HARM REDUCTION INFORMATION NOTE -Mozambique

AfricaNPUD
African Network of People who Use Drugs

MozPUD
Rede Nacional de Ajuda a Pessoas que Usam Drogas

HARM REDUCTION INTERNATIONAL

This information note has been compiled by Harm Reduction International (HRI) in collaboration with Africa Network of People Who Use Drugs (AfricaNPUD) and Mozambique Network of People Who Use Drugs (MozPUD) to support Global Fund Grant Cycle 8 processes.

1. Epidemiological Data

1.1 People who use drugs, HIV, and viral hepatitis

- There are an estimated 33,000 people who inject drugs in Mozambique.[1]
- The estimated HIV prevalence among people who inject drugs is 35.5%, against a general population prevalence of around 11.5% among adults aged 15–49.[2]
- The estimated prevalence of hepatitis C (HCV) among people who inject drugs is 43.6%.[3]
- Mozambique has an estimated 2.4 million people living with HIV, the third highest number of any country. ART services reach roughly 2.1 million of them.[4]

1.2 Prevention and harm reduction programmes

- There is explicit support for harm reduction in Mozambique's national policy documents.
- National HIV prevention programme coverage for people who inject drugs stands at 18.6%.[5]
- Harm reduction coverage stands at 16%.[6]
- ART coverage for people who inject drugs living with HIV stands at only 8%.[7]
- Drug use is criminalised in Mozambique under Law no 3/97, and the law is widely read to cover carrying paraphernalia such as needles. This drives people who inject drugs to share or hire needles rather than use steriled equipments.[8]
- Mozambique no longer runs an active naloxone programme, having lost naloxone availability between 2022 and 2024.[9]
- After the 2025 PEPFAR funding cuts, community workers and testing counsellors went unpaid. HIV testing became unavailable in most of the country, and enrolment of new patients stalled.[10]
- Community workers have kept harm reduction services going on a voluntary basis, but face stigma and discrimination at health facilities, and many have had to stop their work without further support.[11]
- Modelling of these disruptions projects an extra 83,000 HIV infections (a 15% rise) and 14,000 HIV-related deaths (a 10% rise) in Mozambique by 2030 if the funding gap persists.[12]

2. Harm Reduction Financing

- In 2024, PEPFAR provided approximately USD 1,326,400 for interventions reaching people who use and inject drugs, including USD 525,000 for opioid agonist treatment (OAT/MAT).[1] [13]
- Across Grant Cycle 7 (GC7), the Global Fund provided USD 3,516,567, of which USD 1,046,860 went to OAT and USD 589,707 to needle and syringe programmes (NSP).[14]
- PEPFAR funded around 81.8% of Mozambique's HIV prevention programmes, one of the highest dependency levels in the region. Counting the HIV programme as a whole, the U.S. government covered an estimated 93% of costs through PEPFAR.[15]
- The Government of Mozambique has made no dedicated domestic funding available to sustain the harm reduction interventions PEPFAR previously covered. The political instability that followed the contested October 2024 elections, together with the continuing armed conflict in Cabo Delgado, limits the government's room to raise domestic health financing.[16]

[1] Harm Reduction International uses the term opioid agonist treatment (OAT); PEPFAR funding refers to medication assisted treatment (MAT).

3. Recommendations for Integration of Harm Reduction Services into Broader Health Systems

Integration carried out in haste, without careful planning, could further dismantle HIV prevention and harm reduction services that are already inadequate for key populations. The Global Fund country dialogues and the integration process should meet the following conditions before proceeding.

- **Secure government funding before integration:**

Mozambique leaned on PEPFAR for more than 81% of its HIV prevention funding, and the 2025 cuts have left harm reduction services badly exposed. The effects on HIV testing, ART initiation, viral suppression and harm reduction coverage are already documented. The government's ability to step in and replace this funding is limited by the current political and fiscal situation. Before integration can go ahead, the government needs to make firm, enforceable domestic financing commitments for harm reduction. The Grant Cycle 8 (GC8) funding request should tie disbursements to earmarked government allocations for HIV prevention for people who use drugs, with clear checks to confirm those commitments are met.

- Protect and resource community-led organisations:

Community workers have kept harm reduction services running without pay since the PEPFAR cuts. That they have done so shows both the strength of community-led work and how precarious it now is. Facing stigma at health facilities and no institutional backing, these organisations remain the main way people who inject drugs reach services in much of the country. The Global Fund funding request should fund these organisations directly, and integration should not end up closing them. Restoring and expanding a naloxone programme, lost between 2022 and 2024, belongs among the GC8 harm reduction priorities. The GC7 commitments to bring more civil society organisations into NSP and OAT delivery should carry through and grow in GC8, and should include organisations led by people who use drugs.

