

**TECHNICAL REVIEW OF THE HIV AND AIDS  
THEMATIC AREA 22<sup>nd</sup> SEPT 2010**

**Progress on Health Sector HIV response**

**MINISTRY OF HEALTH AND SOCIAL WELFARE**



# OUTLINE

- ▶ INTRODUCTION
- ▶ PROGRESS
  - ON HIV INTERVENTIONS
  - CHALLENGES
  - THE WAY FOWARD

# Health Sector HIV and AIDS Response in TZ

- ▶ Health Sector HIV Response in Tanzania is part of the National Multisectoral Response
- ▶ It is coordinated by MOHSW and guided by the following documents:
  - National HIV & AIDS Policy 2001
  - National Multisectoral Framework II (2008–12)
  - Health Sector Strategic Plan II (2009 – 2015)
  - Health Sector HIV Strategic Plan II (2008–12)

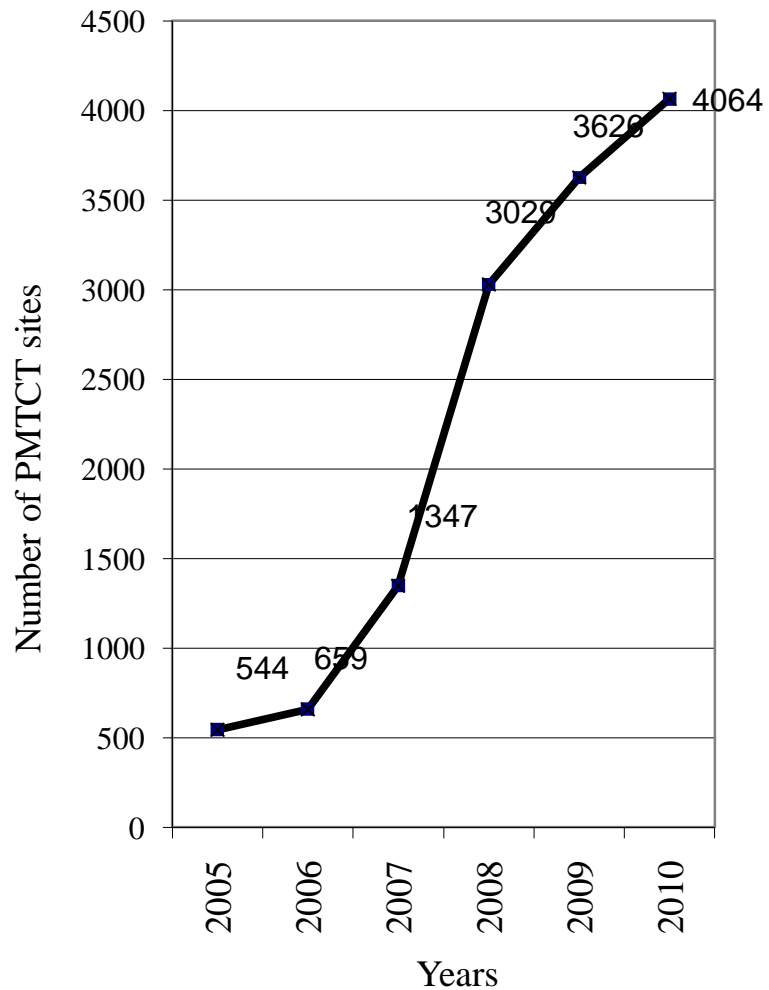
# Themes of Health Sector HIV and AIDS Response in Tz.

