CONTEXT

Mozambique has around 28 million inhabitants, of which 68% live in rural areas and 60% along the 2.700 km coastline. Poverty in the country is very high, with up to 46.1% of the population living below the national poverty line in 2014/15. By 2016, only 24% of the population had access to electricity and less than half had completed primary studies. Livelihoods in Mozambique depend to a large extent on natural resources, such as rain-fed agriculture and fishing. At the same time, the country ranks 10th in the most vulnerable to natural disaster risks such as floods and droughts. With climate change and the expected increasing frequency of natural disasters, national development may suffer serious constraints. Trade is also an important economic source in the country, via three strategic seaports in the cities of Nacala (north), Beira (centre) and Maputo (south), as well as regional transport corridors.

The same relative facility for trade, coupled with population's poverty and low capacity of law enforcement at the coastline possibly facilitates the involvement of Mozambique in the illicit drug market. Mozambique is known as a transit country, above all, from heroin coming from the middle-east in direction to the European market. Produced in Afghanistan, heroin passes through Pakistan and is brought by sea to East Africa, particularly via the coastline in Northern Mozambique. From there, it goes by road to South Africa, to be sent to Europe. This route has remained unchanged for 25 years. It is estimated that every year between 10 and 40 tons of heroin are moved through Mozambique, with an export value of 20 million US$ per ton. It is estimated that at least US$ 2 million per ton remains in Mozambique, in the form of profits, bribes and payments to senior Mozambican figures. Heroin is estimated to be the second largest exported product in Mozambique, just after coal.

POLICIES

Mozambican regulations criminalize the use and possession of drugs, which challenges people who use drugs and harm reduction programs. There is, nonetheless, an increasing

trend towards a public health and human rights perspective to tackle drug use, including the creation of new policies and plans for policy reform.

The National Drug Policy in Mozambique dates from 1997, and it establishes specific penalties for drug consumption. The so-called “consumer trafficker” can get 1 to 2 years of prison plus a fine of up to 10 million meticais for illicit drugs, and up to 1 year prison plus up to 5 million meticais fine for prescribed medicines (articles 33, 35, 36). Consumers can get up to 1 year prison plus fine, but those considered to be occasional consumers or committing to engage into drug treatment can be exempted (article 55). Habitual consumers can be obliged to undergo medical examination (testing) and voluntary treatment (article 58). The law also allows for the application of compulsory treatment when people get a prison sentence beyond 2 years (article 75). Mozambican National Drug Policy has a specific article (44) dedicated to “abandoning drug use paraphernalia in a public place”, punishable with a 1-2 years prison in addition to a corresponding fine. According to key informants, law enforcement does arrest people for syringe possession, which may contribute to people discarding syringes instead of collecting them. “Inciting drug use” is punishable with 2-8 years prison and 10-40 million meticais fine (article 43). Syringe distribution and other harm reduction activities may be understood as incitement, endangering the activities of outreach workers. According to key informants, the National Drugs Cabinet was willing to decriminalise drugs in 2018. Civil Society Organisations were able to comment on a draft between 2018-19, as there was an ante project circulating. Nevertheless, no changes or official proposals occurred until now.

In 2003, the Policy and Strategy of Drug Prevention and Combat was approved. It described that the major drug-related problems to be tackled were school dropouts by youth, domestic and community violence, increased car accidents, and increased transmission of HIV, STIs, TB and HCV. The policy explicitly mentions harm reduction as a strategic option to protect people who use drugs from blood-borne diseases and TB (p.158). In 2019, the Central Office of Drug Prevention and Combat published a statement mentioning the need to revise the old drug policy. According to the statement, the revised law should include better coordination of trafficking fight efforts, recognition of the human dignity of people who use drugs, decriminalization of drug use, and access to treatment and harm reduction (p. 3). Within this context, the WHO hired a consultant to make a National Harm Reduction Plan for Mozambique. According to key informants, the "medical" part of the plan has been approved,

reflecting the strategies advised by the WHO comprehensive package for Harm Reduction. The community part is still in draft form, and waiting for approval by the Health Ministry and the Central Office of Drug Prevention and Combat.

