



Audit Report

**Global Fund Grants to the**  
**Republic of**  
**Mozambique**

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Geneva, Switzerland

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The Office of the Inspector General (OIG) safeguards the assets, investments, reputation and sustainability of the Global Fund by ensuring that it takes the right action to end the epidemics of AIDS, tuberculosis and malaria. Through audits, investigations and advisory work, it promotes good practice, enhances risk management and reports fully and transparently on abuse.

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# 1. Executive Summary

## 1.1 Opinion

Mozambique faces one of the highest burdens of HIV, TB and malaria in the world. It is among the top 10 countries for HIV prevalence and new infections, and is one of the ten countries listed by the WHO as having a high TB burden, overlapping in the three categories for TB, HIV/TB co-infection and MDR-TB. In addition, Mozambique is the fourth largest contributor to global malaria cases, accounting for 4% of the global malaria burden in 2022. In recent years, extreme weather and conflict have hampered implementation efforts of HIV, TB and malaria interventions.

The Global Fund has contributed significantly to the fight against the three diseases in Mozambique. 89% of people living with HIV know their status, 97% are on treatment, and 90% achieve viral load suppression.<sup>1</sup> Between 2019 and 2023, more than 41 million insecticide-treated nets (ITNs) were distributed and more than 7.9 million households were covered by indoor residual spraying (IRS).<sup>2</sup> Since 2020, 420,000 people have been treated for TB, and 239,000 people have received TB preventive therapy.<sup>2</sup>

Mozambique's integrated vector control approach aims to reduce malaria transmission, but faces challenges in terms of coverage gaps, implementation delays, and sustainability risks. ITN usage dropped from 68% in 2018 to 39% in 2022-2023.<sup>3</sup> The country is vulnerable to extreme weather events and rising insecticide resistance. Malaria incidence increased from 376 per 1,000 in 2020, to 408 in 2023. Implementation challenges could exacerbate future malaria outbreaks.

Community-based HIV interventions face implementation and coordination gaps, hindering progress in reaching key populations, which account for over 11% of new infections.<sup>4</sup> Improved program design is essential to ensure timely implementation and minimize duplication of efforts. Limited coverage of antenatal care and insufficient postnatal care increases the risk of HIV transmission to infants. In 2022, 24% of new infections in children were due to mothers becoming infected during breastfeeding, while 18% resulted from mothers discontinuing antiretroviral therapy during pregnancy.<sup>5</sup> Taking the difficult operating context into account, HIV community-based interventions and vector control interventions are **partially effective**.

Inefficient processes, oversight issues, and delayed implementation continue to impact programmatic and logistics data. The Central Medical Store's (CMAM) order processing and delivery times increased from 29 days in Q1 2022 to 74 days by Q4 2023, against a target of 30 days. Sub-optimal inventory planning and limited oversight at the sub-national level increase the risk of stock-outs and expiries. 87% of health facilities visited by the OIG experienced significant stock-outs of at least one tracer commodity. Additionally, slow implementation and optimization of molecular diagnostics have limited access to quality TB diagnostic services: the molecular diagnostic expansion plan was delayed by over 18 months,<sup>6</sup> with further rollout delays of nine months.

Although Global Fund investments have improved reporting completeness and timeliness through digitization, data quality issues persist, due to a fragmented data landscape, policy gaps, and inadequate improvement plans. The 2022 National Data Quality Assessment identified overreporting rates ranging from 17% to 25% for selected HIV, TB, and malaria indicators. The effectiveness of

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<sup>1</sup> UNAIDS data (<https://aidsinfo.unaids.org/>) – accessed 18 February 2025

<sup>2</sup> Source: [Global Fund reported results dataset](#) – accessed 15 October 2024

<sup>3</sup> The Mozambique Demographic and Health Survey, 2022-2023

<sup>4</sup> Mozambique HIV/TB funding request for GC7 (based on Modes of HIV Transmission, Mozambique 2018)

<sup>5</sup> Source: UNAIDS data (<https://aidsinfo.unaids.org/>) – accessed 2 October 2024

<sup>6</sup> The molecular diagnostic expansion plan was due for March 2021 but approved in November 2022

Global Fund investments to strengthen supply chain, programmatic data quality, and laboratory systems **needs significant improvement**.

At the country level, financial reporting and grant oversight have improved. The Country Coordinating Mechanism's (CCM) oversight capacity has been strengthened through initiatives such as training and developing an oversight plan. However, better enforcement of conflict of interest policies is needed, as 25% of voting members are affiliated with grant implementers. While Global Fund programs are integrated into national systems, limited interoperability of accounting and financial reporting systems affects the Ministry of Health's financial reporting. In Grant Cycle 6 (GC6),<sup>7</sup> delays in contracting sub-recipients and inadequate supervision contributed to low absorption rates and delayed implementation of community-based interventions.<sup>8</sup> Governance and oversight for grant implementation, including financial controls, assurance mechanisms, and risk management, are **partially effective**.

## 1.2 Key Achievements and Good Practices

### Significant progress made in the fight against the three diseases

According to UNAIDS data, AIDS-related deaths and new HIV infections declined by 12% and 38%, respectively, between 2020 and 2023. Since 2020, testing for suspected malaria cases has increased by 28%, with 25 million cases tested in 2023.<sup>9</sup> In addition, 18% more malaria cases were treated, from 11 million in 2020 to 13 million in 2023.<sup>10</sup> The malaria mortality rate also decreased, from 73 per 100,000 people at risk in 2020, to 65 in 2023.<sup>9</sup>

In 2023, TB treatment coverage reached 96% and the treatment success rate for drug-sensitive TB (DS-TB) was 95%, both surpassing the global target of 90%. Treatment success rates for drug-resistant TB (DR-TB) were 77%, exceeding the global average of 68%. Between 2015 and 2023, Mozambique reduced TB deaths by 71%, surpassing the WHO End TB Strategy's milestone of a 35% reduction.<sup>11</sup>

### Long-term investments have strengthened health systems

The Global Fund partnership has invested significantly in national systems to improve sample transportation, storage, distribution infrastructure, programmatic and logistics management information systems, among others. During GC6, over US\$131 million was allocated for laboratory equipment and supplies for HIV, TB, malaria, and the COVID-19 Response Mechanism, with an additional US\$9 million for strengthening the laboratory system. The sample transportation system expanded from 35% coverage in 2021 to national<sup>12</sup> coverage, supported by a bilateral-funded project launched in 2022. The Global Fund also financed the construction and refurbishment of two warehouses using GC5<sup>13</sup> and GC6 funding, with an additional warehouse funded in GC7.<sup>14</sup> While there remains a significant shortfall in meeting overall needs<sup>15</sup>, these investments have bolstered the country's health system, enhancing long-term sustainability.

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<sup>7</sup> Refers to grants funded using 2020-2022 allocation, implemented in Mozambique from January 2021 to December 2023.

<sup>8</sup> As of end of GC6, 27 SRs & CBOs with delayed contracting and disbursement had a cumulative absorption of 55% (i.e., 24 SRs & CBOs under PR-FDC absorption of 51%; 2 SRs under PR-MOH absorption of 52% and 1 SR under PR-CCS absorption of 67%)

<sup>9</sup> Source: Malaria data based on [Global Fund results report 2024](#) – accessed 17 October 2024

<sup>10</sup> Source: [Global Fund reported results dataset](#) – accessed 15 October 2024

<sup>11</sup> Source: Mozambique TB treatment coverage and success rate numbers based on the [WHO TB profile](#) – accessed 18 February 2025

<sup>12</sup> Except for four districts in Cabo Delgado

<sup>13</sup> Grant Cycle 5 (Grants funded in 2017-2019 allocation period)

<sup>14</sup> Grant Cycle 7 (Grants funded in 2023-2025 allocation period)

<sup>15</sup> Total number of warehouses needed according to the PELF is 32 provincial and intermediary warehouses.

## **Design of in-country financial management approaches promotes country ownership and long-term sustainability**

Global Fund grants managed by the Ministry of Health are integrated into Mozambique's public financial management systems. Funds are channeled through the government treasury and are recorded in the Ministry of Finance's electronic public financial management system (e-SISTAFE). In 2020, the Global Fund formalized its collaboration with Mozambique's Supreme Audit Institution (*Tribunal Administrativo*) through a Memorandum of Understanding, providing ongoing support through the dissemination of audit terms of reference and financial guidelines. Although some implementation challenges persist, these measures have enhanced transparency and strengthened country ownership.

To further improve in-country financial management and mitigate short-term risks, the Global Fund has provided tailored technical assistance to Principal Recipients. For example, a consulting firm was embedded in the *Fundação para o Desenvolvimento da Comunidade* (FDC) to optimize procurement processes. In 2023, the Global Fund provided assistance to review the Ministry of Health's grant management and the financial management capacity of the Project Management Unit. Based on the review, a costed capacity building plan, including a training plan, was developed in June 2024. These initiatives promote long-term sustainability by facilitating knowledge transfer and capacity development for Principal Recipients.

### **1.3 Key Issues and Risks**

#### **Integrated vector control implementation challenges risk a further increase in malaria cases**

In 2022, Mozambique accounted for 4% of global malaria cases, ranking fourth in the world, with 77% of the population living in high-incidence districts. Despite efforts, gaps remain in responding to climatic and biological risks which could exacerbate malaria outbreaks. Although inpatient malaria deaths decreased from 6 per 100,000 in 2016 to 1.3 in 2021, incidence increased from 376 per 1,000 in 2020 to 408 in 2023. Delays in mass campaigns and insecticide procurement hampered effectiveness, with the 2022/2023 campaign facing delays of up to seven months in some provinces. Mozambique is vulnerable to extreme weather events, which have impeded malaria surveillance and prevention efforts. In 2023 and 2024, cyclones and floods increased the risk of water- and vector-borne diseases and destroyed numerous health facilities. Funding constraints are also a challenge, with an additional US\$9 million needed for the mass ITN campaign in 2025/2026.

