MOÇAMBICANOS E AMERICANOS
JUNTOS NA LUTA CONTRA O HIV/SIDA

PARTNERSHIP FRAMEWORK

TO SUPPORT IMPLEMENTATION OF

THE MOZAMBIQUE NATIONAL HIV/AIDS RESPONSE

BETWEEN

THE GOVERNMENT OF THE REPUBLIC OF MOZAMBIQUE

AND

THE GOVERNMENT OF THE UNITED STATES OF AMERICA

A FIVE-YEAR STRATEGY

2009-2013

List of Acronyms

ART	Anti-retroviral Therapy
ARV	Anti-retroviral
BSS	Behavior Surveillance Survey
CCC	Joint Coordinating Committee of Health
CIDA	Canadian International Development Agency
CHW	Community Health Worker
CMAM	Central Medical Stores
CS	Civil Society
CT	Counseling and Testing
DANIDA	Danish International Development Agency
DFID	UK Department for International Development
DHS	Demographic Health Survey
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FP	Family Planning
GF	The Global Fund to Fight AIDS, TB, and Malaria
GRM	Government of the Republic of Mozambique
GTZ	German Development Corporation
HBC	Home-Based Care
HCW	Health Care Workers
HIVQUAL	Quality of Services Assessment Tool
HRH	Human Resources for Health
ILO	International Labor Organization
INSIDA	AIDS Indicator Survey
JICA	Japan International Cooperation Agency
MCP	Multiple Concurrent Partners
MCH	Maternal Child Health
MICS	Multi-Indicator Cluster Survey
MMAS	Ministry of Women and Social Welfare
MONASO	Mozambican Network of AIDS Service Organizations
NAC	National AIDS Council
NAIMA+	Network of International NGOs working in HIV&AIDS
NGI	New Generation Indicator
NSP	National Strategic Plan
OVC	Orphans and Vulnerable Children
PAF	Partners Assessment Framework
PEP	Post-Exposure Prophylaxis
PFIP	Partnership Framework Implementation Plan
PICT	Provider Initiated Counseling and Testing
PLHIV	People Living with HIV
PLMP	Pharmaceutical Logistics Master Plan
PMTCT	Prevention of Mother to Child Transmission
PRG	Prevention Reference Group
PROSAUDE	Common Fund for the Health Sector
RENSIDA	Mozambican Network of Organizations of People Living with HIV
STI	Sexually Transmitted Infection
STP	Sexual Transmission Prevention
TB	Tuberculosis
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund

USG	Government of the United States of America
WB	World Bank
WFP	World Food Program
WHO	World Health Organization

1. PURPOSE

Mozambique is facing a severe generalized human immunodeficiency virus (HIV) epidemic which has adversely affected growth and development in the country and taxed a fragile health system. National prevalence in adults, based on 2007 antenatal center sentinel surveillance, is 14%[1]. Mozambique is one of the few remaining countries in Southern Africa that has yet to see a decline in prevalence. An estimated 1.6 million Mozambicans are living with HIV, with an additional 510,500 orphaned and vulnerable children directly affected by the epidemic[2].

The purpose of this Partnership Framework (2009-2013) is to provide a five-year joint strategic plan for cooperation between the Government of the United States of America (USG) and the Government of the Republic of Mozambique (GRM) to effectively respond to the HIV epidemic. The strategic framework outlines joint priorities and key policy issues to address the HIV epidemic in Mozambique and describes GOM and USG commitments to achieve these strategic priorities. The Partnership Framework represents a new era of collaboration and greater alignment of USG programs with the Mozambican HIV response.

This Partnership Framework to support the national response, led by the Government of the Republic of Mozambique and coordinated by the National AIDS Council (NAC), under the leadership of the Prime Minister, promotes the principles of the "Three Ones": One National Strategic Plan, One National Authority, and One National Monitoring and Evaluation Framework. Under GRM leadership, the USG intends to align its priorities and support with national efforts coordinated by the NAC to ensure harmonization and synergy of efforts by GRM, USG, civil society, bilateral and multilateral partners, national and international non-governmental organizations (NGOs), and the private sector.

The joint GRM and USG Partnership Framework strives to achieve the Mozambique National HIV Strategic Plan goals and the President's Emergency Plan for AIDS Relief (PEPFAR) goals in prevention, care, and treatment. This framework intends to focus on evidence-based prevention, quality treatment and care programs and sustainability by building local capacity, supporting country ownership and leadership, and strengthening health systems to deliver and monitor health services for people living with HIV.

Program sustainability and government management of programs are a priority in this Partnership Framework over the next five years. The USG PEPFAR program plans to transition management and ownership of programs from international non-governmental organizations (NGOs) to the Government of Mozambique and Mozambican organizations and support the multisectoral efforts to increase the capacity of civil society to lead the response against HIV in Mozambique.

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[1] Impacto Demografico. MOH 2008.
[2] Impacto Demografico. MOH 2008.

2. PRINCIPLES

The Government of the United States of America and the Government of the Republic of Mozambique dedicate themselves to the following principles for collaboration over the next five years:

- *High level government commitment and ownership*. Promote national leadership and continued ownership of the HIV response by the government and people of Mozambique. The Government of the Republic of Mozambique is leading the national response, including the Ministries of Health, Education, Youth and Sports, Interior, Defense, Women and Social Welfare.

- *Coordination.* Reinforce the National AIDS Council's role and capacity as the main coordination body of the HIV response. Align the Partnership Framework to national plans and strategies and the National HIV Strategic Plan (NSP). Build on existing coordination efforts between partners to jointly plan and bring added value to strengthen the national HIV response.

- *Decentralization and strengthening of the health system:* Support decentralization efforts to ensure essential HIV services reach the provincial, district and community levels and strengthen the national public health system.

- *Transparency and accountability.* Promote greater transparency in the implementation of programs and allocation of resources for the national response including increased GRM contributions and reporting of USG PEPFAR budgets, expenditures and results within the GRM mechanisms for reporting the achievements of the overall national response.

- *Engagement and participation.* Promote multisectoral engagement, participation, and decision-making in the design, implementation, and monitoring of programs; multisectoral engagement and participation including the GRM, civil society (CS) and people living with HIV (PLHIV), international partners, and the private sector.

- *Flexibility.* Respond quickly and effectively to the dynamic environment and emerging issues such as changing priorities of the GRM, new evidence, and fluctuations in funding commitments. Recognize that USG and GRM resources are limited and investments are subject to the availability of funds. Recognize that achievement of the framework goals requires resource flows beyond the ability of any one of the partners, and that constraints on availability of funding from either signatory or from other key partners could lead to a review and revision of goals.

- *Results-based management of programs.* Ensure that programs are evidence based and focus on achieving measurable results.