- Prioritise social contracting and human rights as core integration safeguards:

The criminalisation of drug use in Mozambique under Law no 3/97, and the way the law is read to cover carrying needles and other paraphernalia, are real barriers to reaching services and need to be addressed during integration. The GC8 funding request should fund legal advocacy and human rights programming, including work to change how the law is applied where it obstructs harm reduction. The funding request should also prioritise social contracting mechanisms for community and key population organisations. These organisations need enough resources to take part in integration and to push for domestic resource mobilisation. Integration cannot end up erasing community-led service delivery.

Additional notes:

- Integration and the Global Fund Modular Framework

The Global Fund Modular Framework is the guide to organise proposed programme activities into standard modules and interventions for the three diseases (HIV, TB and Malaria) and RSSH (Resilient and Sustainable Systems for Health).[17] The framework includes a list of modules (broad programmatic area), interventions (specific programmes within modules), activities (operational activities for interventions) and standardised indicators to measure the result linked to modules.

It is useful for activists and those involved in the Global Fund country dialogues to understand the modular framework to be able to propose realistic and specific interventions, activities under each module; and also to locate and track the activities, budget and indicators in the funding request document up to and during the grant-making phase.

The most relevant activities related to integration are found within the RSSH component of the GC8 Modular Framework. There are 11 modules within RSSH and each module contains different interventions related to integration such as policy, governance, financing, community-systems, human resource, procurement, data quality etc. The list of relevant interventions with useful tips for activists to engage during country dialogue and funding request is found in an annex 1.

- Useful resources on integration and harm reduction

Below are some resources specific to integration and harm reduction. Some are already listed under the reference section.

- Harm Reduction International: Key Messages on Harm Reduction and Integration for Grant Cycle 8. https://hri.global/publications/key-harm-reduction-messages-on-integration-for-grant-cycle-8/
- Harm Reduction International: Harm Reduction Information Note- Mozambique https://hri.global/wp-content/uploads/2025/05/Mozambique.pdf
- The Global Fund: Grant Cycle 8- Enabling Impact: Strengthening Sustainability. https://resources.theglobalfund.org/media/fptatfhe/cr_gc8-enabling-guidance-sustainability_presentation_en.pdf
- International Network of People Who Use Drugs: Integration Without Erasure: Brief to the Global Fund https://inpud.net/integration-without-erasure/

References

[1] HRI (2024). The Global State of Harm Reduction. https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/

[2] HRI (2024). The Global State of Harm Reduction. https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/

[3] HRI (2024). The Global State of Harm Reduction. https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/

[4] Moiana Uetela D, et al. (2025). The impact of the U.S. funding interruption on HIV services and the HIV epidemic in Mozambique. 13th IAS Conference on HIV Science, Kigali, abstract 6810 (OAS0102LB). https://ias.reg.key4events.com/ key4register/AbstractList.aspx?e=104&preview=1&aig=-1&ai=59156. See also International AIDS Society (2025). Experts at the 13th IAS Conference on HIV Science warn global HIV gains at risk amid sudden funding cuts. https://www. iasociety.org/news-release/experts-13th-ias-conference-hiv-science-warn-global-hiv-gains-risk-amid-sudden-funding

[5] Mozambique Global Fund Funding Request 2023. https://data.theglobalfund.org/location/MOZ/access-to-funding

[6] HRI (2024). The Global State of Harm Reduction. https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/

[7] Mozambique Country Operational Plan (COP22) Strategic Direction Summary. https://www.state.gov/wp-content/
uploads/2022/09/Mozambique-COP22-SDS-.pdf

[8] Alternatives Humanitaires (2019). Overcoming barriers for treating people who use drugs in an urban setting. https:// www.alternatives-humanitaires.org/en/2019/03/25/overcoming-barriers-treating-people-use-drugs-urban-setting/. See also Médecins Sans Frontières. Reducing the harms of drug use with the help of the local community. https://www.msf. org.za/news-and-resources/press-release/reducing-harms-drug-use-help-local-community

[9] HRI (2024). The Global State of Harm Reduction — table on naloxone programme availability 2022–2024, showing Mozambique among countries with programme loss. https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/

[10] UN News (2025). New report flags severity of US funding cuts to global AIDS response, 26 February 2025. https:// news.un.org/en/story/2025/02/1160561

[11] Based on email correspondence with MozPUD, a national network of support for people who use drugs in Mozambique, 13 March 2025.

