pharmacy medication dispensing. PEPFAR/M is also committed to the development of an integrated literacy package for lay and health workers to increase demand for TB screening and diagnosis, and a literacy package to reduce stigma and discrimination towards clients with TB.

The past year has brought notable improvements in TPT completion rates and TPT coverage. Overall TPT completion rates continue to climb, reaching 87% in FY22 Q4 (PEPFAR/M dashboard), and are projected to reach 90% by the end of FY23, but more work remains. As of February 2023, TPT coverage of eligible TX_CURR clients at AJUDA sites has reached 91% and continues to slowly increase. Continuous QI efforts allow partners to review client records and flag those that still require TPT initiation at the next clinical consultation, which will be needed to reach the PEPFAR Core Standard of treating all eligible ART clients with TPT. In COP22, four provinces in Mozambique are using 3HP as a primary TPT regimen in PLHIV, but for COP23, no additional purchase is planned due to a large amount of isoniazid (INH) existing in country and 3HP already purchased by PEPFAR/M, the Aurum Institute and the GF grant that will cover needs in FY23 and FY24.

*Mental Health*

Mental Health (MH) disorders and psychiatric illness are important risk factors for poor adherence to ART. In FY20, PEPFAR/M began to support MISAU in implementation of the Common Elements Treatment Approach (CETA) package in 29 AJUDA sites, through a phased expansion approach. However, many implementation challenges were observed, and efforts were placed on improving service delivery by integrating the MH package within the national psychosocial support (PSS) approach. In COP22, implementation of the MH package is being modestly expanded to four additional health facilities (increasing from 29 to 33 sites). In FY23 Q1, 837 patients were screened using CETA, 250 screened positive for a mental health disorder, and 253 started CETA treatment (some patients screened from the previous period), with 296 patients active in care. During COP23, PEPFAR/M will continue to strengthen implementation of the updated integrated MH-PSS package by: (1) updating the content of the training package to reduce the number of training days; (2) performing regional rather than central level trainings; (3) expanding MH screening criteria to include patients with interruption in treatment and/or high viral load as well as patients with psychosocial factors that can affect ART adherence; (4) consolidating clinical appointments schedule to no more than once a month; and (5) maximizing existing HRH with no recruitment of additional staff. In COP23, expansion will be more aggressive, with an additional 3-6 sites per province. PEPFAR/M will continue to provide support in trainings; TA at central, provincial and site levels; co-development of guidelines; SOPs and other important tools; reproduction of materials; joint

supervision visits with MISAU; and development of a patient-level data capture module to report MH indicators.

*Hypertension/Non-Communicable Diseases*

Approximately 25 million PLHIV live in sub-Saharan Africa and about 6 million (25%) are estimated to also have hypertension, of whom <25% are treated. According to the 2018 Mozambique National Report of Chronic Diseases and Non-Communicable Diseases (NCD), the prevalence of hypertension was 39% and diabetes was 7.4% in adults aged 25-64 years in 2015. While NCDs can affect young adults, the prevalence is significantly higher in older adults. The Mozambican PLHIV population is aging, with around 20% of patients on ART in AJUDA sites older than 50 years. As such, it is important to have a system in place to ensure/strengthen the integration of care for NCD and HIV. In COP23, PEPFAR/M will work with MISAU to strengthen existing interventions for service integration by: (1) developing an Operational Guide to integrate service delivery for PLHIV with comorbidities, under the leadership of the NCD Program through the existing national NCD TWG; (2) supporting a workshop for validation of the Operational Guide; (3) providing refresher trainings for primary health care providers (including HIV clinicians) on integrated care; and (4) maximizing HIS to ensure integrated reporting and monitoring of PLHIV with comorbidities.

*Cervical Cancer*

PEPFAR/M supports cervical cancer prevention (CECAP) services at all AJUDA health facilities through a screen and treat approach to ensure women are appropriately screened and offered treatment, if needed, or referred for specialized treatment during the same visit. At the health facility, cervical cancer prevention and care is integrated with reproductive health services, which are co-located with HIV treatment services in some health facilities. Patients with advanced precancerous lesions or apparent invasive cancer identified through primary level health services are referred to secondary and tertiary hospitals where they have access to colposcopy, loop electrosurgical excision procedures (LEEP), and surgical management, as needed. In FY22, Mozambique screened 414,253 HIV-positive women for cervical cancer, achieving 133% of PEPFAR/M's annual national screening target. Access to treatment for women who screened positive during visual inspection of the cervix using Acetic Acid (VIA) also increased

from 87% in FY21 to 90% in FY22. In COP23, PEPFAR/M will continue to support activities outlined in the National Roadmap toward Elimination of Cervical Cancer that will be approved during FY23, including support for site-level HRH. Training, mentoring, and supervision to clinical providers will be reinforced through the deployment of master trainers and supervisory staff of clinical implementing partners. PEPFAR/M will continue to support the use of EPTS for documenting results of the CECAP program. PEPFAR/M team will support MISAU to mobilize funding for CECAP commodities as well as implementation of human papillomavirus (HPV) testing. The quality of treatment will be improved through expansion of thermal ablation from the current 372 to 507 sites (~80% of AJUDA sites) during COP23. Access to LEEP services for treatment of advanced precancerous lesions will also continue to be supported on site or through referral.

**Supply Chain Modernization and Adequate Forecasting**

In COP23, PEPFAR/M will continue to support MISAU with refining/updating the pharmaceutical logistics strategic plan (PELF). As the supply chain in Mozambique matures, there is a need to ensure that there is a clear and up-to-date strategic vision for how to manage the logistics needs and demands of the country. As part of this effort, PEPFAR/M will continue to support advocacy efforts alongside other donors and key stakeholders for MISAU and CMAM to complete the implementation of the "Comando Unico'' reform, which aims to consolidate supply chain activities to improve efficiency and end-to-end visibility.

PEPFAR/M will also continue to strengthen its support for alternative ART distribution points (community as well as private sector pharmacies) and multi-month scripting. These efforts will improve site-level availability of ARVs and decongest public health facilities. Additional efforts will include the “last mile” distribution of HIV commodities through outsourced contracts managed by the private sector. As part of a long-term sustainable approach, support will be provided in COP23 to ensure clear steps are outlined for transitioning the management of outsourced distribution contracts to CMAM.

Ensuring that there are adequate HIV commodities is paramount to the success of the national HIV response and this includes quantification, forecasting, stock management and supply planning, as well as strengthening the end-to-end supply chain data availability, visibility, and use. PEPFAR/M coordinates

commodity investments closely with GF and MISAU, and regularly monitors commodity pipelines and funding to ensure appropriate stock levels in the country meet consumption demands. Supply plans are updated regularly to account for actual consumption and inventory levels, and orders are adjusted accordingly to maintain appropriate stock levels and avoid over or under stocking.

Additionally, PEPFAR/M will support the Medical Regulatory Authorities (ANARME) to enhance their regulatory capacity, with the medium- to long-term goal of increasing the efficiency of medicine registration and importation processes, reducing importation time, and thereby reducing possible stock outs caused by inefficiencies in the system.

**Laboratory Systems**

The Diagnostic Network Optimization (DNO) is a data driven continuous quality improvement (CQI) process for laboratory systems, which the country team has been implementing for the last few years. This process has created efficiencies and increased laboratory capacity, while striving for quality testing. Through the DNO, the Mozambique program has made visible progress in laboratory systems, by strengthening the sample referral system, electronic information systems, and physical infrastructure of laboratories for HIV VL and EID testing. These investments have increased the coverage of VL testing, reduced the national turnaround time (TaT) of results to less than 15 days on average, and improved M&E, with the development of dashboards that capture facility-level VL and EID data in real-time. The DNO analysis has laid out plans for the strategic replacement of low throughput instruments with multi-diagnosis, high throughput instruments across provincial reference laboratories that were recently built, renovated, or under construction in FY23. Those investments in laboratory systems will increase the VL testing capacity to 2.5 million tests/year by FY24. In FY24, following the completion of the provincial VL reference laboratory in Inhambane Province, each of the 11 provinces will have at least one reference VL laboratory in place, facilitating sample referral and reducing TAT of results.

Mozambique is pioneering EID testing on high throughput instruments, which will expedite testing. The 135 m-PIMA instruments installed across all provinces complement the conventional EID network and currently 39% of all EID testing is conducted at the point of care (POC). PEPFAR/M, with support from

headquarters staff, was able to negotiate a reduced price for an all-inclusive contract at $30/test. This pricing will facilitate m-PIMA network expansion by up to 21 instruments, based on ongoing DNO analyses. The new contract will become effective in FY23. The implementation of multiplexing VL testing on m-PIMA and GeneXpert networks had a slow rollout in FY23 causing reagents to expire. PEPFAR/M will move ahead with caution in FY24 and plan to procure VL reagents for m-PIMA and GeneXpert instruments based on current consumption, to avoid unused expired reagents. An evaluation of the cost/benefit of VL testing on m-PIMA instruments is underway, which will guide multiplexing decisions on those instruments in COP23 Year 2.

Improvements to the LIS have been remarkable in Mozambique. The robust DISA LIS supported by PEPFAR/M can monitor the VL and EID testing cascade using near real-time data uploaded on dashboards, by tracking each step of the TAT. The LIS can also track test requests, receive electronic results in real time, provide results via SMS, monitor the performance of laboratories, and track patients with unsuppressed VL and positive EID results. A DISA version for POC and near POC instruments has been successfully launched for EID and AHD in COP22; this will be expanded in COP23 to cover the entire m-PIMA and AHD network and some GeneXpert instruments multiplexed for VL. During COP23 stakeholder discussions, MISAU conveyed their plan to expand the current DISA LIS for TB diagnosis as well, and consolidate the LIS used across all laboratory tests nationwide with DISA. PEPFAR/M is currently engaging with MISAU to develop the implementation plan to be co-funded by GF. To promote sustainability, PEPFAR/M plans to strengthen MISAU capacity to provide support for the LIS at central and provincial levels.

In FY23, the consolidation of the sample transportation system under a single mechanism was completed. However, transitioning the existing program to GRM may be cost-prohibitive; therefore, PEPFAR/M has been working with MISAU and the current IP to reduce costs by introducing efficiencies, optimizing routes, adjusting collection frequencies, and monitoring third party logistics contracts closely to maintain the core aspects of the intervention. GF plans to evaluate the sample referral system in FY23, with intentions to co-finance it within the upcoming three-year grant cycle. For COP23, PEPFAR/M will coordinate with MISAU and GF to support the development of a structure at MISAU that can manage the sample transportation system possibly at a lower cost and assume ownership of this activity in the years to come.

Over the years, PEPFAR/M has supported laboratory workforce capacity building and establishment of quality management system (QMS) programs for both POC testing sites and conventional laboratories. Seven laboratories have achieved international ISO 15189 accreditation, namely the DREAM VL/EID laboratory and the National TB, Serology, Immunology, Molecular Biology Parasitology and Nampula Regional TB reference laboratories. Apart from direct training and mentorship to laboratories to implement QMS, the country team has invested in building the capacity of INS to govern and implement QMS and External Quality Assessment (EQA) programs leading to the establishment of the National Laboratory Accreditation and EQA programs at the INS that will sustain CQI activities in Mozambique. In FY24, PEPFAR/M will support INS to lead capacity building for new diagnostics including AHD tests, roll out a national certification program for lower-level laboratories and decentralize EQA and QMS programs namely, HIV Rapid Test Continuous Quality Improvement (RTCQI) and Strengthening Laboratory Management towards Accreditation (SLMTA), supporting MISAU accreditation goals. With renewed focus on 1st 95 case finding in COP23 and needed improvements in HIV rapid test quality, PEPFAR/M will increase coverage of EQA from 63% to >80% and RTCQI from 28% to at least 50% of sites in FY24. To increase visibility of site performance and expedite improvement plans, PEPFAR/M will invest in RTCQI+, an integrated digital platform that will support program management and M&E. The digital platform will readily avail site assessment reports on the platform, proactively propose and document corrective actions and facilitate tracking of site performance over time. Additionally, the platform provides standardized high quality HIV rapid testing training through pre-recorded training videos and tutorials available on the platform.

