



Implementation Status of the National Multisectoral HIV Prevention Strategy 2009-2012

**Technical Review Meeting of HIV & AIDS
Thematic Area**

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Outline



- Rationale new HIV Prevention Strategy?
- Considerations in the formulation of the HIV Prevention Strategy
- HIV prevention priorities for Tanzania Mainland
 - population groups
- Expected Outcomes
- Institutional Arrangements
- Monitoring and Evaluation
- Implementation Status

Why HIV Prevention Strategy for the Mainland?



- Run away Epidemic
 - Over 200,000 new HIV Infections annually
 - New Infections exceeding AIDS deaths
 - New Infections exceeding enrolment into AIDS care
- Efforts not aligned to drivers of the epidemic
 - Little focus on sexual behaviours driving the epidemic - multiple concurrent partnerships, transactional sex etc
 - Male circumcision not part of the HIV prevention package
 - Little focus on socio-cultural and gender norms
- Limited coverage of HIV prevention services
 - Over 60% of adults never tested for HIV
 - About 30% of antenatal mothers no access to PMTCT

Why HIV Prevention Strategy for the Mainland?



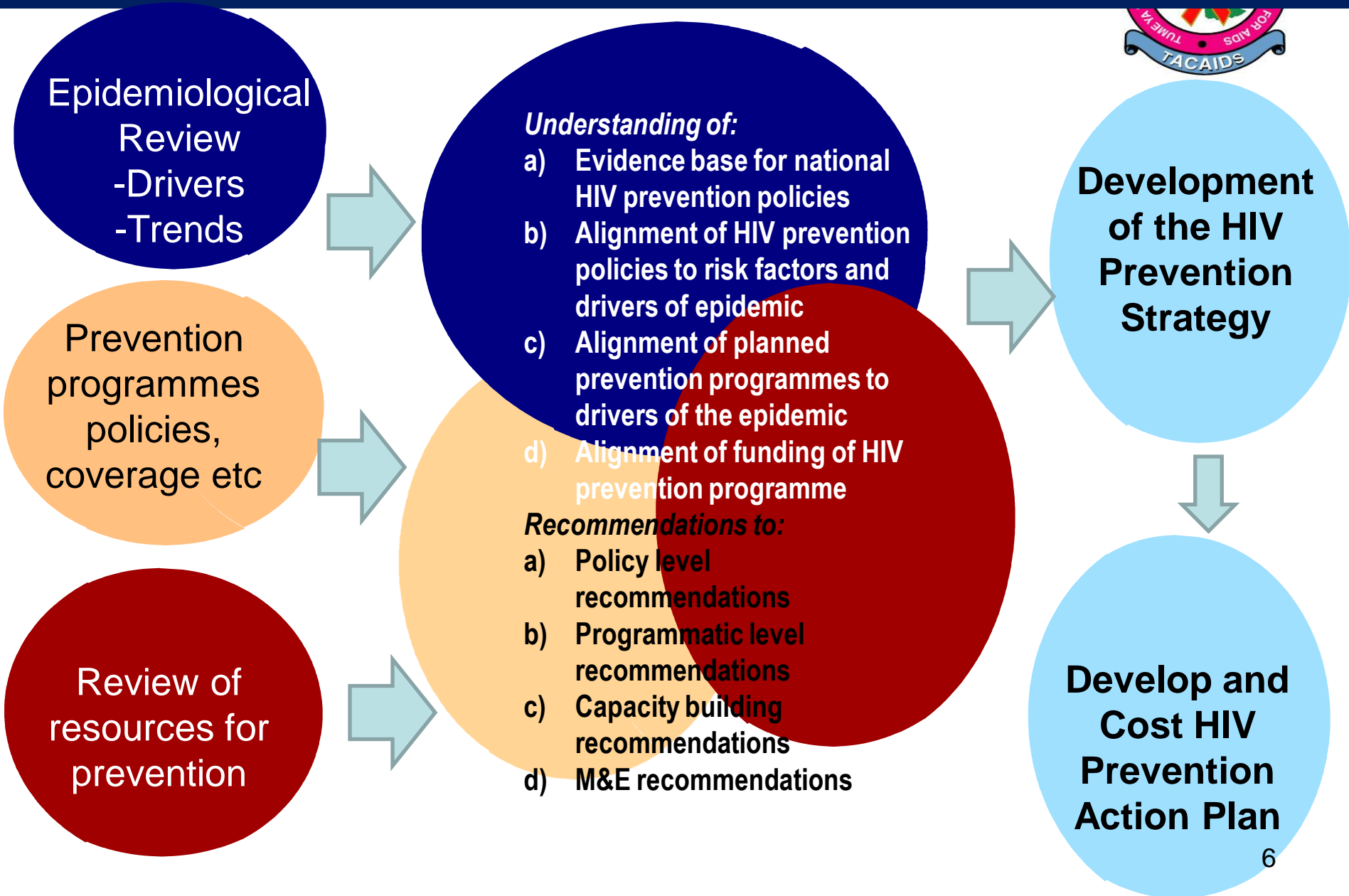
- Current efforts not fully focussed on population groups with highest risk and burden of new infections
- Current efforts not fully aligned to international best practices and state of the art
- There is lack of up-to-date policies and guidelines for some interventions, and new interventions are not in place e.g. MARPs, IDUs, MSMs, Male Circumcision,- just started, etc
- Quality of services not optimum

