Mozambique

Epidemiological Fact Sheets

on HIV/AIDS
and Sexually
Transmitted
Infections

2002 Update

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
ILO • UNESCO • WHO • WORLD BANK

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Estimated number of people living with HIV/AIDS

In 2001 and during the first quarter of 2002, UNAIDS and WHO worked closely with national governments and research institutions to recalculate current estimates on people living with HIV/AIDS. These calculations are based on the previously published estimates for 1997 and 1999 and recent trends in HIV/AIDS surveillance in various populations. A methodology developed in collaboration with an international group of experts was used to calculate the new estimates on prevalence and incidence of HIV and AIDS deaths, as well as the number of children infected through mother-to-child transmission of HIV. Different approaches were used to estimate HIV prevalence in countries with low-level, concentrated or generalized epidemics. The current estimates do not claim to be an exact count of infections. Rather, they use a methodology that has thus far proved accurate in producing estimates which give a good indication of the magnitude of the epidemic in individual countries. However, these estimates are constantly being revised as countries improve their surveillance systems and collect more information.

Adults in this report are defined as women and men aged 15 to 49. This age range covers people in their most sexually active years. While the risk of HIV infection obviously continues beyond the age of 50, the vast majority of those who engage in substantial risk behaviours are likely to be infected by this age. The 15 to 49 range was used as the denominator in calculating adult HIV prevalence.

Estimated number of adults and children living with HIV/AIDS, end of 2001

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001:

Adults and children	**1,100,000**		
Adults (15-49)	**1,000,000**	**Adult rate (%)**	**13.0**
Women (15-49)	**630,000**		
Children (0-15)	**80,000**		

Estimated number of deaths due to AIDS

Estimated number of adults and children who died of AIDS during 2001:

Deaths in 2001	**60,000**

Estimated number of orphans

Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 15 at the end of 2001:

Current living orphans	**420,000**

UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance

Global Surveillance of HIV/AIDS and sexually transmitted infections (STIs) is a joint effort of WHO and UNAIDS. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, initiated in November 1996, guides respective activities. The primary objective of the Working Group is to strengthen national, regional and global structures and networks for improved monitoring and surveillance of HIV/AIDS and STIs. For this purpose, the Working Group collaborates closely with national AIDS programmes and a number of national and international experts and institutions. The goal of this collaboration is to compile the best information available and to improve the quality of data needed for informed decision-making and planning at national, regional, and global levels. The Epidemiological Fact Sheets are one of the products of this close and fruitful collaboration across the globe.

Within this framework, the Fact Sheets collate the most recent country-specific data on HIV/AIDS prevalence and incidence, together with information on behaviours (e.g. casual sex and condom use) which can spur or stem the transmission of HIV.

Not unexpectedly, information on all of the agreed-upon indicators was not available for many countries in 2001. However, these updated Fact Sheets do contain a wealth of information which allows identification of strengths in currently existing programmes and comparisons between countries and regions. The Fact Sheets may also be instrumental in identifying potential partners when planning and implementing improved surveillance systems.

The fact sheets can be only as good as information made available to the UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance. Therefore, the Working Group would like to encourage all programme managers as well as national and international experts to communicate additional information to them whenever such information becomes available. The Working Group also welcomes any suggestions for additional indicators or information proven to be useful in national or international decision-making and planning.

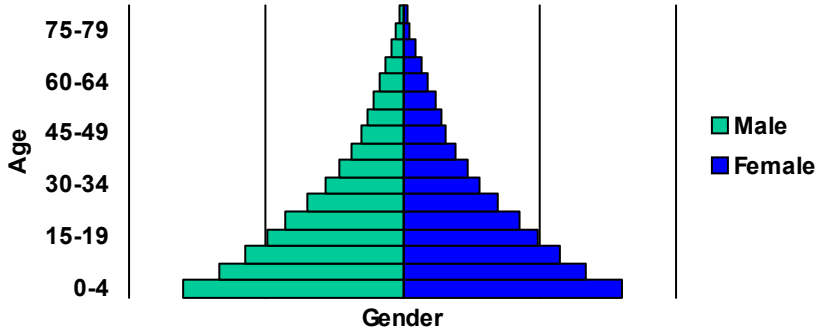
Assessment of the epidemiological situation (2002)