3. FIVE-YEAR STRATEGIC OVERVIEW

The Government of the Republic of Mozambique, donor, and civil society partners, endorse the following five goals as the basis of the joint GRM and USG Partnership Framework:

- Reduce new HIV infections in Mozambique;
- Strengthen the multisectoral HIV response in Mozambique;
- Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV prevention, care, and treatment goals;
- Improve access to quality HIV treatment services for adults and children;
- Ensure care and support for pregnant women, adults and children infected or affected by HIV in communities and health and social welfare systems.

The goals of this five-year strategy align with the National HIV Strategic Plan (NSP), the National Accelerated HIV Infection Prevention Strategy, the Ministry of Health's National Plan for Health Human Resources Development, the Ministry of Women and Social Welfare's Human Resource Plan and the U.S. government Country Assistance Strategy (CAS) for Mozambique.

The National HIV Strategic Plan (2005-2009) focuses on seven priority areas: Prevention, Advocacy, Stigma and Discrimination, Treatment, Mitigation of Consequences, Research, and Coordination of the National Response. The expiring NSP is under review and being updated to cover the period 2010-2014[3]. Priority areas identified remain consistent with the current NSP and address emergency and long-term needs of the response: Prevention, Care, Treatment and Mitigation, Coordination of the Response, Operational Research, and Monitoring and Evaluation.

Prevention has been identified as the primary area of focus by the Government of the Republic of Mozambique. This strategic vision and commitment is reflected by the GRM's creation of a Prevention Reference Group (PRG) in 2007 and development of the National Accelerated HIV Infection Prevention Strategy[4].

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[3] While significant changes to the NSP are not anticipated, USG and GOM intend to align this Partnership Framework with any key changes in national priorities.

[4] Priority Areas of the National Accelerated HIV Prevention Strategy include Counseling and Testing, Condoms, Most-at-risk populations (MARPs), Early Diagnosis and Treatment of Sexually Transmitted Infections (STIs), Male Circumcision, Prevention of Mother to Child Transmission (PMTCT), Access to Treatment and Prolonging life, Biosafety, Coordination of the Response, Communication and Behavior Change, and Monitoring and Evaluation (M&E).

Goal 1: Reduce new HIV infections in Mozambique

Data in Mozambique suggests an increase in incidence of HIV in some provinces and plateau of incidence in others in contrast to the decreasing incidence rates found in many other African countries[5]. Preventing more Mozambicans from becoming infected with HIV is the Government of the Republic of Mozambique's highest priority and central to the National HIV Strategic Plan.

Data demonstrates the practice of having multiple concurrent partners (MCP), low rates of male circumcision, low and inconsistent condom use, mobility and migration, and sex work, as key drivers of Mozambique's HIV epidemic[6]. Analysis of current HIV prevention interventions indicates gaps between emerging data on the drivers of the epidemic and current programmatic focus. For example, 51% of new infections are projected to occur in persons over 25 years in steady relationships yet current behavior change communication (BCC) activities specifically target just 5% of the adult population and few prevention efforts target persons in steady relationships. [7]

Prevention is a high priority for the GRM, as is evident by GRM's creation of the PRG and development of a National Accelerated HIV Infection Prevention Strategy. The USG endeavors to partner with the GRM to support areas identified in the National Accelerated HIV Infection Prevention Strategy to implement evidence-based and comprehensive prevention interventions targeted towards the general population and most-at-risk populations (MARPs). Specific areas may include interventions to reduce multiple concurrent partnerships, scale up and improve the quality of prevention of mother to child transmission (PMTCT) services, create standardized national behaviour change communication campaigns focusing on gender dynamics, reduce stigma and discrimination of PLHIV to increase access to HIV testing and counseling, including discordant couples, scale up safe medical male circumcision services within Ministry of Health and Ministry of Defense health systems, increase correct condom utilization, integrate prevention with positives programs within the national care and treatment program, and strengthen safe blood transfusion programs, medical injections and workplace safety programs.

The availability, quality, and delivery of PMTCT services rest upon the foundation of antenatal care (ANC) and maternal child health (MCH) programs. ANC visits, institutional deliveries, postnatal and well-child visits, and in-patient pediatric wards offer key opportunities for identifying mothers, children, and families in need of HIV services. The number of pregnant women receiving HIV counseling and testing for PMTCT during ANC visits has greatly increased in recent years from 194,117 in 2006 to 511,972 in 2008. Additionally, anti-retroviral (ARV) prophylaxis and treatment has increased from

[5] Antenatal Care (ANC) sentinel surveillance conducted from 2002 through 2007.
[6] Data from 2006 SADC Southern Africa epidemiological analysis, Mozambique data triangulation workshops, and Modes of Transmission Study (draft) 2008.
[7] Modes of Transmission Study (draft) 2008

13,100 in 2006 to 46,848 in 2008. Although these represent achievements in treatment numbers and integration of services, there is still much need in the further expansion and scale up of integrated PMTCT services. The GRM considers PMTCT and MCH integration as a main area of focus in this Framework. The USG plans to support the GRM in the integration of PMTCT and MCH services and in the scale up of services and provide support in ambitious target-setting to increase access to and utilization of HIV prevention, care, and treatment services for women and children.

With support of the USG, the GRM seeks to address the following policy and implementation issues in reducing new HIV infections over the next five years:

- Develop a national male circumcision policy and guidelines to enable scale up and access to safe voluntary male circumcision services
- Review and consider increasing PMTCT targets in the NSP (2010-2014)
- Develop and implement the official structure of a national blood transfusion service and approve a national blood policy
- Use emerging evidence to better define and target MARPs

Goal 2: Strengthen the multisectoral HIV response in Mozambique

The GRM and USG joint strategic vision for this Partnership Framework is founded on the principles of the "Three Ones": One National Strategic Plan, One National Authority, and One National Monitoring and Evaluation Framework. Coordination of the national HIV response is a critical priority for the Government of the Republic of Mozambique. Both the National HIV Strategic Plan and the National Accelerated Prevention Plan prioritize coordination and monitoring and evaluation (M&E) as essential to managing the HIV response in Mozambique.

The National AIDS Council intends to strengthen its leadership of the HIV response and finalize and implement the alignment process which aims to refocus the NAC's role from grant managers to the coordinators of the national response. Other key areas of the realignment process include monitoring and evaluation, communication and institutional development of HIV coordination structures. The GRM, USG, and other donors recognize the need to harmonize and implement national indicators used to effectively monitor and measure the impact of the coordinated national response. The USG intends to support the NAC to achieve these objectives.

Strong civil society and private sector participation in the national HIV response is essential to achieve goals in prevention, care, and treatment. The USG intends to support the NAC coordination of the multisectoral response. In addition, the USG endeavors to partner with stakeholders in Mozambican civil society and the private sector to build capacity of these sectors to comprehensively support the response. Strengthening the role of PLHIV organizations is also a priority.