#### **Significant reduction in new HIV infections, but challenges in community-based HIV prevention interventions hinder progress for key and vulnerable populations**

Global Fund-supported HIV prevention interventions in Mozambique contributed to reducing new infections by 38% between 2020 and 2023, and AIDS-related deaths by 12% (from 50,000 to 44,000) in the same period. However, challenges remain, particularly in community-based HIV interventions for key and vulnerable populations including data limitations, lack of standardized community prevention service packages across different donor-funded projects, and challenges in community mobilization for testing. Overlaps in HIV prevention interventions were noted in some districts. Adolescent girls and young women accounted for nearly 30% of new infections in 2022, with key and vulnerable populations representing 11% of new infections. In Maputo, HIV prevalence among female sex workers and people who inject drugs was 50%, and among men who have sex with men



was 15%. Gaps in antenatal care and HIV testing practices for mothers led to a vertical transmission rate of 10%<sup>16</sup> in 2023, compared to the global target of <5% by 2025.

### **The in-country supply chain system has inefficiencies and oversight challenges, reducing the impact of investments**

Although the Pharmaceutical Logistics Strategic Plan 2014-2024 (PELF) was approved in 2013, the legal framework to grant the Central Medical Stores overall responsibility for supply chain from central level to health facilities was only finalized in March 2024. Despite some progress, such as improved visibility of commodities and outsourcing, several recommended actions remain unimplemented, affecting coordination and planning. By Q4 2023, three of the five central warehouses were operating up to 2.8 times capacity, increasing order processing and delivery times from 29 days in Q1 2022 to 74 days in Q4 2023. Sub-optimal stock planning and limited oversight contributed to significant stock-outs and expiries, with 87% of health facilities visited experiencing stock-outs lasting between 20 to 43 days (refer to Annex C for details). At the central level, expiries during 2022-2023 amounted to US\$15.8 million,<sup>17</sup> mainly for HIV and TB commodities.

### **Slow implementation and optimization of molecular diagnostics limits access to quality TB diagnostic services**

Despite over US\$131 million of Global Fund funding for laboratory equipment and supplies<sup>18</sup> during GC6, only 26% of health facilities are covered by the lab network, and only 29% of facilities providing TB treatment services have labs. By the end of GC6, budget absorption for lab strengthening was 64%, with only 28% of interventions completed. The molecular diagnostic expansion plan has been delayed by over 18 months, with rollout postponed by an additional nine months. At the time of the audit, only 18% (4 out of 22) of Truenat equipment delivered in November 2023 had been installed, contributing to the low TB bacteriological diagnosis rate of 46% in 2023.

### **Data quality challenges persist, due to implementation inefficiencies and inadequate improvement plans**

Mozambique's health information system remains fragmented, relying on paper-based tools and non-interoperable systems. By the end of GC6, reporting completeness and timeliness had improved to 95% and 94%, respectively, but data quality at the district (70%) and health facility (63%) levels remains below the WHO benchmark of 80%. Overreporting for HIV, TB, and malaria indicators ranged from 17% to 25%. Supply chain data accuracy improved slightly between 2022 and 2023, but remained below 50%, with four of nine provinces declining in performance. Inaccurate data impacts program design and supply planning. Contributing factors include delays in executing interventions and updating policies, inadequate improvement plans, and a shortage of health professionals.

### **Improvement noted in governance, but challenges in the management of sub-recipients, enforcement of CCM conflict of interest, and financial reporting**

The CCM's oversight capacity has been significantly strengthened. Through the CCM Evolution strategic initiative, the Oversight Officer was trained and an oversight plan developed, and the CCM Oversight Committee is adequately constituted in line with policies. However, challenges remain in enforcing conflict of interest policies and ensuring timely access to information. There were no

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<sup>16</sup> <https://www.unaids.org/en/regionscountries/countries/mozambique> - accessed 18 February 2025

<sup>17</sup> The total expiries correspond to all sources of funding including commodities funded by the government, the Global Fund and other bilateral donor partners.

<sup>18</sup> This includes HIV, TB, Malaria and C19 tests, lab reagents and equipment, person protective equipment and disinfectants

declarations of conflict of interest in 2022 and 2023, despite 25% of voting members being directly affiliated with grant implementers.

Almost 50% of grant budgets, excluding health products procurement and supply chain management, were implemented through sub-recipients in GC6 and GC7, but delays in contracting and disbursement to these sub-recipients impacted program implementation. In GC6, over 40% of SRs and Community Based Organizations had not signed grant agreements more than six months into the grant period, and in GC7, about 30%<sup>19</sup> of SRs had not signed grant agreements by 30 June 2024. Only 35% of planned SR supervisions were conducted in GC6, and for three out of four Principal Recipients, there was no evidence of follow-up on recommendations.<sup>20</sup> These delays contributed to low absorption: cumulative absorption was 55%<sup>21</sup> by the end of GC6, with some essential community-based activities either delayed or partially implemented.

The Ministry of Health's financial management systems, e-SISTAFE and Primavera, are not interoperable, requiring manual mapping of transactions to Global Fund budget lines, which increases the risk of errors. For example, the OIG noted inter-grant loans totalling US\$2 million due to incorrect postings in e-SISTAFE.

## 1.4 Objectives, Ratings and Scope

The overall objective of the audit is to provide reasonable assurance to the Global Fund Board on the adequacy and effectiveness of Global Fund grants to the Republic of Mozambique. Specifically, the audit assessed governance, risk management and controls in the following areas:

Objectives	Rating	Scope
Program implementation design, with a focus on community-based interventions for HIV incidence reduction and vector control interventions to reduce malaria incidence	Partially effective	<b>Audit period</b> January 2021 to June 2024  <b>Grants and implementers</b> The audit covered the Principal Recipients and sub-recipients of Global Fund supported programs.
Global Fund investments to strengthen supply chain to ensure drug availability, programmatic data quality, and laboratory systems for access to quality diagnostic services	Needs significant improvement	
Governance and oversight for effective grant implementation, including key financial controls, assurance mechanisms and risk management	Partially effective	

OIG auditors visited 23 health facilities across 19 districts in five provinces (Maputo Cidade, Maputo Province, Zambezia, Sofala, Gaza). The sampled districts represent 32% of the people living with HIV receiving antiretroviral treatment, 24% of TB case notifications, and 14% of malaria cases in 2023.

Details about the general audit rating classifications can be found in **Annex A**.

<sup>19</sup> For GC7, delays in signing of grants relate to 15 SRs under PR-MOH implemented grants.

<sup>20</sup> The World Vision tracker lacks the status of most recommendations raised, CCS has no tracker for recommendations or their implementation status, and MOH does not track recommendations from SR reviews

<sup>21</sup> As of end of GC6, 27 SRs & CBOs with delayed contracting and disbursement had a cumulative absorption of 55% (i.e., 24 SRs & CBOs under PR-FDC absorption of 51%; 2 SRs under PR-MOH absorption of 52% and 1 SR under PR-CCS absorption of 67%)

## 2. Background and Context

### 2.1 Country Context

Mozambique faces significant socio-economic challenges, with nearly 46% of the population living below the poverty line.<sup>22</sup> Socio-political instability and natural disasters have severely impacted the health sector. In 2023, inflation was 7.1%, and the ongoing shortage of foreign currency constrained the government's ability to procure essential health commodities.<sup>23</sup>

The country struggles with high attrition rates among healthcare workers and a critical shortage of medical professionals. Mozambique has only 2,689 physicians, translating to a physician density of 0.8 doctors per 10,000 people, far below the global standard of 1.7 physicians per 10,000 people.<sup>24</sup>

Country data <sup>25</sup>	
Population	34 million (2023)
GDP per capita	US\$608.4 (2023)
Corruption Perception Index	145 of 180 (2023)
UNDP Human Development Index	183 of 193 (2024)
Health expenditure as % of Government budget	8.2% (2021)

The country is vulnerable to natural disasters. In March 2023, Tropical Storm Freddy affected 1.2 million people and caused significant infrastructure damage. Mozambique also faces ongoing security challenges. In Cabo Delgado province, armed conflicts since 2017 have displaced about 1 million people, creating substantial humanitarian challenges, including limited access to healthcare, water, sanitation services, and food.

### 2.2 Global Fund Grants in Mozambique

Since 2003, the Global Fund has invested over US\$2.4 billion in Mozambique. For Grant Cycle 6, the Global Fund signed agreements totaling US\$956 million across six grants: US\$631 million for HIV; US\$210 million for malaria; US\$68 million for HIV/TB; and US\$47 million for TB. This includes US\$150 million from COVID-19 Response Mechanism funding.

The Ministry of Health oversees efforts against all the three diseases. World Vision, an international NGO, implements malaria prevention efforts, focusing primarily on distribution of insecticide treated nets. Additionally, two local civil society organizations manage specific aspects of the programs: *Centro de Colaboração em Saúde* (CCS - Center for Collaboration in Health) manages HIV/TB co-infection efforts, and *Fundação para o Desenvolvimento da Comunidade* (FDC - Foundation for Community Development) conducts community-based HIV activities targeting key and vulnerable populations.