Furthermore, people who inject drugs are among the Key Populations mentioned at the National Strategic Plan to combat HIV/Aids (2020-2024), together with Men who have Sex with Men (MSM), Female Sex Workers (FSW) and people in prisons. The previous plan (2015-2019) included people who inject drugs for the first time. The population is referred to as having much higher HIV and Aids prevalence than other (key) populations, being key to the maintenance of the HIV epidemic in the country.

Since the 2020–2024 plan, some progress has been made in recognizing and responding to the needs of people who inject drugs. By 2023, approximately 1,200 PWID were receiving antiretroviral treatment (ART), though this remains low compared to other key populations such as sex workers and MSM. Mozambique has also allocated substantial resources—over $16 million through the Global Fund's Breaking Down Barriers initiative—to address stigma and legal obstacles affecting access to HIV services. Despite these advances, challenges persist: many PWID still face criminalization, healthcare stigma, and lack of tailored services.

DRUGS USE AND HEALTH

Recent estimates (2025) indicate that approximately 33,000 people inject drugs (PWID) in Mozambique, facing extremely high health risks. HIV prevalence among PWID is estimated at 35.5%, while 43.6% are living with hepatitis C (HCV)—figures that far exceed national averages. Despite this elevated burden, access to essential health services remains critically low: only 18.6% of PWID benefit from HIV prevention services, 16% access harm reduction interventions, and just 8% of those living with HIV are receiving antiretroviral treatment (ART).

The 2015 IBBS focused on the cities of Maputo and Nampula, and found that the most commonly injected drug at the time was heroin in both cities (82.2% of the people injecting drugs in Maputo and 73.3% in Nampula/Nacala). Cocaine came in second, with much lower rates (17% in Maputo and 14% Nampula/Ncala). The IBBS also demonstrated high risk injecting behaviours. Close to half (50.3% in Maputo and 42.4% in Nampula/Nacala) of people

who inject drugs had ever shared a needle or syringe. Users would rather rent, share or borrow injection equipment at shooting galleries than purchase them due to stigma, fear of criminalization, transportation and purchase costs, restricted pharmacy hours, personal preference for needle sharing, and immediacy of drug need. Not surprisingly, the HIV prevalence among people who inject drugs in Mozambique was found to be high: 50% in Maputo and 20% in Nampula/Nacala. A good portion of the population (31% in Maputo and 41% in Nampula/Nacala) had never tested for HIV. Prevalence for HCV was also high at the time: around 45% in Maputo and 7% in Nampula/Nacala, while for Hepatitis B, prevalence was slightly above 30% in both cities. Despite the needs, people who inject drugs had very poor access to health and social services. Challenges included limited availability of programs targeted to the population, distance, lack of knowledge of the few programs that exist, and concerns about the quality of care provided by health providers.

By mid 2022, anecdotal evidence refers to heroin as the main injected drug in the country. Heroin is also often smoked on foil or with cannabis, and an increasing use of smoked crack cocaine was mentioned by key informants, especially among young populations. The use of crack cocaine had already been documented in 2018/19 by MSF, who then run the harm reduction project in Maputo. According to key informants, programatic data from that time revealed that virtually all service beneficiaries used heroin and around half also used crack cocaine. Indicators on availability of and access to testing and treatment for HIV among people who inject (or use) drugs are not yet available. Hepatitis C treatment is available on a very limited basis via MSF activities in Maputo (only). Indicators regarding Tuberculosisare also missing for this population.

Between 2016 and 2021, MSF's hepatitis C (HCV) treatment program in Maputo treated 202 patients—79% of whom were men, and around 70% reported current or past drug use. Nearly 60% were co-infected with HIV. The program, delivered in a primary care setting by non-specialist clinicians, achieved strong results: 88% of patients who completed treatment were cured, and among those receiving opioid substitution therapy (OST), the cure rate was 100%.

