Country perspective: Mozambique
Outline

- DREAMS/VMMC background, objectives and main results.
- DREAMS/VMMC synergies
- Challenges and opportunities
Mozambique

- Population: 28,751,263 (projected 2016)
- HIV infection prevalence: 11.5% (INSIDA, 2009)
- MOH adopted VMMC as a HIV prevention strategy in 2011
- DREAMS initiative started in April 2016, aiming to reduce the incidence of HIV among AGYW
- Male circumcision coverage: 51% (INSIDA, 2009) – 63% (IMASIDA, 2015)
- PEPFAR sole funding source for VMMC: CDC, USAID, and DOD
- MoH target to circumcise 2 million Mozambican males aged 10-49 years from 2013-2017
Results – Jhpiego VMMC Monthly Productivity (All Sites), Mozambique 2009-2016

Since 2009: **642,496** VMMCs
VMMC/DREAMS Program Background (Geographic focus)

VMMC Services in DREAMS districts:
- Gaza (Fixed – Chokwe RH, Chicumbane RH and Xai Xai HC);
- Sofala (Fixed – Munhava HC and Chamba HC, Temporary – UCM, Unizambeze and Unipiaget)
- Zambezia (Fixed – Coalane HC, Temporary – Icidua HC, Zalala and Namuninho HC)

5 DREAMS districts productivity:
- Jan – Nov 2015 – 21,160 CM
- Jan – Nov 2016 – 23,383 CM
DREAMS Geographic Focus

- DREAMS Initiative in Mozambique aims to reduce new HIV infections in 5 districts by 40% among adolescents, girls, and young women by 2017.
- Targeting 285,556 beneficiaries 10-24 years of age

**Districts with DREAMS Focus:**
- Xai Xai - 27.6%
- Cidade de Xai Xai - 26.2%
- Chokwé - 23.5%
- Cidade da Beira - 21.6%

*Map showing percentages of focus districts.*
TA for scaling up GBV clinical services for AGYW and children

Strategic information on DREAMS

TA to identify the most at risk and vulnerable population among female children and adolescents to be involved in health education, care, treatment, and follow up.

Promote advocacy on PrEP as a prevention strategy for HIV prevention in high risk population

Address harmful gender norms that heighten HIV risks among men and adolescent boys that enhance access to and use of HIV services on the five DREAMS districts (barriers for reaching the 90-90-90 targets amongst this specific population);

Destigmatize and promote a positive male engagement in the HIV&AIDS response on the five DREAMS districts

VMMC for male partners of AGYW
Better targeting of HIV prevention, care and treatment to males

Men, masculinity, and engagement with treatment as prevention in KwaZulu-Natal, South Africa

Jeremiah Chikovore⁶, Natasha Gillespie⁶, Nuala McGrath⁶,⁷, Joanna Omé-Glemann⁸ and Thembelihle Zuma⁹, On Behalf of the AMIS 12249 TanP Study Group⁠⁰

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Engaging Men in Prevention and Care for HIV/AIDS in Africa

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¹Faculty of Health Sciences, University of Ottawa, Ottawa, Canada; ²Center for Public Health and Human Rights, Department of Epidemiology, Johns Hopkins School of Public Health, Baltimore, Maryland, United States of America; ³The AIDS Support Organization (TASO), Kampala, Uganda; ⁴AIDS Institute for National and Global Health Law, Georgetown University, Washington, D.C., United States of America; ⁵George W. Bush Institute, Dallas, Texas, United States of America

Increasing Male Engagement in HIV Prevention in Côte d’Ivoire

BACKGROUND

Hierarchical gender norms and inequalities continue to fuel the HIV epidemic in Côte d’Ivoire, which faces one of the worst epidemics in West Africa, with an estimated HIV prevalence in 2005 of 2.7% among adults ages 15–49 (MIN, ME, & ORC Macro, 2006). Libyan women ages 15–49 report a lifetime average of fewer than three sexual partners, while men report an average of more than 10 sexual partners (MLE & et al., 2007). In 2005, HIV prevalence among adult women in Côte d’Ivoire was 6.4%, compared to a prevalence of 2.9% among adult men (INS, ME, & ORC Macro, 2006).
The role of males in DREAMS

