

CDC in Mozambique



The Centers for Disease Control and Prevention (CDC) opened an office in Mozambique in August 2000. CDC supports the Mozambique Ministry of Health (MOH) by addressing their immediate needs and by building long-term capacity to mitigate the impact of the HIV/AIDS epidemic through the U. S. President's Emergency Plan for AIDS Relief (PEPFAR). Under the President's Malaria Initiative (PMI), CDC also guides malaria prevention and control activities.

HIV/AIDS

The CDC Mozambique office works closely with the MOH to deliver high quality HIV prevention, care, and treatment services; strengthen laboratory, surveillance, infrastructure, and workforce capacity; and develop operational research in all 11 provinces, with intensified efforts in provinces where HIV prevalence and poverty rates are highest. CDC supports the delivery of antiretroviral therapy, and is helping to introduce viral load and drug resistance assessment for patients. CDC also supports prevention of mother-to-child HIV transmission services at 453 health care facilities, malaria prophylaxis and treatment, the Field Epidemiology and Laboratory Training Program, and strengthening central and provincial partnerships.

CDC is supporting the MOH to improve the availability, accessibility, quality, and use of service-delivery data; conducting HIV surveillance and behavioral surveys; designing and improving systems to support routine program monitoring; and strengthening and expanding the health management information systems infrastructure. Through its partner JEMBI Health Systems, CDC has helped Mozambique established a vital registration system that has included the implementation of a health facility based mortality registration system in 16 major hospitals in Mozambique.

Health Systems Strengthening

CDC worked with the MOH to implement the 2-year Mozambique Field Epidemiology Laboratory Training Program (M-FELTP). The program aims to save lives and ensure global health security by building workforce capacity, strengthening public health systems and improving the institutional capacity of the country. M-FELTP residents are trained to conduct studies that improve public health program delivery, to respond to outbreaks, to analyze epidemiological data using appropriate statistical methods, to manage a public health surveillance system, and in many other epidemiological and public health system management skills. M-FELTP residents have worked with the MOH on investigations of measles, vaccine-derived polio, rabies, malaria, cholera, typhoid, shigella and pesticide poisoning outbreaks.

Influenza

Mozambique is one of five new laboratories that have joined the WHO External Quality Assessment Project (EQAP) for influenza laboratories. As a result, the performance on influenza EQAP for 26 laboratories in 24 countries is being monitored.

Staff

CDC office (physical presence)
20 U.S. Assignees
47 Locally Employed

At a Glance

Population: 25,736,000
Per capita income: \$1,170
Life expectancy at birth
women/men: 56/52 yrs
Infant mortality rate:
83/1000 live births

Source: Population Reference Bureau Fact Sheet, 2014

Top 10 Causes of Death

1. HIV/AIDS 24%
2. Malaria 15%
3. Lower Respiratory Infections 6%
4. Cancer 5%
5. Tuberculosis 5%
6. Diarrheal Diseases 4%
7. Stroke 1%
8. Sepsis 1%
9. Road Injuries 1%
10. Meningitis 1%

Source: GBD Compare (<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2013





Immunizations

CDC, in collaboration with its partners, provides technical and financial support to Mozambique for polio eradication and measles pre-elimination activities.

Malaria

Under the U.S. President's Malaria Initiative (PMI), CDC has assigned a resident advisor to Mozambique as part of an interagency team with USAID to support the MOH in implementing malaria prevention and control interventions; these include providing long-lasting insecticide mosquito nets (LLINs) and indoor residual spraying (IRS); preventing malaria in pregnancy; improving diagnostics and case management; surveillance, and monitoring and evaluation of malaria-related activities. Specific examples of CDC technical support have included: 1) the evaluation of the durability of LLINs to help guide national policy on the distribution and replacement of these important interventions; 2) training of laboratory technicians to improve laboratory diagnostic capacities for determining malaria infection through both microscopy and rapid diagnostic testing; 3) support of the enhanced epidemiologic and entomologic surveillance of malaria in two districts that no longer have IRS support, but will have LLIN universal coverage campaigns.

Neglected Tropical Diseases

CDC developed and evaluated a new way to map Neglected Tropical Diseases (NTDs) in Mali. In collaboration with the Malian Ministry of Health, an integrated mapping protocol was tested in Banamba district, where 5 NTDs are believed to be endemic. The new protocol is easier and faster to implement—using fewer personnel, vehicles and time—than the previous non-integrated method. It is also more practical since a central testing site is established in each village and provides more precise results for schistosomiasis treatment, making it possible to more efficiently distribute medication by targeting highly-endemic, at-risk zones for schistosomiasis.

Parasitic Diseases

CDC has been working with the MOH to enhance proficiency in the laboratory diagnosis of malaria in Mozambique by conducting training sessions for laboratorians involved with the national malaria control program (project supported by CDC/PMI). CDC has also been working with the MOH and FIORCRUZ in Brazil in the implementation of gelified PCR assay for diagnostic confirmation of Plasmodium to the species level (supported by CDC/PMI and CDC/PEPFAR). Laboratory diagnosis of malaria is considered essential for the malaria control program in Mozambique. By acquiring such capabilities Mozambique will be able to better define control strategies in case they identify a significant number of malaria cases associated to Plasmodium sp. other than *P. falciparum*.

Impact in Mozambique

- As of September 2012, CDC directly supported the provision of antiretroviral treatment to 174,306 men, women, and children.
- In FY 2012 alone, CDC directly supported the provision of antiretroviral drugs to 63,722 HIV-positive pregnant women to prevent transmission to their infants.
- In FY 2012 alone, CDC directly supported 68,924 voluntary medical male circumcisions.
- Mozambique's last detected case of wild poliovirus was in 1993.

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