According to key informants, another IBBS is currently being coordinated by the INS. The initiative is very welcomed since the previous IBBS can be considered very outdated due

to several changes in the drug scene. The new IBBS will have a bigger scale in terms of number of cities and components being measured when compared to the first one.

HARM REDUCTION

Since 2016, people who inject drugs (PWID) in Mozambique have had limited access to hepatitis C (HCV) treatment via a Médecins Sans Frontières (MSF) clinic in Maputo. In 2017, MSF began advocating for a formal harm reduction pilot, holding extensive negotiations with health and law enforcement authorities, civil society, and community leaders, emphasizing the public health benefits. With government authorization, MSF launched a Drop-in Centre (DIC) and outreach services in Mafalala (Maputo) in May 2018, followed by approval for a Needle and Syringe Program (NSP) later that year.

The Mafalala pilot, jointly implemented with UNIDOS, became Mozambique's first comprehensive harm reduction site. It offers entry-level access to healthcare for PWUD, including hygiene services (laundry, shower), HIV/HBV/HCV/TB testing, STI treatment, social work support, linkage to care, condom/lubricant distribution, adherence support, family reintegration, and basic nursing. Since 2020, it has included Opiate Agonist Treatment (OAT) and naloxone distribution. By November 2019, 1,818 clients had enrolled. A study showed that 92.6% were male, and 85.1% were non-injectors. Heroin use was almost universal (93.8%), mainly smoked (49.5%) or snorted (35.5%), with 15.3% injecting. HIV (43.9%), HCV (22.6%), and HBV (5.9%) prevalence were significantly higher among injectors.

Despite improvements, linkage to HIV care remains challenging. Half of the HIV-positive users enrolled in care, but barriers included lack of peer support for appointments and overloaded health clinics. MSF and external evaluations have consistently called for program expansion.

In 2021, the Global Fund committed $4.5 million to extend the program to Maputo Province, Beira, and Nampula. Of this, $3M was allocated to FDC and ~$2M to the Ministry of Health for procurement (syringes, methadone, HIV/HCV test kits, condoms) and law enforcement sensitization. In October 2021, MSF handed over DIC and outreach activities to UNIDOS; by January 2022, the OAT clinic was transitioned to Maputo City's Health Department.

Harm reduction efforts, however, still face critical obstacles. In March 2021, syringe distribution was banned due to public complaints about discarded syringes. After multi-sectoral negotiation and planning, it was reinstated in mid-2022, but syringes remained unavailable due to procurement delays. OAT services were not affected by the ban but are overwhelmed, with 1,000 people on the waiting list in Maputo alone.

There are also misconceptions about harm reduction—some stakeholders see no "success" in OAT if users continue smoking crack while ceasing injection. Meanwhile, HCV care remains extremely limited, though plans exist to expand HCV testing and methadone access through primary health centers in Maputo and Beira. Implementation is slowed by procurement challenges and staff training needs.

The COVID-19 pandemic also disrupted services: the DIC restricted access to food only to TB-DOT or nursing care clients to reduce crowding, discouraging some previous beneficiaries from returning.

As of 2025, the Mafalala pilot has been officially endorsed for national scale-up. It remains the only site in Mozambique offering the full WHO/UNAIDS harm reduction package. However, Harm Reduction International reports confirm major funding cuts (e.g., U.S. donors) have paused HIV testing in many areas and halted community-based outreach. Experts and civil society continue to call for legal reform, decentralized OAT, and gender- and youth-sensitive harm reduction programs, especially amid low coverage (16%) and ART access (8%) for HIV-positive PWID.

