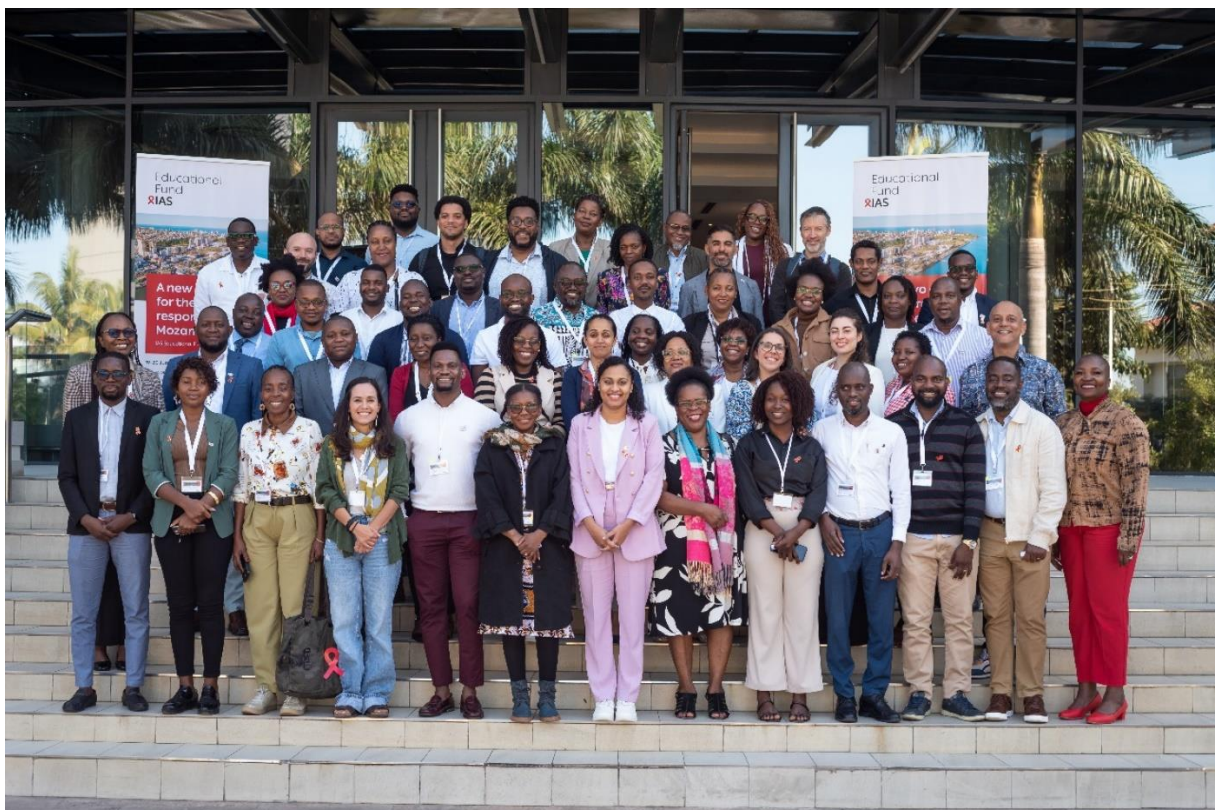


IAS EDUCATIONAL FUND MEETING IN PARTNERSHIP WITH CSM

**A new landscape for the HIV response in
Mozambique**

Symposium and workshop report

Maputo, Mozambique | 19-20 June 2025



Workshop participants, Maputo, Mozambique, 20 June 2025

This report was developed in collaboration with the Comité para a Saúde de Moçambique (CSM). The views expressed in the report do not necessarily reflect the views of IAS - the International AIDS Society.¹

Introduction

On 19–20 June 2025, the [IAS Education Fund](#), in partnership with the [Comité para a Saúde de Moçambique \(CSM\)](#) and in collaboration with the National AIDS Council (CNCS), hosted a two-day scientific symposium and workshop in Maputo titled “A new landscape for the HIV response in Mozambique”.

