



# Outline of the HIV Prevention Strategy for Tanzania Mainland

*(National Multisectoral HIV Prevention Strategy  
2009-2012)*

TACAIDS

# Outline



- Rationale -new HIV Prevention Strategy?
- Considerations in the formulation of the HIV Prevention Strategy
- HIV prevention priorities for Tanzania Mainland
- Minimum HIV prevention package for the general population and most-at-risk population groups
- Expected outcomes for the HIV prevention strategy
- Major HIV Prevention strategies and priority actions for the immediate term
- Implementation and Coordination arrangements
- Monitoring and Evaluation

# Why HIV Prevention Strategy for the Mainland?



- Run away Epidemic
  - Over 130,000 new HIV Infections annually (UNAIDS July 2009 Report)
  - 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 (THMIS 07/08)
  - Over 40% of antenatal mothers no access to PMTCT (2008/09)

# 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

# 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

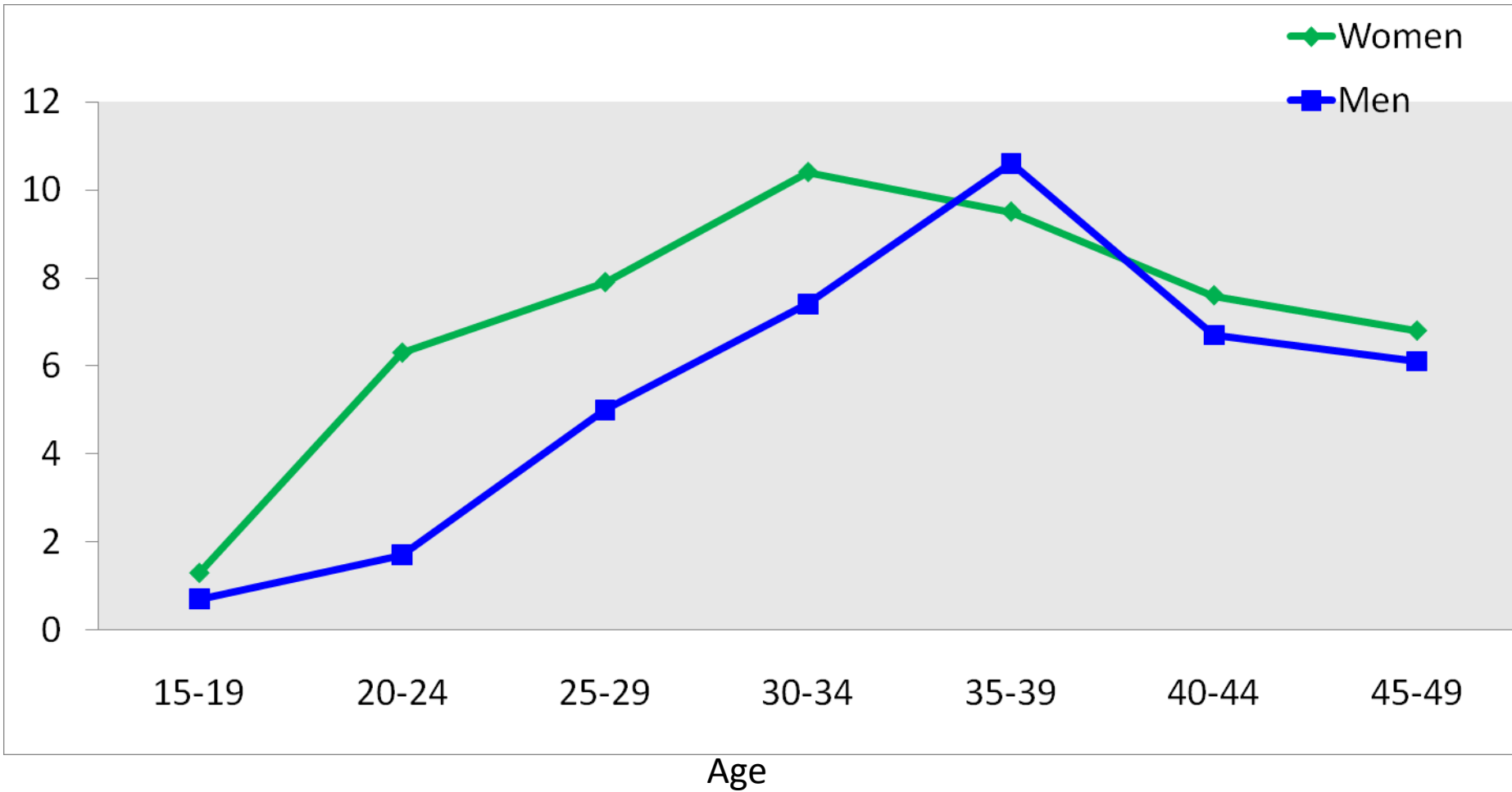
- **Behavioural**

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

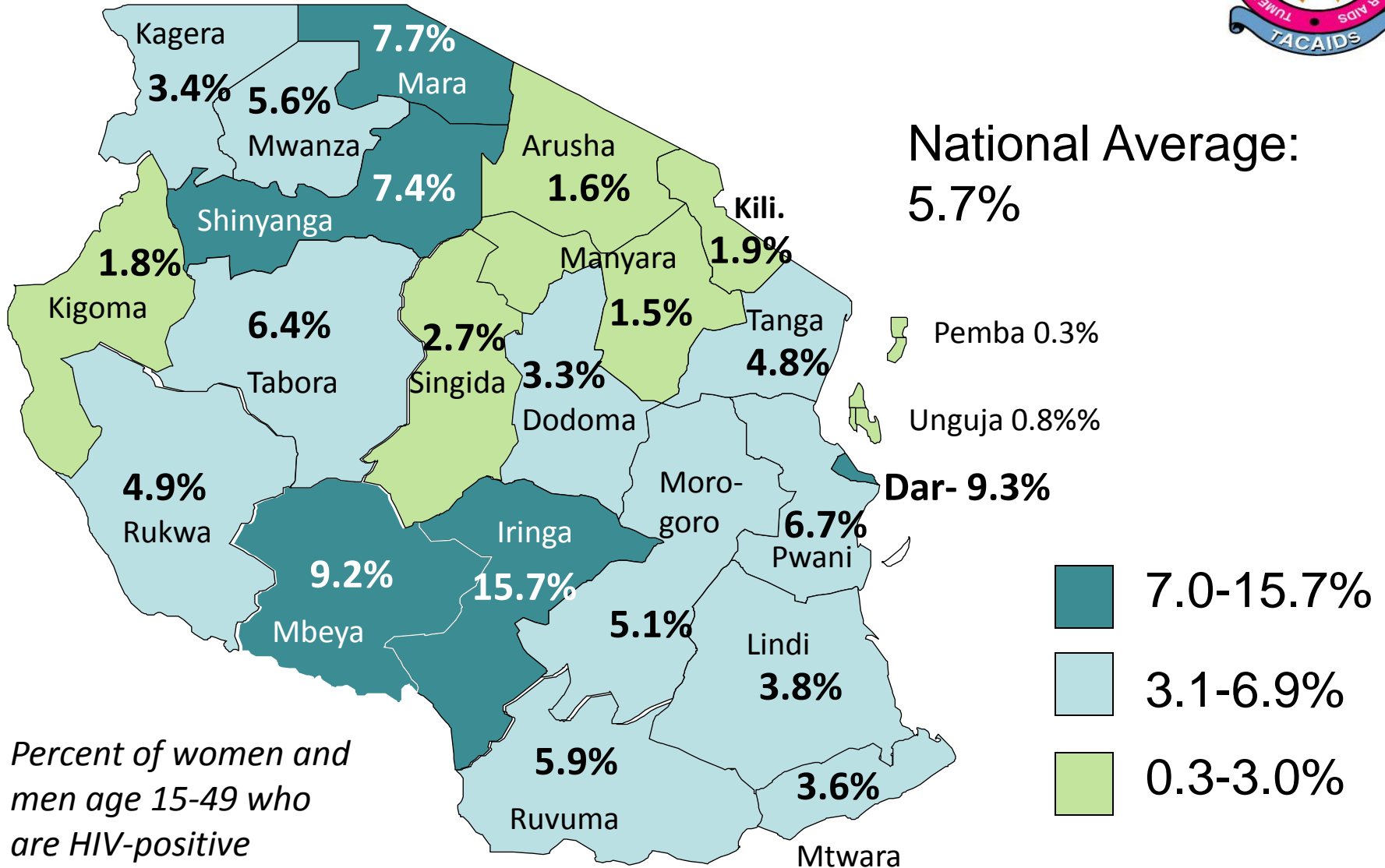
- **Underlying factors**

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

# HIV Prevalence by Age (THMIS 07/08)



# HIV Prevalence by Region



2007-08 THMIS: NBS, TACAIDS, and Macro International, Inc.

# 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



- i. Reducing gender/socio-cultural/structural constructs that facilitate sexual transmission of HIV in Tanzania.
- ii. Scaling up HIV prevention services i.e. PMTCT, HCT, safe blood, *medical infections*, MC
- iii. 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, PwPs (PHDP), CSW etc.