PEER INVOLVEMENT

There are two networks identifying themselves as networks of people who use drugs in Mozambique: MozPUD and REAJUD. REAJUD was formed in 2018. The organisation is connected to INPUD, SANPUD, EuroNPUD, and AfricaNPUD. REAJUD members have been previously hired to work on research related to people who use drugs in Mozambique. They worked on mapping main drug scenes, the population of people who use drugs and their drug using habits. They are, however, not involved in implementing the harm reduction program.

MozPUD is the Mozambican Network of People who Use Drug. The network was created in 2019 and has its headquarters in Maputo. The organisation advocates for the human rights and well-being of people who use drugs and has as mission to maintain this population alive and protected from harm. Among their objectives is the promotion of harm reduction, health access, and legal assistance to people who use drugs, and contributing to the improvement of quality of services. The network works with referral and awareness regarding to HIV, HCV, TB, STIs for the community, besides distribution of condoms, education on COVID and safer injection, and referral to basic health care and SRHR services. The network has, among others, made an intervention in the CND thematic intersession in October 2020 highlighting the need for more health care access to people who use drugs in Mozambique, and expansion of harm reduction in the country, outside Maputo.
MozPUD is currently a grantee for the Love Alliance, with a two-year grant that will focus on advocacy activities in Maputo. The network mentions to have still several challenges to assure the voices of people who use drugs are heard in Mozambique. These include stigma and discrimination and criminalisation of drug use, lack of funding to dedicate more time to the network, as well as to have proper headquarters for the work, lack of funding for harm reduction projects, difficulty to officially register the organisation, lack of education in human rights, and lack of experience exchange with other countries, specially Portuguese speaking countries such as Portugal and Brazil, where harm reduction is more advanced.

In the new extended pilot, Global Fund will give grants to both networks to do technical advisory roles in the implementation of projects. According to GF the organisations will act in different areas, with MozPud supporting implementation in Maputo and REAJUD in the other provinces.

UNIDOS, the National Harm Reduction Network, works closely with MozPUD. They are also a Love Alliance grantee, with a two-year grant that will focus on strengthen the contacts among key population using drugs – sex workers, transgenders, MSM, people in prison settings, and people who use drugs in general. They also plan to use the grant to advocate for policy reform, since the current drug policy does not reflect the national strategic plan for harm reduction. UNIDOS sees this as a favourable moment to discuss harm reduction and policy reform in Mozambique. A challenge, nevertheless, is the lack of common understanding of harm reduction among the different stakeholders. This requires good communication and

dissemination of harm reduction nationally. UNIDOS is also involved in running the harm reduction program in Mozambique, via a GF grant.

Regarding civil society involvement in general, Civil Society Organisations have previously voiced their concerns that the government (NAC and the Ministry of Health) do not enable meaningful participation from their representatives in planning and decision-making regarding HIV prevention, and that their engagement is tokenistic. They reported that government institutions have sometimes involved CSOs at the end of a process to legitimise it, rather than involving them in the decision-making itself.

HUMAN RIGHTS

According to Human Rights Watch, the human rights situation in Mozambique deteriorated in 2020 largely as a result of the ongoing conflict in the north of the country. An Islamist armed group has continuously attacked villages, killing civilians, kidnapping women and children, and burning and destroying properties. State security forces were implicated in serious human rights violations during counterterrorism operations, including arbitrary arrests, abductions, torture, use of excessive force against unarmed civilians, intimidation, and extrajudicial executions. The conflicts left least 732,000 people displaced as of April 2021, forcing the authorities to set up camps for internally displaced people across the province. About 1 million people are in critical need due to food insecurity. A report from UNODP published in 2020 analysed the perception of Mozambican citizens about human rights. The top 3 rights perceived as the most disrespected in the country were: the right of freedom, the right of freedom of (political) expression and in third place the right of life.