HIV prevalence among antenatal clinic attendees tested in the capital of Maputo increased from less than 1% in 1988 to 9.9% in 1998 and to 13.2% in 2000. In 1998, Manhica was added to the sentinel surveillance as a major urban site. In 1998, 13% of antenatal clinic women tested positive; HIV prevalence increased slightly to 15.7% in 2000. HIV prevalence among antenatal clinic women less than 20 years of age rose from 1% in 1988 to 9% in 1998; age-specific information was not readily available for 2000. HIV prevalence information outside of the major urban areas is available since 1992. In 1994, a median 11% of antenatal clinic attendees tested in three areas near the borders of Zambia and Zimbabwe were HIV positive. In 1998, 17% of antenatal clinic women tested in 6 sites were HIV positive; across 3 of these sites, 20% of antenatal clinic women under 20 years tested were HIV positive. In 2000, median HIV prevalence at 18 sites outside the major urban sites was 24.5% with a range of 4% in Angoche, Nampula province to 45% in Nampula cidade, also in Nampula province.

There is no information available on HIV prevalence among sex workers. HIV prevalence among STI clinic patients tested in Maputo increased from 1.6% in 1990 to 2.6% in 1995, 12.2% in 1997 and 9% in 1998; among female STI clinic patients prevalence increased from 5% in 1993 to 8% in 1997. Outside of Maputo, HIV prevalence among male STI clinic patients tested was 37% in 1998 and 26% among female STI clinic patients in 1997. HIV prevalence among military personnel tested in Tete was 3.8% in 1987 and those in Pemba had a rate of 3.7% in 1990.

Country Information

Population pyramid, 2001



Indicators	Year	Estimate	Source
Total Population (thousands)	2001	18,644	UNPOP
Population Aged 15-49 (thousands)	2001	8,511	UNPOP
Annual Population Growth	1995-2000	2.3	UNPOP
% of Urban Population	2000	40	UNPOP
Average Annual Growth Rate of Urban Population	1995-2000	5.9	UNPOP
GNI Per Capita (US$)	1999	220	World Bank
GNI Per Capita Average Annual Growth Rate	1999	4.4	World Bank
Per Capita Expenditure of Health	1998	8	World Bank
% of Government Budget Spent on Health Care	1998	11.1	WHO
Total Adult Literacy Rate	1997	41	UNESCO
Adult Male Literacy Rate	1997	57	UNESCO
Adult Female Literacy Rate	1997	26	UNESCO
Male Primary School Enrolment Ratio	1995	70.2	UNESCO
Female Primary School Enrolment Ratio	1995	50.2	UNESCO
Male Secondary School Enrolment Ratio	1995	8.6	UNESCO
Female Secondary School Enrolment Ratio	1995	5.5	UNESCO
Crude Birth Rate (births per 1,000 pop.)	1995-2000	45	UNPOP
Crude Death Rate (deaths per 1,000 pop.)	1995-2000	22	UNPOP
Maternal Mortality Rate (per 100,000 live births)	1995	980	WHO
Life Expectancy at Birth	1995-2000	41	UNPOP
Total Fertility Rate	1995-2000	6.3	UNPOP
Infant Mortality Rate (per 1,000 live births)	1995-2000	137	UNPOP
Under 5 Mortality Rate	1995-2000	224	UNPOP

For consistency reasons the data used in the above table are taken from official UN publications.

Contact address:

UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance
20, Avenue Appia
CH - 1211 Geneva 27
Switzerland
Fax: +41-22-791-4834

email: HIV-AIDS@who.int

http://www.who.int
http://www.unaids.org

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HIV prevalence in different populations

This section contains information about HIV prevalence in different populations. The data reported in the tables below are mainly based on the HIV database maintained by the United States Bureau of the Census where data from different sources, including national reports, scientific publications and international conferences are compiled. To provide a simple overview of the current situation and trends over time, summary data are given by population group, geographical area (Major Urban Areas versus Outside Major Urban Areas), and year of survey. Studies conducted in the same year are aggregated and the median prevalence rates (in percentages) are given for each of the categories. The maximum and minimum prevalence rates observed, as well as the total number of surveys/sentinel sites, are provided with the median, to give an overview of the diversity of HIV-prevalence results in a given population within the country. Data by sentinel site or specific study from which the medians were calculated are printed at the end of this fact sheet.

The differentiation between the two geographical areas Major Urban Areas and Outside Major Urban Areas is not based on strict criteria, such as the number of inhabitants. For most countries, Major Urban Areas were considered to be the capital city and - where applicable - other metropolitan areas with similar socio-economic patterns. The term Outside Major Urban Areas considers that most sentinel sites are not located in strictly rural areas, even if they are located in somewhat rural districts.