<sup>22</sup> [Mozambique Overview: Development news, research, data | World Bank](#), accessed on 1 October 2024

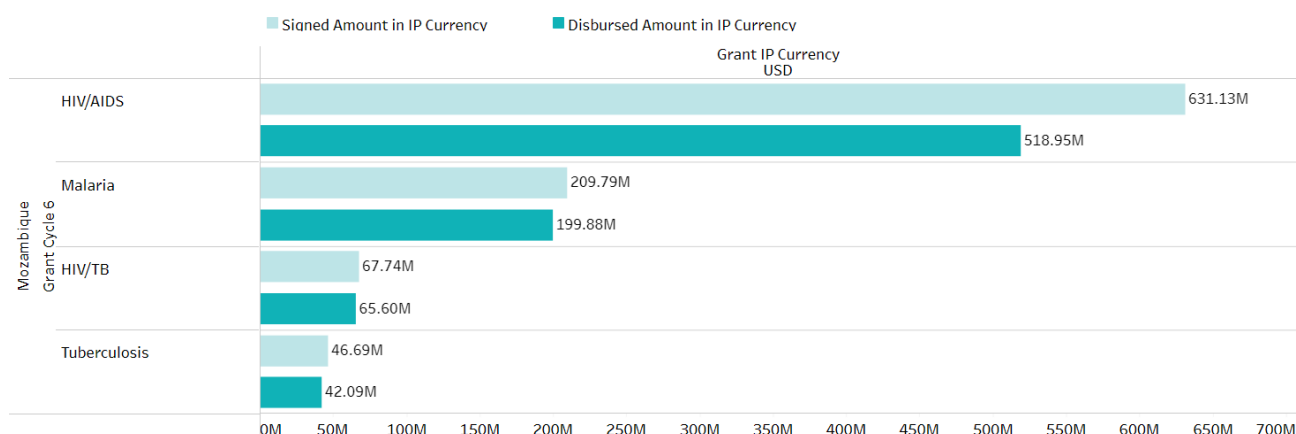
<sup>23</sup> [Mozambique Economic Outlook | African Development Bank Group \(afdb.org\)](#) – accessed on 1 October 2024

<sup>24</sup> [Health Workforce - Mozambique](#) – accessed on 1 October 2024

<sup>25</sup> Sources: population, GDP from World Bank, 2024 ([Mozambique | Data \(worldbank.org\)](#)), transparency corruption index, 2023 ([Mozambique - Transparency.org](#)); UNDP HDI; [Health expenditure](#) - all accessed on 1 October 2024



Figure 1: Funding amount, disbursed and signed amounts for 2021-2023 funding cycle (as of October 2024).<sup>26</sup>



## 2.3 The Three Diseases

### HIV / AIDS (2023)

**2.4 million people were living with HIV** in 2023, of whom 89% knew their status and were on treatment. Among identified people living with HIV, 97% were on treatment and 90% had suppressed viral loads.

**Annual new infections fell by 38% between 2020 and 2023**, from 130,000 to 81,000.

**AIDS-related deaths fell by 12%**, from 50,000 in 2020 to 44,000 in 2023.

**90% of pregnant women** who tested HIV positive received ARVs for PMTCT in 2023.

Source: [UNAIDS Factsheets 2023- Mozambique – accessed on 2 October 2024](#)

### TUBERCULOSIS (2023)

Mozambique is among **the 10 countries with the highest burden of TB, TB/HIV and MDR-TB**, and is among the top 10 countries with more than 70% of cases of MDR-TB.

**TB notification rates increased by 13%**, from 319/100k in 2021 to 361/100k in 2023.

**TB mortality reduced by 71%** between 2015 and 2023. Mozambique is one of only 7 high TB burden countries to have surpassed the 1st milestone of the END TB strategy (>35% reduction in TB deaths).

**Treatment success rate for DS-TB and DR-TB increased** from 88% and 48%, to 95% and 77%, respectively, between 2015 and 2023 (against targets of 90% and 70%).

Source: [WHO Global TB Report 2023, Summary of TB data in Mozambique - accessed on 18 February 2025](#)

### MALARIA (2022)

Malaria is endemic in Mozambique, putting the entire population at risk. 77%<sup>27</sup> of people live in districts where incidence exceeds 100 cases per 1,000 people.

Mozambique is the **4th largest contributor** to total reported malaria cases globally, representing **4% of the global malaria burden**.

In 2022, 12.4 million presumed and confirmed cases of malaria were reported, a **49% increase** compared to 8.3 million malaria cases in 2015.

Between 2019-2023, more than **41m ITNs were distributed** through different channels in the country, despite cyclone impacts.

Source: [World Malaria Report 2023 & Global Fund reported results dataset – accessed 15 October 2024](#)







<sup>26</sup> [Global Fund data Explorer - Mozambique](#)

<sup>27</sup> Mozambique National Malaria Control Programme, report of the End-Term Review of the Malaria Strategic Plan (2017-2022)

### 3. Portfolio Risk and Performance Snapshot

#### 3.1 Portfolio Performance

Performance and grant ratings for Grant Cycle 6 (2021-2023) are shown below.<sup>28</sup>

Comp.	Grant	Principal Recipient	Total Signed		-	Grant Rating					
			USD	USD		%	Dec 2021		Dec 2022		Dec 2023
	MOZ-H-MOH		537,645,022	431,196,711	80%	B	1	B	5	A	4
						102%	94%	100%	63%	104%	70%
	MOZ-T-MOH	Ministry of Health of Mozambique	46,693,971	42,086,648	90%	C	5	C	5	B	3
						76%	32%	86%	49%	98%	77%
	MOZ-M-MOH		146,270,187	139,064,029	95%	C	5	C	4	B	2
						99%	51%	98%	66%	98%	94%
	MOZ-H-FDC	Fundação para o Desenvolvimento da Comunidade	93,480,653	87,757,797	94%	C	4	C	1	C	1
						67%	70%	91%	108%	88%	98%
	MOZ-M-WV	World Vision	63,521,341	60,816,100	96%	B	3	B	2	B	1
						99%	78%	99%	87%	98%	96%
	MOZ-C-CCS	Centro de Colaboração em Saúde	67,740,382	65,602,801	97%	C	2	C	1	A	1
						72%	81%	94%	96%	100%	97%
<b>TOTAL</b>			<b>955,351,556</b>	<b>826,524,086</b>	<b>87%</b>						

Legend:

#### Programmatic rating

A	Excellent	>=100%
B	Good	90% - 99%
C	Moderate	60% - 89%
D	Poor	30% - 59%
E	Very Poor	<30%

#### Financial rating

1	Excellent	>=95%
2	Good	85% - 94%
3	Moderate	75% - 84%
4	Poor	65% - 74%
5	Very Poor	<65%

<sup>28</sup> C19RM absorption as of December 2023 was 47%

<sup>29</sup> The portfolio performance figures above are based on total disbursements processed for the 2021-2023 Implementation Period as of 30 June 2024, against the total signed amounts.

## 3.2 Risk Appetite

The OIG compared the Secretariat's aggregated assessed risk levels of the key risk categories covered in the audit objectives for the Mozambique portfolio, with the residual risk that exists based on the OIG's assessment, mapping risks to specific audit findings. The full risk appetite methodology and explanation of differences are detailed in **Annex B** of this report.

Audit area	Risk category	Secretariat aggregated assessed risk level (November 2024)	Assessed residual risk based on audit results (December 2024)	Relevant report findings
Programmatic	HIV – program quality	Moderate	Moderate	4.4
	Malaria – program quality	High	High	4.3
Supply chain, laboratory and health information systems	RSSH & Pandemic Preparedness	High	High	4.1 & 4.2
	M&E	Moderate	High	
	In-country supply chain	Moderate	High	
Governance, financial assurance framework and mechanism	Grant-related fraud and fiduciary risks	Moderate	Moderate	4.5
	Accounting & Financial Reporting by countries	Moderate	High	
	In-country Governance	Moderate	Moderate	

## 4. Findings

### 4.1 Inefficient processes and oversight challenges hinder the impact of investments in supply chain and laboratory systems

**Despite significant investments to improve storage, distribution, and diagnostic capabilities, inefficient processes, oversight issues, and delayed implementations persist.**

Continued investments in supply chain and laboratory systems have aimed at enhancing storage and distribution infrastructure, logistics management information systems (LMIS), and operational support for first-mile distribution. Despite these efforts, challenges in storage, distribution, and diagnostics persist, due to limited government funding, delayed projects, sub-optimal strategic planning, inadequate oversight, and slow implementation, as summarized below.

**Supply chain investments have limited impact due to delayed implementation, limited oversight and suboptimal prioritization.**

A Pharmaceutical Logistics Strategic Plan 2014-2024 (PELF) was developed to guide investments in the health supply chain sector, focusing on key areas of impact.<sup>30</sup> According to the PELF, the logistics system for pharmaceuticals and other health products in the public health sector is managed centrally by two institutions: *Central de Medicamentos e Artigos Médicos* (CMAM) and *Centro de Abastecimento* (CA). The CMAM is responsible for the planning, procurement, storage, and distribution of medicines and other pharmaceutical consumables. Since 2022, the Supply Chain Logistics Technical Group (GTCAL), comprising the Ministry of Health and key partners, has been established. This group meets quarterly to discuss and support supply chain management.

Approximately 62% (US\$581 million) of Global Fund grants in Mozambique were allocated to health products procurement and supply chain in GC6. The Global Fund has financed the construction and refurbishment of warehouses, with two warehouses built using GC5 and GC6 funding, and an additional warehouse funded in GC7. However, given the PELF's requirement for 32 provincial and intermediate warehouses, there remains a significant shortfall in meeting overall needs, meaning that storage and distribution challenges persist.

*CMAM's performance in storage and distributions has declined, due to limited government funding and delayed implementation of infrastructure projects.*

Order processing and delivery times increased from 29 days in Q1 2022 to 74 days by Q4 2023, against a target of 30 days. Inefficient operations in three of the five central warehouses contributed to them holding between 1 and 2.8 times their maximum capacity by Q4 2023. Despite availability of stock at central level, these inefficiencies affected the availability of TB medicines and the distribution of condoms and HIV self-test kits to health facilities.

To mitigate this risk, the Global Fund contracted UNICEF in November 2023 for first-mile distribution to provincial warehouses, complemented by a bilateral donor-funded project for last-mile distribution to health facilities. However, as of June/July 2024, central warehouse occupancy remained excessive.<sup>31</sup>

To decongest warehouses, the Global Fund allocated US\$0.6 million for additional warehouse rentals for medical and surgical supplies in GC7. Alternative distribution mechanisms were set up for condoms and HIV self-test kits, with the World Food Program managing storage and distribution

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<sup>30</sup> Key areas/pillars: Statute and structure, Human Resources, Information System and Performance Management, Infrastructure and Network design and Procurement Reform

<sup>31</sup> Warehouse occupancy measures the percentage of space used for storing inventory. Warehouse occupancy Machava (285% vs 278% in Q4 2023), Zimpeto (134% vs 151% in Q4 2023), Nampula (70% vs 66% in Q4 2023) and Beira (110% vs 117% in Q4 2023) against a standard of 85%. Higher warehouse occupancy rates are indicators of congestion and contribute to operational inefficiencies.

under a 20-month contract. Condom distribution will be shared between CMAM (60%) and the National Aids Council (CNCS) (40%). While these measures address short-term challenges and support HIV prevention programs, capacity building and the long-term reintegration of CMAM into these processes have not been defined.