Better targeting of HIV prevention, care and treatment to males who are the potential sex partners of AGYW

Decrease Risk in Sex Partners of AGYW

1. STRONGER FAMILY
2. STRONGER COMMUNITY

EMPOWERED GIRL

Health | Economic Security | Education | Safety | Voice & Rights | Perception Change

Determined | Resilient | Empowered | AIDS-Free | Mentored | Safe

= HIV FREE
Modeled estimates of MC coverage by end 2016 in 5 DREAMS Districts, Mozambique

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<tbody>
<tr>
<td>Chokwe</td>
<td>83%</td>
<td>95%</td>
<td>76%</td>
<td>50%</td>
<td>34%</td>
<td>78%</td>
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<td>Cidade De Xai-Xai</td>
<td>80%</td>
<td>98%</td>
<td>77%</td>
<td>50%</td>
<td>34%</td>
<td>78%</td>
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<tr>
<td>Xai-Xai</td>
<td>77%</td>
<td>82%</td>
<td>57%</td>
<td>36%</td>
<td>27%</td>
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<tr>
<td>Cidade Da Beira</td>
<td>71%</td>
<td>85%</td>
<td>74%</td>
<td>51%</td>
<td>34%</td>
<td>72%</td>
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<tr>
<td>Cidade De Quelimane</td>
<td>59%</td>
<td>71%</td>
<td>78%</td>
<td>69%</td>
<td>60%</td>
<td>68%</td>
<td>73%</td>
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## Main Results VMMC / DREAMS

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<tr>
<th></th>
<th>Jan - Nov 2016</th>
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<th>Average Monthly Production</th>
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<tr>
<td>Other Districts</td>
<td>118,741</td>
<td>83.5%</td>
<td>216</td>
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<tr>
<td>DREAMS Districts</td>
<td>23,383</td>
<td>16.5%</td>
<td>423</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>142,124</strong></td>
<td><strong>100%</strong></td>
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### Age Groups

<table>
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<tr>
<th>Age</th>
<th>DREAMS DISTRICTS</th>
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<tbody>
<tr>
<td>------</td>
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<tr>
<td>10 - 14 YO</td>
<td>101</td>
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<tr>
<td>15 - 19 YO</td>
<td>98</td>
</tr>
<tr>
<td>20 - 24 YO</td>
<td>37</td>
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<tr>
<td>25 - 29 YO</td>
<td>14</td>
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<tr>
<td>30 - 34 YO</td>
<td>7</td>
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<tr>
<td>35 - 49 YO</td>
<td>6</td>
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<tr>
<td>&gt; 50 YO</td>
<td>1</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>264</strong></td>
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Main Results VMMC / DREAMS

- Jhpiego is providing VMMC in all 5 DREAMS districts with 6 fixed sites and 5 temporary sites (January – November 2016).

- **23,383** men counseled 22,327 tested for HIV (96%) 339 tested positive and from these 254 (75%) were enrolled in HIV care and treatment.

- 16.5% of VMMC procedures in five highest HIV and lowest MC prevalence provinces (Maputo City, Maputo Province, Gaza, Sofala and Zambezia) were performed in the 5 DREAMS districts, double the production in non-DREAMS districts.
Ongoing Interventions

- Using VMMC platform to target men (most likely to be the sources of infection for young women and girls) in DREAMS districts with:
  - Behavior change/gender transformative interventions
  - Scale up VMMC services
  - Improve HTS uptake among men
  - Improve linkages to care and treatment
  - Male and female condom promotion
Ongoing & Planned Interventions

- Promote an adequate and positive male patient engagement in the HIV&AIDS response on the five DREAMS districts
- Development of a male patient advocate program to establish a positive engagement of adolescent boys and men in the HIV&AIDS response
- SBCC approaches with the male advocates
Challenges and opportunities

- Improve HTS uptake in 30-34 males age groups.
  - VMMC counsellors integrate promotion activities to community HTS services to male population (soccer games, men lounge, male specific settings)
- Implement test and start initiative through VMMC
  - Initiate C&T for HIV positive males in VMMC services
- Improve outreach of HIV positive men implementing index case approach
Thank You!