Considerations in the Formulation of the New HIV Prevention Strategy



- Alignment to NMSF II and HSHSP – the objective is to implement the HIV prevention in these strategic plans
- Focus to the drivers of the HIV and AIDS epidemic in Tanzania Mainland
- Emphasis on combination HIV prevention using appropriate strategies of proven effectiveness
- Identifies minimum HIV prevention package addressing HIV prevention needs of the general population and specific groups
- Recommends targeting of population groups with the highest risk of new infections

Conceptual Framework for the Process





Design of the HIV Prevention Strategy

- Participatory Process through brainstorming within the task force (P-TWC) and small group discussion among stakeholders
- Evidence informed strategies aligned to NMSF, addressing the drivers of the epidemic were formulated, monitoring indicators and targets set
- Workshops organised by TACAIDS to solicit input from wide range of stakeholders:
 - Public / Private Sector
 - NGOs
 - Development Partners
 - Networks of PLWHA and other beneficiaries
- Drafts were extensively circulated for comments
- Final Draft validated in November 2009

Findings: Epidemiology of HIV



- Tanzania experiencing a severe, generalised and mature HIV/AIDS Epidemic
- Heterogeneous epidemic
 - Urban >> Rural
 - Older adults >> Young adults
 - Women >> Men
 - Wealthy >> Poor Households
 - Previously Married >> currently married >> Never married
 - Some Geographical Regions >> others
- Little HIV prevalence decline during past 5 yrs
- No adequate data on trends of HIV incidence
- HIV Prevalence in some regions / population groups still increasing

Findings: Drivers of the HIV Epidemic



- **Biomedical**

- Low levels of male circumcision especially in some regions
- High level of HIV-discordance and low levels of knowledge of HIV serostatus
- High Prevalence of STIs
- Low coverage of quality-assured blood transfusion

- **Behavioural**

- Multiple partnerships,(concurrency)
- Early Sex,
- Cross generational sex,
- Transactional sex , CSWs
- low and inconsistent condom use,
- IDUs and MSM and drug /substance abuse

- **Underlying factors**

- Social Cultural norms and practices
- Gender inequities and Gender-based violence
- Wealth and poverty
- Population mobility for work or trade

Findings: Institutional Arrangements



- Multiple stakeholders involved in HIV prevention countrywide, but some regions underserved
- Biomedical interventions fairly well coordinated through the health sector, with up-to-date policies, technical guidelines, roll-out plans and Strategic information
- Behavioural Interventions and interventions for underlying factors not that well coordinated, with no clear home
- Condoms – Dual arrangement (public and private sector) with no clear lead agency for ensuring condom availability at community level

Goal of new HIV prevention Strategy



The goal of the strategy is to serve as a resource to stakeholders to strengthen planning, implementation, and monitoring of HIV prevention programmes to significantly reduce new infections by 25% by 2012.

Priorities for HIV Prevention



- The priority for HIV prevention is to adequately address the key drivers of the Epidemic in Tanzania Mainland,
- The **specific HIV prevention priorities:**
 - i. Reducing "unsafe sex" i.e. multiple and concurrent sexual partnerships, early debut, cross generational sex, transactional sex and casual sex
 - ii. Making "unsafe sex" safer through condom promotion and increased male circumcision.

Priorities for HIV Prevention



- iii. Reducing gender/socio-cultural/structural constructs that facilitate sexual transmission of HIV in Tanzania.
- iv. Scaling up HIV prevention services i.e. PMTCT, HCT, safe blood, infection control,
- v. Addressing emerging issues and issues for which there is a lack of information but which could potentially have significant contribution to new infections e.g. IDU, MSM, PHDP (PwPs), etc.

Priority population

Groups



- General Population with a strategic shift to adults, married and previously married individuals, wealthy and working adults (including the young people, adolescent girls)
- Residents of high prevalence / high risk locations e.g. urban residents, high HIV prevalence regions, transport corridors, boarder crossings, fish landing sites etc
- Most-at-risk population groups, especially sex workers and their partners, long-distance truckers, fish-mongers, men in military service, IDUs, MSMs,
- Vulnerable population groups e.g. victims of rape and sexual violence, non-infected partners of individuals in HIV sero-discordant relationships, widows, etc

Expected Outcomes



- Increased adoption of safer sexual behaviors and reduction in risk taking behaviors.
- A strengthened and sustainable enabling environment that mitigates underlying factors that drive the HIV epidemic.
- Increased coverage, quality and utilization of HIV prevention services
- Increased understanding of emerging issues that could potentially contribute to new infections
- Strengthened information systems for strategic planning, monitoring, and evaluation of HIV prevention.
- Strengthened coordination of HIV prevention programmes and resources