Several factors contribute to in-country storage and distribution challenges, including limited and delayed funding for CMAM operations. CMAM requires approximately US\$2 million annually for commodity distribution, but the irregular and late release of government funds since 2022 has delayed the distribution of health commodities. The Global Fund provided emergency funding for TB commodity distribution, but execution took over six weeks. Additionally, delays in implementing key Global Fund infrastructure projects have compounded these issues. For example, the construction and installation of two incinerators in Gaza and Nampula by UNDP, as well as the completion of an intermediary warehouse in Beira, were delayed, contributing to congestion and the accumulation of expired products at warehouses.

Additionally, the increased volume of commodities managed by CMAM without a proportionate increase in infrastructure and human resource capacity create storage and distribution challenges. CMAM has experienced a significant increase in the volume of products under its management, due to the evolution of programmatic responses. This includes the storage and distribution of high-volume supply chain items such as test kits for viral load and early infant diagnosis (EID), HIV self-testing, mass malaria testing, and commodities for expansion of community services.

**Sub-optimal stock planning and limited oversight at subnational level increase the risk of stock-outs and of overstock resulting in expiries.**

Despite over 80%<sup>32</sup> of health facilities having an electronic logistics management information system (eLMIS), CMAM does not use facility-level data for consumption analysis or stock monitoring, limiting stock risk analysis to central and provincial warehouse data. Poor data quality further complicates planning, as eLMIS data is not updated in a timely manner. The OIG found that 74% (17 out of 23) of facilities had discrepancies between physical counts, stock cards, and eLMIS records.

Consequently, 87% (20 out of 23) of health facilities visited by the OIG experienced significant stock-outs of at least one tracer commodity, with average stock-out durations ranging from 20 to 43 days (refer to Annex C for details). Additionally, 35% of the facilities visited had expired commodities. At the central level, there were expiries estimated at US\$15.8 million<sup>33</sup> in 2022 and 2023. HIV commodities accounted for 81% of expiries, while TB commodities accounted for 18%.

Sub-optimal supply planning at the central level has contributed to expiries. For instance, changes in paediatric ART regimens between 2019 and 2023 contributed to expiries worth US\$7 million. The country took proactive steps to reduce the projected loss due to expiries by cancelling Global Fund funded orders worth US\$5.1 million.<sup>34</sup> Other contributing factors to expiries included ambitious programmatic targets requiring scale up of commodities not being met,<sup>35</sup> sub-optimal ordering that did not consider monthly consumption rates,<sup>36</sup> delays in cancelling or rescheduling orders<sup>37</sup>, and external supply chain delays.<sup>38</sup>

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<sup>32</sup> Source: [https://openlmis.org/implementation\\_region/mozambique/](https://openlmis.org/implementation_region/mozambique/) - accessed 15 October 2024

<sup>33</sup> The total expiries correspond to all sources of funding including commodities funded by the government, the Global Fund and other bilateral donor partners.

<sup>34</sup> Cancelled orders included Lopinavir/Ritonavir, 100mg/25mg, Tablet, 60 (US\$1.2 million); Lopinavir/Ritonavir, 40mg/10mg, Oral Granule, 120 sachets (US\$2.4 million) and Abacavir/Lamivudine 600/300mg, Tablet, 30 tablet, bottle (US\$1.5 million)

<sup>35</sup> Paediatric ART target for 2020 was 130,455 only 64% (83,000) were reached. By the close of 2023, only 120,005 reached.

<sup>36</sup> In June 2023 orders for 370,593 packs were placed and additional 1,067,014 packs (US \$19,473,005) had been included in GC6 even though monthly consumption was 6000 packs against a target of 35,000 packs projected

<sup>37</sup> For instance, challenges in obtaining consensus from different in-country stakeholders affected the timeliness of decision-making and corrective actions, resulting in instances where some orders were too advanced to be cancelled by the manufacturer.

<sup>38</sup> Due to logistics delays caused by Covid-19, 405,594 packs of paediatric ART regimens were delivered in Q4 of 2020 for orders due in 2019 with about 18 months of shelf life – expiring in May-June 2022. The reduced shelf life, coupled with the lower-than-target consumption rate, contributed to wastage due to expirations.

*The absence of an up-to-date strategic plan and limited oversight hinder effective coordination and planning for supply chain investments.*

After the PELF was approved in 2013, it took over 10 years for the legal framework to grant CMAM autonomy and responsibility for the supply chain from central level to health facilities: this was only approved in March 2024. CMAM now oversees distribution from the central level to provincial warehouses, but the design and approval of internal guidelines and the operational plan are still in progress. The PELF has not been updated since its initial approval. Several recommended actions, including the two-year priority action plan from the 2018 mid-term review and the 2021 investment case for optimizing medical distribution, have not been implemented. Additionally, the monitoring plan developed at the start of the PELF was never implemented, leading to limited coordination and prioritization of investments for impact.

A 2023 review of the PELF, financed by the Global Fund, was deemed unsatisfactory and not adopted by the GTCAL, further delaying the necessary update. A baseline assessment is planned for 2024 to inform the terms of reference for the review and upgrade of the PELF, with implementation expected to begin in 2026. Despite these challenges, progress has been made in some areas, including improved visibility of commodities through digital tools, the introduction of outsourcing models for first and last mile distribution, and studies aimed at optimizing the warehouse and distribution network. Additionally, the Global Fund has guided investments in the storage and distribution capacity of CMAM and provincial facilities.

A 2023 cross-programmatic efficiency analysis in Mozambique, conducted by WHO and Results for Development (R4D), highlighted the need for better strategic coordination of health system strengthening funds to avoid duplicative inputs. However, the absence of an up-to-date and costed PELF limits coordination and planning for supply chain investments.

**Slow implementation and optimization of molecular diagnostics limit access to quality TB diagnostics services**

During GC6, the Global Fund allocated over US\$131 million for laboratory equipment and supplies<sup>39</sup> for HIV, TB, malaria, and C19RM, along with an additional US\$9 million for strengthening the laboratory system. The sample transportation system has significantly improved, transitioning from fragmented donor arrangements and 35% national coverage in 2021 to full country coverage.<sup>40</sup> This was supported by a bilateral donor-funded project launched in 2022.

Despite these significant investments, the national laboratory network covers only 26%<sup>41</sup> of health facilities, with only 29% of TB facilities equipped with laboratories. The OIG observed that 37% of facilities visited had less than 50% functionality of GeneXpert machines. By the end of GC6, a new local contractor was engaged for GeneXpert maintenance. However, 37% (7 out of 19) of health facilities visited had non-functional GeneXpert machines, and one facility had not performed preventive maintenance for over 12 months. Equipment maintenance issues further constrained testing capacity. This contributed to downtime and the expiration of GeneXpert cartridges worth US\$0.8 million in 2022 and 2023. The slow adoption of molecular diagnostics for TB contributed to a 46% bacteriological diagnosis rate in 2023. Where suspected cases were tested, the OIG noted delays in obtaining TB diagnosis results, with 22% (5 out of 23) of health facilities visited reporting delays ranging from two weeks to 40 days.

The root causes of these challenges include delayed implementation of grant activities and gaps in monitoring equipment usage and functionality. By the end of GC6, budget absorption for laboratory system strengthening was 64%, with 28% of interventions completed, 59% delayed, and 13% not executed. The molecular diagnostic expansion plan was delayed by over 18 months,<sup>42</sup> and its roll

<sup>39</sup> This includes HIV, TB, Malaria and C19 tests, lab reagents and equipment, person protective equipment and disinfectants

<sup>40</sup> Except for four districts in Cabo Delgado

<sup>41</sup> 467 clinical laboratories serving 1,774 health facilities

<sup>42</sup> The molecular diagnostic expansion plan was initially due for March 2021 but approved in November 2022



out was further postponed by an additional nine months, with training and dissemination only occurring in June 2024. At the time of the audit, only 18% (4 out of 22) of Truenat molecular diagnostic equipment delivered in November 2023 had been installed in health facilities. Monitoring of equipment usage and functionality was found to be inadequate, with no indicators to track turnaround time and sample quality.

### **Agreed Management Action 1**

The Secretariat will work with MOH, CMAM and relevant partners to strengthen CMAM's oversight framework to ensure that the key performance indicators are: (i) comprehensive for HIV, TB and malaria commodities funded by the Global Fund; (ii) routinely reported to all relevant stakeholders; and (iii) used to monitor order processing, inventory management and product availability in health units.

The framework should include a well-defined approach to monitor data quality across all logistics information systems (LMIS, inventory management).

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OWNER: Head, Grant Management Division

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DUE DATE: 31 October 2026

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## 4.2 Data quality challenges persist due to implementation inefficiencies and inadequate improvement mechanisms

Global Fund investments have contributed to the digitalization of data aggregation systems, leading to improved reporting completeness and timeliness. However, data quality issues persist due to a fragmented data landscape, delays in implementing activities, policy gaps, and inadequate improvement plans for data quality assessments.

The Global Fund, through its Resilient and Sustainable Systems for Health (RSSH) investments, has supported the development of digital health systems by enhancing human resource capacity for data collection, analysis, routine data quality reviews, and subnational reporting. These investments more than doubled from US\$9 million in GC5 to US\$22 million in GC7. In GC6, 32% of the health management information systems (HMIS) and monitoring and evaluation (M&E) budget was allocated to routine reporting, 20% to program and data quality, and 26% to civil registration and vital statistics.