■ HIV sentinel surveillance

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Pregnant women	Major Urban Areas	N-sites		1		1		1		1		1		2		2	
		Minimum		0.4		0.6		1.2		2.7		5.8		9.9		13	
		Median		0.4		0.6		1.2		2.7		5.8		11.2		14.35	
		Maximum		0.4		0.6		1.2		2.7		5.8		12.5		15.7	
	Outside Major Urban Areas	N-sites						1		3		3		6		18	
		Minimum						0		10.5		16.5		5		4	
		Median						0		10.7		19.2		17		10.55	
		Maximum						0		18.1		23.2		18.3		31.2	

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Sex workers																	

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Injecting drug users																	

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
STI patients, Males/both & females	Major Urban Areas	N-sites	1			1	1	1	2	2	2	2	2	1	1		
		Minimum	2.7			0.9	2.5	2	3.1	3.3	7.3	5.2	8.2	9	15.1		
		Median	2.7			0.9	2.5	2	3.9	3.6	8.45	12.6	13.7	9	15.1		
		Maximum	2.7			0.9	2.5	2	4.7	3.9	9.6	20	19.2	9	15.1		
	Outside Major Urban Areas	N-sites				1	1	7		5	8	5	6	2	4		
		Minimum				7.1	0.8	0		11.4	8.6	13.4	13.2	27.3	22.4		
		Median				7.1	0.8	2		35.1	20.8	23.7	26.4	36.8	32.8		
		Maximum				7.1	0.8	18.2		37.3	48.4	40.7	35	46.3	49.9		

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Men who have sex with men																	

■ Additional data

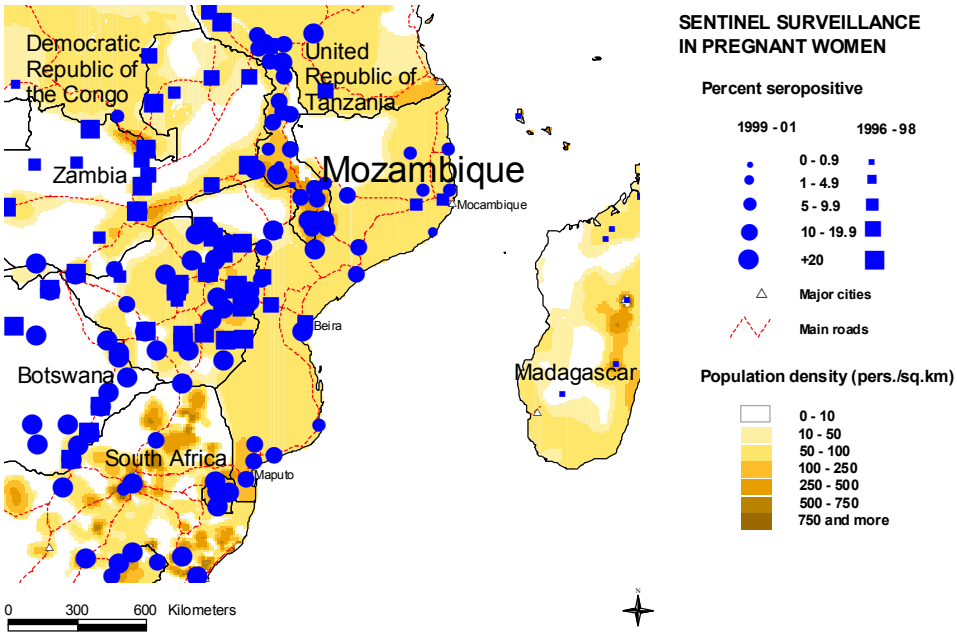
Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Blood donors																	

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Tuberculosis patients	Major Urban Areas	N-sites								1			1				
		Minimum								10.1			18				
		Median								10.1			18				
		Maximum								10.1			18				
	Outside Major Urban Areas	N-sites								12			5				
		Minimum								2.9			10.5				
		Median								21.35			32				
		Maximum								52.6			38				