**Infrastructure**

PEPFAR/Mozambique has supported infrastructure activities required to strengthen the national health system for many years. This has included construction of provincial reference laboratories, warehouses, youth-friendly clinics, consultation rooms, major renovations of health facilities, and provision of prefabricated units.

In COP23, PEPFAR/M has elected to radically reduce its infrastructure portfolio. Upon completing the final provincial reference laboratory in Inhambane Province, no additional major construction projects will be undertaken. Nevertheless, clinical implementing partners will continue to support minor renovations and provide small, prefabricated units.

**Human Resources for Health**

The Mozambican health sector struggles with limited funding, inadequate infrastructure, and a shortage of human resources to provide adequate health care services. Overall, there is a ratio of 1 hospital bed per 1,229 persons, with substantial variation across the country. There is also an inadequate and unevenly distributed number of trained and competent healthcare workers (HCW) across all cadres. Mozambique has 100 HCW per 100,000 people, far short of the global accepted standard of 230 medical professionals per 100,000 people.

To achieve HIV epidemic control in the short-term, Mozambique needs to prioritize the hiring, training and mentoring of qualified health professionals, to focus on identifying PLHIV and providing quality diagnosis and counseling to link and maintain people on treatment. PEPFAR/M supports HRH at national, sub-national, site and community levels to support MISAU to meet its epidemic control goals. The program has made substantial progress towards harmonizing staffing support with GRM policies, priorities, and compensation systems. These collaborative activities will continue in COP23 to help meet critical program needs.

PEPFAR/M uses data driven approaches to guide HRH investments, including the HRH inventory, expenditure report data, HIV resource alignment analysis, and other analytical products to continually optimize and adjust staffing models.

In COP23, PEPFAR/M will continue to support the strategic hiring of required cadres to reach 95-95-95, including but not limited to nurses, clinical officers, pharmacy technicians, laboratory technicians, data clerks and community level staff. PEPFAR/M will also continue to support HR Information System

expansion to capture HR data from private and community level sectors. PEPFAR/M will also align all DSD clinical staff salaries to the new GRM salary scale to enable rapid absorption to the government payroll.

Community health workers (CHWs) have been a critical pillar of the Mozambican health system since independence in 1975. They play a vital role in linking patients to care. For example, 32% of TB diagnoses were referred to health facilities by CHWs. PEPFAR/M currently supports over 20,000 lay workers in Mozambique, including peer educators, mentors, champions and counselors. In COP23, PEPFAR/M will start supporting the implementation of the national community sub-system strategy, as well as gradually align its community approaches with GRM policies. In collaboration with the GF, PEPFAR/M will support the six-month pre-service training to transition existing APEs to the upgraded MISAU community cadre (APS). PEPFAR/M will also support the development of policies and a legal framework to ensure that APS can be absorbed on the GRM payroll in the medium-term.

## Pillar 4: Transformative Partnerships

PEPFAR/M collaborates and is strategically aligned with GF, UNAIDS, and WHO across different areas in the local HIV response. COP23 has been developed in close collaboration with GRM, Mozambican civil society, including representatives of KP and youth, and multilateral and donor partners. PEPFAR/M, together with other multilaterals and civil society, is engaged in GF 2023-25 grant proposal development, which represents a key opportunity to maximize collective efforts to control the HIV epidemic and avoid duplication of activities. Additionally, PEPFAR/M is engaged with GRM to provide TA for the GF proposal preparation process. Aligned with the GRM's national pharmaceutical and logistics strategy, PEPFAR/M supports private sector engagement, through an efficient, outsourced transport system to distribute commodities to the last mile and continue to build resilience throughout the supply chain to ensure stock availability to maintain client-centered services. PEPFAR/M will continue utilizing existing private sector outsourced transportation to expedite routine and surge distributions to provinces to mitigate warehouse congestion, improve efficiency of warehousing and distribution operations, and increase availability of critical commodities in provinces. Similarly, PEPFAR/M partners with the private sector to pick up and return VL lab samples, standardizing the cost and quality of this component of the laboratory supply chain.

Financial support for both outsourced components of the supply chain aim to be transferred to GF over two years, with full management transferred to GRM.

## Pillar 5: Follow the Science

**Surveillance and Epidemiology**

With the completion of INSIDA 2021 and release of data in December 2022, PEPFAR/M entered COP23 preparations with the ability to plan strategies and priorities with updated HIV prevalence, incidence, and VLS data by province, disaggregated by gender and age. These data were used to inform the 2023 preliminary UNAIDS estimates, which has further allowed Mozambique to understand HIV burden and progress at more granular levels. During COP23 planning, PEPFAR/M conducted deep-dive analyses of INSIDA data to understand the potential programmatic implications of results, informing improvements in program strategies and target setting. For example, the VMMC portfolio significantly altered its allocation of targets as INSIDA 2021 highlighted that certain provinces had a far larger unmet need than previously understood. During the coming months, additional secondary analyses will provide further insights to guide refinement of program activities.

PEPFAR/M recognizes that INSIDA does not provide sufficient data to inform programmatic decision-making for all populations, including for KP and CLHIV. In alignment with Pillar 1, PEPFAR/M will prioritize addressing these knowledge gaps in COP23. Reaching and serving KP with HIV prevention, care, and treatment services is essential to achieving and maintaining HIV epidemic control. As Mozambique gets closer to reaching epidemic control, understanding the characteristics and needs of key and vulnerable populations, including their knowledge of HIV status, ARV treatment status, and VLS rates is amongst the highest priorities. COP23 includes funding to implement a KP-specific (tentatively FSW) IBBS in collaboration with GF, KP, and CSO representatives, and a broad set of stakeholders in Mozambique.

Similarly, in response to the lack of INSIDA data on children and difficulties calculating accurate population estimates for CLHIV, PEPFAR/M will collaborate with UNAIDS and GRM to design and implement enhanced

monitoring and explore ways to ensure higher quality of data on pregnant women to have more robust estimates of CLHIV.

Applied epidemiology and surveillance investments will continue to build capacity within GRM, including INS and other national partners, in alignment with Pillar 2. As part of COP23, PEPFAR/M will maintain strategic investments in surveys, research, and evaluation, which will all contribute to improving program efficiencies. Laboratory-based surveillance of DTG resistance following the cyclical acquired HIV drug resistance (CADRE) methodology, initiated in COP22, will continue in COP23. A case-based surveillance pilot will help improve program quality through an assessment of retention, quality, and impact of programs. The health and demographic surveillance system (HDSS) Polana Caniço project, using community-based surveillance platforms, will contribute to improved understanding of quality and efficiency of programs. In COP23, PEPFAR/M will explore the utility and feasibility of recency testing by engaging GRM, civil society, and service users and assessing laboratory diagnostics and quality assurance processes. Additionally, INSIDA data provide current information on geographic areas and demographic groups with high rates of recent infection that can help PEPFAR/M focus future plans.

**Following the Science**

Evidence-based behavioral and social-science based approaches fill another important knowledge gap by contextualizing epidemiological data and clarifying socio-anthropological, cultural, religious and economic factors that may be contributing to attitudes and practices that impact health behavior. One key example is Mozambique's on-going Somos Iguais (We Are Equals) campaign, which addresses stigma and discrimination of HIV treatment and targets young adult men. An evaluation of the PEPFAR/M-funded campaign found that negative perceptions of HIV, stigma, and poor treatment literacy continue to present barriers to treatment continuity among PLHIV in Mozambique. Over half of male respondents felt that those suspected of living with HIV lose respect in the community and that most people believe PLHIV are "dirty." Only one third of respondents on ART knew that VLS prevents HIV transmission, and 80% of respondents believed that taking medication is for people who are sick. These behavioral data will be used to continue refining messages and support program activities for Somos Iguais in the coming year. Currently, at the request of MISAU, additional behavioral data are being collected in three provinces and

will be used to develop materials for Mozambican adolescents ages 15-29. PEPFAR/M will also continue exploring opportunities to incorporate behavioral and social science data to maximize program effectiveness. At the request of MISAU, in COP23, PEPFAR/M, through an implementing partner, will support an assessment of the feasibility of providing long-acting Cabotegravir (CAB-LA) as PrEP for AGYW through existing services at public facilities in Nampula. This will complement a similar KP-focused CAB-LA assessment led by MSF and MISAU in Sofala Province. The assessment of barriers to PrEP expansion, which is ongoing in COP22, will be expanded to include a focus on AGYW, in particular identifying approaches to counteracting PrEP stigma using a participatory research approach with AGYW. Risk screening algorithms and approaches will also be assessed to describe missed opportunities for pediatric and adolescent HIV diagnosis, to enable future revisions to screening algorithms and tools.

## Strategic Enablers

**Community Leadership**

As a fundamental stakeholder of the Mozambican national HIV response, civil society was actively engaged in the COP23 development process. In addition to routine quarterly meetings between PEPFAR/M and civil society to present and discuss PEPFAR/M's programmatic results, which glean important feedback for adjusting programs, PEPFAR/M ensured the participation of representatives of Mozambican civil society, including PLHIV and KP constituencies and faith-based organizations. DREAMS Ambassadors and adolescents and young adults living with HIV are also routinely represented in program discussions. PEPFAR/M engaged civil society through PLASOC-M, the major coalition of CSOs working with health-related activities, which includes organizations representing PLHIV and KP constituencies. In addition to PLASOC-M members, whose participation was facilitated through virtual and in-person meetings, PEPFAR/M also involved CSOs not affiliated with PLASOC-M. Faith-based organizations were also in attendance and represented by a national steering committee of religious organizations.

As a direct response to civil society recommendations for capacity building of local community-based organizations (CBOs), in FY21, PEPFAR/M initiated a direct grant to PLASOC-M to support its institutional capacity, facilitate the engagement of CSOs represented in all 11 provinces, and to improve its advocacy capacity for advancing key HIV priorities of Mozambican civil society. This grant will be maintained in COP23 and will complement another civil society capacity building initiative that provides comprehensive and tailored capacity building services. In COP23, the number of recipient organizations will increase from 11 to 15, several of which are PLHIV- and KP-led organizations. PEPFAR/M is committed to ensuring that the voices of PLHIV, youth, key and vulnerable populations, people living with disabilities, and other populations affected by HIV are involved throughout program development, implementation, and monitoring and evaluation. To that end, throughout COP23 implementation, PEPFAR/M will continue to create opportunities to actively engage and collect feedback from representatives of these groups. PEPFAR/M will continue to meet regularly with PLASOC-M, other civil society representatives, and faith-based organizations to create opportunities to increase the capacity of these stakeholders to engage, inform, implement, and monitor PEPFAR/M-supported programs.