The Global Fund supported the deployment of SISMA as the primary reporting system for programmatic data, while Ferramenta Centrale aggregates data from the warehouse management system, eLMIS, and the inventory management system. By April 2024, 88% of health facilities had synchronized their eLMIS database with Ferramenta Centrale in the previous 30 days, and 84% had submitted their orders through the system.

Despite investments in digitalized data aggregation systems, data quality challenges persist. Mozambique's health information system remains fragmented, relying on paper-based tools and multiple non-interoperable systems. While aggregate reporting completeness and timeliness improved to 95% and 94%, respectively, by the end of GC6, data quality issues remain at district and health facility levels. The 2022 National Data Quality Assessment revealed that data quality indices at the district (70%) and health facility (63%) levels fall below the WHO benchmark of 80%. Overreporting rates for selected HIV, TB, and malaria indicators ranged from 17% to 25%.

Data quality audits for supply chain logistics data from 2022 to 2023 showed marginal improvements, but data accuracy scores were below 50%, with four of nine provinces showing declining performance. Despite efforts to roll out eLMIS in over 80% of health facilities, 74% (17 out of 23) had not updated eLMIS data at the time of the OIG visit, leading to discrepancies between physical counts, stock cards, and eLMIS records.

It is essential to triangulate supply chain consumption data with programmatic data to validate data accuracy and improve decision making and supply planning. Correlating programmatic data (e.g. cases) with supply chain consumption data ensures that resources are allocated appropriately to meet demand, preventing stock-outs or overstocking. Although the gap between the quantity of artemisinin-based combination therapy (ACTs) distributed and the number of malaria cases decreased from 64% in 2021 to 39% in 2023,<sup>43</sup> there is no agreement on acceptable variances, or procedures to investigate discrepancies. For HIV data, the difference between health information system and logistics information system amounts for people living with HIV (PLHIV) on antiretroviral treatment increased by 76%<sup>44</sup> between 2021 and 2023. In addition, a proactive data cleaning exercise by the National HIV program revealed a 13% (288,129) overstatement of PLHIV on antiretroviral treatment compared to the number reported as of December 2023.

The following factors have contributed to the persistent data quality challenges:

*Delays in execution of planned interventions:* Despite 97% absorption of allocated amounts for HMIS and M&E, only 50% of planned activities were completed on time. For example, the 2022 Data

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<sup>43</sup> In 2023, 18,426,651 ACTs distributed against 13,240,273 reported malaria cases.

<sup>44</sup> A variance between DHIS2 and the eLMIS increased from 214,723 in 2021 to 378,285 in 2023 (Source: CMAM presentation to GTCAL dated 22 April 2024)

Quality Assessment (DQA), initially scheduled for six months, took 18 months to complete.<sup>45</sup> The costed M&E plan for the National Strategic Plan (PESS), which was due in June 2021, had not been finalized by December 2023.<sup>46</sup> In addition, the development and implementation of a unique identification code/number for patients - a key solution to address duplication and patient tracking challenges - was delayed, and only partially rolled out in GC6.

*Delays in updating policy and strategic direction have hindered progress:* Throughout GC6, there was no up-to-date and operational health information system strategy to guide development and investment. The strategy expired in 2014, and although a country health information system architecture mapping was conducted in 2020, it was not used to update the strategy. In June 2024, the country published health information system regulations, and a new health information system strategy was under preparation. Systems architecture mapping, which is expected to inform the new health information system strategy, is ongoing.

*Inadequate improvement plans for data quality assessment results:* The three national disease programs and CMAM conduct routine data quality reviews each year. While these reviews identify gaps, they do not translate into comprehensive plans for monitoring and improvement, allowing the same issues to persist over time. A summarized action plan from the recently concluded National DQA exists, but it lacks key elements such as a clear outline of interventions at various levels (national, district, and facility), a detailed budget aligned with these intervention levels, timelines, and a clear follow-up mechanism.

*Limited human resources for health (HRH):* Data quality challenges arise from insufficient human resources capacity at the data capture level, and limited analytical capabilities at district and central levels. Mozambique faces a significant shortage of health professionals nationally, with a ratio of 87.6 health professionals per 100,000 inhabitants in 2021, significantly below the 230 suggested by WHO in 2006.<sup>47</sup> Fiscal constraints and significant funding gaps hinder progress in this area, with HRH accounting for over 70%<sup>48</sup> of the total RSSH funding gap for the period 2024 – 2026. Mozambique has an HRH strategic plan for 2016-2025, reviewed in 2020, but there has been limited implementation of the recommendations.

## Agreed Management Action 2

The Global Fund Secretariat will support the Principal Recipient (MISAU/DIS) to operationalize the finalized national Data Quality Improvement Plan (DQI) and facilitate its mid-term evaluation.

OWNER: Head, Grant Management Division

DUE DATE: 31 March 2026

<sup>45</sup> TOR of DQA approved in August 2022 with desk review start planned for October 2022 but initial draft report issued in March 2024 with QA review in April 2024.

<sup>46</sup> HIV has a costed M&E plan while Malaria had plan but not costed and TB had no M&E plan

<sup>47</sup> Source: Report on the Analysis of Efficiency among Health Programs in Mozambique by WHO and R4D (September 2023)

<sup>48</sup> HRH accounts for over 70% (\$1.25 billion out of \$1.77 billion) of the RSSH funding gap. Source: RSSH Gaps and Priorities Annex – Mozambique (GC7 Funding Request)

### 4.3 Integrated vector control implementation challenges and emerging threats risk further increase in malaria cases

An integrated vector control approach aims to reduce malaria transmission, but coverage gaps, implementation delays, and sustainability risks limit its effectiveness. While efforts are being made to address emerging threats, gaps in responding to climate and biological risks persist, which could exacerbate malaria outbreaks.

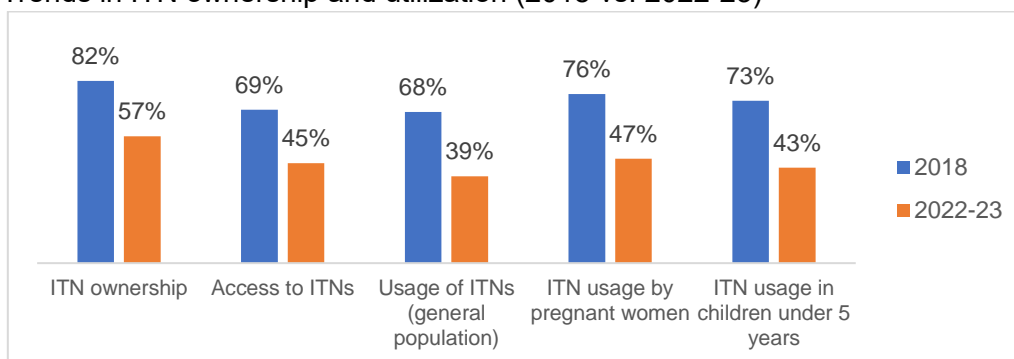
Malaria is endemic in Mozambique, putting the entire population at risk, with 77%<sup>49</sup> of people living in districts where malaria incidence exceeds 100 cases per 1,000 people. Despite significant government and donor investments, the country has the fourth highest number of malaria cases globally, accounting for 4%<sup>50</sup> of global cases in 2022.

Significant progress has been made in malaria case management, with inpatient malaria deaths decreasing from 6 per 100,000 in 2016 to 1.3 per 100,000 population in 2021.<sup>51</sup> However, this progress is at risk due to inadequate control and prevention measures, along with emerging threats, that contributed to an increase in malaria incidence from 376 per 100,000 in 2020, to 408 per 100,000 in 2023.

#### Coverage gaps, implementation delays, and sustainability risks limit the effectiveness of integrated vector control approaches in reducing malaria incidence

Between 2019 and 2023, approximately 41 million insecticide-treated nets (ITNs) were distributed to at-risk populations through mass campaigns and targeted continuous distribution to high-risk groups. During the same period, over 7.9 million households were covered by indoor residual spraying (IRS). Despite these efforts, widespread coverage and consistent use of these interventions remain a challenge, with significant decline in household ITN ownership, access and utilization, as shown below.<sup>52</sup>

Figure 1: Trends in ITN ownership and utilization (2018 vs. 2022-23)



Contributing factors to this decline include:

#### Challenges in planning and implementing mass campaigns and IRS programs

Mozambique's staggered provincial distribution approach during the 2022/2023 mass campaign started five months late and led to ITN distribution delays of up to seven months in some provinces. Inaccurate population data further complicated the campaign, resulting in shortages. In two provinces (Cabo Delgado and Nampula), the population was 10% and 28% higher than expected, respectively, requiring additional resources and emergency procurements. Transportation difficulties in accessing remote areas, combined with security concerns, further prolonged the ITN campaign, with distribution taking over five months in Zambezia province and more than two months in Cabo Delgado province.

<sup>49</sup> Mozambique National Malaria Control Programme, report of the End-Term Review of the Malaria Strategic Plan (2017-2022)

<sup>50</sup> Data from WHO World Malaria Report 2023

<sup>51</sup> Mozambique National Malaria Control Programme, report of the End-Term Review of the Malaria Strategic Plan (2017-2022)

<sup>52</sup> The Mozambique Demographic and Health Survey, 2022-2023

In addition, insecticide procurement was delayed in 2021 due to quality control issues with insecticides procured through the Global Fund's Pooled Procurement Mechanism (PPM). This required a new shipment process, leading to successive delays of four to ten months in 2021 and 2022, with the situation only stabilizing in 2023.

### Funding constraints

The current GC7 budget only partially covers the quantification for the upcoming 2025/2026 ITN mass campaign, with an additional US\$9 million required to fill the funding gap. Budget constraints have also led to the de-prioritization of funding for IRS in favor of NextGen nets, reducing the scale and coverage of complementary interventions.

If this funding gap is not addressed, malaria transmission could rise in high-burden districts, exacerbating public health challenges. There is a risk that limited scale of complementary interventions may undermine the overall effectiveness of the malaria control program, and hinder progress toward achieving malaria elimination goals.