GRM resources to respond to the HIV epidemic include contributions from the national budget, Common Fund, and the Global Fund. The USG intends to support the GRM by building capacity to leverage, utilize, and maintain Global Fund resources. The GRM intends to effectively utilize available resources and develop creative and innovative approaches to generate revenue for public health financing.

With support of the USG, the GRM endeavors to address the following policy and implementation issues to strengthen the multisectoral HIV response in Mozambique over the next five years:

- Implement National AIDS Council alignment process to emphasize their coordination role
- Develop innovative approaches to generate revenue for public health financing outside of donor sources
- Establish standard forms and databases for monitoring programs and support the use of national standard tools by all

Goal 3: Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV prevention, care and treatment goals

Strategic investments to strengthen the overall national health and social welfare sectors ensure that gains made in prevention, care, and treatment are maintained and sustainable for future generations of Mozambicans. Mozambique has one of the lowest ratios of health workers per capita in the world with only three medical doctors per 100,000 and 21 nurses per 100,000 Mozambicans, a number far below neighboring countries[8]; 50% of Mozambique's entire public health sector infrastructure was destroyed during the civil war and still has not recovered. The Ministry of Women and Social Welfare have only 30 social workers at the central level to respond to the enormous demands of social services for those in need.[9] The GRM, with support of the USG, intends to ensure strategic goals of the Ministry of Health's National Plan for Health Human Resources Development and Ministry of Women and Social Welfare Human Resource Strategy and targets for pre-service and in-service training for social workers are achieved.

The GRM recognizes that systems strengthening is a key priority to jointly address in this strategic framework. Strengthening human resource capacity, the national commodity procurement and logistics system, the health management information systems (HMIS) and infrastructure are key priorities for the GRM. Specifically, bottlenecks to the efficient management of pharmaceutical and commodity procurement need to be addressed. The GRM and USG endeavor to work collaboratively to increase human resource capacity and strengthen health systems and infrastructure by supporting training and educational development programs, strengthening national logistics systems, streamlining procurement procedures, and constructing training centers and health facilities.

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[8] World Health Organization (WHO) Annual Report, 2006.
[9] Ministry of Women and Social Welfare's Human Resource Plan DRAFT.

Community management of health is a priority for the GRM. Community health workers and lay counselors play an important role in maintaining linkages between facility-based and community-based services. With support of the USG, the GRM intends to integrate non-clinical health workers into the national health system including the establishment of a sustainable funding mechanism from the state budget.

The GRM, with the support of the USG, plans to address the following policy and implementation issues to strengthen the Mozambican health system over the next five years:

- Define roles and responsibilities, integration into the National Health System, and sustainable financing of facility-based lay counselors
- Establish a sustainable funding mechanism from the state budget for community health workers (CHWs)
- Implement a retention strategy through approval of incentives and salary adjustments
- Ensure financial and administrative autonomy for Central Medical Stores (CMAM) and increased efficiency and flexibility of procurement and contracting mechanisms
- Finalize development of the pharmaceutical logistics master plan (PLMP) and commodities security strategy
- Facilitate work permits for non-Mozambicans to help build the capacity of the public health system and support program implementation
- Transition financial sustainability of key health expenditures to GRM

Goal 4: Improve access to quality HIV treatment services for adults and children

As of the end of 2008, 118,937 adults and 9,393 children were receiving antiretroviral therapy (ART) in Mozambique[10]. Although these figures demonstrate an increase in treatment numbers over the previous year, they fall below the targets established by the GRM and partners in the joint review process and are significantly below the number of people in need of treatment in Mozambique.

While it is estimated that current ART programs are reaching only 30% of Mozambicans in need[11] and only 21% of children in need[12], the GRM recognizes the importance of quality in HIV services and is prioritizing the integration of HIV care and treatment programs into the National Health System to provide a more integrated approach to management of HIV cases. One objective of this Framework is to assist the government in meeting its national treatment targets. The USG and GRM intend to work jointly to address this objective while also working to ensure HIV patients receive a comprehensive package of care services.

To achieve this goal, the GRM, with support from the USG, intends to prioritize: the strengthening of a pre-ART program; improving the quality and access to early diagnosis

[10] Health Sector Performance Report, 8th Joint Review. MOH. March 2009.
[11] Modes of Transmission Study (draft) 2008.
[12] Impacto Demografico. MOH, 2008.

and treatment of sexually transmitted infections (STIs); management of opportunistic infections, cotrimoxazole prophylaxis, tuberculosis (TB) screening and treatment (including isoniazide preventive therapy); positive prevention interventions; HIV testing; construction of a National Public Health Reference Lab; development of laboratory quality assurance programs; scaling up of CD4 testing; early infant diagnosis; purchasing of key commodities (ARV drugs, condoms, test kits); and improving the nutritional status of ART patients.

Mozambique faces challenges in ART patient retention and delayed initiation of treatment. Referral systems and linkages to community-based care and support services are important areas where the GRM and USG intend to work collaboratively to strengthen the quality of treatment programs.

Sustainability of treatment programs is a high priority for both the GRM and USG. Currently, ART programs are funded by various state and donor resource mechanisms. The Global Fund presents an important opportunity to secure additional funding for treatment programs. The USG intends to support the GRM by building capacity to leverage, utilize, and maintain Global Fund, state budget and other donor and private sector resources for treatment programs. USG-supported NGO partners provide technical assistance in the management and implementation of many existing treatment programs. The transition from USG supported implementing partners to greater Government of the Republic of Mozambique management and ownership of treatment programs is an area of concentration in the five year span of this Partnership Framework.

With support of the USG, GRM endeavors to address the following policy and implementation issues to improve quality HIV treatment services for adults and children over the next five years:

- Develop a clear plan for decentralization and integration of HIV services and preservation of specialized services for complicated cases of HIV
- Develop a policy and strategy for virological monitoring of ART patients

Goal 5: Ensure care and support for pregnant women, adults and children infected or affected by HIV in communities and health and social welfare systems

The GRM intends to provide quality integrated care, social support and protection to pregnant women, adults and children infected or affected by HIV through improved capacity of and coordination between the Ministry of Health and Ministry of Women and Social Welfare (MMAS) and other government Ministries such as Justice, Education, Labor. This ensures better community-facility linkages, protection of rights, and access to high quality essential standards of services that will make a measurable difference in the lives of Mozambicans.