[12] Moiana Uetela D, et al. (2025). The impact of the U.S. funding interruption on HIV services and the HIV epidemic in Mozambique. 13th IAS Conference on HIV Science, Kigali, abstract 6810 (OAS0102LB). https://ias.reg.key4events.com/ key4register/AbstractList.aspx?e=104&preview=1&aig=-1&ai=59156. See also International AIDS Society (2025). Experts at the 13th IAS Conference on HIV Science warn global HIV gains at risk amid sudden funding cuts. https://www. iasociety.org/news-release/experts-13th-ias-conference-hiv-science-warn-global-hiv-gains-risk-amid-sudden-funding

[13] Data, etc. PEPFAR & Global Fund Support for HIV Programs. https://www.dataetc.org/projects/pepfar/

[14] 12Data, etc. PEPFAR & Global Fund Support for HIV Programs; Global Fund Financial Insights. https://data. theglobalfund.org/financial-insights

[15] UNAIDS (2025). Impact of US funding cuts on HIV programmes in East and Southern Africa. https://www.unaids. org/en/resources/presscentre/featurestories/2025/march/20250331_ESA-region_fs

[16] Human Rights Watch (2026). World Report 2026: Rights Trends in Mozambique. https://www.hrw.org/world-report/ 2026/country-chapters/mozambique

[17] Global Fund Modular Framework- Handbook Grant Cycle 8.
https://resources.theglobalfund.org/media/mbmbjftc/cr_gc8-modular-framework_handbook_en.pdf

Annex 1

Component	Module	Intervention	Additional comments
RSSH: Resilient and Sustainable Systems for Health	Health Sector Governance and Integrated people-centered services	– National health and cross-sector policy strategy and coordination – Planning, management and delivery of integrated people centred-services	This module (and interventions) will include the integration related discussions and initiative at national (policy) level, involving different line ministries, health sectors etc. The country dialogues should identify measures and platform for communities to be engaged meaningfully in these policy-level discussions.
	Community System Strengthening	– Community-led monitoring and advocacy – Community coordination and engagement in decision making – Organisational and leadership development	This module is key to strengthen and safe-guard community engagement during the integration process. The funding request should have adequate allocations for CSS module to be able to engage at different policy, financing, human resource planning and implementation discussions of integration.
	Health Financing systems	– Health financing schemes – Health financing analytics, advocacy, strategies and planning – Social contracting	This module includes strategies and analytics for integration of HIV and TB services into national health financing schemes, pooling of funds, budget impact analysis and economic evaluation. The funding request should have funding on budget advocacy for civil society and communities to be able to engage in the financing discussions and understand how to access the social contracting.
	Health Products Management System	– Policy, strategy and governance	The module includes integration of disease-specific vertical systems into a broader cross-program national system. The country dialogue should discuss the opportunity of having civil society and community-led watch-dog (accountability) mechanism to ensure smooth procurement without disruption and stock-outs of drugs and commodities. The costing of such accountability mechanism can be in-built in CSS module.
	Human Resources for Health and Quality of Care	– HRH planning, management and governance including for community health workers (CHWs) – Pre-service training, remuneration and deployment, continuous professional development of new health workers	Activities related to strengthening integration and sustainability of human resources for health (HRH) policy, planning and governance, including community health workers (CHWs) (all types including peer and community workers). The funding request should ensure that community workers from respective key populations are included in the HRH planning.

		(excluding community health workers). – Integrated supportive supervision for health workers (excluding CHWs)	
	Laboratory Systems	– Laboratory-based surveillance – Specimen referral and transport system	Activities include support the establishment of integrated specimen referral and transport systems.
	Monitoring and Evaluation Systems	– Data governance – Routine reporting and administrative data sources – Data quality	Activities include integration of data repositories and analytics platforms, disease-specific and/or integrated data quality audits/reviews, tools to monitor data quality generated through community-led monitoring mechanisms. The country dialogue should adequately discuss and have mitigation measures to safeguard data confidentiality of key populations, ability to generate disaggregated data of respective key populations and strengthen community-led monitoring.
	Reducing human-rights related barriers to HIV, TB and Malaria services	– Expanding Access to Quality and Discrimination-free Health Care – Improving health-related laws, regulations and policies to enable access to HIV, TB and malaria services – Preventing and responding to violence against women and girls	This module is key to ensure that key populations access quality integrated services without any stigma and discrimination. The funding request should have adequate allocations for this module to mitigate potential equity risks, particularly for key populations. The CCM should consider allocating advocacy funding for decriminalisation of drug use in the context of HIV as guided by the new UNAIDS guidance note.[17]