# PEOPLE'S COP22 MOZAMBIQUE

## COMMUNITY PRIORITY INTERVENTIONS

## FOR PEPFAR MOZAMBIQUE IN 2022

## INTRODUCTION

In Mozambique, an estimated 2,130,428 people are living with HIV (123,817 people <15 years old and 2,006,611 people >15 years old).[1] PEPFAR estimates that by Quarter 4 2020, 75% or approximately 1.6 million people with HIV were on antiretroviral treatment (ART).[2] For certain age bands and communities, treatment coverage is much lower, such as young men 20-29, whose treatment coverage is only 41%.[3] In the midst of the COVID-19 epidemic as well as the ongoing conflict in the North, during FY21, Mozambique expanded its treatment program by over 250,000 people, achieving the highest TX_NET_NEW (new people initiated and retained on treatment) in the program's history.[4] However, Mozambique has the second largest HIV epidemic in the world, and is far off track from achieving epidemic control. Among PEPFAR-supported countries, there are 5.7 million people not yet on antiretroviral treatment (ART); an estimated 11% of those are in Mozambique, second only to unmet need for ART in South Africa.[5]

Challenges include:

+ high rates of new HIV infections and AIDS-related deaths among adults, adolescents and children;
+ continued gaps in treatment and prevention coverage;
+ large gaps in access to viral load;
+ high rates of interruption in treatment and loss to follow up (LTFU);
+ persistently high rates of advanced HIV disease;
+ lack of investment in truly community-led treatment literacy and anti-stigma interventions;
+ persistent experiencing of rates of stigma and discrimination and a lack of data on the rates of stigma and discrimination;
+ differentiated service delivery (DSD) is not offered to all communities, which is inconsistent with WHO guidance;
+ key population programs investments that are underfunded and geographically severely restricted and therefore cannot meet the needs of communities (only 1.59 of the PEPFAR program budget in FY2022 was on KP6); and
+ key populations programs that are not led by key populations themselves and therefore are not accountable to those communities.

1. Mozambique COP 2021. Strategic Direction Summary, May 16, 2021, p. 11
2. COP20/FY21 Quarter 4 POART, December 9 2021
3. Reunião de Aprovação do COP 2021 PEPFAR Moçambique, May 11, 2021. slide 5.
4. PEPFAR Planning Level Letter COP2022 Mozambique. January 19 2022, p. 2
5. PEPFAR 2022 Country and Regional Operational Plan (COP/ROP) Guidance for all PEPFAR-Supported Countries, p 26
6. http://dev.amfar.org/location/Mozambique

Approximately 11.5% of Mozambicans are HIV positive, and 98,000 new infections occur per year[7]. Untreated or poorly managed HIV is a leading cause of death nationwide, with an estimated 38,000 AIDS-related deaths in 2020.[8] Gaps in HIV treatment initiation and retention also drive high rates of new HIV infections in Mozambique. An estimated 28.7% of new HIV infections are among adolescent girls and young women aged 15-24.[9] Key populations, including men who have sex with men, transgender people, people who use drugs, sex workers and prisoners, continue to experience serious gaps in access to combination prevention and continuous, quality HIV treatment services provided with respect. During the current fiscal year, coverage targets for key populations for the Global Fund and PEPFAR combined are only 53%. While these targets are poised to increase during FY23, the slow pace of program roll out is unacceptable.[10]

While PrEP_NEW targets increased for COP21, the scale-up from three to 11 provinces planned for FY22 Q1 is far slower than the recommendation by communities during COP21 for PrEP implementation as a national program.[11,12] Because PrEP is not available in all facilities, access is still impeded despite increased PREP_NEW targets. Some populations have hardly started to benefit from PrEP: the vast majority of PrEP users are serodiscordant couples; fewer than 5% of PrEP_NEW users were men who have sex with men (MSM) during any month in Q3 2021, with virtually no reported MSM PrEP_NEW users in all of September.[13] Key population budgets for PrEP are inexcusably small, with just $70,000 allocated for PrEP under the key population program for FY22, which is $6.05 million.[14] Data from the community-led monitoring (CLM) pilot carried out January 2021 in 5 clinics in Maputo province indicate that of the 638 people with HIV interviewed, only 40% reported that PrEP was available at their clinic. Although Mozambique has the second highest number of new HIV infections annually, when contrasted with the four other countries that together make up the bulk of new HIV infections among PEPFAR-supported countries, Mozambique has by far the smallest PEPFAR PrEP_NEW target– only 49,832 compared with 95,380 for Nigeria, 85,764 for Zambia, 183,174 for Tanzania, and 250,020 for South Africa.[15]