Effective legal protection is an integral part of a protective environment for adults, particularly women, and children infected or affected by HIV. The GRM has recently signed the anti-discrimination bill "Defending Rights and the Fight against the

Stigmatization and Discrimination of People living with HIV and AIDS." This law, together with the law against stigma and discrimination passed in 2006 provide the legal basis for protection of people living with HIV. The Government of the Republic of Mozambique's Parliament also recently passed a law against domestic violence. Although this law is pending signature from the President, it demonstrates progress in securing the rights of Mozambican women. While these laws represent strong leadership and steps forward to protect Mozambicans, the GRM and USG recognize the need for dissemination, implementation and monitoring of the legislation so that Mozambicans are aware of their rights and are guaranteed protection. Women and children infected or affected by HIV often do not benefit from legal entitlements. Inheritance rights for women and children, birth certification, and the right to family placement in the case of orphanhood are issues which the GRM, with support of the USG, seeks to address.

The GRM recognizes a lack of sufficient resources in the Ministry of Women and Social Welfare to improve its capacity to lead and coordinate effective efforts to provide quality services to adults, pregnant women, and children infected or affected by HIV. The USG intends to support MMAS in its capacity to lead, coordinate, and source additional resources. The GRM plans to develop, implement, and monitor standards of services that will ensure quality of programs in Mozambique, including access to standard services (education, health, protection, nutrition, psychosocial support, shelter) for orphans and vulnerable children (OVC).

The GRM, with support from the USG, intends to address the following policy and implementation issues to ensure care and support for adults and children infected or affected by HIV in communities and health and social welfare systems over the next five years:

- Create cadres of community-based social workers to strengthen linkages between the health and social systems at the district level
- Review policy for the provision of nutritional support for PLHIV
- Commit to a policy for family integration of orphans and vulnerable children
- Implement and monitor legislation and enforce laws that ensure protection of PLHIV, women, and children

Five Year Goal I: Reduce new HIV infections in Mozambique[13]				
Objectives	**Anticipated Contributions**			**National Indicators**
	Expected PEPFAR Contribution	**Expected GRM Contribution**	**Support of other Partners**	
Objective 1.1: Reduce sexual transmission of HIV through comprehensive prevention interventions[14]	Support GRM and national organizations to implement and build capacity for comprehensive prevention interventions: General Population: Reduced multiple concurrent partners, alcohol, Behavior Change Communication focusing on gender dynamics, focus on South); positive prevention MARPS: (e.g. Sex Workers and their clients, MSM (men who have sex with men), and Armed Services, Police and Prison Guards, Truckers, Miners, and their wives) Condom use, STI	Implement National Accelerated HIV Infection Prevention Strategy Coordinate national Behavior Change Communication Campaign Use emerging evidence to better define and target MARPs Develop positive prevention interventions at national level	Task Force-UNAIDS, GTZ, UNICEF, NAIMA+, MONASO, RENSIDA Pre-Partners Forum Members (bilateral, multilateral, civil society, private sector) support STP ILO, WFP- support to wellness centres for high risk areas such as Beira Port and border points	Percentage of youth 15 to 24 years old who report the use of (male and female) condoms in their last sexual encounter with a non-regular partner [INSIDA/DHS] Percentage of HIV prevalence in pregnant women 15-24 [Sentinel Surveillance] Percentage of male and female adults reported MCP over the last 12 months [INSIDA or DHS]

[13] NSP Goal: Reduce the number of new infections from the current level of 500 a day, among adults to 350 in 5 years and 150 in 10 years; National targets may be revised during the review and development of the National HIV and AIDS Strategy (PEN III 2010-2014). National Accelerated HIV Prevention Strategy priority areas: Counseling and Testing, Condoms, Most-at-risk populations (MARPs), Early Diagnosis and Treatment of Sexually Transmitted Infections (STIs), Male Circumcision, Prevention of Mother to Child Transmission, Access to Treatment and Prolonging life, Biosafety, Coordination of the Response, Communication and Behavior Change, and Monitoring and Evaluation (M&E).

[14] NSP Objective: National Accelerated HIV Prevention Strategy priority areas: Counseling and Testing, Condoms, Most-at-risk populations (MARPs), Early Diagnosis and Treatment of Sexually Transmitted Infections (STIs).

	treatment Support the collection and use of sentinel surveillance, BSS, and INSIDA data to better target interventions and monitor outcomes			Percentage and prevalence of high risk groups (Truckers, Miners, and Sex Workers) (by sex) [BSS+]
Objective 1.2: Reduce mother-to-child transmission [15]	Provide technical and financial resources to support the scale up of and increase in geographic coverage of PMTCT services Support improvement of quality and integration of PMTCT services into the greater continuum of clinical care and into MCH programs; enhance linkages and involvement with community programs; increase involvement of men Support stronger M&E processes Strengthen infant follow-up and health and nutrition services Support stronger involvement of males and communities in PMTCT programs	Review and consider increasing PMTCT targets in the NSP (2010-2014) Implement the integration of FP and PMTCT within MCH and HIV, including positive prevention and malaria prevention Strengthen linkages between health services and the community Promote male involvement and communities in PMTCT programs	Health partners (Bilateral, multilateral, civil society) members provide technical assistance WHO, UNICEF-policy and strategy guidance and technical assistance to PMTCT programs WFP- technical assistance and support to nutritional well being for mothers and children.	Number of new HIV infections in children two years old and younger [INSIDA and/or Sentinel Surveillance] Percentage and number of HIV positive pregnant women and infants who have received complete prophylaxis treatment in the last 12 months so as to reduce the risk of vertical transmission from mother to baby [PAF] Percentage of women who use modern family planning methods [PAF]

[15] NSP Objective: Reduce mother-to-child transmission of HIV; National Accelerated HIV Prevention Strategy priority area: PMTCT.

Objective 1.3: Expand access to confidential HIV counseling and testing[16]	Support improvement of service quality and coverage expansion of CT in routine health visits, CT in health, and community-based counseling Provide technical support in the organization of National Testing Day events Assist in ensuring the harmonization and standardization of counseling and testing tools throughout Mozambique Support the expansion of PICT, community counseling and testing, and CT in health Assist in the implementation of the LMIS for Rapid Test kits	Integrate planning and collaboration of CT program with other departments Institute an Annual National Testing Day Develop minimum standard guidelines for integration of CT in routine health visits, CT in health, and community-based counseling Develop a more sustainable approach for facility based counselors Eliminate shortages of rapid test kits and officially approve and implement the LMIS for rapid test kits (HIV, malaria and syphilis)	MOH CT Working Group-UNAIDS provide technical support in CT programming Clinton Foundation and GF fund CT through logistics, commodities, and laboratory support	Percentage of women and men 15 to 49 years old who were tested for HIV in the last 12 months and who received their results [INSIDA] Percentage of MARPs who received an HIV test in the last 12 months who received their results (by sex) [BSS +]
Objective 1.4: Expand availability of safe, voluntary medical male circumcision[17]	Strengthen capacity for implementation of male circumcision programs Support development of planned fund scale up based on results of pilot program	Develop a national male circumcision policy and guidelines to enable scale up and access to safe voluntary male circumcision services	UNFPA , UNAIDS, UNICEF and WHO-support with commodities logistic and technical assistance	Percentage of men 15-49 years old who are circumcised [INSIDA/DHS]
Objective 1.5: Ensure	Support the strengthening of	Develop and implement the	WHO-provides guidelines and	Percentage of donated blood