The event aimed to bridge the gap between science, policy, and implementation in the context of a shifting funding environment. It convened over 176 stakeholders, including high-level policymakers from the Ministry of Health and CNCS, researchers, health professionals, community-based organizations, and international partners such as Centers for Disease Control and Prevention (CDC), World Health Organization (WHO) and implementing partners.

Objectives of the meeting

- Share key scientific updates and best practices from recent international HIV conferences.
- Explore sustainable strategies for Mozambique’s HIV response amid shrinking donor support.
- Focus on key populations – particularly adolescent girls and young women.
- Promote the integration of HIV and non-communicable disease (NCD) services.
- Develop concrete, evidence-based policy recommendations through multi-stakeholder dialogue.

The first day was structured around expert presentations and roundtable panels. The second day consisted of group workshops that generated short- to medium-term action plans (1–3 years) for program and policy development across four thematic areas.

Symposium summary

1. Mozambique’s HIV response in a new funding era

Overview:

In 2023, Mozambique had an estimated 2.4 million people living with HIV, making it the third highest globally. Over 11 million HIV tests are conducted annually with approximately 81,000 new HIV acquisitions each year¹. However, only 5% of the national HIV response is funded domestically, with the majority supported by international donors, mainly by PEPFAR (67%) and the Global Fund (27%)². As global HIV financing declines, Mozambique faces the challenge of sustaining and

¹ <https://aidsinfo.unaids.org/>

² CNCS, MISAU, ONUSIDA & PEPFAR. (2023). Relatório sobre o Financiamento da Resposta Nacional ao HIV em Moçambique (2017–2022). Maputo: Governo de Moçambique.

scaling its response, particularly as new, promising biomedical prevention tools, such as long-acting injectable pre-exposure prophylaxis (PrEP), become available.

Key challenges:

- Heavy dependence on external funding sources.
- Declining investments in HIV prevention efforts.
- Limited programmatic data quality and accountability mechanisms.
- Structural and social barriers to access, including stigma and discrimination.
- Service disruptions due to administrative challenges, such as stop-work orders.

Opportunities and recommendations:

- Strengthen government leadership and advocacy at the highest levels.
- Integrate HIV programs within broader NCD initiatives to foster sustainability.
- Accelerate the adoption and roll-out of innovative tools, such as long-acting PrEP (e.g., lenacapavir).
- Develop and implement new domestic and blended financing mechanisms.
- Promote multisectoral engagement and expand community-led monitoring.

2. Ensuring a sustainable HIV response in Mozambique

Overview:

Mozambique has relied on vertical, donor-supported HIV programs. The government has demonstrated political commitment through the development of a sustainability roadmap; however, it continues to face significant challenges in implementation and securing sufficient domestic financing.

Key challenges:

- Reliance on vertical and high-cost service delivery models.
- Limited domestic financing and government ownership.
- Fragmented accountability mechanisms and minimal civil society engagement.

Opportunities and recommendations:

- Prioritize HIV interventions using local epidemiological and economic evidence.
- Promote small grant mechanisms to strengthen local NGOs and community-based organizations.
- Mobilize private sector participation and incentivize innovation in service delivery and financing.
- Scale up community-based service delivery models and strengthen data systems.
- Invest in women's leadership and economic empowerment, acknowledging the feminization of HIV and poverty in Mozambique.
- Optimize the use of existing health system resources for long-term efficiency.

3. Reaching adolescent girls and young women (AGYW)

Overview:

Adolescent girls and young women (AGYW) aged 15-24 years account for a third of new HIV acquisitions in Mozambique. Despite school-based and peer-led interventions, and the integration of sexual and reproductive health (SRH) into curricula, AGYW continue to face disproportionately high risks – both in acquiring HIV and through vertical transmission during adolescent pregnancies.

Key challenges:

- Limited collaboration between the health, education, and gender sectors.
- Inadequate youth-friendly services and insufficient technical training for teachers.
- Gender-based vulnerabilities, stigma, and lack of psychological support in schools.