More specifically regarding people who use drugs, the National Drug Policy in place establishes the possibility of both enforced drug testing as treatment in certain cases. Habitual consumers can be obliged to undergo medical examination (testing) and voluntary treatment (article 58). For those getting a prison sentence beyond two years, compulsory treatment can also be applied (article 75). According to key informants, there are also unlawful arrests, with police arresting people for carrying syringes and arrests based on profiling. These are considered structural barriers to the rights of people who use drugs. Access to health for people who use drugs is also constrained. The IBBS from 2014 showed that despite the needs, people who inject drugs had very poor access to health and social services. Challenges included limited availability of programs targeted to the population, distance, lack of knowledge

of the few programs that exist, and concerns about the quality of care provided by health providers. Such conditions, unfortunately, still linger.

PRISON

Prison population in Mozambique has grown exponentially since 2005, without the development and improvement of the physical and structural conditions of the country's Penitentiary Establishments. Overcrowding is a serious problem. Data from 2024 shows that occupancy level is at 245.8%. The prison population is made up of 21,814 inmates.btaking into account the total population of Mozambique, there are 63 prisoners for every 100,000 inhabitants. The total number of prison facilities is 157. 93% of the prison population is male, mostly young. Besides overcrowding, other problems in the Mozambican prison system which stand out are lack of adequate infrastructure to house detainees, pre-trial detention periods largely expired, poor hygiene and medical care, the inclusion of minor prisoners in adult facilities, the sharing of cells between convicted and awaiting trial prisoners, and inadequate nutrition.

One evaluation study of the health care of inmates in Mozambique was found, for the Provincial Penitentiary of Maputo. The case study, published in 2020, found that the Maputo penitentiary has a precarious structure, lack of supplies and insufficient professionals for health care. No laboratory, blood collection room or material sterilisation room are available. In addition, there is no running water. In the clinical treatment room there is not enough material to make wound dressings. The favourable conditions for the transmission of HIV are accentuated due to material shortages. Moreover, the service at the health care post is done without any privacy. Consultations are always accompanied by the "head of health", inmates trained as peer educators to support the activities of the medical post. If on one hand this generates the empowerment of peers in prison, on the other it was evaluated that their presence inhibits inmates from exposing their real problems. Moreover, it can also hinder access to health care for inmates who cannot afford to pay the peers for access.

Prisoner health care in Mozambique is not the subject of debate and is not included in the policies of the National Health Service, which results in inadequate and insufficient care. Recognising the problems the attorney General of the Republic (PGR) referred, in a

declaration in April 2021, to the need for "structural reforms" to ensure respect for the rights of prisoners. No specific information on people who use drugs and their access to health care in prison was found.

In July 2024, Mozambique launched its National Penitentiary Service's Strategic Plan (2024-2034), developed with the technical assistance of UNODC. This plan focuses on strengthening the national prison system, by reforming prison security, focusing on rehabilitation and social integration of incarcerated people, and managing better medical care.

WOMEN WHO USE DRUGS

Data on women who use drugs in Mozambique is virtually non-existent. The only IBBS (from 2014) used respondent driven sampling methodology, and its sample ended up with 94% of males who inject drugs. No disaggregated analysis was made. Women are also underrepresented in the only harm reduction program in the country, where around 93% of the visitors are male. No female friendly or female only harm reduction activities are currently offered. According to MozPUD, women who use drugs in Mozambique are extremely vulnerable, and lack access to health, legal support, and above all SRHR services.

In June 2023, UNODC and partners hosted Mozambique's first-ever community forum specifically for women living with HIV and who inject drugs, gathering over 20 participants plus local activists and government partners. The event provided a safe, peer-led space for women to highlight their unique challenges, including gender-based stigma, service gaps, and human rights concerns. Participants collaboratively identified key needs—such as harm reduction services, tailored healthcare, and access to legal protections and psychosocial support—and shared recommendations to inform policymakers. This landmark gathering represents a significant step toward women-centered harm reduction, emphasizing the importance of integrating gender-responsive design and community voices into national HIV and drug policy strategies.

