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Mozambique

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on first-, second-, and third-line treatment regimens by patient population, in accordance with the WHO guidelines. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population [Download summary page as PDF](#) [E-mail this page](#)

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- [Adults, Adolescents, and Children \(Greater than or Equal to 5 Years\)](#)
- [Children less than 5 Years](#)
- [Pregnant Women](#)
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-  [Guia de Tratamento Antiretroviral e Infecções Oportunistas no Adulto, Adolescente e Grávida 2009/2010 \(PDF / 10 MB\)](#)

Adults, Adolescents, and Children (Greater than or Equal to 5 Years)

Year Issued:

2014

HIV/TB Co-Infection Addressed:

No

Criteria for Treatment:

WHO stage I or II and CD4 less than or equal to 350 (if no CD4 available, do not start ART)

WHO stage III or IV, regardless of CD4 count

The following are eligible for ART, regardless of clinical stage or CD4 count:

- HIV-TB co-infected
- HIV-HBV co-infected
- Pregnant or lactating HIV infected mothers
- HIV infected persons with invasive cancer
- HIV infected partners of pregnant or lactating HIV negative mothers

Regimen Options:

First Line:

Preferred first line:

TDF + 3TC + EFV

Alternative first line for TDF + 3TC + EFV:

If renal insufficiency, diabetes mellitus, or hypertension:

AZT + 3TC + EFV

If history of serious psychiatric illness:

AZT + 3TC + NVP if CD4 less than or equal to 350

TDF + 3TC + LPV/r if CD4 greater than 350

Second

Line:

1st option:

AZT + 3TC + LPV/r

2nd option (if AZT intolerance):

ABC + 3TC + LPV/r

Third Line:

TDF/AZT + 3TC + RAL + DRV + RITONAVIR

First Line:

Preferred first line:

AZT + 3TC + NVP

Alternative first line for AZT + 3TC + NVP:

If anemia: TDF + 3TC + EFV or ABC + 3TC + EFV

If persistent grade 1 or 2 NVP intolerance: AZT + 3TC + EFV

If grade 3 or 4 NVP intolerance: AZT + 3TC + LPV/r

Second

Line:

1st option:

TDF + 3TC + LPV/r

2nd option (if TDF contra-indicated):

ABC + 3TC + LPV/r

Children greater than or equal to 5 years old:

If failing regimen is AZT/d4T + 3TC + LPV/r:

Change to TDF + 3TC + EFV

If failing regimen is AZT/d4T + 3TC + NVP/EFV:

Change to TDF + 3TC + LPV/r

Third Line:

TDF/AZT + 3TC + RAL + DRV + RITONAVIR

First Line:

If on TB treatment:

TDF/AZT/ABC + 3TC + EFV, or

TDF/AZT/ABC + 3TC + LPV/r

Second

Line:

AZT/TDF/ABC + 3TC + LPV/r

Third Line:

TDF/AZT + 3TC + RAL + DRV + RITONAVIR

Reference:

Guia de Tratamento Antiretroviral e Infecções Oportunistas no Adulto, Criança, Adolescente Grávida E Criança (2014)

Children less than 5 Years

Year Issued:

2015

HIV/TB Co-Infection Addressed:

No

Criteria for Treatment:

Eligible for ART, regardless of clinical stage or CD4 count

Regimen Options:

First Line:

Preferred first line:

AZT + 3TC + NVP

Alternative first line to AZT + 3TC + NVP:

If anemia:

d4T + 3TC + NVP

If anemia and peripheral neuropathy:
ABC + 3TC + NVP

Second

Line:

ABC + 3TC + LPV/r

If failing regimen was ABC + 3TC + NVP:
Change to AZT+3TC+LPV/r

Third Line:

TDF/AZT + 3TC + RAL + DRV + RITONAVIR

First Line:

Preferred first line:

AZT + 3TC + LPV/r: if child is less than 2 years old and mother or child had previous exposure to NVP

Alternative first line to AZT + 3TC + LPV/r:

If anemia:

d4T + 3TC + LPV/r

If anemia and peripheral neuropathy:

ABC + 3TC + LPV/r

Second

Line:

- less than 3 years: ABC + 3TC + NVP
- greater than or equal to 3 years (and greater than or equal to 10 Kg) : ABC + 3TC + EFV

Third Line:

TDF/AZT + 3TC + RAL + DRV + RITONAVIR

Reference:

Guia de Tratamento Antiretroviral e Infecções Oportunistas no Adulto, Criança, Adolescente Grávida E Criança (2014)

Pregnant Women

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

All pregnant or breastfeeding HIV infected women are eligible for ART, regardless of clinical stage, CD4 count, or gestational age (Option B+).

All pregnant or breastfeeding HIV infected women are eligible for cotrimoxazole, regardless of clinical stage or CD4 count.

In facilities that do not yet provide ART and if CD4 greater than or equal to 350, initiate PMTCT at 14 weeks gestation or as soon as possible if presenting later (Option A).

However, if WHO stage 3 or 4 or CD4 less than or equal to 350: refer for initiation of ART

Regimen Options:

First Line:

Preferred first line:

TDF + 3TC + EFV

Alternative first line:

If contra-indications against TDF or if facility does not yet provide TDF:

AZT + 3TC + EFV

If TDF not provided (see above) and anemia:

d4T + 3TC + EFV

If behavior change due to EFV or in psychiatric patients:

TDF + 3TC + LPV/r

Second Line:

Not specified

Third Line:

Not Specified

First Line:

Daily AZT starting at 14 weeks gestation

Single dose NVP at start of labor

AZT + 3TC during labor until 7 days after delivery

Second

Line:

Not Specified

Third Line:

Not Specified

Reference:

Guia de Tratamento Antiretroviral e Infecções Oportunistas no Adulto, Criança, Adolescente Grávida E Criança (2014)

Exposed Newborn

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

See first line regimen.

Regimen Options:

First Line:

If mother is on ART: AZT from birth during 6 weeks

If mother is on PMTCT:

If breastfeeding: NVP from birth until 1 week after ending BF.

If not breastfeeding: NVP from birth during 6 weeks.

Second

Line:

Not specified

Third Line:

Not specified

Reference:

Guia de Tratamento Antiretroviral e Infecções Oportunistas no Adulto, Criança, Adolescente Grávida E Criança (2014)

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