Opportunities and recommendations:

- Scale up adolescent-friendly health services (SAAJ) nationwide.
- Integrate SRH training into teacher education programs and strengthen school-based counselling with psychological support.
- Utilize radio, social media, and digital platforms for outreach and education.
- Promote access to and uptake of long-acting PrEP options tailored for young women.
- Align SRH/HIV education initiatives with school calendars and adapt monitoring and evaluation (M&E) tools to track youth-specific indicators.
- Foster gender equality and youth leadership in the design and implementation of programs.

4. Integration of HIV and Non-Communicable Diseases (NCDs)

Overview:

As Mozambique faces a rising burden of NCDs alongside its longstanding HIV epidemic, the integration of services has become increasingly important. While draft national guidelines for HIV-NCD integration and pilot efforts are underway, implementation remains challenged by multiple systemic barriers.

Key challenges:

- Fragmented service delivery models and supply chain systems.
- Disconnected information systems and parallel consultation platforms.
- Human resource shortages and inadequate health infrastructure.
- Social stigma and limited adolescent-focused SRH services.

Opportunities and recommendations:

- Finalize and roll-out national guidelines for integrated HIV/NCD care.
- Harmonize health information systems for joint monitoring and evaluation.
- Train healthcare providers in delivering comprehensive, integrated services.
- Scale up cost-effective service delivery models based on pilot findings.
- Advocate for a dedicated budget line for HIV/NCD integration.

Conclusion and next steps

The symposium and workshop catalysed critical dialogue and generated actionable recommendations to strengthen Mozambique's HIV response. Participants called for bold leadership, community engagement, and a unified vision that aligns HIV programming with broader health system goals.

Recommendations from the meeting will be consolidated into a policy brief to inform government and partner strategies over the next 1–3 years, ensuring the continuity, equity, and sustainability of HIV services across Mozambique.

Annex 1: Recommendations from workshop on 20 June 2025

Question 1: What practical steps can our country take to diversify and secure long-term financing for its HIV response, including options for domestic resource mobilization, public-private partnerships, and integration into broader health financing strategies?

Nº	Recommendations	When? (as precise as possible)	Who? (responsible institutions)	How? (first steps for implementation)	Funding (funders/implementation partners)
1	Establish public-private partnerships through the Confederation of Economic Associations (CTA) to mobilize private sector contributions for health services financing in general, including HIV/NCDs, by offering tax incentives to companies that support public health service delivery.	Q4 2026	<ul style="list-style-type: none"> Lead : <ul style="list-style-type: none"> National AIDS Council (CNCS) Ministry of Health (MoH) Support : <ul style="list-style-type: none"> Civil Society CTA Parliament Workers' Unions Tax Authority 	<ul style="list-style-type: none"> Develop memoranda of understanding between MoH and CTA Draft legal proposal in collaboration with the Parliamentary HIV Office 	<ul style="list-style-type: none"> CTA (medicines, supplies, and other health commodities from 2026 onward) Public and private companies
2	Advocate through civil society for increased HIV funding within the State Budget.	Q4 2026	<ul style="list-style-type: none"> Lead: <ul style="list-style-type: none"> Civil Society Support : <ul style="list-style-type: none"> CNCS Ministry of Finance MoH 	<ul style="list-style-type: none"> Establish contact with the Parliamentary HIV Office 	<ul style="list-style-type: none"> State Budget