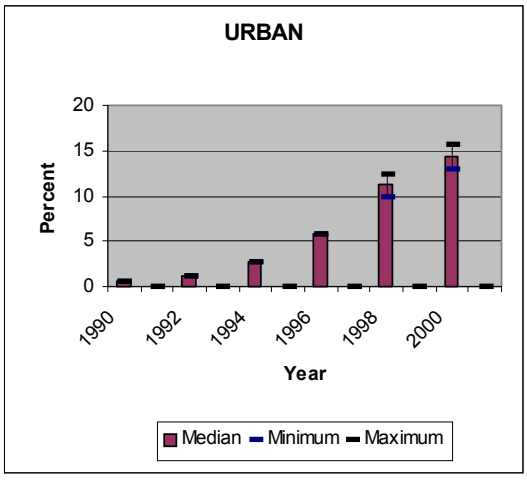
Maps of HIV sentinel sites

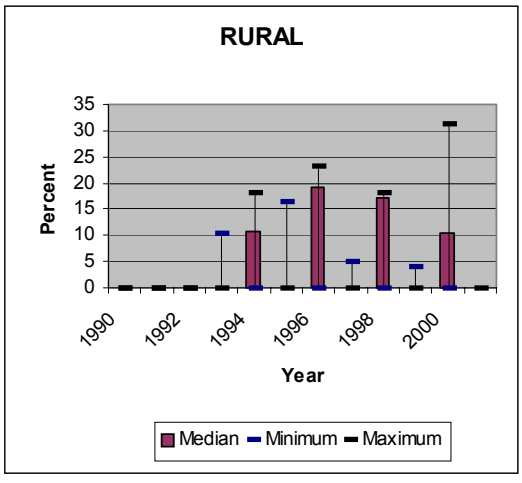
Mapping the geographical distribution of HIV sentinel sites for different population groups may assist in interpreting both the national coverage of the HIV surveillance system as well in explaining differences in levels and trends of prevalence. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, in collaboration with the WHO Public Health Mapping Team, Communicable Diseases, is producing maps showing the location and HIV prevalence of HIV sentinel sites in relation to population density, major urban areas and communication routes.

Trends in antenatal sentinel surveillance for higher prevalence countries, or in prevalence among selected populations for countries with concentrated epidemics, are a new addition. These will be presented for those countries where sufficient data exist.



Trends in HIV prevalence among antenatal clinic attendees





Median prevalence and ranges are shown in areas with more than one sentinel site.

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Reported AIDS cases

AIDS cases by year of reporting

1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
0	0	0	0	0	0	0	1	3	23	37	98	178	322	164	534	1380	2086	1661	4376	6361	7800

2001	Total	Unk
	25024	0

Date of last report: 25-Jun-2001

Following WHO and UNAIDS recommendations, AIDS case reporting is carried out in most countries. Data from individual AIDS cases are aggregated at the national level and sent to WHO. However, case reports come from surveillance systems of varying quality. Reporting rates vary substantially from country to country and low reporting rates are common in developing countries due to weaknesses in the health care and epidemiological systems. In addition, countries use different AIDS case definitions. A main disadvantage of AIDS case reporting is that it only provides information on transmission patterns and levels of infection approximately 5-10 years in the past, limiting its usefulness for monitoring recent HIV infections.

Despite these caveats, AIDS case reporting remains an important advocacy tool and is useful in estimating the burden of HIV-related morbidity as well as for short-term planning of health care services. AIDS case reports also provide information on the demographic and geographic characteristics of the affected population and on the relative importance of the various exposure risks. In some situations, AIDS reports can be used to estimate earlier HIV infection patterns using back-calculation. AIDS case reports and AIDS deaths have been dramatically reduced in industrialized countries with the introduction of HAART (Highly Active Anti-Retroviral Therapy).

AIDS cases by mode of transmission

Hetero: Heterosexual contacts.
Homo/Bi: Homosexual contacts between men.
IDU: Injecting drug use. This transmission category also includes cases in which other high-risk behaviours were reported, in addition to injection of drugs.
Blood: Blood and blood products.
Perinatal: Vertical transmission during pregnancy, birth or breastfeeding.
NS: Not specified/unknown.