**Note:** PHDP- Positive Health Dignity & Prevention/ PwP- Prevention with Positives/ PP- Positive Prevention. *Preferred term is PHDP.*

# Priority population

## Groups



- **General Population** with a strategic shift to adults, married and previously married individuals, wealthy and working adults without forgetting the young people
- **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, ? Prison population
- **Vulnerable population groups** e.g. victims of rape and sexual violence, non-infected partners of individuals in HIV sero-discordant relationships, widows, etc

# The Minimum Package of HIV Prevention Services for At-Risk Adults



- The Strategy's minimum package of HIV prevention services:
  - i. BCC integrated into existing structures (religious institutions, work places, school, etc)
  - ii. Messages on social norms promoted through mass media
  - iii. HIV counseling and testing
  - iv. Condom promotion
  - v. STI screening and treatment
  - vi. Male circumcision
  - vii. HIV care and treatment
  - viii. PMTCT
  - ix. Blood, injection, and bio-safety
  - x. Supporting policy and advocacy
- Programmes /community leaders should ensure functional referral systems to assure delivery of minimum package

# The Minimum Package of Prevention Services for MARPs



**The HIV Prevention Strategy recommends the following minimum package of HIV prevention services for MARPs**

- Community-based peer education and outreach
- Risk reduction counseling (delivered through peer outreach or in clinic settings)
- Condom promotion and distribution
- HIV counseling and testing
- STI screening and treatment
- Family planning and reproductive health services