- ▶ Prevention
- ▶ Care and treatment
- ▶ Cross Cutting
- ▶ Health System Strengthening

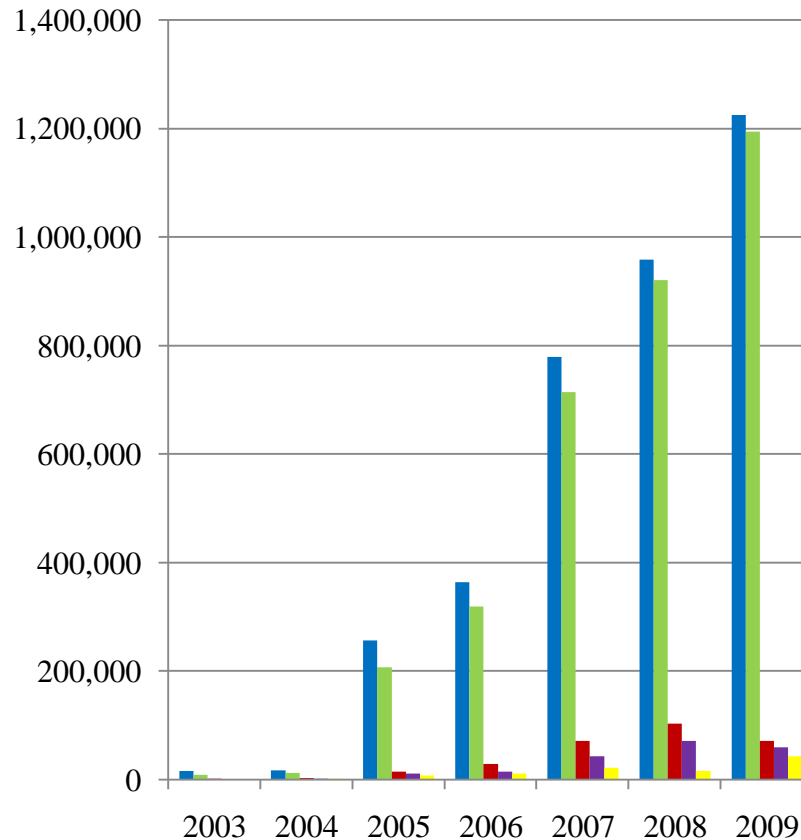
# Prevention Interventions

1. Prevention of Mother to child transmission (PMTCT),
2. Sexual Transmission Infections
3. Male Circumcision,
4. HIV Testing and Counseling
5. Blood Safety,
6. workplace interventions,
7. Youth friendly services and
8. Positive prevention.

# PMTCT Coverage by sites from 2004 to June 2010



# PMTCT Performance Trend 2004 – Dec 2009



- Pregnant women reach at ANC by PMTCT services
- Pregnant women tested for HIV
- Pregnant women tested HIV positive
- Pregnant women received ARV Prophylaxis
- Infant received ARV Prophylaxis

**RCH sites = 4740**  
**PMTCT Sites=4064**  
**Coverage = 85.7%**

## STI services

- ▶ Target :Increase the coverage of HFs providing STI case mng from 3000(66%) to 4000(85%) by 2012
- ▶ Coverage of STI services for both public and private is 3,586 (70%) out of 5,373 HFs
- ▶ Trends of STIs have declined, e.g. the prevalences of Syphilis infection among ANC clients have declined as follows:– 8.2% (2001 /02); 7.3% (2003 /04); 6,9% (2005 /06) and 4.2 (2008) .

# HIV Counseling and Testing

- ▶ To- date a total of 11,741,480 million people have been tested for HIV in the country.
- ▶ VCT sites have increased from 521 in 2004 to 2,314 by March 2010 in both Health Facility based and stand alone (inclusive of Public, FBOs and Private for profit facilities)
- ▶ PITC services has been rolled out in all 21 regions
- ▶ Home Based Counselling and Testing provided in 10 regions (*Manyara, Arusha, Dar-esalaam, Tanga, Kilimanjaro, Coast, Iringa, Morogoro , Mwanza and Dodoma*)