Since the development phase of COP20, PEPFAR/M has engaged with CSOs, CNCS, UNAIDS, and other stakeholders to advance CLM programs that can improve the provision of quality HIV services for the Mozambican people based on needs and priorities identified by PLHIV, KP, and other vulnerable populations. This work is intended to support improvements in site-level care, community by community, as well as the development of a national platform for CLM programs that have the voices of PLHIV and KP communities at their core. Through its interagency Community and Civil Society TWG, PEPFAR/M convened several meetings with civil society representatives for discussion and planning of concrete activities to be included in COP23. Consensus was reached that CLM remains critical in Mozambique to monitor and improve the quality of health services. PEPFAR/M has also committed to continue supporting capacity building activities for CBOs to implement non-CLM programs, including those intended to improve health literacy and reduce HIV- and TB-related stigma and discrimination. In response to civil society recommendations, PEPFAR/M has agreed to: (1) initiate direct funding to CBOs to accommodate programs other than CLM for innovative community-driven HIV interventions; (2) maintain CLM activities that are implemented by a variety of CBOs across the country; (3) maintain PLASOC-M capacity building efforts; and (4) expand the number of CBOs receiving capacity building interventions.

PEPFAR/M will continue to implement a significant portion of its CLM portfolio through a mechanism directly overseen by PLASOC-M. In COP22, PLASOC-M and its PLHIV and KP constituencies made significant progress in advancing the development of CLM indicators, operational procedures for the competitive process through which the CBOs are selected, and guidelines for program implementation. PLASOC-M's successful work was done in coordination with GF, which resulted in harmonized processes and indicators for CLM programs supported by PEPFAR/M and GF. In COP23, PEPFAR/M will maintain funding support for capacity building activities for CBOs to implement quality CLM programs, support health advocates and right to health interventions to increase community legal literacy and participation in CLM programs, and continue to co-finance community scorecard activities in partnership with other donors. The target site coverage for CLM programs will be maintained at 300 AJUDA health facilities.

**Innovation**

The humanitarian crisis in Cabo Delgado and northern Nampula Provinces has posed unique and persistent challenges for the program. Instability in areas impacted by conflict inhibits the ability of the national response to provide services where patients and healthcare providers might not have access to clinics. As a result, MISAU has increased access to three- and six-month drug distribution (3MDD and 6MDD) in areas where services might be interrupted and expanded the use of mobile brigades to fill gaps in geographic coverage when services may not otherwise be available due to conflict. In COP23, a new “Juntos” model will increase responsibility for the provincial government to deliver and monitor AJUDA-like services in places that are hard to reach. Beyond the flexibility that Mozambique has adopted in conflict areas, the country team continues to work with GRM on harmonizing its approach to HRH. These efforts ensure that staff trained by implementing partners are paid at the same level as their government counterparts. The harmonization allows GRM staff the flexibility to respond to increasing demand and allows for the eventual absorption of trained HCWs into the government system. The strategy allows greater flexibility and is more likely to be sustainable in the future.

**Leading with Data**

PEPFAR/M is strengthening digital health investments and maintaining critical investments in interoperable HIV patient monitoring, pharmacy, laboratory and m-Health systems to provide complete and timely data and to support improved patient care. The various electronic systems (i.e., EPTS, DISA, iDART, SIGLUS) permit data collection and reporting for >35 MER indicators (>75% of clinical indicators), MISAU (SISMA), and enhanced monitoring indicators, as well as supply chain TA. The overall strategy and plan for data systems and data use continues to prioritize securely collecting information needed for M&E of PEPFAR/M-funded activities and to guide decision-making and evidence-based resource planning while facilitating GRM ownership, whenever possible. COP23 planning for data systems continued a trend of open communication and strong coordination with MISAU and other donors. Critical planning meetings were held at technical and management levels, which allowed for engagement with key partners to align expectations. Program sustainability was a topic of discussion that was noted as an area requiring further dialogue between PEPFAR/M and GRM, particularly as it pertains to a nationally recognized individualized electronic patient tracking system. The results of a MISAU acceptability evaluation of EPTS were shared in mid-March 2023. The findings demonstrated high acceptance and desirability for adoption by both provincial- and site-level staff, albeit noting some challenges in capacity for data use. MISAU noted that that an ideal system would integrate various diseases into a single point of care electronic system and has thus far made no indications that it will proceed with taking concrete steps towards approving the use of EPTS for national data reporting.

An ongoing priority in COP23 is data security, confidentiality, and privacy. PEPFAR/M relies on Data Security and Confidentiality Guidelines (DSCG) to ensure the security and confidentiality of patient information. The guidelines align with Mozambican law regarding the protection of health data and focus on the following areas: program policies and responsibilities; data collection and use; data sharing and release; physical security; electronic (systems and cyber) security; assurances of confidentiality; and breach monitoring. PEPFAR/M will continue to: (1) evaluate the guidelines annually to align with changes in laws, policies, and procedures; (2) provide updates in HRH, programs, and the operationalization of activities in the field; and (3) share developments in technology standards regarding systems, data and cyber security.

Data use will assume an increased focus in COP23 as PEPFAR/M provides targeted TA to both MISAU and INS to facilitate the use of MozART, a longitudinal database that compiles data from EPTS. MozART has been used since 2011 to assess various aspects of the national ART program. By functioning as a repository of data collected from health facilities located throughout Mozambique, the MozART database can serve as an important resource for HCWs, clinical teams and the national HIV Program as they assess program effectiveness and identify opportunities for improving the delivery of care in Mozambique. As the singular, accessible source for national patient-level data, MozART represents a rich data source that can inform programmatic changes and demonstrate the comparative effectiveness of different iterations of ART treatment regimens at controlling the epidemic within Mozambique.

## Target Tables

| **Target Table 1. ART Targets by Prioritization for Epidemic Control (2023 Preliminary UNAIDS Estimates, MER FY23Q1)** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Prioritization Area** | **Total PLHIV (FY24)** | **New Infections (FY24)** | **Expected Current on ART (FY23)** | **Current on ART Target (FY24) *TX_CURR*** | **Newly Initiated Target (FY24) *TX_NEW*** | **ART Coverage (FY24)** | **ART Coverage (FY25)** |
| Attained | - | - | - | - | - | - | |
| Scale-Up Saturation | - | - | - | - | - | - | |
| Scale-Up Aggressive | 2,456,399 (100%) | 84,653 (100%) | 2,044,166 (100%) | 2,198,032 (100%) | 212,106 (100%) | 89,5% | |
| Sustained | - | - | - | - | - | - | |
| Central Support | - | - | - | - | - | - | |
| **Total** | **2,456,399 (100%)** | **84,653 (100%)** | **2,044,166 (100%)** | **2,198,032 (100%)** | **212,106 (100%)** | **89,5%** | |

| Target Table 2A. VMMC Coverage and Targets by Age Bracket in Scale-up Districts [1] | | | | | | |
|---|---|---|---|---|---|---|
| **Target Populations** | **Population Size Estimate (SNUs)** | **Current Coverage FY23 Expected** | **VMMC_CIRC (in FY24)** | **Expected Coverage (in FY24)** | **VMMC_CIRC (in FY25)** | **Expected Coverage (in FY25)** |
| **15-24** | 3,424,237 | 87% | 187,623 | 93% | 207,604 | |
| **25-34** | 2,420,481 | 75% | 20,847 | 76% | 23,067 | |
| **35-49** | 2,156,145 | 63% | | 63% | | |
| **50+** | 1,299,187 | 59% | | 59% | | |
| **Total** | **9,300,050** | **71%** | **208,470** | **73%** | **230,671** | |

| Target Table 2B. VMMC Coverage and Targets by Age Bracket in Scale-up Districts | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Target Populations** | **Population Size Estimate** | **Current Coverage** | **VMMC_CIRC** | **Expected Coverage** | **VMMC_ CIRC** | **Expected Coverage** |
| **OU** | | **(SNUs)** | **2023 Expected** | **(in FY24)** | **(in FY24)** | **(in FY25)** | **(in FY25)** |
| _Military Mozambique | All Ages | | | 33,164 | | 33,164 | |
| Cabo Delgado | All Ages | 790,475 | 94% | | 94% | | |
| Cidade De Maputo | All Ages | 496,895 | 79% | 4,449 | 80% | 4,449 | |
| Gaza | All Ages | 446,609 | 59% | 4,449 | 60% | 4,821 | |
| Inhambane | All Ages | 481,832 | 87% | | 87% | | |
| Manica | All Ages | 621,004 | 45% | 37,375 | 51% | 40,496 | |
| Maputo | All Ages | 781,558 | 71% | 8,899 | 72% | 8,899 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Nampula | All Ages | 1,837,309 | 92% | | 92% | | |
| Niassa | All Ages | 558,078 | 93% | | 93% | | |
| Sofala | All Ages | 783,614 | 47% | 26,696 | 50% | 32,782 | |
| Tete | All Ages | 893,595 | 26% | 40,045 | 31% | 46,281 | |
| Zambezia | All Ages | 1,609,069 | 73% | 53,393 | 76% | 59,779 | |
| **Mozambique** | **Total** | **9,300,038** | **71%** | **208,470** | **73%** | **230,671** | |

**Target Table 2C. VMMC Coverage and Targets by Age Bracket in Scale-up Districts**

| | **Target Populations** | **Population Size Estimate** | **Current Coverage** | **VMMC_ CIRC** | **Expected Coverage** | **VMMC_CIRC** | **Expected Coverage** |
|---|---|---|---|---|---|---|---|
| **SNU** | | **(SNUs)** | **(date)** | **(in FY24)** | **(in FY24)** | **(in FY25)** | **(in FY25)** |
| _Military Mozambique | 15-24 | - | | 29,848 | | 29,848 | |
| _Military Mozambique | 25-34 | - | | 3,316 | | 3,316 | |
| _Military Mozambique | 35-49 | - | | - | | | |
| _Military Mozambique | 50+ | - | | - | | | |
| Cabo Delgado | 15-24 | 258,031 | 91% | | 91% | | |
| Cabo Delgado | 25-34 | 211,994 | 94% | | 94% | | |
| Cabo Delgado | 35-49 | 198,160 | 95% | | 95% | | |
| Cabo Delgado | 50+ | 122,290 | 95% | | 95% | | |
| Cidade De Maputo | 15-24 | 172,091 | 83% | 4,004 | 85% | 4,004 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Cidade De Maputo | 25-34 | 146,139 | 89% | 445 | 89% | 445 | |
| Cidade De Maputo | 35-49 | 103,439 | 76% | | 76% | | |
| Cidade De Maputo | 50+ | 75,226 | 69% | | 69% | | |
| Gaza | 15-24 | 178,060 | 96% | 4,004 | 98% | 4,339 | |
| Gaza | 25-34 | 107,656 | 66% | 445 | 67% | 482 | |
| Gaza | 35-49 | 94,473 | 39% | | 39% | | |
| Gaza | 50+ | 66,420 | 35% | | 35% | | |
| Inhambane | 15-24 | 179,319 | 85% | | 85% | | |
| Inhambane | 25-34 | 106,709 | 87% | | 87% | | |
| Inhambane | 35-49 | 108,782 | 88% | | 88% | | |
| Inhambane | 50+ | 87,022 | 89% | | 89% | | |
| Manica | 15-24 | 251,396 | 93% | 33,638 | 106% | 36,446 | |
| Manica | 25-34 | 165,079 | 56% | 3,738 | 58% | 4,050 | |
| Manica | 35-49 | 129,071 | 20% | | 20% | | |
| Manica | 50+ | 75,458 | 11% | | 11% | | |
| Maputo | 15-24 | 260,241 | 79% | 8,009 | 82% | 8,009 | |
| Maputo | 25-34 | 223,935 | 75% | 890 | 75% | 890 | |
| Maputo | 35-49 | 197,823 | 67% | | 67% | | |
| Maputo | 50+ | 99,559 | 64% | | 64% | | |
| Nampula | 15-24 | 640,663 | 92% | | 92% | | |
| Nampula | 25-34 | 469,906 | 92% | | 92% | | |
| Nampula | 35-49 | 458,352 | 92% | | 92% | | |
| Nampula | 50+ | 268,388 | 92% | | 92% | | |
| Niassa | 15-24 | 204,351 | 90% | | 90% | | |
| Niassa | 25-34 | 151,976 | 93% | | 93% | | |
| Niassa | 35-49 | 129,866 | 94% | | 94% | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Niassa | 50+ | 71,885 | 94% | | 94% | | |
| Sofala | 15-24 | 320,493 | 83% | 24,026 | 90% | 29,504 | |
| Sofala | 25-34 | 199,846 | 59% | 2,670 | 60% | 3,278 | |
| Sofala | 35-49 | 160,648 | 27% | | 27% | | |
| Sofala | 50+ | 102,627 | 18% | | 18% | | |
| Tete | 15-24 | 342,132 | 58% | 36,041 | 68% | 41,653 | |
| Tete | 25-34 | 247,359 | 30% | 4,005 | 32% | 4,628 | |
| Tete | 35-49 | 196,987 | 11% | | 11% | | |
| Tete | 50+ | 107,117 | 7% | | 7% | | |
| Zambezia | 15-24 | 617,458 | 99% | 48,054 | 107% | 53,801 | |
| Zambezia | 25-34 | 389,876 | 79% | 5,339 | 80% | 5,978 | |
| Zambezia | 35-49 | 378,541 | 59% | | 59% | | |
| Zambezia | 50+ | 223,194 | 55% | | 55% | | |
| **Mozambique** | **Total/** | **9,300,038** | **71%** | **208,470** | **73%** | **230,671** | |