Sex	Trans. Group	<97	1997	1998	1999	2000	2001	Unkn.	Total	%
All	All	2086	1661	4376	2409				10532	100.0
	Hetero	0	0	0	0				0	0.0
	Homo/Bi	0	0	0	0				0	0.0
	IDU	0	0	0	0				0	0.0
	Blood	0	0	0	0				0	0.0
	Perinatal	0	0	0	0				0	0.0
	Other knowr	0	0	0	0				0	0.0
	Unknown	2086	1661	4376	2409				10532	100.0
Male	All	1042	880	2427	1127				5476	100.0
	Hetero	0	0	0	0				0	0.0
	Homo/Bi	0	0	0	0				0	0.0
	IDU	0	0	0	0				0	0.0
	Blood	0	0	0	0				0	0.0
	Perinatal	0	0	0	0				0	0.0
	Other knowr	0	0	0	0				0	0.0
	Unknown	1042	880	2427	1127				5476	100.0
Female	All	1044	781	1949	1068				4842	100.0
	Hetero	0	0	0	0				0	0.0
	Homo/Bi	0	0	0	0				0	0.0
	IDU	0	0	0	0				0	0.0
	Blood	0	0	0	0				0	0.0
	Perinatal	0	0	0	0				0	0.0
	Other knowr	0	0	0	0				0	0.0
	Unknown	1044	781	1949	1068				4842	100.0
NS	All		0	0					0	
	Hetero		0	0					0	
	Homo/Bi		0	0					0	
	IDU		0	0					0	
	Blood		0	0					0	
	Perinatal		0	0					0	
	Other knowr		0	0					0	
	Unknown		0	0					0	

AIDS cases by age and sex

Sex	Age	<97	1997	1998	1999	2000	2001	Unkn.	Total	%
All	All	2086	1661	4376	6361				14484	100.0
	0-4	269	134	594	450				1447	10.0
	5-14	54	31	49	193				327	2.3
	15-19	100	81	263	491				935	6.5
	20-29	668	526	1356	1662				4212	29.1
	30-39	695	606	1282	1760				4343	30.0
	40-49	183	192	489	875				1739	12.0
	50-59	56	54	134	245				489	3.4
	60+	35	12	50	80				177	1.2
	NS	26	25	159	605				815	5.6
Male	All	1042	880	2427	2983				7332	100.0
	0-4	135	66	408	228				837	11.4
	5-14	28	15	32	92				167	2.3
	15-19	51	27	66	222				366	5.0
	20-29	334	248	645	721				1948	26.6
	30-39	348	334	724	925				2331	31.8
	40-49	92	127	332	524				1075	14.7
	50-59	29	41	97	166				333	4.5
	60+	17	7	33	52				109	1.5
	NS	8	15	90	53				166	2.3
Female	All	1044	781	1949	2929				6703	100.0
	0-4	134	68	186	222				610	9.1
	5-14	26	16	17	101				160	2.4
	15-19	49	54	197	269				569	8.5
	20-29	334	278	711	941				2264	33.8
	30-39	347	272	558	835				2012	30.0
	40-49	91	65	157	351				664	9.9
	50-59	27	13	37	79				156	2.3
	60+	18	5	17	28				68	1.0
	NS	18	10	69	103				200	3.0
NS	All	0	0	0	449				449	100.0
	0-4	0	0	0	0				0	0.0
	5-14	0	0	0	0				0	0.0
	15-19	0	0	0	0				0	0.0
	20-29	0	0	0	0				0	0.0
	30-39	0	0	0	0				0	0.0
	40-49	0	0	0	0				0	0.0
	50-59	0	0	0	0				0	0.0
	60+	0	0	0	0				0	0.0
	NS	0	0	0	449				449	100.0

Curable Sexually Transmitted Infections (STIs)

The predominant mode of transmission of both HIV and other STIs is sexual intercourse. Measures for preventing sexual transmission of HIV and STI are the same, as are the target audiences for interventions. In addition, strong evidence supports several biological mechanisms through which STI facilitate HIV transmission by increasing both HIV infectiousness and HIV susceptibility. Also significant is the observation of a sharp decline in the concentration of HIV in genital secretions when the infection is treated. Monitoring trends in STI can provide valuable information on the sexual transmission of HIV as well as the impact of behavioural interventions, such as promotion of condom use.

Clinical services offering STI care are an important access point for people at high risk for both AIDS and STIs, not only for diagnosis and treatment but also for information and education. Therefore, control and prevention of STIs have been recognized as a major strategy in the prevention of HIV infection and ultimately AIDS. One of the cornerstones of STI control is adequate management of patiens with symptomatic STIs. Ths includes diagnosis, treatment and individual health education and counselling on disease prevention and partner notification. Consequently, monitoring different components of STI control can also provide information on HIV prevention within a country.

Reported STI syndromes

Syndrome	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	Total	Unk
Urethral discharge														
Genital Ulcer														
Vaginal discharge														
Lower Abdominal Pain														
Neonatal conjunctivitis														

Date of last report:

Incidence of urethral discharge, men

Year	Area	Age Group	Rate	N=

Comments:
Sources:

Syphilis prevalence, women

Percent of blood samples taken from women aged 15-24 that test positive for syphilis during routine screening at selected antenatal clinics.