3	Map existing health sector investments from different donors and identify duplications to inform the development of an essential service package for HIV prevention, care, and treatment, and prioritize funding for key areas.	Q3 2025	<ul style="list-style-type: none"> Lead : <ul style="list-style-type: none"> MoH CNCS Support : <ul style="list-style-type: none"> Donors/Partners Civil Society 	<ul style="list-style-type: none"> Conduct a rapid assessment to map investments and identify overlaps 	<ul style="list-style-type: none"> Donors/Partners
4	Establish memorandum of understanding (MoU) with public and private transport companies to include medicines and medical supplies in their cargo operations.	Q4 2026	<ul style="list-style-type: none"> Lead : <ul style="list-style-type: none"> MoH CNCS Support : <ul style="list-style-type: none"> Provincial Health Directorate (DPS)/ Provincial Health Service (SPS)/ Provincial Council for the Fight Against AIDS (CPCS) Ministry of Transport and Logistics and its Provincial Directorates 	<ul style="list-style-type: none"> Draft MoU proposal Present to relevant stakeholders 	Public and private transport and logistics companies
5	Advocate for increased NCD financing for the procurement and maintenance of diagnostic and treatment equipment.	Q4 2026	<ul style="list-style-type: none"> Lead : <ul style="list-style-type: none"> MoH CNCS 	<ul style="list-style-type: none"> Develop an investment case for NCDs Include NCDs in the Multisectoral Technical Working Groups (TWGs) Unify the procurement and distribution flow of HIV/NCD medicines and supplies 	<ul style="list-style-type: none"> State Budget, WHO, Global Fund, UNAIDS
Note: All the recommendations above should be legislated to ensure full implementation by all involved stakeholders.					

Question 2: What sustainable, cross-sectoral strategies can be implemented to reach adolescent girls and young women with HIV prevention and care services?

Nº	Recommendations	When? (as precise as possible)	Who? (responsible institutions)	How? (first steps for implementation)	Funding (funders/implementation partners)
1	<p>Expand Youth-Friendly Health Services (SAAJ):</p> <ul style="list-style-type: none"> Create alternative SAAJ models for health facilities without dedicated services, offering adolescent and youth care on specific days and times. Establish school-based SAAJ in secondary schools, technical institutes, colleges, and universities. 	End of 2025	<ul style="list-style-type: none"> MoH – National School Health, Adolescent and Youth Program (PNSEAJ) Ministry of Education (MEC) 	<ul style="list-style-type: none"> On-the-job or virtual training for health facility staff using existing training packages. Rehabilitation and equipping of school spaces. Operationalize the existing implementation plan (POP). 	State Budget
2	<p>Conduct meetings, lectures, debates, and share messages through communication platforms to empower parents, guardians, and caregivers in educating adolescents on Sexual and Reproductive Health and Rights (SRHR), and to generate demand for SAAJ services.</p>	Q1 – Q4, 2026	<ul style="list-style-type: none"> MoH MEC Ministry of Gender, Children and Social Action (MGCAS) Ministry of Justice and Religious Affairs Civil Society 	<ul style="list-style-type: none"> Organize school meetings, lectures, and community debates through various platforms (radio, TV, social media). Coordinate with religious leaders. 	<p>Funding for indirect costs</p> <p>Public-private partnerships</p>

3	Train community and religious leaders, and matrons, to enhance the inclusion of SRHR content in initiation rites.	Q1 – Q4, 2026	<ul style="list-style-type: none"> MoH MEC MGCAS Ministry of Justice and Religious Affairs Provincial Governments Civil Society 	<ul style="list-style-type: none"> Map stakeholders involved in initiation rites. Conduct awareness sessions. Provide training to leaders and facilitators involved in the rites. 	Funding for indirect costs Public-private partnerships
4	Develop communication strategies tailored to different contexts (rural, urban), using community radio and social media to spread messages on SRHR, menstrual hygiene, HIV prevention, and more. Partner with private companies (e.g., VODACOM, mCel, TVM, community radios) and influencers/musicians/athletes.	Q1 – Q4, 2026	<ul style="list-style-type: none"> MoH Institute for Social Communication MEC Secretariat of Youth and Employment (SEJE) Civil Society 	<ul style="list-style-type: none"> Develop thematic messages through technical working groups (TWGs). Draft memoranda of understanding among the sectors involved. 	Funding for indirect costs Public-private partnerships
5	Include SRHR components in teacher training curricula. Deploy psychology/psychopedagogy students to schools for psychosocial support, using schools as internship sites.	Q1 – Q4, 2026	<ul style="list-style-type: none"> MEC MoH Ministry of Science and Technology 	<ul style="list-style-type: none"> Develop the SRHR training package for inclusion in teacher education curricula. Establish memoranda of understanding between involved institutions. 	Targeted funding (to be defined)
6	Advocate for continued prioritization of combination HIV prevention for adolescents and youth.	End of 2025	MoH, Civil Society	MoH to present this priority to the government during internal and external resource mobilization efforts.	Public-private and external funding