| **Target Table 3. Target Populations for Preventions to Facilitate Epidemic Control** | | | | |
|---|---|---|---|---|
| | **Population Size Estimate (SNUs)** | **Disease Burden** | **FY24 Target** | **FY25 Target** |
| **KP_PREV** | | | | |
| FSW | N/A | N/A | 28,489 | 30,017 |
| MSM | N/A | N/A | 23,203 | 23,925 |
| People in prisons and other enclosed settings | N/A | N/A | 8,261 | 8,468 |
| PWID | N/A | N/A | 7,946 | 8,304 |
| TG | N/A | N/A | 629 | 696 |
| **Total** | | | **68,528** | **71,409** |
| **PP_PREV** | | | | |
| 15-24 Female | N/A | N/A | 4,545 | 4,545 |
| 15-24 Male | N/A | N/A | 1,734 | 1,734 |

| | | | | |
|---|---|---|---|---|
| 25-34 Female | N/A | N/A | 8,741 | 8,741 |
| 25-34 Male | N/A | N/A | 8,382 | 8,382 |
| 35-49 Female | N/A | N/A | 13,213 | 13,213 |
| 35-49 Male | N/A | N/A | 15,751 | 15,751 |
| 50+ Female | N/A | N/A | 4,701 | 4,701 |
| 50+ Male | N/A | N/A | 3,809 | 3,809 |
| **Total** | | | **60,876** | **60,876** |
| **AGYW_PREV** | | | | |
| 10-14 Female | 533,116 | 434,617 | 64,358 | 64,358 |
| 15-19 Female | 387,929 | 244,529 | 74,497 | 74,497 |
| 20-24 Female | 345,994 | 271,818 | 34,195 | 34,195 |
| **Total** | **1,267,039** | **950,964** | **173,050** | **173,050** |

***Data source: COP23 OU Targets Setting Tool***

**Target Table 4. Targets for OVC and Linkages to HIV Services**

| SNU | Estimated # of Orphans and Vulnerable Children | Target # of active OVC | | Target # of OVC | Target # of active OVC | Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files |
|---|---|---|---|---|---|---|
| | | OVC_SERV Comprehensive | OVC_SERV Comprehensive - Graduated | OVC_SERV Preventative | OVC_SERV DREAMS | OVC_HIVSTAT |
| Military Mozambique | | - | - | - | - | - |

| | | | | | | |
|---|---|---|---|---|---|---|
| Cabo Delgado | | 14,163 | 745 | 3,170 | 3,344 | 10,726 |
| Cidade De Maputo | | 22,249 | 1,171 | 3,718 | - | 16,849 |
| Gaza | | 35,863 | 1,888 | 5,117 | 13,565 | 27,162 |
| Inhambane | | 13,508 | 711 | 120 | 1,134 | 10,227 |
| Manica | | 26,162 | 1,377 | 5,091 | 6,163 | 19,813 |
| Maputo | | 19,611 | 1,032 | 6,788 | 21,428 | 14,852 |
| Nampula | | 26,384 | 1,389 | 8,769 | 18,110 | 19,981 |
| Niassa | | 3,800 | 200 | - | - | 2,880 |
| Sofala | | 26,320 | 1,385 | 8,738 | 7,947 | 19,930 |
| Tete | | 10,957 | 577 | 1,715 | - | 8,297 |
| Zambezia | | 63,170 | 3,325 | 12,900 | 37,365 | 47,840 |
| **FY24 TOTAL** | | **262,188** | **13,799** | **56,126** | **109,056** | **198,557** |
| **FY25 TOTAL** | | **262,188** | **13,799** | **56,126** | **109,056** | **198,557** |

## Core Standards

PEPFAR's Core Program Standards, systems, and enabling policies (previously called Minimum Program Requirements) are vital to the long-term success of PEPFAR-supported HIV programs. Progress in Mozambique towards these standards is outlined below.

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**

   Mozambique integrated safe and ethical index case contact elicitation and screening for risk of intimate partner and gender-based violence within GBV training instruments and respective tools at all entry points for newly diagnosed PLHIV, as well as for all PLHIV on ART with signs or symptoms of unsuppressed VL. PEPFAR/M has supported GRM-led efforts to ensure all index clients are offered facility- or community-based testing and/or self-testing options for their partners, biological children, and other eligible contacts. Over the past year, facility-based ICT was implemented in all 129 districts supported by PEPFAR, and community-based ICT was implemented in 118 of these districts. ICT has been highly effective at diagnosing new PLHIV at the community- and facility-level, accounting for 41% of all new diagnoses among children <15 years, and 25% of all new diagnoses among all adults aged 15+. For COP23, PEPFAR/M will further expand ICT, as well as non-index, community-based testing and self-test kit distribution, increasing demand for conventional HIV testing, in order to reach remaining gaps in 1$^{st}$ 95 coverage, mainly among children, adolescents, young adults aged 15-24, and KP.

2. **Fully implement "test-and-start" policies**

   Over 95% of people across all age, sex, and risk groups who are newly identified with HIV infection receive direct and immediate linkage from HTS to uninterrupted treatment. The "test-and-start" policy was introduced in Mozambique in 2016, and by the end of 2018, this approach was scaled-up countrywide. In Mozambique, MISAU recommends starting ART within 15 days to allow patients to understand the need for treatment and be prepared for this lifelong commitment. Despite full adoption of "test-and-start", during COP23, PEPFAR/M will continue working with MISAU to leverage efforts to reduce early interruptions to treatment by strengthening the implementation of psychosocial support interventions at the health facility and community level, improving treatment literacy and monitoring early retention indicators. Efforts will especially be focused on priority populations through

specific interventions targeting children, adolescents, men and KP, taking into account geographic context and characteristics.

3. **Directly and immediately offer HIV prevention services to people at higher risk**

Mozambique has overlapping gaps in several core components of HIV prevention services. PrEP is far from reaching full coverage in all provinces (estimated coverage as of December 2022 ranged from 3-23%), significant male circumcision coverage gaps remain among men aged 15-29 in five provinces, and data limitations inhibit monitoring of true PEP coverage for eligible survivors of sexual violence, occupational, and other exposures. Several of the provinces with the largest gaps in HIV prevention services are also areas with higher HIV incidence and/or lower VLS. To accelerate reductions in new HIV infections, these combination prevention interventions must be scaled-up in Mozambique, along with other proven sexual and reproductive health interventions for AGYW, KP, and vulnerable populations. These also include condom and water-based lubricant distribution, behavior change, harm reduction, and male engagement activities as described earlier under Pillar 1. For COP23, PEPFAR/M will prioritize accelerating the scale-up of these synergistic HIV prevention interventions, in line with available epidemiologic data, and in support of National HIV Program documents, including the 2022-2025 National HIV Prevention Roadmap[2] defined by GRM, while contributing to high quality of HIV prevention service provision.

4. **Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**

The OVC program in Mozambique works closely with clinical and community partners to identify vulnerable children and adolescents who are at-risk for HIV, living with HIV-positive or at-risk caregivers, or otherwise susceptible to or affected by HIV-related morbidities, and delivers comprehensive case management at the community and household-level to improve pediatric VLS and resilience by addressing socioeconomic, nutritional, health literacy, and other contributing factors. For

2 **Roteiro Nacional de Prevenção do HIV para Moçambique 2022-2025 "***Responsabilização Mútua para Acabar com Novas Infecções*

COP23, the OVC program will expand these services in areas with the greatest pediatric HIV burden. In line with the objectives of the AP3 and Global Alliance to End AIDS in Children initiatives, the OVC program plans to expand comprehensive services in COP23 into Niassa Province, to reach additional high-volume sites where clinical data indicate gaps in pediatric VLS. PEPFAR/M plans to serve a total of 275,986 children, adolescents, and caregivers during COP23 with comprehensive case management, and achieve 90% site-level enrollment coverage for HIV-positive children and adolescents receiving ART services.

The OVC program also implements evidence-based sexual violence and HIV prevention interventions among young adolescents aged 10-14 and has aligned primary prevention targets for COP23 to compliment ongoing DREAMS activities to ensure gender equity among girls and boys in shared program districts. For COP23, a total of 56,126 OVC primary prevention activity targets are allocated to districts with the highest HIV incidence and the highest numbers of new infections among older adolescents and young adults aged 15-24, according to the 2023 preliminary UNAIDS estimates.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public**

In alignment with the Sustainable Development Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages, GRM health policies allow for free of charge access to all HIV prevention and treatment services provided in the national health system's public facilities. This includes all types of clinical or psychosocial support appointments, drugs and other supplies, laboratory services, etc.

6. **Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity**

PEPFAR/M and US Embassy/Maputo have a key role to play in advocating with GRM officials to ensure a more enabling policy environment that protects the rights of PLHIV and other affected communities. In COP23, PEPFAR/M's human rights and stigma and discrimination activities will be implemented in alignment and support of Mozambique's HIV National Strategic Response Plan (2021-2025) and its associated Human Rights Operational Plan (to be finalized during COP22). PEPFAR/M's supported

activities will follow evidence-based interventions for HIV-related human rights and stigma and discrimination programs as recommended by UNAIDS.