Current testing, treatment coverage, and viral load suppression rates are still far below the 95-95-95 targets committed to by the government and global partners. Unacceptably high rates of interruptions in treatment cut across age groups and communities, particularly during the first three months after people start treatment, in particular among young men (<29 years old) and women (<24 years old).[16] Most PEPFAR implementing partners delivering care and treatment are underperforming in reaching their service delivery targets.[17] Some even set artificially low targets to avoid being classified as "underperformers",[18] PEPFAR's most recent program data point to improvements in people returning to care and treatment and adherence to ART, but the progress is slow. LTFU prevention interventions led by trusted, paid, and equipped community health workers, reducing clinic wait times, and bringing essential biomedical and peer-led psychosocial support interventions closer to communities have been associated with improvements in LTFU in Mozambique.[19] The COP21 commitments to support MISAU's expansion of differentiated service delivery through community-based drug distribution, pharmacy fast track drug refills, mobile brigades, and mobile clinics all need to be expanded to a further reach geographically to make greater progress in retaining more people in lifesaving care.

The effects of underinvestment in treatment and prevention literacy for communities and HIV-related stigma and discrimination are substantial: Mozambicans living with HIV experience high rates of human rights violations and routinely report poor treatment by health workers in clinic settings.[20] While COP21 committed to developing a treatment literacy and stigma reduction program to increase community demand for quality HIV services, there was no commitment to implementation of the program by people living with HIV themselves—a serious concern. Among patients interviewed during a CLM pilot in 5 clinics in Maputo in 2021, 41% either did not know their viral load or could not say whether or not they knew their viral load. 41% either did not know that an 'undetectable' viral load meant ART was effective or couldn't say whether or not they knew.

When asked if there were enough staff in the clinic, 58% of patients reported there were "always" enough staff, while 42% reported either that there were "sometimes" enough staff, "never" enough staff, or that they did not know the answer. But across facilities, the average wait time patients reported waiting at the clinic was 4 hours and 49 minutes.

COVID-19 also brought serious challenges: in 2021, the number of enrolled on treatment (TX-CURR) decreased in parallel with the two waves of COVID in the country, in March 2020 and January 2021.[21] Interventions that take place in community settings, including DREAMS activities, key populations services, and services provided by mentor mothers to ensure HIV positive women and their children have continuous treatment access. Recovering from these interruptions through intensified efforts to find people lost to care; providing funding to communities that experienced economic hardship due to COVID-19 restrictions and could not take their medicine due to lack of food; and investing in effective adaptations so that community programs can carry out high impact activities safely are important community priorities for COP21 and COP22. COVID-19 also revealed areas of growth and success as well: for example, PEPFAR has allocated an additional 2.5 million of the $20.5 million in American Rescue Plan Act (ARPA) funding for Mozambique for direct supply chain support and allocated $9.4 million to repair harms to the HIV response, including for community-based HIV treatment and prevention.[22]

7. AIDSInfo. https://aidsinfo.unaids.org/
8. AIDSInfo. https://aidsinfo.unaids.org/
9. Mozambique Country Operational Plan. COP 2021 Strategic Direction Summary. May 11, 2021, p. 7
10. Mozambique Country Operational Plan. COP 2021 Strategic Direction Summary. May 11, 2021, p. 50
11. Mozambique Country Operational Plan. COP 2021 Strategic Direction Summary. May 11, 2021, p. 50.
12. PEPFAR Mozambique. COP20/FY21 Quarter 4 POART | December 9, 2021, slide 37.
13. PEPFAR Mozambique. COP20/FY21 Quarter 4 POART | December 9, 2021, slide 75.
14. amfAR, Key Populations and KPIF Data Project: Mozambique
15. PrEPWatch, see: https://www.prepwatch.org/in-practice/global-prep-tracker/
16. Supra note 4, p 4
17. amfAR. PEPFAR Monitoring, Evaluation, and Reporting Database. https://mer.amfar.org/location/Mozambique/treatment
18. People's COP 21 Mozambique https://healthgap.org/wp-content/uploads/2021/04/Peoples-COP21-Mozambique.pdf
19. Supra note 3, slide 12
20. https://mz.usembassy.gov/wp-content/uploads/sites/182/2021.04.21_1220_Vision-Deck_ENG.pdf slide 9
21. Supra note 2, slide 10
22. Supra note 2, slide 32

These community recommendations to PEPFAR were developed based on the priorities identified by civil society organizations (CSOs), key populations and people living with HIV at the start of the PEPFAR 2022 COP planning process and outcomes from subsequent engagement by civil society.