Question 3: How can integrated HIV and NCD services be designed and implemented to promote long-term sustainability and strengthen the overall health system?

Nº	Recommendations	When? (as precise as possible)	Who? (responsible institutions)	How? (first steps for implementation)	Funding (funders/implement ation partners)
1	Develop guidelines for the integration of HIV services with non-communicable diseases (NCDs) and other comorbidities (respiratory diseases, cancers, mental health conditions, among others).	By August 2026	Lead: <ul style="list-style-type: none"> Ministry of Health (MoH) – NCD Program Support: <ul style="list-style-type: none"> Partners 	<ul style="list-style-type: none"> Establish an Integrated Technical Working Group (TWG) Conduct a document review Carry out user consultations. 	Not applicable
2	Finalize and gradually implement the operational guide for the provision of integrated HIV and NCD services (hypertension and diabetes) within Primary Health Care at all facilities offering ART services.	September 2026	Lead: <ul style="list-style-type: none"> MoH (Integrated TWG) Support: <ul style="list-style-type: none"> Partners 	<ul style="list-style-type: none"> Conduct TWG meetings Validate the proposed operational model Pilot in two provinces Revise the guide based on evidence 	State Budget, PEPFAR, World Bank
3	Finalize clinical management standards for NCDs according to the level of care and develop integrated monitoring and evaluation tools.	By September 2025	Lead: <ul style="list-style-type: none"> MoH (Integrated TWG) Support: <ul style="list-style-type: none"> Partners 	Conduct meetings with the TWG and M&E team	State Budget

4	Train health professionals providing HIV and NCD services in integrated management, including clinical workflows, psychosocial support, laboratory, pharmacy, and nutrition.	June 2026	Lead: <ul style="list-style-type: none"> MoH (Integrated TWG and M&E) Support: <ul style="list-style-type: none"> Partners 	<ul style="list-style-type: none"> Conduct training sessions led by the TWG and M&E team for provincial and district-level providers (online). On-the-job training at health facilities. Implement integrated supportive supervision and distribute training materials. 	WHO, MoH, Global Fund, UNAIDS
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Question 4: How can community systems and civil society organizations be better empowered to lead and sustain locally-driven HIV responses?

Nº	Recommendations	When? (as precise as possible)	Who? (responsible institutions)	How? (first steps for implementation)	Funding (funders/imp lementation partners)	Observations
1	Conduct a mapping of existing community-based organizations (CBOs) and relevant community structures at all levels, including number of organizations, area of intervention, and target groups (e.g., those focused on health, education, and youth).	December 2025	CNCS and Civil Society Platform for Health and Human Rights in Mozambique (PLASOC-M)	<ol style="list-style-type: none"> 1. Develop a standardized mapping tool (database). 2. Identify existing organizations within communities. 	Not applicable	PLASOC-M has launched a pilot to test the database. There is a need to revise the tool, assess the depth of data collection, and expand the mapping to national level, including categorization of the organizations.
2	Assess the capacities of existing CBOs and relevant community structures at all levels in the following areas: <ol style="list-style-type: none"> 1. Technical 2. Operational/management 3. Internal governance 	December 2025	CNCS, PLASOC-M, and MoH	<ol style="list-style-type: none"> 1. Develop assessment tools for technical, operational, and internal governance capacity 2. Share the tools with representatives at various levels (provincial, district). 	Not applicable	Organizations should share their organigrams, statutes, assembly minutes, etc.
3	Develop the training package and technical-operational capacity building plan for CBOs.	March 2026	Technical Working Group (MoH, CNCS, and PLASOC-M)	<ol style="list-style-type: none"> 1. Weekly meetings of the Technical Group to draft and harmonize the package. 2. Finalize the capacity building plan. 3. Integrate training materials into digital platforms. 	State Budget / Private Sector / Others	The package should address the identified gaps in CBOs.