Year	Area	Age Group	Rate	N=

Comments:
Sources:

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Estimated size of populations at increased risk of HIV infection

	Year	Area	High estimate	Low estimate
Number of female sex workers				
Number of injecting drug users				
Number of men who have sex with men				

Comments:
Sources:

Health service and care indicators

HIV prevention strategies depend on the twin efforts of care and support for those living with HIV or AIDS, and targeted prevention for all people at risk or vulnerable to the infection. It is difficult to capture such a large range of activities with one or just a few indicators. However, a set of well-established health care indicators may help to identify general strengths and weaknesses of health systems. Specific indicators, such as access to testing and blood screening for HIV, help to measure the capacity of health services to repsond to HIV/AIDS - related issues.

Access to health care

Indicators	Year	Estimate	Source
% of population with access to health services - total:			
% of population with access to health services - urban:			
% of population with access to health services - rural:			
Contraceptive prevalence rate (%):	1990-1999	10	UNICEF/UNPOP
Percentage of contraceptive users using condoms:			
% of births attended by skilled health personnel:	1997	44.2	WHO
% of 1-yr-old children fully immunized - DPT:	2000	88	WHO/UNICEF
% of 1-yr-old children fully imunized - Measles:	2000	97	WHO/UNICEF
% of ANC clinics where HIV testing is available:			
% of PLWHA who have access to ARV:			

Number of people living with HIV/AIDS (PLWHA) receiving highly active antiretroviral therapy (HAART

	1995	1996	1997	1998	1999	2000	2001	Total	Unk
People initiating HAART therapy									

Coverage of HIV Voluntary Counselling and Testing (VCT)

Number of functioning VCT sites per 100,000 population aged 15-49.

Year	Area	N=	Rate

Comments:
Sources:

Knowledge and behaviour

In most countries the HIV epidemic is driven by behaviours (e.g.: multiple sexual partners, injecting drug use) that expose individuals to the risk of infection. Information on knowledge and on the level and intensity of risk behaviour related to HIV/AIDS is essential in identifying populations most at risk for HIV infection and in better understanding the dynamics of the epidemic. It is also critical information in assessing changes over time as a result of prevention efforts. One of the main goals of the 2nd generation HIV surveillance systems is the promotion of a standard set of indicators defined in the National Guide (Source: National AIDS Programmes, A Guide to Monitoring and Evaluatoin, UNAIDS/00.17) and regular behavioural surveys in order to monitor trends in behaviours and to target interventions.

The indicators on knowledge and misconceptions are an important prerequisite for prevention programmes to focus on increasing people's knowledge about sexual transmission, and, to overcome the misconceptions that act as a disincentive to behaviour change. Indicators on sexual behaviour and the promotion of safer sexual behaviour are at the core of AIDS programmes, particularly with young people who are not yet sexually active or are embarking on their sexual lives, and who are more amenable to behavioural change than adults. Finally, higher risk male-male sex reports on unprotected anal intercourse, the highest risk behaviour for HIV among men who have sex with men.

Knowledge of HIV prevention methods

Proportion of people citing correctly at least two acceptable ways of protection from HIV infection.

Year	Area	Age Group	Male	Female	All

Comments:
Sources:

Misconception about AIDS (no incorrect beliefs)

Proportion of people who correctly reject the two most common local misconceptions about AIDS transmission or prevention, and who know that a healthy looking person can transmit AIDS

Year	Area	Age Group	Male	Female	All

Comments:
Sources:

Median age at first sexual experience

The age by which one half of young men or young women aged 15-24 have had penetrative sex (median age) of all young people surveyed.

Year	Area	Age Group	Male	Female	All

Comments:
Sources:

Higher risk sex in the last year (adults)

Proportion of adult respondents who have had sex with a non-regular (non-marital, non-cohabiting) partner in the last 12 months, of all adult respondents reporting sexual activity in the last 12 months.

Year	Area	Age Group	Male	Female	All

Comments:
Sources:

Young people having multiple partners in last year (youth)

Proportion of respondents who have had sex with more than one partner in the last 12 months.

Year	Area	Age Group	Male	Female	All

Comments:
Sources:

Knowledge and behaviour

Condom use in last higher risk sex (adults)

The percentage of adult respondents who say they used a condom the last time they had sex with a non-regular (non-marital, non-cohabiting) partner, of those who have had sex with such a partner in the last 12 months.