PEPFAR/M's programs will advance the country's progress towards the societal enabler goals of the UNAIDS' Global AIDS Strategy 2021-2026. Supported interventions will be implemented in accordance with PEPFAR's COP23 Technical Considerations for Addressing Barriers to Health Equity: Stigma, Discrimination, and Human Rights, including funding for:

- PLASOC-M and its HIV and KP constituencies to develop recommendations for program implementation based on the results of the Stigma Index 2.0 (currently being implemented with GF support);
- CLM interventions in at least 300 health facilities and complementing other CLM programs supported by GF. PEPFAR/M will continue to strengthen the national capacity of local CSOs to lead CLM programming, analyzing data and implementing advocacy strategies based on results to advance the quality of HIV services;
- Key interventions at the health facility that include, but are not limited to, training of health providers and lay counselors in human rights, medical ethics and stigma and discrimination; printing and disseminating a patient bill of rights; strengthening mechanisms for service users to provide feedback on quality of services; and health and legal literacy activities; and
- A range of community-based interventions that include community mobilization and health and legal literacy activities targeting different forms of stigma manifestation and experiences and addressing underlying cultural and social norms that contribute to the stigmatization of PLHIV, KP and vulnerable populations.

7. **Optimize and standardize ART regimens**

All PLHIV should have access to the most effective, convenient therapy with minimal or no side effects. Since 2019, MISAU has adopted DTG as the preferred regimen for HIV treatment for adult and pediatric populations. Currently, almost 100% of patients on ART are on DTG-based regimens, which has contributed to improved VLS. In coordination with GF, PEPFAR/M has been supporting the

quantification and monitoring of ARV stocks to ensure last-mile availability of medications, as well as enough stock to implement MMD for optimized regimens.

8. **Offer differentiated service delivery models**

In COP23, PEPFAR/M will continue to support MISAU's expansion of DSD models and interventions to ensure the delivery of quality services to PLHIV enrolled in these models. Person-centered HIV care services are provided through a variety of options for facility- and community-based service delivery, in addition to specific interventions that target the needs of under-represented sub-populations as described in more detail under Pillars 1 and 3. At the facility, DSD models include 3MDD and 6MDD, extended hours, one-stop shops (for new ART initiates, PBFW, and TB/HIV patients), and integrated family-based consultations. Community ART distribution DSD models include community adherence groups (GAACs), APEs and health providers delivering ART in the community, mobile brigades and mobile clinics, and ARV distribution through private pharmacies. In November 2022, MISAU launched its revised DSD guidelines, which expands MMD access to children >5 years and PLHIV in emergency settings. Mozambique's HIV program also benefits from peer-driven support models for priority populations, through AYM, male champions, and mentor mothers.

9. **Integrate Tuberculosis care**

Almost all TB clients in Mozambique are routinely tested for HIV and started on ART if HIV-positive and if they are not on ART already. TPT coverage has been increasing steeply and has already reached 90% of PLHIV at AJUDA sites by mid FY23. However, additional work is needed to consistently ensure HIV testing for all clients with presumptive TB, and to improve the TB screening and diagnostic cascade among PLHIV, through interventions described in more detail under Pillar 3.

10. **Diagnose and treat people with advanced HIV disease**

AHD remains a challenge in Mozambique, and scaling and strengthening access to AHD screening, diagnosis and treatment is a COP23 priority for both adults and children, in line with WHO and GRM guidelines. Details on planned interventions are provided under Pillar 3.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**

PEPFAR/M has strong investments in laboratory system strengthening, including optimization of the diagnostic network for TB, HIV and other co-infections. Detailed information on progress to date and COP23 plans is included under Pillar 3 of this document.

12. **Integrate effective QA and CQI practices into site and program management**

In COP23, PEPFAR/M will strategically align with MISAU's national QI program in order to fully support the one country, one program approach, while maintaining intensive site-level monitoring and technical assistance to IPs operating in AJUDA sites, as described in detail under Pillar 3. USG teams will continue to utilize quarterly MER data and customized site level indictors to continuously monitor and jointly review with IPs site-level performance. "Strike teams" can be deployed to low-performing sites to offer intensive TA for specific program areas of concern. Quarterly review with GRM and other IPs will continue to be used to jointly monitor performance and agree upon action plans. GRM involvement in quarterly reviews is key to program sustainability and ownership, and USG teams are committed to ensuring that MISAU QI priorities are integrated within all IP site strategies and monitoring practices. MISAU also hosts quarterly joint reviews with all provincial and district health authorities to review and discuss key site level findings from QA/supervision visits conducted both by PEPFAR and GRM teams. GRM leads the process with DPS/SPS staff to ensure appropriate remediation plans are in place for key findings. This cohesive and joint approach ensures sustainability of QA/QI practices under the direction of MISAU's QI TWG.

13. **Offer treatment and viral-load literacy**

Low HIV literacy at the population level continues to negatively affect the progress of the HIV response in Mozambique. During stakeholder consultations that PEPFAR/M conducted for the development of COP23, the need to expand literacy programs in community, health, and education settings was a recurrent theme highlighted as a priority. Following stakeholder's recommendations, in COP23 PEPFAR/M will:

- Continue to implement HIV treatment literacy in community and health care settings through a combination of media, community mobilization and interpersonal communications strategies and focused on disseminating messages on VLS and U=U;
- Continue to implement a strategic marketing campaign focused on reaching men living with HIV aged 25-34 years old to improve knowledge of HIV status, adherence to HIV treatment, and HIV VLS among this population group;
- Support a national strategic marketing campaign to create demand among youth for testing and combination prevention services in order to reduce disproportionately high HIV incidence among AGYW;
- Continue to implement in-service training for HCWs to improve interpersonal communication skills and quality of service provision;
- Support innovative interventions to improve outreach for KP and adolescent and yh
- outh populations through the usage of digital media, including through social media;
- Support faith-based interventions focused on HIV literacy promotion at the community level, including through community mobilization activities directly led by religious-based organizations;
- Support CSOs, including those led by PLHIV and KP, to directly lead innovative treatment literacy interventions in community settings; and
- Support development of a training package with harmonized, evidence-based HIV messages for peer educators and other community cadres.

14. **Enhance local capacity for a sustainable HIV response**

USG collaborates with a range of local partners in Mozambique including NGOs, faith-based, and community-based organizations. The program is transitioning responsibility for selected program components to local partners, whenever technically feasible. PEPFAR/M has established new

partnerships with all 11 sub-national provincial health directorates and will consolidate and expand partnerships with existing government partners (INS, MISAU, CNCS and CMAM). In 2021, GRM adopted a new national health policy (Política Nacional de Saude), which distinguishes between three levels of the health system, namely the public, private and community. Consequently, a national community health sub-system strategy was developed with the aim of restructuring CHWs in country so that they can respond effectively to the primary healthcare needs within their communities. The strategy is gradually being implemented from 2021 to 2030.

Additionally, in response to CSO feedback, in COP23, PEPFAR/M will reinstate funding through PEPFAR/M Coordination Office small grants to directly invest in CSOs to offer innovative community-designed programming to address the most glaring needs of their affected communities. Best practices will be carefully documented and shared.

Detailed information about the PEPFAR/M and partner approach to sustainability is provided under the Pillar 2 section of this document.

15. **Increase partner government leadership**

PEPFAR/M is deeply committed to supporting GRM (MISAU, CNCS/CPCS, CMAM, INS and provincial health directorates) in their leadership of the HIV response, as described in detail under Pillar 2. In COP23, GRM and PEPFAR/M will work together to develop a measurable sustainability roadmap to include political, programmatic, epidemiological, community, civil society and financial aspects. PEPFAR/M will continue to increase programmatic and financial responsibility of government partners through direct G2G awards.

16. **Monitor morbidity and mortality outcomes**

PEPFAR and non-PEPFAR stakeholders continue to support monitoring and reporting of morbidity and mortality outcomes among PLHIV; however, this does not occur on a national level nor do existing systems provide complete clinical determination of cause of death or guarantee formal registration of

mortality events. PEPFAR/M is implementing several strategies to better understand infectious and non-infectious causes of morbidity and mortality for PLHIV. In COP23, PEPFAR/M will continue a targeted adaptation of case-based surveillance in select facilities in Maputo Province to monitor sentinel health events from initial HIV diagnosis. Additionally, PEPFAR/M has held discussions with MISAU to explore additional EPTS modules to capture disease areas beyond HIV. Ongoing conversations have focused on addition of chronic disease modules for conditions like hypertension that have significant impact on PLHIV. National surveillance systems like the GF-supported Community Health Observation and Vital Events System (SIS-COVE), which actively monitors vital events in a representative sample of the Mozambican population, and which covers the causes of mortality, is another key tool that PEPFAR/M is interested in leveraging.

17. **Adopt and institutionalize best practices for public health case surveillance**

Since 2018, Mozambique has required electronic registration of a Unique Civil Identification Number (NUIC) for civil registration of births and deaths and production of its official vital statistics. To date, approximately 1,800,000 births are electronically registered using the NUIC. PEPFAR/M is advancing the registration of the NUIC and its use in the health sector as an additional form of patient identification. In COP23, PEPFAR/M will provide targeted support in Zambezia Province in collaboration with key stakeholders collaborating with UNICEF, MISAU and the Ministry of Justice (MOJ) to identify four health facilities in the province where there is a gap in registration facilities with the goal to register a minimum of 1,000 children annually. Since the inception of the activity in September 2021, 6,095 children have received a NUIC. PEPFAR/M continues to advocate for more rapid implementation of this registration process.

In the absence of widespread use of the NUIC in Mozambique, PEPFAR/M relies on the existing National Health ID (NID) to monitor clinical services received by PLHIV. The NID is an official, nineteen-digit client code generated at the health facility level and defined by country, province, district, facility, service, year, and numeric sequence combinations. EPTS is in almost 97 percent of AJUDA sites and captures the NID as its primary ID with options for entry of the NUIC when it is ready for widespread use. Other

PEPFAR-supported systems, including laboratory, pharmacy, and community care also capture the NID. In the absence of a national ID such as the NUIC, PEPFAR/M systems have adopted tools and strategies to minimize the impact of silent transfers and duplicate patient-level records. EPTS generates reports to identify duplicate NIDs for reconciliation and the system relies on a master patient index (MPI) to maintain consistent and accurate information for each PLHIV record in the database. Finally, the provincial level centralization of EPTS continues. Centralization has improved patient identification and deduplication, harmonizing disparate, facility EPTS databases and enabling the province to use the same metadata. Four provinces have completed centralization, three are in the process of transitioning and PEPFAR/M will complete centralization in all provinces during COP23. Combined, these strategies greatly improve the country's ability to track PLHIV throughout the course of clinical care.

## USG Operations and Staffing Plan to Achieve Stated Goals

**PEPFAR-Funded Positions by Agency**

| Funding Type | USAID | CDC | DOD | STATE | PC |
|---|---|---|---|---|---|
| **Fully PEPFAR-Funded Positions** | 72 | 93 | 4 | 12 | 12 |
| **Partially PEPFAR-Funded Positions** | 11 | 2 | 0 | 0 | 0 |
| **Total** | 83 | 95 | 4 | 12 | 12 |
| **Breakdown of Positions** | | | | | |
| **USDH** | 11 | 21 | 0 | 1 | 0 |
| **USPSC** | 8 | 0 | 0 | 0 | 0 |
| **LES** | 64 | 74 | 4 | 11 | 12 |
| **Filled** | 74 | 80 | 4 | 10 | 9 |
| **Currently Vacant** | 9 | 15 | 0 | 2 | 3 |

The section below includes the staffing profile of the five USG agencies comprising PEPFAR/M and their current staffing status. There are a total of 206 COP23-funded positions across PEPFAR/M implementing

agencies. Of these, 193 positions are fully PEPFAR-funded positions (94%), which allocate 100 percent of their time to PEPFAR, and only 13 positions are partially PEPFAR-funded positions (6%).