[16] NSP Objective: Popularise counselling and voluntary testing activities; National Accelerated HIV Prevention Strategy priority area: Counseling and Testing.
[17] NSP Objective: Introduce the conditions necessary for adopting the practice of male circumcision as an instrument to control the spread of HIV in the country; National Accelerated HIV Prevention Strategy priority area: Male Circumcision.

access to safe blood products and safe medical injections and enhance workplace safety for health care workers[18]	blood services and workplace environmental safety (including TB and hepatitis) offered to health care workers and reinforce and expand nationwide post-exposure prophylactic (PEP) services	official structure of a national blood service and approve a national blood policy	technical assistance to blood safety programs GTZ-provides technical and financial assistance to workplace programs	units screened for HIV in a quality assured manner [UNGASS]

[18] NSP Objective: Reduce non-sexual transmission of HIV: Improve Biosafety at the Health Units and reduce the likelihood of infection through blood transfusion; National Accelerated HIV Prevention Strategy priority area: Biosafety.

Objectives	Anticipated Contributions			National Indicators
	Expected PEPFAR Contribution	Expected GRM Contribution	Support of other Partners	
Objective 2.1: Strengthen multisectoral leadership of the National AIDS Council and its Executive Secretariat in coordination, planning and monitoring of national HIV response[20]	Provide technical support to NAC in institutional capacity building and representation in the Institutional Development working group Support strengthening of provincial and district level nuclei in ability to coordinate, plan, and monitor the response Enhance NAC's role in strengthening civil society, private sector, and PLHIV responses Support the Board in providing leadership to the national response Support to alignment and restructuring process	Strengthen coordination role of the HIV response through the implementation of the alignment process • Communication • Monitoring and Evaluation • Institutional Development Conduct high level review of leadership and governance structures Strengthen provincial and district level nuclei in ability to coordinate, plan, and monitor the response Strengthen the coordination of intra-sectoral collaboration (Health, Education, Youth and Sports, Interior, Defense, Women and Social Welfare) Lead in the revitalization of Institutional Development working group and alignment process	HIV Partners forum members: bilateral, multilateral, civil society, and private sector-provide policy and technical guidance to strengthen NAC leadership	TBD

[19] NSP Goal: Coordination of the National Response - Strengthen the planning and coordination capacity and decentralize the mechanisms for decision making and resource management.
[20] NSP Objective: Strengthen the role of the NAC in coordinating the national response.

Objective 2.2: Improve capacity of the GRM to effectively utilize available state and donor resources to improve HIV service delivery in support of prevention, care, and treatment goals	Support to NAC,MOH and MMAS in financial management and HR; technical assistance to effectively utilize GF funds Support the development of innovative approaches to generate revenue for public health financing outside of donor sources (public-private partnerships) Report USG PEPFAR budgets, expenditures and results within the GRM mechanisms	Provide counterparts for sustainable capacity building efforts Develop innovative approaches to generate revenue for public health financing outside of donor sources (public-private partnerships) Secure stable GF and other donor funding	DFID, CIDA, WB, DANIDA, Irish Aid (Common Fund partners)-TA to NAC in financial management	Amount of national funds disbursed by the government (UNGASS)
Objective 2.3: Increase national coordination of prevention interventions by engaging civil society, media, and the public and private sectors[21]	Provide technical support to civil society and NAC in the coordinated planning of the operationalization of the National Accelerated Prevention Strategy at the provincial level Support to CS and NAC quality programming and messaging in the communication initiatives and MCP campaign Provide technical support for the costing of prevention interventions	Disseminate and implement National Accelerated HIV Infection Prevention Strategy, communication initiatives, and MCP campaign to provincial levels Provide counterparts for sustainable capacity building efforts Lead in costing exercise of prevention interventions	UNAIDS-provides technical support to civil society initiatives and coordination of CS inputs to national initiatives UNICEF-launched Window of Hope Campaign; HIV school awareness program DED-central and provincial level TA	Percentage of coordination meetings organization by NAC in the last two years in accordance with the agreed agenda with partners, public sectors, and civil society

[21] National Accelerated Prevention Strategy Objective: Strengthen multisectoral coordination mechanisms to ensure a coherent, objective, cost-effective response in line with the National Accelerated Prevention Strategy.

Objective 2.4: Strengthen the organizational and technical capacity of civil society to improve local and community level response to the HIV & AIDS epidemic[22]	Provide technical assistance to NAC to manage and build capacity of CS Support to CS in financial, project management, governance, technical support, proposal writing; technical assistance and mentoring; exchange of South to South partnerships; provincial level TA in HIV prevention and systems	Lead in coordination of civil society participation and technical input into national processes and initiatives	UNAIDS-provides technical assistance to civil society in organizational capacity Irish Aid/DFID- has established a fund for Civil Society WFP- support to CS training in nutrition support and assessments and program implementation	TBD
Objective 2.5: Harmonize and strengthen national monitoring and evaluation systems	Provide technical capacity building support of NAC M&E systems and representation on M&E working group	Supervise, monitor, and streamline programs to align with NSP Support use of national standards and tools by all Finalize indicators for the National HIV Strategic Plan	UNAIDS-provides technical guidance and assistance on national M&E system, international setting of standards and data collection UNICEF-provides technical guidance on M&E, particularly for children	TBD

[22] NSP Objective: Involve the local communities and their leadership in HIV/AIDS combat activities.

