

### Country Situation

#### Background Statistics

HIV prevalence - adults (ages 15-49) <sup>[1]*</sup>	11.5% [10.6-12.2%]	2009
HIV prevalence - pregnant women (all ages) <sup>[2]*</sup>	10.4%	2009
Number of women living with HIV delivering <sup>[3]</sup>	98,300	2011
Est. # children (ages 0-14) living with HIV <sup>[1]*</sup>	130,000 [70,000-180,000]	2009
Maternal mortality ratio <sup>[4]</sup>	490/100,000	2010
Est. annual births <sup>[5]</sup>	883,000	2010
Infant mortality rate <sup>[6]</sup>	92/1,000	2010
Under-5 mortality rate <sup>[7]</sup>	131/1,000	2010

Adult HIV prevalence (ages 15-49) in Mozambique, estimated at 11.5% in 2009, has been stable over the past five years<sup>[1]</sup>, though still remains high. The 2009 estimated HIV prevalence among pregnant women, 10.4%, is comparable to the general adult population. The 2010 maternal mortality rate estimate is high (490/100,000 live births) and it is estimated that 98,300 pregnant women were living with HIV in 2011 and 130,000 children were living with HIV as of 2009.

PMTCT programme coverage in Mozambique is improving. Approximately 86% of ANC facilities offer PMTCT services<sup>[8]</sup>, and HIV testing among pregnant women increased from 12% in 2005 to 87% in 2010<sup>[9]</sup>. In 2011, 51% of pregnant women living with HIV (PWLHIV) received more efficacious ARVs for PMTCT—up from 38% in 2009<sup>[3]</sup>. In 2010, 42% of children born to PWLHIV received ARVs for PMTCT, and only 34% of infants born to PWLHIV were tested for HIV within 2 months of birth<sup>[9]</sup>.

Mozambique has developed a national scale up plan towards elimination of mother to child transmission of HIV (2010-2015) and is adopting WHO 2010 Guidelines Option A regimen for prophylaxis<sup>[10]</sup>.

### Reaching High Level Targets

#### Global 2015 Targets

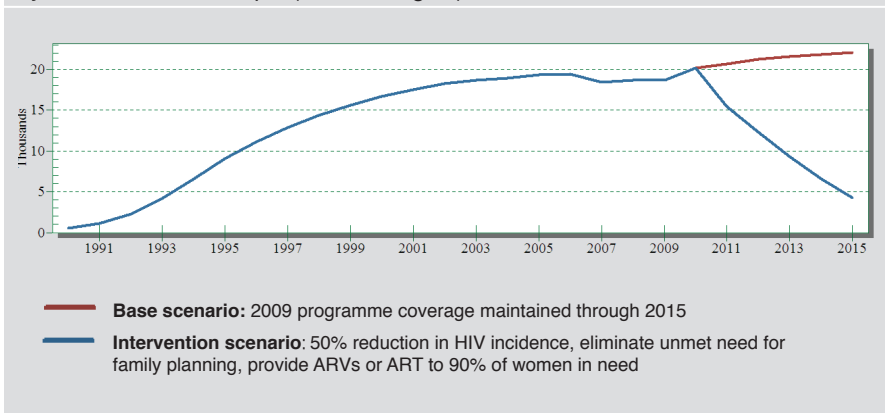
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

#### Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

An estimated 18,700 children were newly infected with HIV in the central region of Mozambique in 2009. Modeling data from UNAIDS indicates that if all interventions are scaled up and Global Plan targets achieved (see Figure 1), there would be 4,300 new child infections in this region 2015 – a 77% decline in the number of new child infections between the 2009 and 2015<sup>[11]</sup>.

**Figure 1:** Number of new child HIV infections due to mother to child transmission, by scenario, Mozambique (Central Region)



Source:<sup>[11]</sup> Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010

### Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections <sup>[3]</sup>	28,400	–	27,100	–	–	–	–
	Number HIV-associated maternal deaths <sup>[4]</sup>	2,200 (2005)	2,400	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	11% <sup>[12]</sup> (2008)	10% <sup>[7]</sup>	–	–	–	–	–
	ART coverage among children (ages 0-14) <sup>[3]</sup>	0%	–	20%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49)	–	–	–	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49) <sup>[13]</sup>	19% (2004)	–	–	–	–	–	–
Prong Three	Mother-to-child transmission rate <sup>[3]</sup>	29%	–	28%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) <sup>[3]</sup>	38% <sup>a</sup>	–	51%	–	–	–	–
	Breastfeeding ARV Coverage <sup>[3]</sup>	8%	–	14%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment <sup>[3]</sup>	22%	–	25%	–	–	–	–

## PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

### Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

#### Background Statistics

Young people (ages 15-24) HIV prevalence <sub>[11]</sub> *	Female: 8.6% [7.0-12.1%]	2009
	Male: 3.1% [2.4-4.4%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months <sub>[14]</sub>	Female: 33%	2009
	Male: 37%	2009
Male partners of pregnant women attending ANC tested in last 12 months*	Male: –	–
Unintended pregnancies (ages 15-49) <sub>[15]</sub>	Female: 20%	2003

### Key Points

Among young people (ages 15-24), HIV prevalence was nearly three times higher among young women (8.6%) than young men (3.1%) in 2009. Condom utilization at last sex was among young people reporting multiple sexual partners in the last year was 33% among young women and 37% among young men in 2009. One out of five women (ages 15-49) had an unmet need for family planning (19%) in 2004<sub>[13]</sub> and the rate of unintended pregnancies was 20% in 2003.

## PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

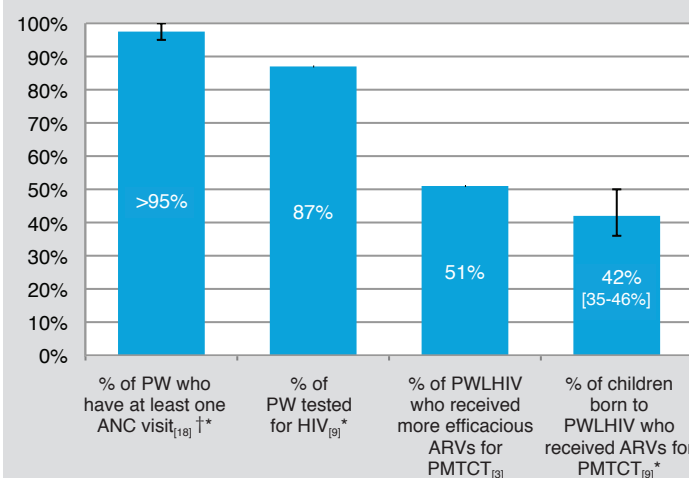
### Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

#### Background Statistics

Timing of 1 <sup>st</sup> ANC visit (months) <sub>[15]</sub>	No ANC: 15%	2003
	<4 months: 18%	
	4-5 months: 44%	
	6-7 months: 22%	
	8+ months: 2%	
	DK: <1%	
Percentage of women attending at least 4 ANC visits during pregnancy <sub>[15]</sub>	Total: 53% Urban: 71% Rural: 45%	2003
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) <sub>[9]</sub> *	87%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT <sub>[9]</sub> *	42% [36-50%]	2010
Skilled attendant at delivery (%) <sub>[16]</sub>	55%	2008/ 2009
Exclusive breastfeeding for infants <6 months <sub>[17]</sub>	41%	2011

**Figure 2: Coverage of selected PMTCT interventions (2010)**



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

### Key Points

According to health facility data, ANC coverage (at least one visit) among pregnant women in Mozambique was high in 2010 (>95%); however, survey data suggest that only 55% of women accessed skilled attendance at delivery in 2008-2009. In 2010, 87% of pregnant women were tested for HIV and, in 2011, 51% of pregnant women with HIV received efficacious ARVs for PMTCT. In 2010, 42% of children born to PWLHIV received ARVs for PMTCT.

## PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

### Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

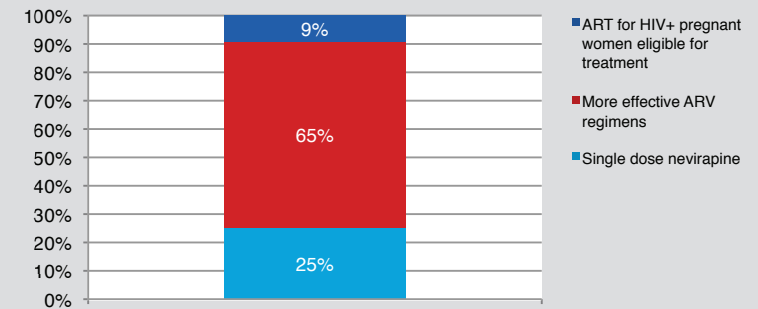
#### Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing*	–	–
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth*	–	–
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth <sup>[9]</sup> *	34% [29-41%]	2010