Of the 206 positions, 33 positions (16%) are slated for US Direct Hires (USDH), 8 positions (4%) are slated for US Personal Services Contractor (USPSC) and 165 positions (80%) are slated for locally employed staff (LES) positions.

Currently, 177 positions (86%) are filled, and 29 positions (14%) are vacant.

The total COP23 operating unit (OU) cost of doing business (CODB) budget is $43,895,307, an increase of $1,292,543 (or 3%) from COP22.

**Department of State (DoS)**

The State PEPFAR/M positions are responsible for ensuring regular and productive engagement among agency leadership and across technical teams, as well as with external stakeholders, to help ensure optimal complementarity of PEPFAR-funded interventions with other programs in country. This includes facilitation of program and policy coordination, interagency coordination, and coordination with national leadership of the country in which PEPFAR operates, including civil society and key beneficiaries of HIV programs, as well as with international organizations and other donor governments working on programs to combat HIV.

State has a total of 12 fully PEPFAR-funded positions at a 100 percent allocation, of which 11 are LES and 1 is a USDH. State COP23 staffing structure represents a reduction of 1 staff in comparison to COP22. This position was a vacant LES position repurposed in COP22. Of the 12 positions, 10 are filled and 2 are vacant. The first vacant position is a LES position to replace an individual that recently left for another US Embassy/Maputo position. The second is a USDH position that the individual has been selected and in the process of moving to Post.

State CODB in COP23 has decreased by –3.8% compared to COP22.

**Health and Human Services (HHS)/CDC**

CDC is requesting two new LES positions to support the PEPFAR/M portfolio in COP23. CDC has a total of 14 vacant positions, one of which is a USDH, and 13 of which are LES. Seven LES positions were recently vacated due to internal promotions to other positions and are being readvertised. The remaining are pending classification for recruitment or in recruitment status. One USDH vacant position is in recruitment. All recruitment efforts will follow Embassy HR guidance for LES positions and CDC Human Resources Office guidance for the USDH position.

The interagency team has a balanced mix of qualified personnel to accommodate business process coverage. ICASS services are robust in the embassy work environment and non-ICASS CODB support operations are fully functioning.

CDC has a CODB 3.6% higher than COP22. The main reason for the increase is to cover the increase in the Capital Security Cost Sharing (CSCS), which accounts for 72% of this increase. This increase is due to the fact that FY23 CSCS amount was reduced as CDC had a $4 million credit that was applied. Additionally, CDC is adding two new contractors. One contractor is for a Senior Budget Analyst as the current Senior Financial Specialist position will be repurposed for a Logistics Assistant position that CDC requires to guarantee an appropriate level of functionality in its operations. The second contractor position is a Senior Program Advisor to provide cross-cutting technical assistance and expertise to CDC/Mozambique and its implementing partners on clinical/community HIV and TB programming and service delivery, in order to reach the overall goal of HIV epidemic control in Mozambique.

CDC will be reviewing the staffing footprint to ensure alignment with program priorities and transition to locally led partners. Any new staffing requests for COP23 will be decided on following interagency and S/GAC review.

**Department of Defense (DoD)**

DoD remains with four PEPFAR-funded positions. This staffing footprint has been able to cover all agency programmatic needs and proved to be efficient and able to achieve program goals and priorities. The agency is not requesting new positions in COP23.

The DoD team has been an active member in the interagency business process coverage, participating on all fronts, including interagency meetings, joint site visits and technical discussions with MISAU. These engagements have not impacted on the team's ability to monitor and assist the agency's singular implementing partner.

Two staff members (Treatment and SI Advisor) will be responsible for advancing and monitoring site level program requirements for linkage and retention, as well as ensuring effective person-centered services in COP23. Due to DoD's team being historically small, team members are frequently asked to perform numerous functions and support several technical areas to make sure that the portfolio is adequately supported. With headquarters' support, the team receive regular trainings (virtual and/or in-person).

In COP23, the agency proposes a 10.5% increase in the CODB level, mainly due to the expected increase in the staff travel costs related to site visits, SIMS visits, annual salary increases, international trainings as well as updating staff equipment. Furthermore, two of the four existing positions will be reclassified to accurately reflect the increased range of responsibilities of these team members, likely resulting in higher salary grades that need to be accounted for.

### **United States Agency for International Development (USAID)**

USAID has a total of 83 PEPFAR-funded positions, 72 which are fully funded by PEPFAR, and 11 which are partially funded by PEPFAR. In COP23, USAID is requesting three new PEPFAR-funded positions, bringing the total number of PEPFAR-funded positions to 86 (75 fully funded, 11 partially PEPFAR funded).

As part of the COP23 development process, USAID conducted a review of staffing needs in light of program priorities. These additional positions are needed to meet the increased workload as a result of having recently transitioned the KP, VMMC, and OVC portfolios all to local partners.

USAID has a total of 9 vacant positions. All of these positions (3 USDH, 1 USPSC, and 5 LES) are already at some phase of the recruitment process.

USAID proposes an increase of 3.8% in COP23 CODB compared to COP22. This is driven by annual salary step increases, new positions and ICASS-related expenses.

USAID will be reviewing the staffing footprint to ensure alignment with program priorities and transition to locally led partners. Any new staffing requests for COP23 will be decided on following interagency and S/GAC review.

**Peace Corps**

Peace Corps has a total of 12 fully PEPFAR-funded positions in COP23, all of which are LES. The Peace Corps COP23 staffing structure represents no change from COP22. Three positions are still vacant, which are intended to be filled as soon as possible.

Peace Corps CODB is flatlined compared with COP22.

## APPENDIX A -- PRIORITIZATION

**Figure A.1 Epidemic Cascade Age/Sex Pyramid**

Comparison of Population with HIV, on Treatment, and Virally Suppressed

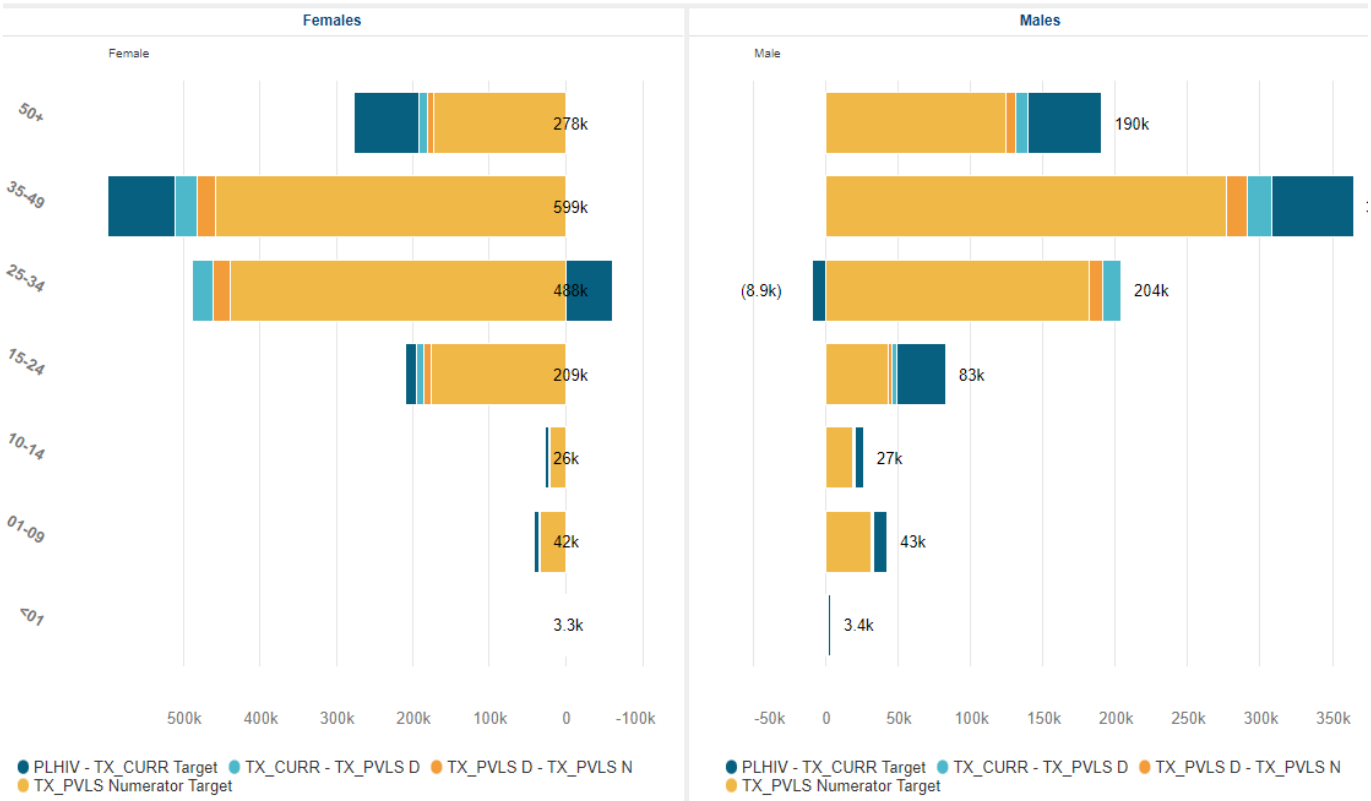


*Figure 0.A*

*Source*: COP23 Target Setting Tool dossier in PAW

# APPENDIX B – Budget Profile and Resource Projections



| Intervention | Budget | | |
|---|---|---|---|
| | 2023 | 2024 | 2025 |
| | **$404,675,000** | **$418,495,000** | **$418,678,942** |
| | **$404,675,000** | **$418,495,000** | **$418,678,942** |
| ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations | $6,243,729 | | |
| ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations | | $4,498,921 | $4,494,837 |
| ASP>Health Management Information Systems (HMIS)>Non Service Delivery>OVC | | $59,500 | $59,186 |
| ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations | $1,260,245 | $2,027,647 | $2,027,220 |
| ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations | $4,227,017 | $3,842,250 | $3,842,250 |
| ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations | | $255,000 | $253,654 |
| ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations | | $1,813,111 | $1,702,344 |
| ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations | $85,000 | | |
| ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations | $5,254,500 | $5,063,409 | $4,778,060 |
| ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations | $255,000 | $255,000 | $253,654 |
| ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Children | | $800,000 | $795,778 |
| ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations | | $1,280,400 | $1,280,400 |
| ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations | | $1,800,013 | $1,798,193 |
| C&T>HIV Clinical Services>Non Service Delivery>AGYW | | $686,840 | $684,110 |
| C&T>HIV Clinical Services>Non Service Delivery>Children | | $21,700 | $21,592 |
| C&T>HIV Clinical Services>Non Service Delivery>Key Populations | | $22,000 | $21,910 |
| C&T>HIV Clinical Services>Non Service Delivery>Military | $101,400 | $107,500 | $106,933 |
| C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations | $13,265,912 | $36,381,902 | $34,303,287 |
| C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women | $90,000 | $3,283,626 | $3,283,096 |
| C&T>HIV Clinical Services>Service Delivery>AGYW | | $11,863,057 | $11,863,296 |
| C&T>HIV Clinical Services>Service Delivery>Children | $12,869,841 | $13,963,374 | $14,041,039 |
| C&T>HIV Clinical Services>Service Delivery>Key Populations | | $553,937 | $445,133 |
| C&T>HIV Clinical Services>Service Delivery>Military | $3,293,225 | $3,257,817 | $3,240,624 |
| C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations | $84,903,171 | $57,161,886 | $53,388,306 |
| C&T>HIV Clinical Services>Service Delivery>OVC | $248,618 | $3,918,667 | $3,897,986 |
| C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women | $13,249,451 | $11,868,257 | $12,131,320 |
| C&T>HIV Drugs>Service Delivery>Children | $6,554,151 | $3,146,753 | $3,130,147 |
| C&T>HIV Drugs>Service Delivery>Non-Targeted Populations | $30,006,413 | $29,352,388 | $32,887,773 |
| C&T>HIV Laboratory Services>Non Service Delivery>Military | $101,400 | $107,500 | $106,933 |
| C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations | $1,526,856 | $2,349,399 | $2,349,399 |
| C&T>HIV Laboratory Services>Service Delivery>AGYW | | $394,598 | $394,628 |
| C&T>HIV Laboratory Services>Service Delivery>Children | $6,110,733 | $3,983,945 | $3,963,981 |
| C&T>HIV Laboratory Services>Service Delivery>Key Populations | | $14,572 | $14,572 |
| C&T>HIV Laboratory Services>Service Delivery>Military | $112,000 | $112,000 | $111,409 |
| C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations | $41,140,471 | $45,564,105 | $45,413,378 |
| C&T>HIV Laboratory Services>Service Delivery>Pregnant & Breastfeeding Women | | $419,094 | $419,094 |
| C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations | | $3,741,226 | $3,741,226 |