- PEP; HIV care and treatment
- Access to health/social services
- Structural issues (both community mobilization initiatives and policy level initiatives, including those which address stigma and discrimination)

# 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

# Major Strategies: 1. Increased Adoption of Safer Sexual Behaviors & reduction in risk taking behaviors-1



## 1.1 Promote safer sexual behavior with emphasis on MCP, transactional, early and CGS and their root causes

- Development of appropriate materials and messages on safer sexual behaviour including sexual networks
- Updating communication strategies and Instructional materials
- Dissemination of messages through appropriate mix of channels
- Outreach education and HIV prevention services for MARPs
- Out reach programmes in high prevalence locations e.g. transport corridors, border crossings, urban entertainment venues and other hotspots
- Refining and expand programmes for youth and workplace

# Major Strategies: 1. Increased Adoption of Safer Sexual Behaviors & reduction in risk taking behaviors-2



## 1.2 Empower community leaders to engage communities in promotion of safer sexual behaviour

- Community dialogue on socio-cultural norms
- Community participation in HIV Prevention services
- Oversight of HIV prevention activities thru VHTs, VMACs, WMACs, CMACs, etc
- Review and enforcement of community byelaws e.g. for CGS

## 1.3 Strengthen the design, implementation, and monitoring of HIV prevention initiatives

- Strengthen community networks including PLHIV
- Strengthening Referral networks to ensure access to minimum package of HIV prevention services
- Focus on quality and set up quality assurance schemes