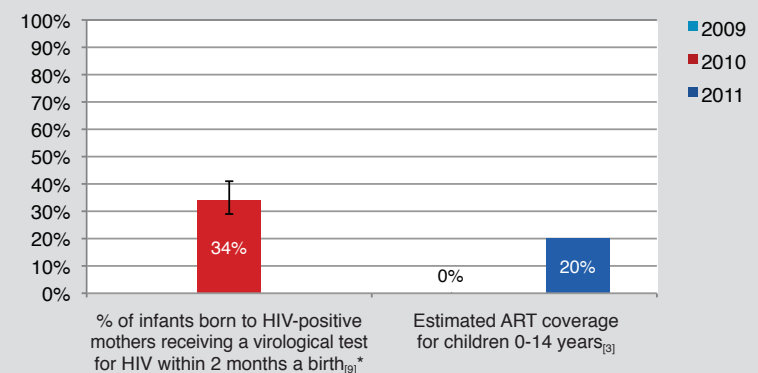
#### Key Points

Data are not available on the percentage of pregnant women with HIV who were assessed with CD4 testing. Coverage of early infant diagnosis (34% in 2010) and pediatric ART (20% in 2011) are still very low. Among pregnant women living with HIV who received ARVs for PMTCT in 2010, 9% received ART for their own health, 65% received efficacious ARV regimens, and 25% still received single dose nevirapine, a regimen no longer recommended by WHO (See Figure 3).

**Figure 3:** Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010<sup>[8]</sup>\*



**Figure 4:** Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



## Key Challenges & The Bottom Line

#### Key Challenges

Limited access to PMTCT services

Low rates of institutional delivery.

High unmet need for family planning

Few infants born to HIV+ mothers receive ARVs for PMTCT or are tested for HIV within two months of birth. Few HIV+ children receive ART.

Data on some key PMTCT indicators are not available at the national level, hindering tracking of progress towards eMTCT targets

#### The Bottom Line

*If national EMTCT targets for Mozambique are to be met by 2015, the following actions should be considered:*

Expand PMTCT service coverage to improve access to testing and efficacious ARVs including treatment.

Interventions are needed to strengthen and improve quality of MCH services, including ANC coverage and delivery by a skilled birth attendant

Expand access to family planning and strengthen linkages between PMTCT and FP/SRH services

Expand the provision EID, ARVs for PMTCT and ART for children living with HIV

Strengthen routine monitoring system to ensure timely collection and reporting of quality data on Global Plan indicators.

## References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010
- 2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
- 3 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 4 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
- 5 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World, 2012*
- 6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
- 7 Liu L, Johnson HL, Cousens S, et al, for the Child Health Epidemiology Reference Group of WHO and UNICEF. *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000*. Lancet 2012
- 8 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 9 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 10 Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive 2011-2015*, 2011
- 11 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
- 12 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2010*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010
- 13 United Nations Statistics Division, Millennium Development Goals Indicator portal, <http://mdgs.un.org/unsd/mdg/Data.aspx>
- 14 Mozambique INSIDA Survey 2009, Final Report
- 15 Mozambique Demographic and Health Survey 2003, Final Report
- 16 Mozambique Multiple Indicator Cluster Survey 2008-2009, Final Report
- 17 Mozambique Demographic and Health Survey 2011, Preliminary Report
- 18 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011

## Notes:

- \* Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.
- <sup>a</sup> 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

## Acronyms:

- ANC: Antenatal care
- ART: Antiretroviral therapy
- ARVs: Antiretroviral prophylaxis
- CTX: Co-trimoxazole prophylaxis
- EID: Early infant diagnosis
- EMTCT: Elimination of mother-to-child transmission of HIV
- FP: Family planning
- L&D: Labour and delivery
- MMR: Maternal mortality ratio
- MNCH: Maternal, newborn and child health
- PMTCT: Prevention of mother-to-child transmission of HIV
- PWLHIV: Pregnant women living with HIV
- SRH: Sexual and reproductive health
- WHO: World Health Organization