| Intervention | Budget | | |
|---|---|---|---|
| | 2023 | 2024 | 2025 |
| C&T>HIV/TB>Service Delivery>Military | | $113,000 | $112,404 |
| C&T>HIV/TB>Service Delivery>Non-Targeted Populations | | $1,746,034 | $1,736,819 |
| C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations | $23,587,618 | | |
| HTS>Community-based testing>Non Service Delivery>Military | $42,475 | $51,000 | $50,731 |
| HTS>Community-based testing>Service Delivery>Key Populations | $1,538,550 | $1,150,000 | $1,143,931 |
| HTS>Community-based testing>Service Delivery>Military | $40,671 | $45,397 | $45,157 |
| HTS>Community-based testing>Service Delivery>Non-Targeted Populations | $348,688 | $140,359 | $139,753 |
| HTS>Community-based testing>Service Delivery>OVC | | $116,409 | $115,795 |
| HTS>Facility-based testing>Non Service Delivery>Military | $42,475 | $51,000 | $50,731 |
| HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations | $250,607 | $153,677 | $153,061 |
| HTS>Facility-based testing>Service Delivery>AGYW | | $2,339,928 | $2,362,549 |
| HTS>Facility-based testing>Service Delivery>Children | $1,670,294 | $4,172,585 | $3,824,510 |
| HTS>Facility-based testing>Service Delivery>Key Populations | | $33,633 | $34,414 |
| HTS>Facility-based testing>Service Delivery>Military | $150,000 | $181,838 | $180,878 |
| HTS>Facility-based testing>Service Delivery>Non-Targeted Populations | $7,664,132 | $10,005,031 | $10,108,781 |
| HTS>Facility-based testing>Service Delivery>Pregnant & Breastfeeding Women | | $842,481 | $842,481 |
| HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations | $5,888,635 | | |
| PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations | $330,939 | $713,108 | $237,703 |
| PM>IM Program Management>Non Service Delivery>AGYW | | $31,748 | $31,699 |
| PM>IM Program Management>Non Service Delivery>Key Populations | | $1,636,218 | $1,627,793 |
| PM>IM Program Management>Non Service Delivery>Non-Targeted Populations | $41,551,510 | $50,369,242 | $55,176,474 |
| PM>IM Program Management>Non Service Delivery>OVC | | $3,941,531 | $3,920,730 |
| PM>USG Program Management>Non Service Delivery>Non-Targeted Populations | $18,441,368 | $20,915,948 | $20,871,947 |
| PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations | $900,000 | $900,000 | $895,250 |
| PREV>Medication assisted treatment>Service Delivery>Key Populations | $361,250 | $425,250 | $423,006 |
| PREV>Non-Biomedical HIV Prevention>Non Service Delivery>AGYW | | $782,755 | $778,624 |
| PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations | | $4,610,914 | $4,286,425 |
| PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations | | $498,000 | $495,372 |
| PREV>Not Disaggregated>Non Service Delivery>AGYW | $12,997,934 | $11,642,553 | $11,642,276 |
| PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations | $883,110 | $1,372,400 | $1,369,331 |
| PREV>Not Disaggregated>Service Delivery>AGYW | $1,252,394 | $1,368,506 | $968,591 |
| PREV>Not Disaggregated>Service Delivery>Children | | $3,737 | $3,737 |
| PREV>Not Disaggregated>Service Delivery>Key Populations | | $167,902 | $281 |
| PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations | $230,000 | $296,761 | $295,400 |
| PREV>Not Disaggregated>Service Delivery>OVC | | $30,000 | $29,842 |
| PREV>Not Disaggregated>Service Delivery>Pregnant & Breastfeeding Women | | $8,053 | $8,053 |
| PREV>PrEP>Non Service Delivery>AGYW | | $271,848 | $271,848 |
| PREV>PrEP>Non Service Delivery>Military | $42,475 | $51,000 | $50,731 |
| PREV>PrEP>Non Service Delivery>Non-Targeted Populations | | $137,162 | $127,052 |
| PREV>PrEP>Service Delivery>AGYW | $332,753 | $743,111 | $742,973 |
| PREV>PrEP>Service Delivery>Key Populations | $353,426 | $147,547 | $147,006 |
| PREV>PrEP>Service Delivery>Non-Targeted Populations | $2,559,356 | $1,183,744 | $1,158,885 |
| PREV>VMMC>Non Service Delivery>Military | $42,475 | $51,000 | $50,731 |
| PREV>VMMC>Non Service Delivery>Non-Targeted Populations | $1,505,600 | $1,995,659 | $1,988,017 |
| PREV>VMMC>Service Delivery>Military | $2,614,017 | $2,599,755 | $2,586,035 |
| PREV>VMMC>Service Delivery>Non-Targeted Populations | $14,856,419 | $15,121,152 | $15,082,381 |
| PREV>Violence Prevention and Response>Non Service Delivery>Non-Targeted Populations | | $1,918,203 | $1,918,203 |
| PREV>Violence Prevention and Response>Service Delivery>AGYW | | $6,518,335 | $6,483,936 |
| SE>Case Management>Non Service Delivery>Non-Targeted Populations | | $309,968 | $308,332 |
| SE>Case Management>Non Service Delivery>OVC | $89,000 | $236,953 | $235,703 |
| SE>Case Management>Service Delivery>OVC | $3,725,952 | $3,166,384 | $3,149,674 |
| SE>Economic strengthening>Non Service Delivery>OVC | $45,000 | | |
| SE>Economic strengthening>Service Delivery>AGYW | $3,594,689 | $6,188,950 | $6,156,289 |
| SE>Economic strengthening>Service Delivery>OVC | $1,288,139 | $517,836 | $515,103 |
| SE>Education assistance>Service Delivery>AGYW | $1,829,278 | $2,382,001 | $2,369,431 |
| SE>Education assistance>Service Delivery>OVC | $1,017,978 | $126,000 | $125,335 |
| | $21,706,660 | | |

## SDS Appendix B : B.1.2 Program Area

### Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area

| Country | | Budget | | |
|---|---|---|---|---|
| | Program | 2023 | 2024 | 2025 |
| | | **$404,675,000** | **$418,495,000** | **$418,678,942** |
| **Total** | | **$404,675,000** | **$418,495,000** | **$418,678,942** |
| Mozambique | C&T | $237,937,061 | $234,135,177 | $231,810,395 |
| | HTS | $17,636,527 | $19,283,338 | $19,052,772 |
| | PREV | $56,727,578 | $52,845,347 | $51,803,986 |
| | SE | $13,641,241 | $12,928,092 | $12,859,867 |
| | ASP | $18,408,776 | $21,695,251 | $21,285,576 |
| | PM | $60,323,817 | $77,607,795 | $81,866,346 |

## SDS Appendix B : B.1.3 Beneficiary

### Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary

| Country | | Budget | | |
|---|---|---|---|---|
| | Targeted Beneficiary | 2023 | 2024 | 2025 |
| | | **$404,675,000** | **$418,495,000** | **$418,678,942** |
| **Total** | | **$404,675,000** | **$418,495,000** | **$418,678,942** |
| Mozambique | AGYW | $33,423,683 | $45,214,230 | $44,750,250 |
| | Children | $27,205,019 | $26,092,094 | $25,780,784 |
| | Key Populations | $6,807,960 | $10,297,373 | $9,678,525 |
| | Military | $6,582,613 | $6,728,807 | $6,693,297 |
| | Non-Targeted Populations | $309,240,424 | $301,627,705 | $303,042,688 |
| | OVC | $8,075,850 | $12,113,280 | $12,049,354 |
| | Pregnant & Breastfeeding Women | $13,339,451 | $16,421,511 | $16,684,044 |

SDS Appendix B : B.1.4 Initiative

**Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative**

| Country | Initiative Name | Budget | | |
|---|---|---|---|---|
| | | 2023 | 2024 | 2025 |
| | | **$404,675,000** | **$418,495,000** | **$418,678,942** |
| **Total** | | **$404,675,000** | **$418,495,000** | **$418,678,942** |
| Mozambique | Cervical Cancer | $5,500,000 | $5,500,000 | $5,494,606 |
| | Community-Led Monitoring | $3,425,000 | $3,375,000 | $2,939,351 |
| | Condoms (GHP-USAID Central Funding) | $900,000 | $900,000 | $895,250 |
| | core Program | $327,476,099 | $337,055,740 | $337,936,626 |
| | DREAMS | $35,000,000 | $35,000,000 | $34,883,814 |
| | KP Survey | | $1,320,000 | $1,320,000 |
| | One-time Conditional Funding | $2,000,000 | | |
| | OVC (Non-DREAMS) | $7,693,900 | $12,083,280 | $12,019,512 |
| | VMMC | $22,680,001 | $23,260,980 | $23,189,783 |

**B.2 Resource Projections**

First, in order to predict necessary commodity levels, notional national targets for COP23 were developed to align with GRM targets for 2023-24. Then, commodity needs were estimated, accounting for prior GF and GRM commitments, as well as procurements already in pipeline from prior years. This allowed for an initial budget allocation by program area to be proposed. These budget levels were then revised through in-country discussions, which began with more than a week of stakeholder consultations, starting with big picture national conversations that transitioned into highly detailed activity-specific negotiations within the national TWG framework. There were also meetings with civil society to ensure their voice and priorities were incorporated from the outset, in addition to our weekly calls with the CAST. All this input was then incorporated into an initial strategy, one that required discussions with MISAU leadership and GF counterparts, before Agency Heads guided the in-country PEPFAR technical team to translate all this information into a digestible COP23 plan. The final COP23 strategy reflects agreed upon PEPFAR commitments and priorities with all relevant stakeholders.

## APPENDIX C – Above Site and Systems Investments from PASIT and SRE

PEPFAR/M's portfolio of above-site activities contributes to successful implementation of programs essential to reaching epidemic control. PEPFAR/M's system investments span five areas, namely: (1) laboratory, (2) human resources for health, (3) surveillance, (4) evaluation, (5) supply chain and logistics, and (6) health information systems. These investments complement other donors (GF, World Bank, Gavi, and Bill & Melinda Gates Foundation) and host country government contributions, address critical gaps, and have SMART indicators (more information is available in the PASIT). These investments are also being implemented with a view to ensuring maximum host country ownership and sustainability.