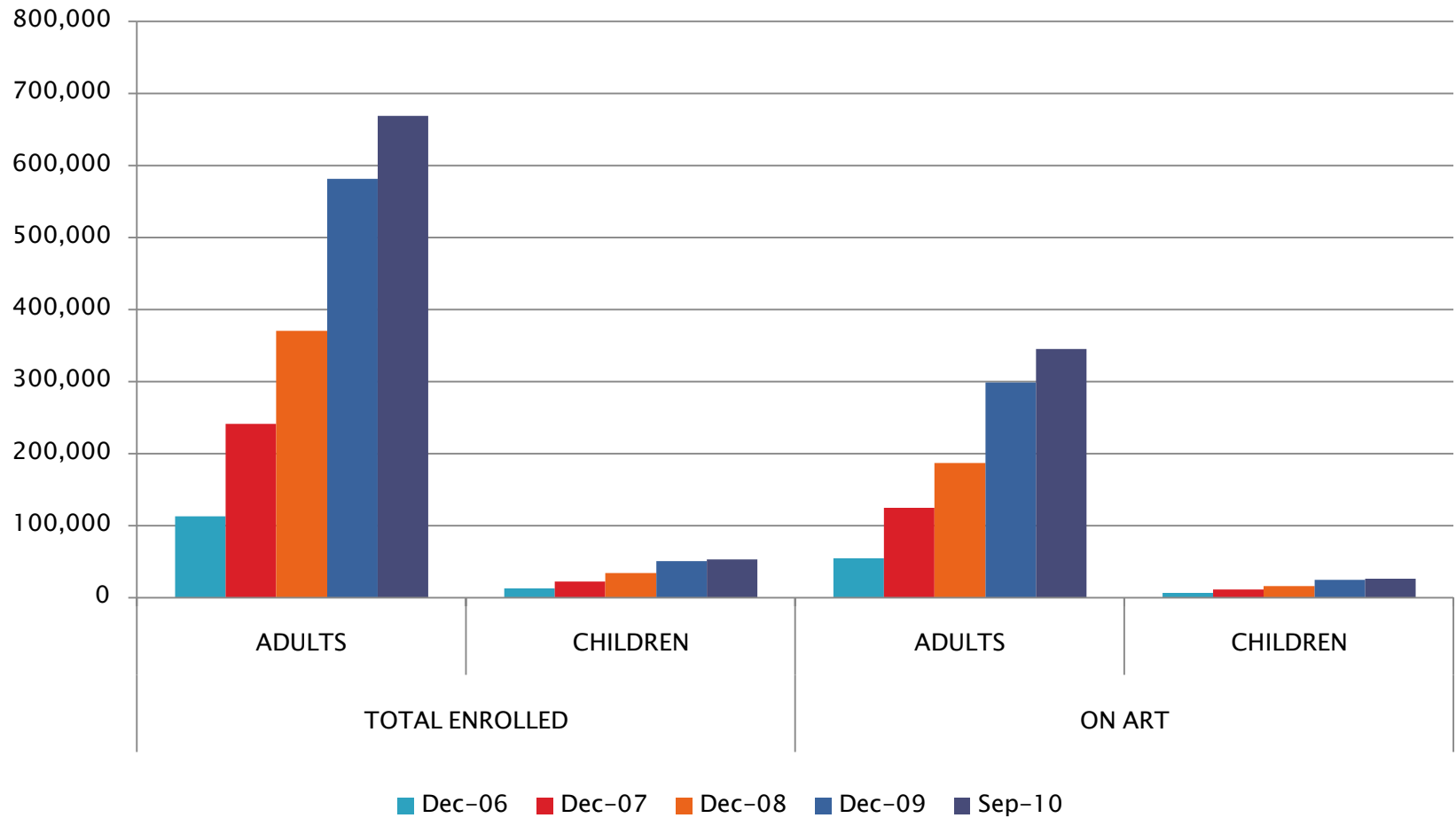
# Care and Treatment Interventions

1. Provision of Anti retroviral Therapy (ART),
2. Laboratory &Diagnostics,
3. Pharmaceutical services,
4. TB/HIV collaborative activities
5. Community Home based services
6. Nutrition support.