Year	Area	Age Group	Male	Female	All

Comments:
Sources:

Young people using a condom during premarital sex (youth)

Proportion of young single people who used a condom at last sex.

Year	Area	Age Group	Male	Female	All
1997	all	15-19	11	5	
		15-24	12	8	
		20-24	14	16	

Comments:
Sources: DHS

Commercial sex in the last year

Proportion of men reporting sex with a sex worker in the last 12 months.

Year	Area	Age Group	Rate	All

Comments:
Sources:

Reported condom use in commercial sex

Proportion of men reporting condom use the last time they had sex with a sex worker, of those who report having had sex with a sex worker in the last 12 months.

Year	Area	Age Group	Rate	All

Comments:
Sources:

Higher risk male-male sex in the last year

The percentage of men who have had anal sex with more than one male partner in the last 6 months, of all men surveyed who have had sex with a male partner.

Year	Area	Age Group	Rate	All

Comments:
Sources:

Injecting drug users sharing equipment at last injection nationwide

Percentage of injecting drug users active in the last month who report sharing injecting equipment the last time they injected drugs.

Year	Area	Age Group	Rate	All

Comments:
Sources:

Prevention Indicators

Male and female condoms are the only technology available that can prevent sexual transmission of HIV and other STIs. Persons exposing themselves to the risk of sexual transmission of HIV should have consistent access to high quality condoms. AIDS Programs implement activities to increase both availability of and access to condoms. These activities should be monitored and have resources directed to problem areas. The indicator below highlights the availability of condoms. However, even if condoms are widely available, this does not mean that individuals can or do access them.

Condom availability nationwide

Total number of condoms available for distribution nationwide during the preceding 12 months, divided by the total population aged 15-49.

Year	N	Rate

Comments:
Sources:

Prevention of mother-to-child transmission (MTCT) nationwide

Percentage of women who were counselled during antenatal care for their most recent pregnancy, accepted an offer of testing and received their test results, of all women who were pregnant at any time in the preceding two years.

Year	N	Rate

Comments:
Sources:

Blood safety programs aim to ensure that the majority of blood units are screened for HIV and other infectious agents. This indicator gives an idea of the overall percentage of blood units that have been screened to high enough standards that they can confidently be declared free of HIV.

Screening of blood transfusions nationwide

Percentage of blood units transfused in the last 12 months that have been adequately screened for HIV according to national or WHO guidelines.

Year	N	Rate

Comments:
Sources:

Sources

Data presented in this Epidemiological Fact Sheet come from several different sources, including global, regional and country reports, published documents and articles, posters and presentations at international conferences, and estimates produced by UNAIDS, WHO and other United Nations agencies. This section contains a list of the more relevant sources used for the preparation of the Fact Sheet. Where available, it also lists selected national Web sites where additional information on HIV/AIDS and STI are presented and regularly updated. However, UNAIDS and WHO do not warrant that the information in these sites is complete and correct and shall not be liable whatsoever for any damages incurred as a result of their use.

Asamoah-Odei, E. 1999 Mission Report WHO/UNAIDS, Mozambique, 05-16 April, Mission report.

Barreto, J., J. Liljestrand, C. P. De Sousa, et al. 1993 HIV-1 and HIV-2 Antibodies in Pregnant Women in the City of Maputo, Mozambique: A Comparative Study between 1982/1983 and 1990 Scandinavian Journal of Infectious Diseases, vol. 25, no. 6, pp. 685-688.

Barreto, A., B. De Hulsiers, A. Noya, et al. 1994 Interventions to Control STD/HIV Risk Situation Induced by Population Movements during Resettlement in Post-War Mozambique Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.D.0531.

Barreto, A., A Noya, A. Mac Arthur, et al. 1997 HIV Prevalence in TB Patients Living on Corridors of Mozambique: Comparative Study 1994-1997 Xth International Conference on AIDS and STD in Africa Abidjan, Cote d'Ivoire, 12/7-11, Poster A.426.

Dos Santos, R. B., C. Palma de Sousa, J. Barreto, et al. 1988 Prevalence of HIV 1 and HIV 2 Infection in STD Patients Maputo, Mozambique IV International Conference on AIDS, Stockholm, 6/15-16, Poster 5556.

MacArthur, A., P. E. Hellstrom, A. Noya, et al. 1996 HIV Infection among TB Patients: Geographic Variability in Mozambique XI International Conference on AIDS, Vancouver, 7/7-14, Poster Mo.C.1654.