4	Train the pre-selected civil society organizations.	June 2026	MoH, CNCS, and PLASOC-M	Cascade training in hybrid format (provincial, district, and health facility levels).	State Budget / Private Sector / Others	
5	Establish the methodology for technical and financial implementation.	June 2026	MoH and CNCS	<ol style="list-style-type: none"> 1. Develop monitoring tools for technical and financial implementation of activities 2. Conduct the final selection and evaluation of organizations. 3. Define a monitoring schedule for implementation. 	State Budget / Private Sector / Others	

Question 5: What mechanisms can be established to accelerate the translation of evidence and scientific advances into sustainable, actionable policies and programs for HIV in our country?

Nº	Recommendations	When? (as precise as possible)	Who? (responsible institutions)	How? (first steps for implementation)	Funding (funders/implementation partners)	Observations
1	<p>Coordination:</p> <ul style="list-style-type: none"> Integrate the programmatic research component into the Monitoring & Evaluation Unit (M&E) of the National Directorate of Public Health (DNSP), using existing human resources. This structure should support the targeting/prioritization and implementation of the national HIV research agenda, aiming to use findings to improve program implementation. 	Short term (by end of 2025)	Ministry of Health (MoH), National Institute of Health (INS), CNCS, local and international partners, local and international universities, DPS/SPS	<ul style="list-style-type: none"> Situational assessment of the current capacity of the M&E Unit within the DNSP to identify available expertise, gaps, and alignment with the national HIV research agenda Engage key stakeholders to build consensus on integrating research into M&E and ensure the agenda reflects program priorities Define the structure by assigning a research focal point and clarifying roles and responsibilities within the unit 	No additional funds required at this time	<ul style="list-style-type: none"> Ensure research results are made available for broader use. Establish coordination mechanisms for managing programmatic evidence, to facilitate information sharing and evidence-based policymaking.

				<ul style="list-style-type: none"> Establish a clear process for translating research findings into actionable recommendations, with regular feedback loops to inform program planning and implementation Develop a simple monitoring framework to track the integration process, measure the use of research in decision-making, and ensure accountability over time 		
2	<p>Accelerated Production:</p> <ul style="list-style-type: none"> Improve access to secondary databases (MozART, SIS-MA, SIS-TB) by making them publicly available through existing virtual platforms (e.g., National Observatory) 	Short term (by end of 2025)	MoH, INS, CNCS, local and international partners, local and international universities, DPS/SPS	<ul style="list-style-type: none"> Disseminate guidelines on how to access virtual databases. Update platforms with current databases. 	No additional funds required at this time	<ul style="list-style-type: none"> Enhance the value of existing national data (secondary and research databases) through programmatic evaluations. For example, MozART is a longitudinal database of all individuals on ART at facilities with SESP. Prioritize research that contributes to program improvement.

3	<p>Implementation:</p> <ul style="list-style-type: none"> Create a mechanism to ensure new evidence can be integrated into decision-making. Examples include post-conference symposia (national or international), research open days, or reports summarizing key recommendations and lessons learned 	Medium term (by June 2026)	MoH, INS, CNCS	<ul style="list-style-type: none"> The M&E and Research Unit (UMAP) must identify appropriate opportunities for these presentations/discussions. If such opportunities do not currently exist, UMAP may organize post-conference symposia to serve this purpose. 	To be determined	<ul style="list-style-type: none"> There is a gap between research findings and their integration into programmatic guidelines. Many forms of "evidence" are not reflected in national policies or programs. Research results often lack actionable, practical recommendations.
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