### **Positive actions taken to address emerging risks such as climate and biological threats, but implementation challenges persist**

Mozambique's geography makes it highly vulnerable<sup>53</sup> to extreme weather events such as cyclones and floods. Between January and March 2023, 10 of the country's 11 provinces experienced heavy rainfall, including that from Cyclone Freddy. Since October 2017, a violent insurgency in Cabo Delgado province has also severely disrupted health care, destroying infrastructure and displacing populations. Extreme weather and conflict have hampered malaria surveillance and prevention efforts. For example, in 2023 and 2024, cyclones and floods increased the risk of water- and vector-borne diseases and destroyed 123<sup>54</sup> and 136<sup>55</sup> health facilities, respectively.

Mozambique faces rising insecticide resistance, with every province reporting at least one mosquito species resistant to insecticides such as deltamethrin and lambda-cyhalothrin, based on monitoring conducted by the National Malaria Control Programme in 2021. According to WHO data, parasite gene deletions and antimalarial drug resistance have also been detected in multiple neighbouring countries across Africa. This further complicates efforts to prevent and treat malaria.

While the Global Fund has provided significant funding towards addressing emerging threats,<sup>56</sup> delays in implementing emergency interventions have contributed to low coverage and missed opportunities to mitigate impact. For instance, although emergency funding was requested and approved through the MOSASWA<sup>57</sup> regional grant immediately after Cyclone Freddy, prolonged clearance processes with local governments, availability of funds, and delays in arrival of commodities in-country slowed response times by between two and five months. After the cyclone, a mapping exercise identified high-risk areas, but by the time the commodities arrived and implementation was ready, the risk areas mapped had changed. This led to extended discussions with local government authorities to reprioritize funding, further delaying emergency interventions.

In addition, the institutional framework and capacity for cross-sectoral coordination in response to climate change risks is limited. While a climate change and health vulnerability and adaptation assessment was completed in 2020, the National Health Adaptation Plan was only developed three

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<sup>53</sup> [Mozambique Country Climate and Development Report \(by the World Bank Group\)](#)

<sup>54</sup> [World bank blog: The Faster Mozambique Rebuilds After Cyclones, the Better it Limits Their Devastating Impact on the Economy](#)

<sup>55</sup> [UNICEF Mozambique Humanitarian Situation Report \(January-March 2024\)](#)

<sup>56</sup> For example, US\$6.6 million was allocated in July 2022 for medicines procurement and distribution among internally displaced persons (IDPs) in Cabo Delgado, US\$0.3 million was reprogrammed in March 2023 following Cyclone Freddy, US\$0.95 million was allocated in May 2023 for post-flooding malaria vector control, and US\$0.8 million was approved in May 2024 for a mass drug administration program for returning IDPs in Palma District. To address the risk of insecticide resistance, the country implemented targeted ITN coverage with next generation dual AI ITNs during GC7.

<sup>57</sup> The MOSASWA regional grant is a trilateral agreement between the governments of Mozambique, South Africa and Eswatini, which aims to work together across borders to accelerate malaria elimination in the Southern African region. The emergency response, which included a larvicide spray campaign, indoor residual spraying and transportation of flood relief supplies, was implemented by the Lubombo Spatial Development Initiative (LSDI).

years later, in 2023. The plan recommended the development of provincial and district level health adaptation plans, but this has yet to occur.

### **Agreed Management Action 3**

The Secretariat will work with the MOH, NMCP, World Vision, and relevant partners to:

- a. Ensure the revised LLIN universal campaign guidelines for macro and micro planning for the 2025-2026 campaign are finalized.
- b. Develop post-distribution plan to address barriers to access and utilization of LLINs.
- c. Revise budget for LLIN distribution (average cost per net) finalized by NMCP and World Vision, and approved by the Global Fund.

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OWNER: Head, Grant Management Division

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DUE DATE: 30 September 2025

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#### **4.4 Implementation and coordination gaps in community-based HIV prevention interventions hinder progress for key and vulnerable populations**

**Global Fund-supported HIV prevention interventions have contributed to reducing new infections and decreasing AIDS-related death rates. However, enhancing program design and coordination is essential for timely implementation and minimizing overlaps in community-based interventions.**

Mozambique has made significant progress in its fight against HIV. According to UNAIDS data, the country achieved a 38% reduction in new HIV infections between 2020 and 2023, with annual new infections decreasing from 130,000 to 81,000. AIDS-related deaths also decreased by 12% from 50,000 to 44,000 during this period. As of 2023, about 2.4 million people in Mozambique were living with HIV, with 89% aware of their status and 97% receiving treatment. Among those on treatment, 90% have achieved viral suppression. Challenges remain however in community-based interventions, and continued collaboration and investment are essential to sustain and build on these gains, particularly for key and vulnerable populations.

##### **Improvement needed in program design and coordination, to ensure timely implementation and reduce potential overlaps in community-based interventions**

The Government of Mozambique has made significant strides in supporting key and vulnerable populations. Since 2015, they have decriminalized homosexuality and approved a health services package for people who use drugs (PWID) as part of the National Harm Reduction Plan. In 2016, national guidelines were launched to integrate HIV and AIDS services for key populations. The National Strategic Plan for HIV and AIDS Response (PEN V) 2021-2025 includes target actions for key and vulnerable populations. The National HIV Prevention Roadmap 2022-2025 outlines prevention strategies and responsibilities for these groups.

However, the program's implementation design has contributed to limited coordination and inefficiencies among grant implementers targeting key and vulnerable populations. Coordination and linkages of key population interventions are essential due to overlapping vulnerabilities to HIV infection. In GC7, grant Principal Recipient FDC is providing HIV services in 99 districts, focusing on three or more groups in 33% of these areas. 16 different sub-recipients are concurrently implementing Adolescent Girls and Young Women (AGYW) and Female Sex Worker (FSW) interventions in 37 districts in 10 provinces. However, AGYW key populations, such as young sex workers and young women who inject drugs, face multiple risks that require comprehensive and coordinated programming. The current program design does not provide adequate integration and coordination among grant implementers for different key and vulnerable population groups, leading to potential overlaps and a failure to address diverse needs effectively.

Coordination with other donors is also limited, contributing to overlaps in program coverage. For example, the Global Fund's Viva+ program and another donor-funded project for AGYW overlap in 16 out of 82 target districts. One sub-recipient implements both Global Fund and another donor-funded programs in the same districts, causing overlaps in 13 out of 42 target districts for the same key populations. In GC7, grant implementers adopted unique identification codes similar to those used by other donors, to improve traceability and reduce duplications. However, data is recorded in different, non-interoperable systems, making it difficult to identify duplications across donors. While discussions to improve coordination were ongoing, no formal agreements had been reached at the time of the audit.

This has been one of several contributing factors to the overestimation of the proportion of key and vulnerable populations reached with a comprehensive package of HIV prevention services. In 2022, although AGYW represent only 10% of the total population, they accounted for nearly 30% of new infections. Despite key populations representing small proportions of the population, they contribute

11% of new infections<sup>58</sup> and have high HIV prevalence: 50% for FSW,<sup>59</sup> 15% for men who have sex with men (MSM),<sup>60</sup> and 50% for people who inject drugs (PWID),<sup>61</sup> compared to 12% for the general population. Several root causes contribute to these challenges, as outlined below:

*Design limitation in the AGYW program:* The AGYW component of the Viva+ program faces several challenges including inadequate referral and follow-up mechanisms for those tested through community-based HIV testing strategies,<sup>62</sup> and low viral load suppression rates. Nationally, only 16% of health facilities offer youth-friendly services (SAAJ), and integrated SAAJ is available in only 25% of all health facilities.<sup>63</sup>

*Lack of a standardized community prevention service package across different donor programs:* While Global Fund grants include a clearly defined package of services for both GC6 and GC7, the lack of standardized guidelines across donors can hinder the effectiveness of HIV prevention efforts among key populations, leading to gaps in service delivery, and inconsistencies in the quality and scope of services provided across different donor-funded projects. In 2024, the National AIDS Council (CNCS), through a multi-sectoral collaborative process, created standard operating procedures (SOPs) for developing, implementing, and monitoring community interventions for key populations, following WHO guidelines, the National HIV Prevention Roadmap, and the Ministry of Health's key populations guideline. The final SOPs were published in December 2024, and will help standardize the community prevention service package across different donor programs going forward.

*Data limitations affected key population program design, especially for PWID.* The lack of complete and accurate data on the demographics and geographic distribution of PWID hinders the implementation of quality interventions. However, an integrated biological and behavioural survey (IBBS) for PWID was done in 2024, with the report expected to be finalized in 2025.

*Challenges in community mobilization for testing, including self-testing.* Guidelines for key population programs were available in 65% (15 out of 23) of health facilities visited by the OIG. However, frequent stock-outs of self-tests impacted service delivery, with 68% (13 out of 19) of health facilities reporting stock-outs during the audit period.

### **Limited antenatal and postnatal care for mothers increases the risk of HIV transmission to infants**

Significant gaps exist in antenatal care and HIV testing practices for mothers. In 2023, only 21%<sup>64</sup> of pregnant women began antenatal care (ANC) before 12 weeks of gestation. Early ANC initiation for HIV-positive pregnant women is essential to prevent mother-to-child transmission of HIV by enabling timely antiretroviral therapy. Nationally, 72% of pregnant women attended four or more ANC consultations in 2023, with variations across provinces.<sup>65</sup> While a Global Fund-supported mentor mother program, which supports HIV-positive women in adhering to antiretroviral treatment through peer counsellors, has shown promise, it mainly focuses on women in ANC, leaving gaps for those not in care. The planned evaluation of the mentor mother strategy in GC6 was delayed, missing an opportunity to inform GC7 grants.

Even for those women in care, challenges persist in early infant diagnosis for HIV-exposed infants (HEI). The increased availability of point-of-care (POC) machines in the country has contributed to

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<sup>58</sup> Mozambique HIV/TB funding request for GC7 (based on Modes of HIV Transmission, Mozambique 2018)

<sup>59</sup> Maputo city prevalence based on IBBS 2021

<sup>60</sup> *ibid*

<sup>61</sup> Maputo city prevalence based on IBBS 2014

<sup>62</sup> Community HIV testing strategies are through distribution of HIV self-test kits to at-risk target groups and eligible AGYWs who are screened from the community and referred to health facilities for HIV testing services.