Following the Systems Budget Optimization Review (SBOR) conducted in 2016, and the decision to allocate 70% of PEPFAR Mozambique's budget to site-level activities, the country team reviewed and streamlined its systems portfolio. Several areas that were previously supported have been discontinued or phased out. These include pre-service training, large-scale infrastructure, broader systems policy work, and development of new information systems. As a result of the SBOR, PEPFAR/M above-site spending was reduced from approximately 15% of the overall budget to 8% in COP23. This shift occurred in a fiscally challenging context for the GRM, in which health spending in absolute terms has reduced.

PEPFAR/M has organized an interagency Systems TWG that meets twice a month to discuss systems topics of interest, address shared challenges, perform gap analyses, and generate joint solutions. These discussions represent the foundation from which the COP23 systems priorities and portfolio have been formed. Proposed activities have been carefully reviewed against country priorities, acknowledging stakeholder roles and responsibilities, defining a capacity building plan, identifying opportunities for integration, and embarking on sustainability discussions. The PASIT reflects the common ground reached between PEPFAR/M and GRM for COP23 program activities.

To accelerate ownership and sustainability of the national HIV program, the country team, in agreement with MISAU, is beginning to gradually increase funding allocated to Provincial Health Departments. Moreover, the country team is also supporting the acceleration of HR absorption by the GRM, which will shift the role of clinical IPs from DSD to TA in the next few years, as the country approaches HIV epidemic control. These shifts, in conjunction with capacity building and systems investments, should reduce GRM

dependency on external donors. The PASIT contains more detail on specific systems activities, metrics, and expected results.

The sections below provide information on the main systems domains supported by PEPFAR/M in COP23.

**Laboratory Systems**

The goal of the laboratory systems investments in Mozambique is to build national technical, management and leadership capacity to establish, integrate and sustain laboratory diagnostic systems. This includes strengthening INS capacity for outbreak response, surveillance and specialized testing. The essentials of a sustainable laboratory system include well defined laboratory policies, a well-trained laboratory workforce, adequate capacity and supply chain for diagnostic tests, integrated sample transport systems, seamless data systems for results management, monitoring and evaluation, quality management systems (QMS) and EQA programs for CQI of laboratory services.

Over the years, PEPFAR/M investments have significantly improved technical capacity across the laboratory network and built the essential elements of a functional laboratory system. However, gaps remain in policy, supply chain, sample transportation, data systems and coverage of QMS and EQA programs. In close collaboration with MISAU and INS, PEPFAR/M will continue to focus on closing these gaps, supporting government priorities for laboratory policy, continuous strengthening of integrated specimen transport systems, information system interoperability, addressing systemic challenges within supply chain and decentralizing QMS and EQA programs to increase coverage.

Working towards sustainability, PEPFAR/M will advocate for country-led approaches. QMS and EQA programs have been successfully integrated into MISAU structures and departments with INS leading national implementation. Following this model and working towards sustainability of laboratory systems programs, PEPFAR/M will support integration of LIS and sample transportation systems into GRM management structures. The goal is to transition management of the sample transport system to MISAU in the next few years. Improving cost effectiveness, realizing efficiencies, and aligning financial planning

with GRM and other donors will be essential for financial sustainability of systems transitioned to the MISAU and INS.

**Human Resources for Health**

PEPFAR/M has invested significantly in a range of HRH interventions over the past 15 years. In early years, the HRH portfolio was quite expansive, covering provision of facility- and community-based staff, strengthening human resources information systems (HRIS), supporting pre-service training, conducting data analytics and supporting use of data for decision-making through establishment of a human resources observatory, among others.

In light of substantial progress achieved by both PEPFAR/M and GRM, and in view of new priorities (specifically 95-95-95), the PEPFAR/M HRH portfolio was redirected to focus on three main areas – (1) facility (DSD) and community staffing to support program goals, (2) provision of in-service training (on site, remote, and on the job), and (3) HRIS/policy support.

Mozambique continues to face deep fiscal challenges. Approximately 80% of recurrent health expenditures are allocated to salaries, leaving very few resources for investment and other expenses. As a result, the country has experienced frequent stockouts of essential medicines and other important health supplies that are not procured by PEPFAR/M and/or GF, and health facilities have become more reliant on PEPFAR/M for operational expenses support (utilities, communication, etc).

Working towards sustainability of HRH investments is a priority for PEPFAR/M. In this vein, the program will focus on three interlinked areas over the next three- to five-year timeframe. The first is accelerating absorption of PEPFAR-funded DSD staff to the Government payroll. The second is gradually aligning PEPFAR community level approaches with the new GRM community health strategy, through training of the new and improved APS cadre, aligning PEPFAR community cadres (wherever feasible) with the new strategy, and supporting the GRM to finalize the legal and compensatory framework for the new CHW strategy. The third is to commence transitioning select implementing partner tasks (specifically those related to supportive supervision and on the job training) to GRM entities (central, provincial and district

levels) through mixed support teams. This will drive down program implementation and management costs, as well as enhance GRM ownership and agency.

**Surveillance**

The surveillance portfolio has been discussed in both the interagency space and national TWGs. Surveillance activities were identified to provide data to inform programmatic decision-making to better target services to specific populations. These include populations that are traditionally underserved and are less likely to access services for HIV. These surveillance activities will inform programs supporting KP, IDP and CLHIV.

During COP23, the GRM will implement case-based surveillance (CBS) at one facility to establish feasibility and a process for implementation and determine how and to what scale to expand CBS moving forward. This supports the strategic vision of the GRM to enhance data use to support program quality. This facility-based patient level data approach is complemented by the community-based surveillance efforts of the Health Demographic Surveillance Systems in Polana Caniço.

A ten-year plan is already under development for standardized, high-quality KP surveys that will inform both quantification and distribution estimates for these key populations and assess the 95-95-95 cascade among each group. PEPFAR/M will support this strategy through specific support for a FSW BBS, which is documented in the SRE. This will be implemented by INS with support from ICAP and technical assistance from CDC. The multi-year, multi-population protocol that also includes MSM, PWID, prisoners, and TG individuals will benefit from technical assistance and development of experienced staff but may be funded through other resources in the future. Some level of technical assistance is anticipated in subsequent years.

This portfolio will inform progress toward HIV epidemic control among populations that are difficult to assess through facility-based case management. These efforts will support long-term capacity in Mozambique for long-term surveillance in reaching the last mile toward HIV epidemic control.

**Evaluations**

Through interagency and TWG discussions, PEPFAR/M identified several priority investments related to program evaluation, as documented in the COP23 SRE. These evaluations respond to gaps in knowledge or practice that negatively impact the ability to prevent HIV and other STIs among priority populations. One ongoing evaluation proposed is a study related to acceptability of PrEP that is being coordinated by ICAP. It is in the protocol review phase and will be completed in FY24. There are also two newly proposed evaluations: one on operationalizing the introduction of CAB-LA in the health facility setting as well as an evaluation utilizing a participatory research design on barriers, including stigma, to PrEP use among AGYW specifically. In addition, an INS-led study designed to improve the diagnosis, screening and treatment of STIs among AGYW through a combination of rapid testing and GeneXpert platforms is proposed. Finally, an external assessment of testing strategies and guidelines for pediatric HIV case identification to be contracted through the MISAU G2G award is also proposed. Together, these evaluations should help PEPFAR/M and partners eliminate barriers to rapid PrEP expansion, improve the diagnosis and treatment of STIs among AGYW thus reducing morbidity and HIV transmission risk, and help identify missed opportunities to diagnose CLHIV.

**Supply Chain and Logistics**

CMAM is responsible for PELF implementation, and the support provided by USG is aligned with this plan. However, a key reform envisioned in the PELF, which was developed in 2013, was to have CMAM become an autonomous entity that would allow CMAM to have the single command of the entire public supply chain, which was only materialized in July 2022. The relatively new decree has CMAM transforming into a public institute with administrative autonomy. To operationalize the new decree, CMAM is still working to have the regulations and statutes to govern the new entity, and they must finalize the new structure at subnational levels. Only then will they have a single command that will be fully operational. This aspect is key to CMAM's sustainability.

There is a huge disparity in salaries for staff in comparison to the outside market. High turnover rate, insufficient number of trained staff with expertise in supply chain management technical capabilities, and

deficient incentives are some of the challenges. Without an adequate number of skilled and trained staff who can provide continuity and technical expertise within CMAM, it is challenging to build institutional memory and internal capacity to transition activities from the GHSC-PSM project to CMAM.

To overcome these challenges and have an operational supply chain system that ensures health commodity security, while continuously building CMAM's capacity at central and subnational levels, the proposed interventions are critical. USG support will enable efficient staff management and retention practices, streamlined procurement processes, optimized distribution and storage capabilities, and improved end-to-end data visibility for decision making.

The support to establish a Data Management Unit at CMAM will enable supply chain data visibility institutionalization for better forecasting as well as decision-making. Additionally, with the finalization of the Zambezia intermediary warehouses, CMAM identified the need for standard operating procedures and support for operationalization of the new intermediary warehouses and adaptation of current provincial depots into intermediary warehouses.

CMAM still relies heavily on ongoing support from PEPFAR/M through its IPs in the implementation of various supply chain technical activities. TA is provided to ensure the functionality of various supply chain functions including forecasting and supply planning, warehousing and distribution, information technology, and management information systems. Working towards sustainability, PEPFAR/M will continue to work with other donors to support key reforms that will enable CMAM to have efficient and accountable systems, and gradually transition specific interventions currently implemented by PEPFAR/M partners into G2G mechanisms as part of the appropriation and capacity strengthening, paving the way for CMAM's integral leadership and management of the public health supply chain.

A key barrier in health products importation is the issuance of *Boletim de Especialidade Farmacêutica (*Pharmaceutical Specialty Bulletin), or BIEFs, which delays the processes and may lead to stockouts. ANARME, the Medicines Regulatory Authority, is a relatively new entity that still uses manual processes that result in inefficiencies and time-consuming processes. An assessment of ANARME current health

products importation process to recommend and support digitization of systems to improve efficiencies in importation and registration process is crucial and may lead to reduced associated costs.

**Health Information Systems**

PEPFAR/M aims to enhance patient care and management through an investment strategy that provides timely and secure access to health data. Through interagency and TWG discussions with MISAU, investments for COP23 were discussed and prioritized. In addition to ensuring the highest quality patient care is provided, PEPFAR/M prioritizes high-quality data for program management and monitoring, aligning with the GRM's National HMIS Strategy. Over the past six years, PEPFAR/M has maintained stable investments to establish sustainable, harmonized health information systems and avoid duplication by coordinating with GRM and donor partners. This includes investments in systems necessary for patient and program monitoring, supporting MER and MISAU reporting, and facilitating complete and timely data through interoperability and the national data repository. The HIS IPs' PASIT activities are linked to CoAgs, and the PEPFAR/M HIS Team applies rigorous project management methodologies to meet milestones, benchmarks, and deliverables. Challenges such as unreliable internet and power continuity and poor infrastructure, are difficult to overcome. Based on requests from GRM to expand beyond HIV-focused systems, PEPFAR/M is exploring options with GRM and other donors to broaden the scope and move away from siloed systems.