Institutional arrangements



- The coordination of HIV prevention will facilitate the translation of the HIV prevention strategy into operational plans of line ministries, regional and district governments, communities, NGOs, CBOs and development partners.
- TACAIDS will provide overall oversight of HIV Prevention but will require:
 - Restructuring to create and equip a HIV prevention unit-??
 - Vertical and horizontal linkages
- P-TWC technical reference centre for HIV Prevention
 - TWGs for the various HIV prevention interventions will become subcommittees of the P-TWC
- Development of technical policies and guidelines and monitoring implementation will be responsibility of respective line ministries (MDAs), but with horizontal linkages to TACAIDS

Institutional arrangements



- Regional and district level:
 - Vertical and horizontal linkages among stakeholders
 - RAC / CHAC/DACs - focal points at respective levels, providing oversight to public, private and NGO activities
 - Institutional strengthening of these structures is vital
- Community level:
 - VHTs, VMACs, WMACs currently underfunded, but need to be strengthened
 - DACs and CHACs should provide TA and support to community level structures
- CBOs and PLHIV should be coordinated through their respective networks
- Donor coordination through the DPs fora

Implementation Status-1



- Finalized and validated in November, 2009, awaiting translation into Kiswahili, printing and official launch planned for Nov 2010
- English version with printer for printing
- Some partners have used the document for resource mobilization: USG- PEPFAR- PFIP, GTZ, UN system- UNDAP
- Some MDAs & LGAs e.g. MOLEYD, MOEVT , and UNICEF supported districts have made reference to the document in preparation of MTEFs 2010/2011;

Implementation Status-2



- MOHSW has made reference to the strategy in developing MC strategic and Positive Health Dignity and Prevention (PwP) guidelines
- TACAIDS and UNICEF and UNFPA through UN JP3 supported 10 regions (8 with HIV Prevalence more than 5%) to review their regional HIV strategies and align them with the multisectoral HIV prevention strategy
- Distributed copies of the strategy to all regions
- Dissemination has been planned for CSOs, FBOs, MDAs, Private sector

Implementation Status-3



- TACAIDS in consultation with AED/TMARC and other stakeholders is in a process to develop National BCC Guidelines based on the Multisectoral HIV Prevention Strategy.
- TACAIDS , with support from UNFPA & UNICEF, is working with key stakeholders to develop a communication package for HIV Prevention for young people based on this strategy.

Implementation Status-4



- The Government of Tanzania (GOT) Mainland and Zanzibar worked closely with the U.S. Government to align the prevention components of the 5 year cooperative plan between the two governments, the Partnership Framework Implementation Plan (PFIP) 2009-2013 with the key priorities outlined in the National Multi-sectoral HIV Prevention Strategy 2009-2012

Implementation Status-5



- UNICEF has disseminated the strategy and oriented stakeholders in the districts that it is supporting.
- On going process to orient regional Teams including TACAIDS Regional Coordinators on the prevention strategy and their roles and responsibilities in supporting implementation of the strategy.

Lessons Learned



- The National Multisectoral HIV Prevention Strategy has come at the right time as it provides guidance in HIV Prevention Programming
- It is easier to implement biomedical interventions than behavioral ones as harmonized guidelines are lacking for most interventions targeting behavior change and drivers of epidemic
- Drivers of epidemic are known, however existing interventions do not address them
- It is important to develop regional strategy/plan as they take into account local drivers of epidemic thus greater impact in reducing new infection

Challenges



- Making the strategy a living document
- Advocacy and involvement of Political leaders
- Financing HIV prevention programming
- Capacity in terms of skills and numbers in designing interventions that address the drivers of the epidemic and behavior change
- M & E, Research in HIV Preventions
- Coordination and institutional arrangement to support effective HIV Prevention
- Continuous meaningful involvement of PLHIV

Way Forward-1



- Launch the strategy- November 2010
- Continue disseminating the strategy to all stakeholders including the remaining 10 regions
- Support stakeholders to align their HIV prevention programs to the strategy and local drivers of the epidemic
- Support development guidelines, tools to support interventions targeting drivers of epidemic , behavior change, gender inequalities

Way Forward-2



- Need to identify ways of addressing specific groups where it is known that they contribute to the epidemic but legal/policy framework hamper to reach them with HIV prevention information and services (CSW, IDUs, MSM, others that practice anal sex)
- Focus on decreasing unsafe sex and its gender, social and cultural determinants which should be context specific

Way Forward-3



- Resource mobilization and advocacy for HIV Prevention
- Strengthen coordination and institutional arrangement for HIV prevention at all levels
- Research: KYE-KYR; MARPs, Prevention interventions- e.g. microbicide, HIV Vaccine, etc
- Strengthening strategic partnership
- Scale up good practice in HIV prevention



- THANK YOU FOR YOUR ATTENTION!