Five Year Goal III: Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support the HIV prevention, treatment, and care goals[23]				
Objectives	**Anticipated Contributions**			**National Indicators**
	Expected PEPFAR Contribution	**Expected GRM Contribution**	**Support of other Partners**	
Objective 3.1: Increase the number of health care and social workers in Mozambique and improve the capacity and quality of pre-service, in-service training, faculty development and post-graduate training[24]	Provide capacity building of health professionals by pre-service and in-service training, curriculum development, support to in-service strategy, and provision of scholarships Support implementation of National Plan for Health and Human Resources Development (NPHHRD) Support development and implementation of MMAS HR Strategic Plan Support development of faculty and training institutions	Implement NPHHRD Finalize and implement MMAS HR Strategic Plan Establish a sustainable funding mechanism from the state budget for community health workers Provide pre-service and in-service training for social workers Define roles and responsibilities, integration into the National Health System, and sustainable financing of facility-based lay counselors	GF round 8 and 9 focus on system strengthening DANIDA,GTZ, WHO, Spanish, Irish, Italian and Canadian Cooperation and EU-funding to pre-service training courses, scholarships for short courses Clinton Foundation – completed mapping of donor supported HRH activities WHO -support for information systems, libraries, access to medical database	Number of inhabitants per doctor and clinical technician [PAF] Number of external consultants per inhabitant [PAF] Number of new health care worker graduates (by cadre) [MOH HRH Plan Number of new social worker graduates (by cadre) [MMAS HRH]
Objective 3.2: Improve management capacity, motivation and retention of health and social workers[25]	Support the development of a policy and training for human resource information systems Support the use of data for decision	Develop information system policy and HR database and install equipment	GF Rd 8 salaries for APEs , installation and maintenance kits for remote location HCW Common fund donor	Number of inhabitants per doctor and clinical technician [PAF]

[23] National Plan for Health and Human Resources Development Goals; NSP strategies to support prevention, treatment, care goals; Pharmaceutical Logistics Master Plan.
[24] National Plan for Health and Human Resources Development Goals: 1) Increase capacity of initial production, post-graduate training, and in=service training networks; 2) Improve management capacity at all levels of National Health Service (NHS). NSP strategy: Medium term specific training of staff specialised in HIV/AIDS (doctors and paramedics, pharmacists, analysts, managers etc).
[25] National Plan for Health and Human Resources Development Goal: Improve health worker distribution, motivation, and retention.

	making of HR distribution, training, and placement Complete and disseminate Public Health Evaluations on human resources	Implement retention strategy through approval of incentives and salary adjustments	incentives-salary support, subsidies training; UNICEF-support to costs related to training, functioning and supervision of APEs	Number of external consultations per inhabitant [PAF]
Objective 3.3: Improve commodity procurement and distribution systems at all levels[26]	Provide technical assistance and training to the Central Medical Stores (CMAM) and the MOH to strengthen the medical and laboratory supply chain, including infrastructure, procurement, financial management, distribution, warehouse management, and information systems Support implementation of the Pharmaceutical Logistics Master Plan Strengthen the capacity of provinces, districts and sites Support finalization and implementation of the MOH integrated commodity security strategy Decrease purchasing of key commodities (ARV drugs, condoms, test kits, etc.) matched by increased spending in GRM purchasing	Finalize the development of the Pharmaceutical Logistics Master Plan Ensure financial and administrative autonomy for CMAM and increased efficiency and flexibility of procurement and contracting mechanisms Ensure appropriate participation and coordination between CMAM and MOH for improved forecasting and distribution of supplies Finalize and implement the commodity security strategy and work in partnership with donors and USG to identify solutions for revenue creation for long-term sustainable financing Increase purchasing of key commodities through sustainable funding mechanisms and	UNFPA-support to commodities security strategy Health partners provide support to the commodities fund, incorporated into PROSAUDE GF resources WFP-support to nutrition supplements, distribution systems and design of other delivery mechanisms. WFP- support to commodity reviews and local production of nutrition commodities	Percentage of requisitions done in line with National Medicine Formulary [PAF]

[26] NSP strategies: 1) Improve the distribution of condoms, making full use of the logistical capacity of all sectors and entities; 2) Improve the scheme of distribution to health units of first line drugs for the Treatment of Opportunist Infections (TOI). Aligned with draft Pharmaceutical Logistics Master Plan.

		additional donor funds (e.g. Global Fund)		
Objective 3.4: Strengthen national health management information systems and surveillance data that allows for reliable measurement of the impact of the HIV response[27]	Provide technical assistance to develop and strengthen M&E systems Support development of national surveillance strategy Support development of HMIS architecture	Provide leadership to the process of standardization of data tools to facilitate nationwide implementation Develop national surveillance strategy Provide counterparts for sustainable capacity building efforts	WHO-provides technical support to MOH department of Information Systems WFP- support to nutritional assessments as part of patient services WFP- vulnerability profiling of HIV patients including malnutrition and food security	
Objective 3.5: Improve and expand the public health infrastructure	Support construction of rural health centers, national reference laboratory, training centers, and warehouses Provide financial and technical resources for construction/rehabilitation of training facilities for social workers Support rehabilitation of military hospitals and labs to expand capacity to provide HIV services	Develop investment strategy plan Provide design, site, building framework, staff, equipment and furniture Maintain structures that are built or rehabilitated	JICA, CIDA, Clinton Foundation-building and rehabilitation of training centers Belgium, Spain, WB, EU, Italy, Flemish Cooperation, France-building and rehabilitation of health centers UNFPA- warehouses	Number and percentage type 2 and type C health centers with permanent water facilities Number and percentage of type 2 and type C health centers with permanent electricity facilities

[27] NSP Objective: Establish a multisectoral HIV/AIDS information system.

Five Year Goal IV: To improve access to quality HIV treatment services for adults and children[28]				
Objectives	**Anticipated Contributions**			**National Indicators**
	Expected PEPFAR Contribution	**Related GRM Contribution**	**Support of other Partners**	
Objective 4.1: Strengthen the national capacity to increase the numbers of persons receiving quality antiretroviral treatment[29]	Support scale up of treatment services through clinical and training partners Strengthen the referral system of HIV care and treatment services, financial and HR capacity building support, mentoring for coordination and management of programs Support transition of USG supported treatment programs to GRM Provide technical assistance to ensure quality of treatment services in the context of transitioning of USG supported programs to GRM	Develop a clear plan for decentralization and integration of HIV services and preservation of specialized services for complicated cases of HIV Implement a district mentoring program Expand financial and human resource allocations to assume greater share of cost of treatment programs	GF, MSF, Medicus Mundi Medicos del Mundo	Number and percentage of adults with advanced HIV infection receiving antiretroviral therapy according to national guidelines , desegregated by sex (by sex and region) [PAF] Number and percentage of children receiving antiretroviral therapy (by sex and region) [PAF]

[28] NSP Goal: Extend and enhance the quality of life of people infected with HIV and of AIDS patients.

[29] NSP Objectives: 1) Increase the number of patients benefiting from prophylaxis and treatment of opportunist infections, 2) Increase, from among those clinically eligible, the number of patients who receive ARV therapy.