As reported in the 2021 People's COP for Mozambique, CLM of PEPFAR-supported programs in Mozambique was carried out by people living with HIV during a pilot program in order to better establish a relevant and effective model for CLM in the country. The purpose of the pilot was to test CLM assessment tools and methods, learning lessons for adoption during an eventual national roll-out. Communities use CLM to identify the main challenges people encounter when using health services and use data-informed advocacy to push for the policy and program shifts they need. The project conducted patient interviews in five facilities over three days (20-22 January 2021), collecting observational data and interviewing the facility manager for each health facility. A team of community monitors interviewed 638 patients in the five facilities. Of these, 93% were PLHIV. 61% of the total interviewed patients were women. PEPFAR Is currently funding several organizations or institutions to carry out CLM (combined budget of approximately $3.3 million).[23] We hope the outcomes from the small CSO-led pilot will help inform CLM implementation in Mozambique, and ensure CLM delivers real impact for people living with HIV and people most affected by the AIDS crisis by improving the accessibility and quality of HIV services through community-led advocacy efforts to resolve the problems highlighted by community-generated evidence.

23. Supra note 2, slide 121

# COMMUNITY RECOMMENDATIONS TO PEPFAR FOR COP22

## Treatment

Gaps in treatment access, high rates of loss to follow up and AIDS-related deaths in Mozambique are unacceptable. The priorities committed in COP21 to address this crisis must be urgently rolled out and taken to scale as quickly as possible, with priority placed on reducing clinic wait times; increasing viral load access; expanding differentiated service delivery, including 6-month-drug-refills, for all populations, including pregnant and breastfeeding women and pediatrics; and bringing quality services closer to patients—from ART initiation and refills to youth and adolescent case management to lifesaving advanced HIV disease services.

Importantly, as requested in the People's COP21, the "treatment literacy" program agreed to in COP20 must be overhauled: instead of a marketing campaign, it should be developed and implemented by communities, with direct funding to networks of people living with HIV to implement the program. Lack of grassroots ownership over anti-stigma and "U=U" campaigns will lead to poor strategy and limited impact.

**COP22 TARGET:** PEPFAR must re-enter "sustainability sites" with the complement of clinical services in COP22 that were withdrawn during the "geographic pivot" of COP19. This is urgently needed in order to expand quality services for adults, adolescents and children, and ensure full MER reporting on the suite of indicators currently not included in those clinics, such as regarding pediatric testing. Services were withdrawn pending improvement in quality among what would become AJUDA sites in COP20. This is clearly taking place; it is time to reengage sustainability sites.

**COP22 TARGET:** Reinstate a national program of home-based palliative care for people with advanced HIV disease (AHD) who cannot reach health clinics. Ensure that healthcare services for people with advanced HIV disease are offered without user fees or costs. Ensure that people with AHD are provided with a basic food basket.

**COP22 TARGET:** As stated in the "Voice of the Mozambique Community COP21", the package of Advanced HIV Disease (AHD) services agreed at COP20 should be aggressively decentralized and available across the country, provided outside hospitals, and in communities where people are still dying. Mozambique has one of the highest burdens of AIDS deaths in the world. PEPFAR should prioritize tracking AHD package deployment, tracking the proportion of patients who receive a CD4 test for AHD screening, those who receive CrAg tests, and those who receive TB-LAM tests. In COP22, the AHD package should be expanded to the entire country.

**COP22 TARGET:** Access to, and availability of, psychosocial support (APSS) must be expanded to reach all PLHIV for COP22. This must include programs for financial empowerment, including training in small business management, agriculture, vocational and technical professional training, financial literacy, entrepreneurship, and financial support (initial capital) to start any income generating activity. Community-based APSS must include support for parents and other caregivers.

**COP22 TARGET:** All healthcare workers must be given ongoing training and capacity building activities to ensure the professional, humane, non-stigmatizing, and friendly delivery of care. Documented cases of poor staff attitudes towards people living with HIV, key populations, and other communities seeking HIV services will be the subject of formal disciplinary action.