<sup>63</sup> National mapping of adolescent-friendly services, 2023 – Ministry of Health

<sup>64</sup> Department of Women's and Children's Health Annual Report 2023 – Ministry of Health

<sup>65</sup> Some provinces such as Niassa (42%), Cabo Delgado (64%) and Zambezia (66%) were below the national average, while others such as Gaza (96%) and Maputo (87%) were well above the national average. (Source: *ibid*)

high testing coverage, with 88%<sup>66</sup> of HEI receiving PCR tests for HIV within two months of age in 2023. However, continuous exposure to HIV during breastfeeding, coupled with limited counseling sessions for mothers, has led to pediatric infections occurring during breastfeeding. There is no systematic viral load monitoring for HIV-positive mothers during breastfeeding, due to limited implementation of the guidelines, which are only followed in 26% (6 out of 23) of health facilities visited by the OIG.

Consequently, the vertical transmission rate in Mozambique was 10%<sup>67</sup> as of 2023, which is off-track to the globally accepted target of less than 5% by 2025 (UNAIDS). According to UNAIDS data, in 2022, 24% of all new infections in children were attributed to mothers becoming infected during breastfeeding, while 18% were due to mothers discontinuing antiretroviral therapy during pregnancy.

The root causes of these issues include challenges in the linkage between ANC and postpartum care. Approximately 9%<sup>68</sup> of expected HIV-exposed children did not attend a Child at Risk Consultation (CRC), despite their HIV-positive mothers being enrolled in ANC. Another issue is the poor coverage of PCR testing for children. In 2023, only 11%<sup>69</sup> of exposed infants who underwent PCR testing were tested at two months of age or later, contrary to WHO recommendations. In this group, the HIV positivity rate was higher (11%) compared to those tested before two months of age (2%).<sup>70</sup> Additionally, there is inadequate follow-up for mothers on antiretroviral therapy postpartum. While 99.9% of women enrolled in ANC had a known HIV status, HIV testing during breastfeeding is less systematic. National guidelines recommend that breastfeeding women undergo a new viral load test three months after delivery and, if undetectable, repeat the test annually. However, this guideline was not followed at the CRC in 74% (17 out of 23) of health facilities visited by the OIG.

#### Agreed Management Action 4

The Global Fund Secretariat in collaboration with the Principal Recipient (MISAU) /NAC (CNCS) to support the undertaking of a detailed partner mapping exercise to guide the optimized geographic partner distribution and optimized service coverage of the minimum standard package of HIV prevention and treatment services.

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OWNER: Head, Grant Management Division

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DUE DATE: 31 December 2025

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<sup>66</sup> 88% (91,185 out of 103,643) HIV exposed infants (source: Annual Report on HIV/AIDS-related Activities, 2023)

<sup>67</sup> <https://www.unaids.org/en/regionscountries/countries/mozambique> - accessed 18 February 2025

<sup>68</sup> Annual Report on HIV/AIDS-related activities 2023 – Ministry of Health

<sup>69</sup> Ibid

<sup>70</sup> Ibid

## **4.5 Suboptimal in-country governance and sub-recipient oversight contribute to delayed program implementation**

**While Global Fund programs are integrated into national systems, inefficiencies in sub-recipient management and the limited interoperability of accounting systems affect program quality and timelines. Although Country Coordinating Mechanism (CCM) oversight capacity has improved, the enforcement of conflict of interest policies requires strengthening.**

In 2023, the Global Fund Mozambique Country Team was enhanced with the addition of Disease Portfolio Managers, to provide more tailored support to different areas of the portfolio. At the country level, some progress has been made in enhancing efficiency and effectiveness of financial reporting and grant oversight. The Global Fund has adopted a tailored approach to fiduciary risk management by offering customized, in-country, integrated Technical Assistance to Principal Recipients (PRs), instead of installing a Fiscal Agent. Since 2021, the Supreme Audit Institution audits the Global Fund-supported program managed by the Ministry of Health. However, challenges remain in the management of sub-recipients, management of potential or perceived within the CCM, and financial reporting.

### **Inefficiencies in the management and oversight of sub-recipients affect program quality and cause delays in implementation timelines**

In GC6 and GC7, 49% and 44% of grant budgets<sup>71</sup> respectively are implemented through sub-recipients (SRs) and community-based organizations (CBOs). These SRs primarily manage community-based interventions targeting key and vulnerable populations. All PRs have implemented financial accounting systems at both PR and SR levels, improving financial recording and reporting, particularly for advances. External audits of Global Fund grants also include reviews of sub-recipients, providing an additional layer of financial assurance.

However, challenges in managing and overseeing SRs continue to cause delays in program implementation. A primary issue is the delay in contracting SRs and CBOs; for example, in GC6, 51% of SRs and 43% of CBOs had not signed their agreements more than six months into the grant period. Although there was some improvement in GC7, 31%<sup>72</sup> of SRs had still not signed their agreements by 30 June 2024. This issue was exacerbated by delays in disbursements to SRs, ranging from 35 to 335 days (average delay of 69 days between date of SR agreement and initial disbursement).<sup>73</sup> In GC7, 56% of SRs experienced similar delays in disbursement after contracting.<sup>74</sup>

The OIG also identified gaps in implementation of SR supervision, which undermined PR oversight. During GC6, only 35% of planned SR supervisions were conducted. In cases where visits did occur, there was no evidence of follow-up on recommendations for three out of four PRs.<sup>75</sup> Delays in contracting SRs and ineffective supervision contributed to low absorption rates, with cumulative absorption at only 55% for the affected SRs by the end of GC6.<sup>76</sup> Additionally, essential community-based activities - such as harm reduction product supply for PWID, HIV testing, and prevention efforts for key and vulnerable populations - were delayed or partially implemented. While programmatic and supply chain challenges were the primary causes of implementation delays, inefficiencies in managing SRs also contributed to delays in critical grant interventions.

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<sup>71</sup> Excluding health products procurement and supply chain management costs.

<sup>72</sup> For GC7, delays in signing of grants relate to 15 SRs under PR-MOH implemented grants.

<sup>73</sup> In GC6, 78% of *Fundação para o Desenvolvimento da Comunidade* (FDC), 67% of World Vision (WV), 75% of *Centro de Colaboração em Saúde* (CCS), and 100% of Ministry of Health (MOH) SRs received their initial disbursements more than 30 days after signing the agreement.

<sup>74</sup> At the time of the audit, 56% (15 of 27) with signed SR agreements experienced delays in disbursement ranging 32 – 176 days.

<sup>75</sup> World Vision tracker does not include the status of most recommendations raised, CCS has no tracker for recommendations or their implementation status, and MOH does not track recommendations from SR reviews

<sup>76</sup> As of end of GC6, 27 SRs & CBOs with delayed contracting and disbursement had a cumulative absorption of 55% (i.e., 24 SRs & CBOs under PR-FDC absorption of 51%; 2 SRs under PR-MOH absorption of 52% and 1 SR under PR-CCS absorption of 67%)

## **Country Coordinating Mechanism oversight capacity strengthened, but conflict of interest policies need better enforcement**

The CCM's oversight capacity has been significantly strengthened through various initiatives, including training the Oversight Officer and developing an oversight plan. The active Oversight Committee of the CCM is adequately constituted in line with Oversight and Governance policies. However, challenges remain in implementing conflict of interest policies and ensuring timely access to information. There were no declarations of conflict of interest in 2022 and 2023, despite 25% of voting members being directly affiliated with grant implementers as sub- or sub-sub-recipients.

Additionally, the CCM's ability to monitor grant progress is hindered by limited access to timely information, with no updates to the CCM dashboard for over 10 months, and missing performance data for GC6's last reporting period, ending in December 2023. In 2023, the CCM made several critical decisions such as the submission of the GC7 funding request, including the selection of PRs, and implementation mapping. Involving grant implementers in key CCM decisions without declaring conflicts of interest can create a perception of conflicted decision-making. The perceived conflict of interest may affect the efficiency of implementation arrangements recommended by the CCM, which have become more complex with the increase in implementers (from 43 SRs in GC6 to 48 SRs in GC7). Root causes include limited CCM Secretariat staffing, reliance on a manually updated MS Excel dashboard, inadequate coordination between PRs and CCMs in terms of frequency and timelines of information sharing, and limited visibility of PR reporting through the online portal. Addressing these challenges is crucial to maintaining the integrity and effectiveness of the CCM's oversight function.

## **Limited interoperability of accounting and financial reporting systems impacts the quality of the Ministry of Health's financial reporting**

The Global Fund grants managed by the Ministry of Health (MOH) utilize Mozambique's public financial management systems. Funds flow through the Government's treasury and are recorded in the Ministry of Finance's electronic State Financial Administration System (e-SISTAFE), which enhances transparency and supports country ownership and long-term sustainability. However, e-SISTAFE does not fully support grant financial reporting, as transactions cannot be mapped to specific Global Fund budget lines and codes, meaning that the Project Management Unit (PMU) uses Primavera software to record and report grant expenditures.

These two financial management systems, Primavera and e-SISTAFE, are not interoperable, requiring manual mapping of transactions to Global Fund budget lines, which increases the risk of errors. For example, the OIG noted MOH inter-grant borrowings totalling US\$2 million due to incorrect postings in e-SISTAFE. At the end of GC6, discrepancies between cumulative expenses reported in the Progress Update and Disbursement Requests (PUDRs) and detailed expense listings amounted to US\$0.4 million for the three MOH grants. Although minor (less than 0.1% of cumulative PR reported expenditure), these discrepancies are compounded by a significant difference of US\$15 million between PR-reported and Global Fund-validated cumulative expenditure. The variances are due to several factors, including direct disbursements by the Global Fund to service providers and suppliers that are not captured by the PR, as well as the expensing of unpaid commitments and unretired advances. Global Fund adjustments, while material, are not reflected in the PR's Primavera financial management system.