Objective 4.2: Ensure HIV positive patients receive comprehensive care services [30]	Support provision of basic care package, including STI screening and treatment, management of opportunistic infections cotrimoxazole prophylaxis, TB screening and treatment including isoniazid preventive therapy and positive prevention; nutritional support (assessments and counseling) Support linkages of HIV services within the facility (CT, pre-ART, ART, PMTCT) and between facility and community based services	Develop a clear plan for decentralization and integration of HIV services and preservation of specialized services for complicated cases of HIV Integrate positive prevention in clinical settings and establish linkages to community based settings Develop and roll-out a national policy on cotrimoxazole prophylaxis, TB infection control plans for health care settings, and simplified TB screening strategies Update and implement revised algorithms for pediatric TB screening and diagnosis	UNICEF-technical and financial support to pediatric care and treatment	Percentage of TB patients that were counseled and tested for HIV [Health PAF] Percentage of eligible patients receiving cotrimoxazole in last 12 months [MOH HIVQUAL] Number of HIV+ persons receiving HBC services (by sex) [MOH]
Objective 4.3: Improve the quality and retention of HIV treatment programs at different levels[31]	Provide technical assistance to strengthen patient tracking system, support programs to ensure patient adherence, provincial and district logistic management of HIV related medications, support management of opportunistic infections, and support to HIV	Develop national monitoring and evaluation tools, define pediatric indicators and provide leadership and guidance for supervision and mentoring for quality improvement Finalize and approve HBC manual that includes adherence	WFP provides nutritional support to treatment patients	Percentage of eligible patients receiving cotrimoxazole in last 12 months [MOH HIVQUAL]

[30] NSP Objectives: 1) Implement and strengthen an integrated health care provision network in the priority areas and establish a close link between this network and the community in order to ensure sustainable quality care to PLHIV, 2) Extend the network of home based care (HBC).

[31] NSP Strategy Objectives: 1) Assure antiretroviral treatment adherence to prevent ARV drug resistance, 2) Provide quality care in the follow-up and treatment of PLHIV, contributing to the reduction of morbidity and mortality of this group, 3) Provide treatment with ARV drugs that meet quality, safety standards and assure sustainability.

	quality improvement program including nutritional supplements Expand HIVQUAL and other quality improvement initiatives			
Objective 4.4: Reduce the delayed initiation of treatment through better follow-up of pre-ART patients and other interventions[32]	Support provinces and districts to improve clinical and immunological monitoring of HIV patients Support the implementation of the national guidelines for earlier initiation of ART and strengthen tracking of pre-ART for adult and pediatric patients and tracing of defaulters Support the expansion of the basic care package for adult and pediatric pre-ART patients to promote retention in care	Implement of revised criteria for early initiation of ART and develop tools for tracking pre-ART patients	WFP nutritional support to vulnerable individuals	Percentage of adults and children eligible for treatment that received ART in accordance to national guidelines (by sex) [MOH]

[32] NSP Objectives: 1) Guarantee good adherence to treatment in order to avoid or delay the appearance of resistance to ARV drug, 2) Increase the number of patients receiving ARV therapy among those clinically eligible.

Objective 4.5: Expand diagnosis and early treatment for HIV-infected infants[33]	Support to scale up laboratory capacity and strengthen the logistic system of early infant diagnosis using PCR testing Support the MOH to implement HIV care and treatment for infants and children in accordance with the national guidelines Support roll-out of training in pediatrics treatment	Lead and define logistic management of commodities required for early infant diagnosis of HIV Disseminate the revised pediatric care and treatment guidelines		Percentage of children eligible for treatment that received ART in accordance to national guidelines (disaggregated by sex) [MOH]
Objective 4.6: Strengthen laboratory support services for HIV diagnosis and management[34]	Provide technical assistance to scale up access to quality CD4 testing, TB diagnosis and build capacity for targeted viral load testing Support to design and construct a National Public Health Reference Laboratory Support HIV drug resistance surveillance	Develop a policy and strategy for virologic monitoring of ART patients Scale up CD4 testing Lead implementation of National Laboratory Strategic Plan and National Laboratory Quality Assurance Operational Plan	Global Fund-support for biochemistry and hematology equipment and reagents Common Fund- support for other laboratory consumable needs, laboratory staffing, and some infrastructure improvements Clinton Foundation/UNITAID-support for early-infant diagnosis reagents Gates Foundation, Global Fund, International Association of National Public Health Institutes-support the design and	Percent of laboratories accredited according to national/international standards

[33] NSP Objectives: 1)Provide harmonious growth and development to children 0-14 through the control of opportunistic infections, maintenance of an adequate, nutritional state, ART, if indicated, and psychosocial support to the child and family, 2) Scale up antiretroviral for children, 3) Improve early infant diagnosis and referral for treatment.

[34] NSP Objectives: 1) Expansion of the population's rural and urban access to serological diagnosis of HIV, 2) Implement a system that permits the quantitative and qualitative development of the National Health Service (NHS) clinical laboratory network, 3) Guarantee equity in ARV, creating adequate technological capacity for its expansion to more peripheral populations.

			construction of a National Public Health Institute including training of staff	

Five Year Goal V: Ensure care and support for pregnant women, adults and children infected or affected by HIV in communities and health systems[35]				
Objectives	**Anticipated Contributions**			**National Indicators**
	Expected PEPFAR Contribution	**Expected GRM Contribution**	**Support of other Partners**	
Objective 5.1: Strengthen national capacity to increase access to a continuum of HIV care services and promote effective referral system[36]	Support strategy and plan development in the Ministry of Health and Ministry of Women and Social Welfare to strengthen human capacity Support better community-facility linkages, including strategies to improve adherence to PMTCT and ART programs and retention in care Strengthen linkages to health facilities through mapping of partnerships, training and development of standards, and clarifying roles between health facilities and community care providers	Seek sustainable solutions to strengthen human capacity and workforce development that will improve the continuum of care for PLHIV (including pregnant women) and OVC Create cadres of community-based social workers to strengthen linkages between health and social systems at the district level	WFP- community care and support HBC guidelines Irish Aid, European Commission, UNICEF,	Number of HIV+ persons receiving HBC services (by sex) [MOH]
Objective 5.2: Improve nutritional status of PLHIV and HIV affected households[37]	Strengthen human resource capacity to provide nutrition assessment and support for PLHIV at the facility and community levels	Review of policy for the provision of nutritional support for PLHIV and pregnant women	WFP- technical assistance for food and nutritional support, delivery of food and nutrition support, support to national delivery systems and support to	

[35] NSP Goals: 1) Minimize the consequences of HIV/AIDS at the individual, household, community, and company level as well as the overall impacts, 2)Prolong and enhance the quality of life of HIV infected people and AIDS patients.

[36] NSP Objectives: 1) Increase medical, psychological, and social support to PLHIV, 2) Implement and strengthen an integrated health care provision network in the priority areas and establish a close link between this network and the community in order to ensure sustainable quality care to PLHIV, 3) Extend the network of home based care (HBC).

[37] NSP Objective: Strengthen the food security of individuals, households, and communities affected by HIV/AIDS.