# Care and Treatment Services

- ▶ Is one of the key Interventions of Health sector response to HIV and AIDS
- ▶ Care and treatment services for PLHIV include provision of ARVs and other clinical services for the management of OIs
- ▶ Wide access to ARVs was initiated in the country in October 2004 as part of the National care and treatment plan (2003-2008) and activities have continued based on the HSHSP II (2008-2012)

# PLHIV ENROLLED AND ON ART FROM 2006 TO SEPT 2010



# HIV Care and treatment targets and implementation Status-1

**Objective:** To strengthen and scale up implementation of comprehensive care and treatment services in public and private facilities so as to provide ART services to 90% of all PLHIV in need of ART of which 18% will be children by 2012

## **Targets:**

- ▶ 90% of all eligible PLHIV put on ART by 2012
- ▶ 18% of patients on treatment are children by 2012 (from the current 8%)

# Care and treatment targets and Status -2

## Status:

- ▶ 78.4 % (345,006 / 440,000) of eligible for ART were on treatment by June 2010
- ▶ 7.5 % (25,794 / 345,006 ) of all on ART were children below 15 years age by June 2010.
- ▶ 17% of HFs are providing care and treatment services by June 2010.

# Care and treatment targets and Implementation Status-3

- ▶ **Objective 2:** To improve the quality of care for both PLHIV as well as TB patients by strengthening the collaboration between TB and HIV programmes at all levels.
- ▶ **Target:** All CTCs screening PLHIV for TB by 2012
- ▶ **Implementation Status:**  
PLHIV screened for TB is 66% (66% of all HIV patients who received at least one clinical service were also screened for signs and symptoms of Tuberculosis (target is 80%))

**Target :** All TB clinics screening patients for HIV co-infection

**Implementation Status:**

TB cases tested for HIV: – (87.3%) (NTLP report 2009)

# Care and treatment targets and Implementation status-4

- ▶ **Objective 3** To provide quality HIV and AIDS care and treatment to PLHIV and improve the quality of life by 2012.
- ▶ **Target:** A comprehensive package of care and treatment available throughout the Health system according to the level of a facility by 2012
- ▶ **Impl Status:** Guidelines developed and approved
  - National Essential Health Sector HIV Intervention Package (NEHSHIP)
  - Comprehensive Supportive Supervision manual
  - Quality Improvement Guideline for HIV related services
  - Orientation to the RHMT, CHMT, HF teams

# Home Based Care (HBC)

- ▶ The MoHSW has been implementing Home Based Care (HBC) since 1996 and scaled up gradually and by June 2009, services had been established in 110 out of 133 districts. Main implementers are District Councils, NGOs, FBOs and CBOs.

# Laboratory services

- ▶ MOHSW has established National Blood Transfusion Services (NBTS) with 6 zonal blood transfusion centres while 7<sup>th</sup> one is on construction stage.
- ▶ There is ongoing renovation of all regional laboratories, 8 completed; remaining 14 will be completed by the end of 2010. All hospitals form referral to district hospitals have CD4 Machines, chemistry and haematological analyser.

## 2.7 Pharmaceutical and Laboratory supplies

- ▶ Procurement, supply and management of medicines, health commodities and reagents are an important element for the HIV and AIDS responses.
- ▶ The Medical Stores Department was established to offer a centralized procurement, storage and distribution system for all health commodities.

## Pharmaceutical and Laboratory supplies (cont)

- ▶ The MSD is the main stockist and distributor of all medicines and laboratory supplies. Due to emerging demands of major public health diseases including HIV and AIDS, the ability of MSD coping with the demands is constrained.