The available data on women in general shows a grim reality for Mozambican females. According to UNAIDS, only about half of the women aged 15-49 have their demand for family

planning satisfied by modern methods. Prevalence of recent intimate partner violence among women aged 15-49 in the general population amounts to over 15%. Women also suffer from gender based violence in all its forms. As an example, in the current conflict in the north of the country, there has been reports of community leaders and some aid workers sexually abusing displaced women in Cabo Delgado in exchange for humanitarian aid (such as food or refugee shelter).

Women living with HIV suffer from high levels of stigma and discrimination in the communities and families they come from. A study made in Maputo found that, in dealing with stigma, women try to keep their diagnosis confidential, many times also from close family members. The strong gender inequality in Mozambique means that women are often blamed for HIV infection. The prevailing double morality allows men to be unfaithful and have several lovers without these behaviours generating masculine social depreciation. Women, on the other hand, can be unfairly accused of betraying their husbands, of leading a promiscuous life and even of prostitution.They can be abandoned by their husbands due to an HIV positive status, and lose all economic support for themselves and children. Stigma renders women more vulnerable to HIV and challenges their adherence to testing and treatment. Current policies and services do not sufficiently address women's empowerment or the reduction of HIV/AIDS-related stigma.

Information on women engaging in transactional sex in Mozambique is also scare. The only study found looked into prevalence of and factors associated with physical and sexual violence against female sex workers. From the 1,250 participants in the cities of Maputo, Beira and Nampula, prevalence of physical or sexual violence (defined as being hit or battered or raped or forced to have sex within the last 6 months) ranged from 10.0% to 25.6%. Strangers and acquaintances were the most frequent perpetrators of sexual violence, and often did not use a condom. Most of the women who experienced sexual violence did not seek medical care (66%) or police assistance (87%). Although sex work is legal in the country, acts defined as contrary to decency and public morals are not, leaving sex workers vulnerable to harassment and prosecution.

A recent 2025 analysis of women who inject drugs (WWID) in Mozambique detailed severe gender-linked vulnerabilities: widespread syringe-sharing, involvement in sex work without condoms, gender-based violence (including police extortion), stigma in healthcare and community, and minimal awareness or availability of harm reduction services. The study recommends urgent action such as decentralized methadone programs, integrating GBV

response into HIV care, gender-sensitive harm reduction, and police reform to enhance service access.

SOCIAL ISSUES AND INEQUALITIES

Key populations such as men who have sex with men (MSM), female sex workers (FSW) and their clients, people who inject drugs (PWID) are population groups disproportionally infected with HIV relative to their size. Early modelling exercises have estimated that KP and their partners account for about one third of all new infections in Mozambique. Based on the last IBBS research, a study mapped the engagement of these three key populations in HIV testing, care and treatment services. All key populations fell below the 90% target for the global Fast Track Targets for knowledge of HIV status, as well as treatment enrolment. This was most stark among MSM where only 8.8% had knowledge of their HIV status prior to the survey. Of the MSM, FSW and PWID participants who were aware of their status, only 40.0, 52.6, and 47.2%, respectively reported being on treatment at the time of the survey.

Most MSM (80%) and FSW (72%) in Mozambique are young and under 24 years of age; for people who inject drugs, the rate is around 18%. Nonetheless, young people are not being explicitly included in the new Mozambican Harm Reduction Plan, nor are there “youth-friendly” or youth focused interventions targeting this important sub-group. The media, as well as the government, portrait the use of alcohol and other drugs among young people in Mozambique as a very serious problem. School education around drugs when existing, in general is related to encouraging saying no to drugs. A partnership with the Ministry of Education and Human Development of Mozambique (MINEDH) and the British Consulate in Mozambique, runs a program called “smashed” (quebrados), which aims to inform about the risks of alcohol consumption among adolescents from 12 to 13 years old. Alcohol consumption is seen as very worrying and compromising pedagogical attempts in schools.Religious youth groups also run campaigns for youth to “learn to say no”, warning young people about the negative aspects of choosing drugs, sex, and violence.