	Provide nutritional support to eligible ARV and PMTCT patients Research and develop interventions to strengthen household food security needs of PLHIV (including pregnant women), their families and communities	Improve national-level coordination among the GRM and its partners for the integration of nutrition and food services in HIV programs Integrate the revised nutrition content into all pre-service and in-service curricula Support programs to enhance sustainable livelihoods including increasing agricultural production and provision of agricultural inputs to affected households	nutrition assessment, coordination of food and nutrition support through civil society. Support commodity appraisal and revision. WFP bridging programs between individual support and household nutrition support programs UNICEF technical support to review and implementation of policy of nutritional support for PLHIV (in context of finalization and implementation of national strategy of prevention of chronic malnutrition) WHO, FAO-technical support to agricultural production GF-to provide funds for mitigation activities	
Objective 5.3: Provide high quality essential services to PLHIV and their households[38]	Support the development and implementation of minimum standards of care in OVC and HBC programs, development of M&E instruments, and	Commitment to a policy for family integration of orphans and vulnerable children Develop and implement minimum	UNICEF-provides support to the Government and civil society organizations to ensure OVC have access to six basic services, and to setting of standards	Ratio of school attendance – OVC to non-OVC [DHS]

[38] NSP Objective: Guarantee educational support to all orphans and vulnerable children (regardless of whether their parents have died from HIV/AIDS).

	facilitation of best practice exchanges Support the development and implementation of OVC National Plan of Action	standards of care in home-based care and OVC programs for PLHIV Develop and implement OVC National Plan of Action Monitor and supervise to ensure that quality assurance and oversight are provided	Irish AID, ILO-support HBC programs WFP-support to the implementation of the national plan for OVC	
Objective 5.4: Promote legal and social rights of PLHIV, OVC and other affected individuals	Support dissemination of laws on legal rights, support leadership capacity and encourage participation of PLHIV, OVCs, and affected groups Support Basic Social Protection Strategy	Implement, disseminate and monitor legislation and enforce laws that ensure protection of PLHIV, women, and children Implement Basic Social Protection Strategy	UNIFEM, UNICEF-to develop strategy on social protection, support birth registration, UNAIDS-supports civil society in the advocacy of legislation	TBD
Objective 5.5: Mitigate the socio-economic effects of HIV by strengthening the economic capacity of vulnerable families and individuals[39]	Support identification of models of successful activities and explore synergies with multisectoral partners (USG and non-USG) with expertise in economic strengthening Support income generating activities and employability programs that address priorities for adolescents and young adults	NAC to coordinate the multisectoral response in economic strengthening of HIV affected communities	DFID-funds cash transfers GF (Rd 8)-funding for mitigation activities FAO- support to economic strengthening activities ILO- support to income generation projects and small business development projects WFP-support to household and livelihood projects	TBD

[39] NSP Objective: Strengthen the income generation capacity of individuals, households, and communities affected by HIV/AIDS, in particular, women.

4. Partners: Roles and Commitments

The central partners for this Framework are the GRM and the USG, although the Framework is inclusive and consultative and recognizes the roles and contributions of numerous stakeholders including GF, civil society, other multilateral organizations, bilateral partners, and NGOs.

Mozambican government partners specifically include the Ministry of Health and Provincial Health Directorates, National AIDS Council and Provincial AIDS Council, the Ministry of Defense, Ministry of Women and Social Welfare, Ministry of Agriculture, Ministry of Finance, Ministry of Planning and Development, and Ministry of State Administration.

Under the leadership of the U.S. Ambassador, the USG team includes the Mozambique Interagency PEPFAR team, comprised of the Agency for International Development (USAID); the Department of Health and Human Services' Centers for Disease Control and Prevention (CDC); the Department of Defense (DOD); the Department of State (DOS); and the Peace Corps.

Other bilateral and multilateral partners play an important role in supporting the GRM in achieving their goals in HIV prevention, care, and treatment. Through the Health Sector Wide Approach (SWAp) and Health Partners Group and the HIV Partners Forum, partners provide technical and financial support and strategic guidance to the GRM to ensure high quality programming and efficiency in managing programs and utilization of available resources. Partners have been participating in the Partnership Framework development to ensure that efforts are not duplicated and that USG programs and programs funded by other partners dovetail and support each other in the overall coordinated assistance to the National Strategic Plan of the Government of the Republic of Mozambique.

Civil Society organizations of people living with AIDS (RENSIDA), the Mozambican National Network of AIDS Service Organizations (MONASO), and the Network of International Non-Governmental Organizations (NAIMA+) all helped to shape and provide valuable contributions to the development of the Partnership Framework.

5. MANAGEMENT AND COMMUNICATION

The GRM and the USG intend to manage and monitor the Framework through existing GRM and donor coordination mechanisms where appropriate and to organize additional meetings as necessary.

Technical oversight: The Framework intends to utilize existing in-country coordination mechanisms such as the technical working groups (for example M&E, PRG, HIV/TB, Pandemic Illnesses and Human Resources for Health) that support the Health SWAp and

HIV Partner Forums to plan and execute technical support to achieve the goals of the National HIV Strategic Plan. The frequency of meetings of these technical working groups is decided amongst partners and is based on the necessity of the particular technical area. Technical issues regarding the implementation of the Partnership Framework should be discussed within these groups. Annual reviews of the Framework may be incorporated into the Annual Review process of the HIV and health sector reviews by the GRM.

Strategic oversight: The Framework oversight should occur within existing meetings with Ministry of Health National Directors, HIV Partners Forum, HIV Pre-Partners Forum, Health Partners Group, and the Joint Coordinating Committee (CCC) which serve as the main consultative and decision making forums of the Government of the Republic of Mozambique and development partners. These forums are comprised of government, bilateral and multilateral partners, and in some cases, civil society and meet monthly to discuss programmatic and policy issues. Issues that are strategic in nature related to the Partnership Framework should be discussed in these forums to ensure maximum alignment and coordination with partners. If needed, the PEPFAR team may organize an annual meeting with stakeholders as part of the review process.

Political oversight: High level GRM oversight should be provided through meetings between the Mozambique Prime Minister and the US Ambassador or his/her designee and through engagement with the Ministers of Health, Women and Social Welfare, Defense and Executive Secretariat of the National AIDS Council.

Modifications to this Framework may be made in writing with the consent of signatories.

Done in Maputo on the twenty third of August two thousand and ten, in two copies each, in the Portuguese and English languages, both texts being equally authentic.

6. SIGNATURES

For the Government of the Republic of Mozambique

Oldemiro Júlio Marques Baloi
Minister of Foreign Affairs and Cooperation

For the Government of the United States of America

Leslie V. Rowe

Leslie V. Rowe
Ambassador of the United States of America to Mozambique
Department of State of the United States