# Major Strategies: 1. Increased Adoption of Safer Sexual Behaviors & reduction in risk taking behaviors-3



## 1.4 Promote increased participation of PLHIV in HIV prevention initiatives

- Build capacity of PLHIV networks to participate in the design, implementation and monitoring of HIV prevention
- Advocate for representation of PLHIV on district and community level HIV prevention oversight structures
- Support public testimonies and educational activities of PLHIV networks

# Major Strategies: 1. Increased Adoption of Safer Sexual Behaviors & reduction in risk taking behaviors-4



## 1.5 Availability and uptake of condoms

- Streamline condom procurement and distribution to ensure availability of condoms in rural communities
- Target condom distribution to MARPs and high risk venues
- Expand social marketing of male and female condoms
- Promote condom use in long standing relationships, discordant couples

# Major Strategies: 1. Increased Adoption of Safer Sexual Behaviors & reduction in risk taking behaviors-5



## 1.6 Targeted roll-out of male circumcision

- Policies and guidelines and strategic plan for roll out of male circumcision
- Feasibility studies as well as local community perceptions, gender dimensions
- Infrastructural upgrade and training of health workers, equipment and mobile teams
- Phased roll-out of MC, initially in regions with high prevalence of HIV and low prevalence of male circumcision
- Public education on male circumcision

## Major Strategies: 2. A sustainable enabling environment that mitigates underlying factors that drive the HIV epidemic-1



- **Mainstreaming gender considerations in all HIV and AIDS services through**
  - Incorporating gender based violence and gender equity in all HIV and health policies and plans and tracking their implementation
  - Piloting a one-stop service center for GBV survivors and codify a minimum package of services for survivors of GBV
  - Incorporating GBV screening and referrals into all health and HIV services and clinics
  - Linking GBV and HIV in BCC mass media and interpersonal communication campaigns
  - Expanding efforts to effect normative social and cultural change, addressing gender and social norms that underlie key behavioral drivers.

# Major Strategies: 2. A sustainable enabling environment that mitigates underlying factors that drive the HIV epidemic-2



## 2.2 Empower communities to address harmful gender and socio-cultural norms, GBV, stigma and discrimination:

- Develop a multi-sectoral GBV network and a specific GBV budget
- Supporting community to develop by-laws
- Building the capacity of traditional, religious and opinion leaders to speak against harmful cultural practices, beliefs, norms, stigma and discrimination while reinforcing positive practices

## Major Strategies: 2. A sustainable enabling environment that mitigates underlying factors that drive the HIV epidemic-3



- Training workers on existing laws, regulations, standing orders and code of conduct on sexual relationship at work place and supporting their enforcement
- Supporting law enforcement against gender based violence
- Legislation on domestic violence as well as stigma and discrimination
- Safe environments for vulnerable girls and women and GBV victims.
- Linkages with other socio-economic development and support services

# Major Strategies: 3: Increase coverage, quality and utilization of HIV prevention services-1



- Promote utilization of services through
  - Promoting health seeking behaviors ,
  - addressing barriers
- Empowering national, regional, and community leaders to promote high quality HIV prevention services
- Strengthening the supply chain management of medical and pharmaceutical supplies for prevention
- Increased participation of PLHIV in HIV prevention service delivery
- Integration of HIV prevention services in clinical and community settings to maximize access to quality services
  - STI/RCH/FP/TB/PMTCT
  - HCT/Blood transfusion safety, SGBV screening
  - OVC and paediatric counseling

# Major Strategies: 3. Increased coverage, quality and utilization of HIV prevention services-2



- Provision of appropriate HIV prevention services as part of the minimum package of services for specific target audiences
  - Based on minimum package defined for specific population groups
  - Map / inventory of services
  - Strengthen referral networks and their coordination

# 3. Increase access and uptake of HCT:



- Roll out of appropriate mix of HCT service delivery modes
  - provider initiated,
  - Mobile HCT services for MARPs and hard to reach areas,
  - RCT in health clinics like OPD, medical wards, STD clinics
  - Couple counseling and testing with disclosure
- Update HCT policies
  - Paediatric counselling
  - Task shifting to lay counsellors, trained PLHIV
- BCC on testing literacy and increased demand
- Improving effective social support and referral systems:
  - HIV-infected clients - increased access to psychosocial & treatment services
  - For all CT clients - prevention programmes that reinforce risk reduction.
- Develop innovative strategies to improve risk reduction counseling, condom promotion & distribution through CT services.