**COP22 TARGET:** Fully fund a national, ongoing treatment literacy effort designed, led and implemented by people living with HIV and key population in Mozambique, in order to increase demand for quality services for HIV positive people; reduce loss to follow up; find hundreds of thousands of people with HIV who have fallen out of care; promote community and societal knowledge about U=U; combat HIV stigma; and focus funding, strategies and activities with communities.

**COP22 TARGET:** Create a program for viral hepatitis, including treatment literacy, screening, and treatment.

**COP22 TARGET:** Deliver screening and treatment for sexually-transmitted infections and opportunistic infections, including for syphilis, at all PEPFAR supported clinics.

**COP22 TARGET:** Significantly expand service delivery through mobile clinics, including community ARV distribution.

**COP22 TARGET:** Build a linkage program that funds PLHIV and KPs as APEs who support with linkage of PLHIV and KPs into treatment, including for those newly-diagnosed and reengaging in care.

**COP22 TARGET:** Operationalization and expansion of the biannual dispensing (6MM) of HIV medicines must be available for all clinically stable patients, beyond the expansion in 2 provinces supported in COP21. This should include pregnant and breastfeeding women. The shift from 3MM to 6MM must be accompanied by a clear plan to identify, prevent, and remediate drug stock-outs.

**COP22 TARGET:** Provide support for operational research on delivering care and treatment. The focus of this work must include on providing

treatment (including for opportunistic infections and sexually-transmitted infections) and services for KP (with a focus on transgender people).

**COP22 TARGET:** As stated in the People's COP21, PEPFAR should expand investment in sufficient numbers of trained and supervised community health workers, paid a decent, standardized subsidy, providing a range of population-specific support services to help people stay on treatment for life. The ratio of CHWs to patients must be low enough to ensure adequate coverage and sufficient quality. PEPFAR should further expand investments in the salaries and deployment of professional health workers, targeting high volume, poorly performing sites.

## KEY POPULATIONS

COP22 must urgently prioritize closing the coverage gaps in prevention, linkage and treatment faced by key populations in Mozambique. These interventions range from expanding differentiated service delivery for key populations (such as through KP-friendly mobile clinics and drop-in centers providing comprehensive clinical and psychosocial support services), safely restarting community-based activities, and aggressively reaching 100% PrEP access nationally and improving PrEP literacy for providers.

Priority must be given to funding KP programs that are designed and implemented by key populations themselves, rather than funding large IPs that have no track record in KP service delivery and typically use small community organizations to deliver against their PEPFAR program targets, providing extremely limited funding, unrealistic timelines, and no commitment to fund capacity transfer to indigenous KP networks.

**COP22 TARGET:** Strengthen financing for PLHIV- and KP-led local civil society organizations to deliver services and advocacy for KP, including in the delivery of HIV and treatment literacy programs.

**COP22 TARGET:** Ensure that key populations and KP-led organizations are leading the U=U campaign for KP.

**COP22 TARGET:** Promoting and disseminate the new KP guidelines.

**COP22 TARGET:** Expand the self-testing program to all districts and promote self-testing through campaigns for key populations.

**COP22 TARGET:** Expand the dissemination of PrEP via mass media campaigns on digital social media platforms.

**COP22 TARGET:** Offer PrEP through differentiated models, including clinics, mobile brigades, and dispensation in prisons.

**COP22 TARGET:** Expand harm reduction and education services nationally, beyond the Maputo Province, where services for people who use drugs are currently restricted. PEPFAR should strengthen raw materials support for the population that injects drugs.

**COP22 TARGET:** Mobile clinics must be expanded to also reach prisons.

## PREVENTION

With an unacceptably high rate of 98,000 new HIV infections annually, scaling up combination prevention is an urgent priority, ranging from condoms and lubricant to PrEP, with a focus on earlier detection of HIV as well as other STIs.

**COP22 TARGET:** As stated in the People's COP for 2021, PrEP should be rolled out as a truly national program that is a foundation of combination prevention for Mozambique in 2022, with a substantial increase in national PrEP_NEW targets, with national coverage for all subpopulations, in particular key populations (KPs), pregnant and breastfeeding women, as well as AGYW who, compared with serodiscordant couples, have been deprioritized for PrEP roll out. People <15 years of age and prison populations should be eligible for PrEP. In addition, PEPFAR should work with MISAU to rapidly pursue access to long-acting injectable PrEP as a critical new prevention option. Community-based delivery of PrEP should be pursued as a service delivery model.