Mozambique Ministry of Health 2001 Viliancia Epidemiologicia des DTS/HIV/SIDA UNAIDS Communication.

Noya, A. 1995 Sentinel Surveillance Epidemiology Department, Ministry of Health, National STD/AIDS Control Programme, Maputo, Mozambique.

Noya, A. 1997 Mozambique AFRO/WHO Surveillance Report Epidemiology Unit of National STD/AIDS Control Programme, Ministry of Health, Maputo, 10 June, unpublished documents.

USAID Mission to Mozambique 1992 Analise Epidemiologica do SIDA em Mocambique 1986 - Agosto de 1991 FAX from Mary Pat Selvaggio, HPN Officer, unpublished report.

Vuylsteke, B., R. Bastos, J. Barreto, et al. 1993 High Prevalence of Sexually Transmitted Diseases in a Rural Area in Mozambique Genitourinary Medicine, vol. 69, pp. 427-430.

Websites: **www.aids.africa.com**

Annex: HIV Surveillance by site

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Pregnant women	Major Urban Areas	Maputo		0.40		0.60		1.20		2.70		5.80		9.90			
		Maputo (CS Jose Macamo)														13.00	
		Maputo Pr. (CS Manhica)												12.50		15.70	
	Outside Major Urban Areas	Barue												17.50			
		Beira										16.50		18.30			
		Cabo Delgado Prov. (C Pemba)														8.70	
		Cabo Delgado Prov. (HR Montepuez)														6.30	
		Chimoio								10.70		19.20		17.00			
		Gaza Province (Chokwe)														15.10	
		Gaza Province (Xai-Xai)														18.30	
		Inhambane Province														8.00	
		Manica Province (CS E. Mondlane)														24.70	
		Manica Province (HR Catandica)														10.70	
		Monapo												6.10			
		Nacala								10.50							
		Nampula												5.00			
		Nampula Province (CS 25 Setembro)														5.00	
		Nampula Province (HG Nacala)														5.00	
		Nampula Province (HR Angoche)														4.00	
		Niassa Province (CS Mandimba)														5.30	
		Niassa Province (HR Cuamba)														10.40	
		Sofala Province (CS Pointa-Geo)														31.20	
		Tete								18.10		23.20		17.00			
		Tete Province (C. Tete-No.3)														22.30	
		Tete Province (CS Changara)														18.50	
		Vilanculos						0.00									
		Zambezia Province (CS 24 dejulho)														16.70	
		Zambezia Province (HR Milange)														19.00	
		Zambezia Province (HR Mocuba)														10.00	

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Sex workers																	

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Injecting drug users																	

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
STI patients, Males/both & females	Major Urban Areas	B/ Maputo				0.90	2.50	2.00						9.00			
		B/Maputo													15.10		
		M/ Maputo	2.70						3.10	3.30	9.60	20.00	19.20				
		Maputo							4.70	3.90	7.30	5.20	8.20				
	Outside Major Urban Areas	B/ Beira													22.40		
		B/ Chimoio						16.10				23.70			49.90		
		B/ Pemba						2.00									
		B/ Quelimane				7.10	0.80							46.30	37.40		
		B/ Tete						18.20		37.30				27.30	28.20		
		Beira									19.00						
		Chimoio								36.20	24.90						
		M/ Beira									19.20						
		M/ Chimoio								35.10	22.40						
		M/ Pemba									9.30	15.30	13.20				
		M/ Quelimane						1.90		11.40			35.00				
		M/ Tete									39.80	35.20	26.60				
		M/ Vilanculos						2.60									
		Pemba									8.60	13.40	14.60				
		Quelimane						1.70		13.90			26.20				
		Tete									48.40	40.70	28.30				
		Vilanculos						0.00									

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Men having sex with men																	

Additional data

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Blood donors																	

Group	Area		1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Tuberculosis patients	Major Urban Areas	Maputo corridor								10.10			18.00				
	Outside Major Urban Areas	Beira								22.30							
		Beira corridor								30.40			38.00				
		Central non corridor								20.40							
		Central non corridor											32.00				

Chimoio							33.80							
Dondo dist							17.90							
Gondola dist							36.00							
Limpopo corridor							10.30							
Manica dist							52.60							
Nacala corridor							9.90			10.50				
Nhamatanda dist							28.90							
North non corridor							2.90							
North non corridor										11.30				
South non corridor							11.80			36.90				