

End of AIDS" requires ambitious testing, treatment, adherence benchmarks, like UNAIDS’ "90-90-90 by 2020". Mozambique's efforts to improve essential maternal/infant antiretroviral treatment (ART) exposes how austerity-related health system short-falls impede public HIV/AIDS service-delivery and hinder effective maternal ART and adherence. In therapeutic borderlands – the intersection where individual, household, community and health-system precarity overlap - HIV+ women, their kinfolk and over-worked care-providers circumnavigate stigma, disclosure risks, and austerity-related scarcity in ways that thwart effective service-delivery and undermine maternal ART uptake and retention. Worrisome patterns of precarious use emerge - ART under-utilization, delayed initiation, intermittent adherence and low retention. Ending HIV/AIDS requires ending austerity, and reinvesting in public health work forces to ensure universal health coverage as household and community safety-net. In an austerity-free Mozambican health system, there would be more and better paid health workers in well-maintained facilities, space for families to seek healthcare together, and Mozambicans would call the shots.