**COP22 TARGET:** Expand access to PEP to all health facilities and develop community and literacy campaigns on PEP. Community campaigns should be expanded to social media to reach young people.

**COP22 TARGET:** Stopping early marriage is an HIV prevention priority for AGYW. This campaign must be designed, led and implemented by directly impacted communities of women. Existing AGYW programs must be expanded nationally, including PLHIV and KP.

**COP22 TARGET:** Expand the availability of female condoms and lubricant gel throughout the country. PEPFAR should promote literacy on mechanisms of HIV transmission and prevention for social change in behavior, attitudes and practices.

**COP22 TARGET:** Secure the tuberculosis prophylaxis (3HP) pipeline and expand treatment for PLHIV and children <15. PEPFAR should ensure essential vitamin B to prevent neuropathy in tuberculosis patients undergoing HIV treatment.

**COP22 TARGET:** Strengthen the acquisition of personal protective equipment (PPE) to improve the response to COVID-19, including access to availability of PPE for key populations.

**COP22 TARGET:** Support the Stigma Index study.

**COP22 TARGET:** Fund the creation of safe spaces, especially for key populations.

## PEDIATRICS

Despite some improvements in prevention, diagnosis and treatment access in Mozambique, rates of perinatal infection are still unacceptably high with a national estimate in 2020 of 13.5%.[24] Delays in diagnosing children with HIV, high rates of pediatric treatment interruption, suboptimal linkage to treatment, poor viral load coverage and suppression, and high rates of death persist despite some signs of improvement reported by PEPFAR in AJUDA sites in FY21. Mozambique is one of 7 countries that are being instructed by PEPFAR to intensify its efforts to prevent perinatal infections and close the treatment gap for children and adolescents living with HIV.[25]

**COP22 TARGET:** All PEPFAR-supported sites must ensure HIV negative pregnant and breastfeeding women have access to PrEP and to HIV testing and retesting services.

**COP22 TARGET:** Build on the commitment to expand POC EID beyond an additional 21 machines that were funded in COP21, to implement the 2021 WHO guidelines on POC EID, providing 100% POC EID for children <18 months, the critical period when untreated HIV kills children rapidly. POC viral load testing for pregnant women should be implemented at the same time, with appropriate budget shifts (to procure sufficient machines, reagents, staff etc.).

**COP22 TARGET:** As stated in the People's COP21, preventing pregnant and breastfeeding women with HIV from access to MMD for ART is inconsistent with evidence and denies this subpopulation, which is at high risk of interruption in treatment, a quality, client-centered service. It is discriminatory. MMD for pregnant and breastfeeding women and their children saves lives.

**COP22 TARGET:** Provide access to viral load testing to all PLHIV, including adolescents and children under 15 years old.

**COP22 TARGET:** Further national expansion of the mentor mothers program, beyond the COP21 expansion in Nampula, Cabo Delgado, Sofala, and Manica. To ensure the sustainability of the programs and human resources management, and to ensure the program's continuity after partner funding, community-based organizations must be hired.

**COP22 TARGET:** Accelerating the nevirapine phase-out plan and ensuring access by all pediatric patients to dolutegravir-based regimens (DTG), including pediatric DTG for children <20 kg.

## COMMUNITY SYSTEMS

Investing in the capacity of community systems is critical for provision of quality services alongside programs designed and implemented by people living with HIV to promote treatment and prevention literacy. Other priority health education interventions for social change include ensuring policies, laws and regulations that reinforce stigma and prevent or hinder equitable access to social and health services for key populations and other vulnerable groups are removed. CLM holds important promise for improving the quality and accessibility of services, but at this stage a truly PLHIV and KP-owned, independent CLM structure has not been established or funded.

**COP22 TARGET:** PEPFAR should support an independent, robust, PLHIV- and KP-hosted, owned and led CLM program providing sufficient, ongoing monitoring with a focus on poorly performing facilities and underserved populations such as KPs. Funding for CLM should be prioritized for direct investment in PLHIV- and KP-owned and led independent models that will generate community evidence in service of advocacy to resolve chronic problems uncovered during monitoring. This program must be hosted and coordinated by PLHIV- and KP communities themselves, with direct funding to them for this work.

**COP22 TARGET:** To encourage Community Support and Adherence Groups where other community models are ineffective.

**COP22 TARGET:** To broaden the level of support for community grants, increasing their value to at least US$ 50,000.00 per year.

24. UNAIDS data 2021. Mozambique.
25. Supra note 4, p 13-14


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