# Cross Cutting Interventions

1. Stigma and discrimination reduction,
2. Condom programming,
3. IEC/Behavior Change Communication interventions.

# Health System Strengthening

1. M&E
2. Biological and behavioural surveillance on STI, HIV and AIDS
3. HIV, STI and TB drugs resistance and drug side effects

# Strategic information (SI)

## Implementation status:

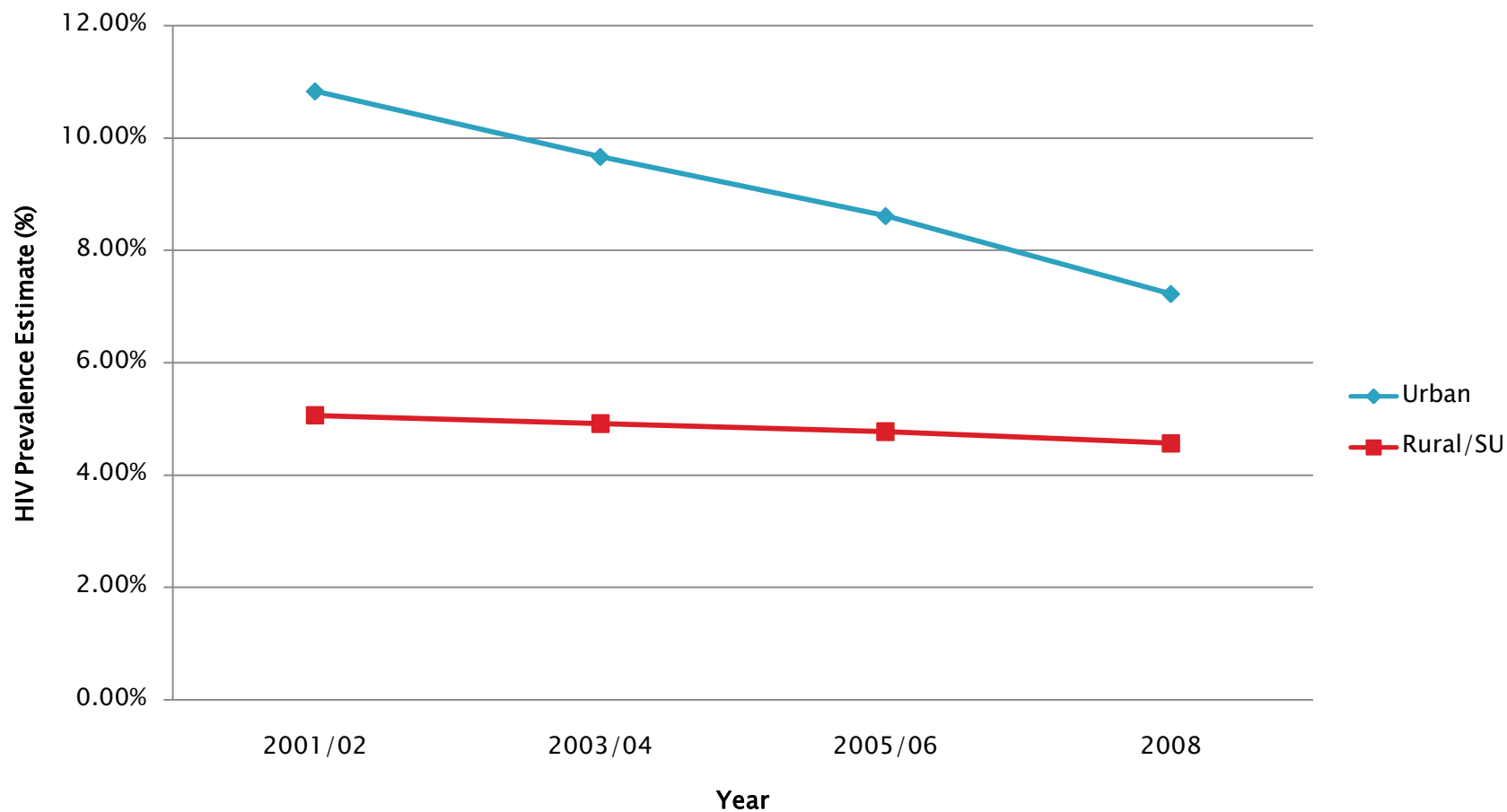
- ▶ Health Sector M&E framework in development:  
Sets of indicators were reviewed and harmonized
  - HIV care and treatment,
  - HIV testing and counseling and home based care
- ▶ NACP Surveillance report no 21 has all routine data collected from Health Sector HIV interventions, ANC sentinel surveillance: *finalized and disseminated*