In addition to interoperability issues, other factors have contributed to financial reporting challenges. Manual reconciliations of inter-grant borrowings by the PMU were often irregular and untimely. External audits of the grants managed by the MOH were delayed: 2021 audits were completed in April 2023; the 2022 audit started in May 2023 and was finalized in August 2024; and the 2023 audit has not yet started. The lack of timely oversight and delayed audits contributes to gaps in the accountability and transparency of the financial management processes within the MOH.

The Global Fund Secretariat is aware of these financial management challenges and has taken steps to address them. In GC6, the Global Fund invested US\$2.2 million<sup>77</sup> to enhance MOH's financial management systems. However, progress on the performance indicator for the percentage of public financial management system components used for grant financial management remains limited, with the PR unable to provide an update beyond the 2019 baseline of 38%. Limited progress on public financial management system targets<sup>78</sup> can reduce transparency and accountability, affecting the effectiveness and sustainability of grant-funded programs.

As part of Agreed Management Actions from the 2022 OIG audit of Global Fund grants in Mozambique, the Secretariat engaged a consultant to review and evaluate the PMU's organizational and governance structure within the MOH framework. A capacity-building plan was developed in June 2024, along with a costed work plan that includes reviewing and analyzing the functionality of Primavera software and its interoperability with e-SISTAFE. At the time of the audit, the consultant had not been formally engaged to implement the capacity-building action plan.

### **Agreed Management Action 5**

The Global Fund Secretariat, in coordination with the CCM Leadership and CCM Secretariat, will support the CCM in strengthening Conflict of Interest Management capacities through tailored training.

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OWNER: Head, Grant Management Division

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DUE DATE: 28 February 2026

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### **Declining management action on capacity building to enhance internal controls for grant payments and financial reporting**

The Global Fund Secretariat did not agree with the OIG proposal to engage technical assistance for capacity building to enhance internal controls for grant payments and financial reporting given funding constraints on the grant. The Secretariat is however taking steps to support this activity through active engagement with partners to secure this technical assistance.

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<sup>77</sup> Initial grant budget was US\$2.4 million but was subsequently revised to US\$2.3 million. Actuals expenditure was US\$2.2 million

<sup>78</sup> Performance framework targets for using financial management system components for grant financial management were Internal Audit and External Audit for Year 1, Treasury & Funds Flow for Year 2, and Information System and Chart of Accounts for Year 3.



## Annex A. Audit rating classification and methodology

<b>Effective</b>	No issues or few minor issues noted. Internal controls, governance and risk management processes are adequately designed, consistently well implemented, and effective to provide reasonable assurance that the objectives will be met.
<b>Partially Effective</b>	Moderate issues noted. Internal controls, governance and risk management practices are adequately designed, generally well implemented, but one or a limited number of issues were identified that may present a moderate risk to the achievement of the objectives.
<b>Needs significant improvement</b>	One or few significant issues noted. Internal controls, governance and risk management practices have some weaknesses in design or operating effectiveness such that, until they are addressed, there is not yet reasonable assurance that the objectives are likely to be met.
<b>Ineffective</b>	Multiple significant and/or (a) material issue(s) noted. Internal controls, governance and risk management processes are not adequately designed and/or are not generally effective. The nature of these issues is such that the achievement of objectives is seriously compromised.

The OIG audits in accordance with the Global Institute of Internal Auditors' definition of internal auditing, international standards for the professional practice of internal auditing and code of ethics. These standards help ensure the quality and professionalism of the OIG's work. The principles and details of the OIG's audit approach are described in its Charter, Audit Manual, Code of Conduct and specific terms of reference for each engagement. These documents help safeguard the independence of the OIG's auditors and the integrity of its work.

The scope of OIG audits may be specific or broad, depending on the context, and covers risk management, governance and internal controls. Audits test and evaluate supervisory and control systems to determine whether risk is managed appropriately. Detailed testing is used to provide specific assessments of these different areas. Other sources of evidence, such as the work of other auditors/assurance providers, are also used to support the conclusions.

OIG audits typically involve an examination of programs, operations, management systems and procedures of bodies and institutions that manage Global Fund funds, to assess whether they are achieving economy, efficiency and effectiveness in the use of those resources. They may include a review of inputs (financial, human, material, organizational or regulatory means needed for the implementation of the program), outputs (deliverables of the program), results (immediate effects of the program on beneficiaries) and impacts (long-term changes in society that are attributable to Global Fund support).

Audits cover a wide range of topics with a particular focus on issues related to the Impact of Global Fund investments, procurement and supply chain management, change management, and key financial and fiduciary controls.

## Annex B. Risk appetite and risk ratings

In 2018, the Global Fund operationalized a Risk Appetite Framework, setting recommended risk appetite levels for eight key risks affecting Global Fund grants, formed by aggregating 20 sub-risks. Each sub-risk is rated for each grant in a country, using a standardized set of root causes and combining likelihood and severity scores to rate the risk as Very High, High, Moderate, or Low. Individual grant risk ratings are weighted by the grant signed amounts to yield an aggregate Current Risk Level for a country portfolio. A cut-off methodology on high risks is applied (the riskiest 50% of grants are selected) to arrive at a country risk rating.

OIG incorporates risk appetite considerations into its assurance model. Key audit objectives are generally calibrated at broad grant or program levels, but OIG ratings also consider the extent to which individual risks are being effectively assessed and mitigated.

OIG's assessed residual risks are compared against the Secretariat's assessed risk levels at an aggregated level for those of the eight key risks which fall within the Audit's scope. In addition, a narrative explanation is provided every time the OIG and the Secretariat's sub-risk ratings differ. For risk categories where the organization has not set formal risk appetite or levels, OIG opines on the design and effectiveness of the Secretariat's overall processes for assessing and managing those risks.

### **Global Fund grants in Mozambique: comparison of OIG and Secretariat risk levels as of December 2024**

Overall, the updated Secretariat risk levels assessment is aligned with the OIG audit rating except for in-country supply chain, M&E and Accounting & Financial reporting. Below is a summary of the considerations for the OIG's assessed residual risk ratings:

**In-country supply chain** risk is "High" due to storage and distribution challenges. Order processing and delivery times increased from 29 days in Q1 2022 to 74 days in Q4 2023 against a target of 30 days. By Q4 2023, warehouses were overloaded (1-2.8 times capacity) and supply chain data quality was poor (74% of facilities visited by OIG had discrepancies between physical counts, stock cards, and eLMIS records). The lack of an updated strategic plan (since 2014) and limited oversight hinder effective coordination and planning of supply chain investments.

**M&E** risk is "High" due to persistent data quality issues, fragmented data landscape, delays, policy gaps, and inadequate improvement plans. The 2022 National Data Quality Assessment revealed overreporting rates for HIV, TB, and malaria indicators ranging from 17% to 25%. Data quality audits for supply chain logistics data from 2022 to 2023 showed marginal improvements, but data accuracy scores were below 50% in four of nine provinces. A proactive data cleaning exercise by the National HIV program revealed an overstatement of PLHIV on antiretroviral treatment by 13% as of June 2024. The summarized action plan from the recent National DQA lacks key elements such as a clear outline of interventions, a detailed budget, timelines, and a follow-up mechanism.

**Accounting & Financial reporting** risk is "High" due to limited interoperability of accounting and financial reporting systems, impacting the quality of financial reporting by the Ministry of Health (MOH). In GC6, progress on the performance indicator for public financial management system components used for grant management was limited, with the PR unable to update beyond the 2019 baseline of 38%. A capacity-building plan was developed in June 2024, along with a costed work plan to review and analyze the functionality of Primavera software and its interoperability with e-SISTAFE. External audits of MOH-managed grants were delayed: the 2021 audits were completed in April 2023, the 2022 audits completed in August 2024, and the 2023 audit has not started. MOH is responsible for implementing four out of seven grants, representing 74% of GC7 allocation.

## Annex C. Stock-out of commodities (2022 – 2023)

Products	Number of facilities stocked out	% of Facilities with Stock outs (out of 23)	Average stock out days	Maximum number of stock out days
<b>HIV</b>				
Abacavir/Lamivudina 120/60mg	4	17%	23	52
Nevirapina (NVP) 50mg/5mL 240mL; Susp	10	43%	23	57
Zidovudine (AZT) 50mg/5mL 240mL; Susp	11	48%	42	79
Determine HIV Test Kit	7	30%	20	62
HIV Self Test	13	68% <sup>79</sup>	38	352
UniGold HIV Test	15	65%	22	88
<b>TB</b>				
RHZE (150/75/400/275)	15	65%	26	111
RH Adult	14	61%	26	105
RHZ Paed (75/50/150mg)	15	65%	43	126
GeneXpert Cartridges (MTB RIF, Ultra or XDR)	1	4%	27	35
<b>Malaria</b>				
Artesunate injection	16	70%	28	141
mRDT (Malaria Rapid Test Kits 25 Tests)	5	22%	20	46

### Notes on approach for identifying and reporting stock outs:

- The results are based on a sampled 23 health facilities across 19 districts in five provinces visited by the OIG.
- The OIG covered the period January 2022 to December 2023 and checked whether the sampled health facilities experienced stock outs during that period.
- Stock-outs were verified using primary data sources (stock cards) at health facilities. For completeness, data quality checks were undertaken by triangulating results of physical counts, stock cards, and eLMIS records on the day of the visit.
- Only stock-outs of more than 14 days for commodities were considered material for reporting purposes.
- For ACTs, a stock out is considered if all formulations of ACTs (6, 12, 18 and 24 pack) are out of stock at the same time. There were no instances of total stock outs identified.
- For TLD, a stock out is considered if all formulations (both 30 and 90 pack) are out of stock at the same time. There were no instances of total stock outs identified.

<sup>79</sup> Only 19 out of 23 health facilities visited had HIV self-test kits available. Therefore, 68% (13 of 19) health facilities experienced stock outs of HIV self-test kits during the audit period.