# Strategic information (SI)– Surveillance

- ▶ ANC Surveillance report No. 4 is in the development process

The Sentinel surveillance of HIV among ANC attendees in the fourth report covers 134 clinics, 6 in each of the 21 regions

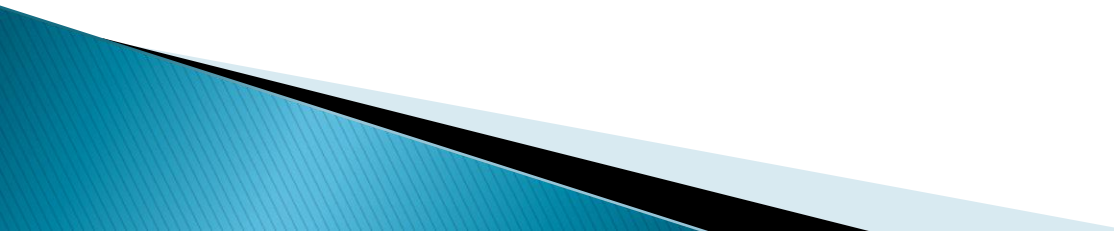
# Comparison of HIV prevalence trends between urban and rural/semi-urban areas



# Strategic Information

- ▶ Implementation of Care and Treatment Services report no. 2 is finalized and ready for dissemination

# Strategic information (SI)– Surveillance

- ▶ Most At Risk Population (MARPS) surveillance
    - Behavioral and Biological Survey among Commercial Sex Workers in Dar es Salaam: data collection completed, awaiting data analysis.
  - ▶ ART Outcome Study: data analysis completed
  - ▶ ART Costing Study: finalized awaiting dissemination
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## Challenges:

The program is expanding so fast that we have to cope with a number of challenges which includes:

- ▶ Human resources for health to deliver HIV health sector services: skilled, number and distribution.
- ▶ Inadequate Infrastructure to provide HIV and AIDS services

## Challenges (cont)

- ▶ Coverage of services is still low compared to population needs: Partial coverage of HIV services in both public and private Health centres and dispensaries.
- ▶ Availability of adequate and predictable financial resources to ensure universal access to prevention, care, treatment and support
- ▶ Weak recording and reporting system to capture a rapidly expanding programme.

## Challenges (cont)

- ▶ Weak Logistic Systems for ARVs, OI drugs and Laboratory Supplies
- ▶ Stigma, misconceptions among general public about HIV and AIDS. Most of patients on ART and VCT are women, coverage of children is low
- ▶ Achieving and sustaining quality of care and treatment services
- ▶ Social and religious barriers limit the wide use of condoms

# The way forward

- ▶ Need for sustained commitment to ensure universal access to prevention, care, treatment and support.
- ▶ Health system Strengthen (HR, infrastructure and supplies)
- ▶ Need to increase public awareness to address stigma and discrimination, misconceptions .

## The way forward (cont)

- ▶ Strengthen recording and reporting system to cope with rapid expanding HIV health sector interventions / services
- ▶ Scale up implementation of Quality health sector HIV and AIDS related services
- ▶ Improved linkage of HIV and AIDS services and other health care delivery services
- ▶ Integrates HIV related services into CCHP

**THANK YOU**

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