# 3. Increase access and utilization of PMTCT



- Roll out of revised PMTCT combination regimens
- Integration of services with RCH / AIDS care
- Alternative infant feeding options
- Scale up EID based on DNA-PCR diagnosis
- Expand communication on PMTCT for uptake, male participation and community involvement

# 3. Increase access and utilization of STI



- Scaling up the provision of and referrals to youth-friendly STI clinics, especially targeted to MARPs and urban hotspots
- Scaling up targeted STI management services to hotspot areas and groups e.g. fishermen, truck drivers and sex workers
- Reviewing and strengthening the quality and gender-sensitivity of STI services
- Reviewing STI syndromic management guidelines and incorporating management of HSV-2
- Conducting STI syndrome aetiology validation and antimicrobial susceptibility studies to inform the formulation of national STI syndromic management guidelines

# 3. Increase access and utilization of Medical Infection Control and PEP



- Production of guidelines for infection control, PEP and occupational exposure to all public and private health facilities
- Rollout Hepatitis B vaccines for all health workers in all facilities
- Increasing access to PEP for all people exposed to contamination of blood, blood products, including care-givers, victims of rape and sexual assault and medical staff
- Training all health care workers in infection control through decentralized training at zonal level as well as integration into pre-service training curricular of health care workers
- Supporting functional infection control committees in health facilities
- Strengthen the existing health infrastructure to manage medical waste through provision of incinerators, autoclaving and sterilizing equipment.

# 3. Increased Blood Transfusion Safety



- Ensure all blood supply is screened for HIV according to national standards
- Increase coverage of safe blood distribution from NBTS to at least 80% of health facilities
- Increase number of blood transfusion centers from zonal level to all regions
- Strengthening HIV prevention among blood donors through linkages with HCT
- Increase recruitment of VNRBD through establishment of more blood donor clubs, mobilisation campaigns in schools, and strengthen the data-base of voluntary donors.
- Expanding the coverage of the quality assurance scheme for the NBTS and strengthen storage, testing and distribution

# 3. Increased HIV Prevention among HIV Infected Individuals (PHDP)



- Developing appropriate guidelines for integration of HIV prevention into AIDS care and treatment programmes
- Rolling out to all HIV/AIDS prevention, care, and treatment programs , HIV prevention package for HIV discordant couples and PwPs/PHDP at the facility and community level, with a focus on risk reduction counseling and condom use.
- Training and supporting PLHIV to provide appropriate PwP/PHDP services to peers
- Scaling up provision of condoms to HIV-infected individuals as part of their ongoing care and promote condom use among discordant couples and longstanding relationships
- Promoting premarital HCT, and messaging on HIV transmission such as consistent condom use and partner reduction.

# 4. Emerging Issues and not well understood behaviours



- Strengthen Tanzania's response to substance abuse and addiction treatment, with a focus on IDU and alcohol abuse
- Undertake appropriate studies on magnitude, distribution, and dynamics of IDUs, individuals who abuse alcohol and MSMs
- Pilot behavioral and structural interventions involving a minimum package of HIV prevention services, analyzing risk reduction and addicting treatment in a variety of low-resource settings.
- Conduct sensitization and advocacy campaign with national, district, and community leaders to foster a greater understanding of substance abuse and solutions in Tanzania.
- Rehabilitate mental health facilities or establish rehabilitation centres to accommodate IDUs for rehabilitation services

# 4. Information systems for strategic planning, monitoring, and evaluation of HIV prevention



- **Strengthening outcome and Impact monitoring:**
  - Strengthen Surveillance systems
  - Regular triangulation of data to obtain estimates of HIV incidence
  - Research on HIV incidence determination with a view to obtaining practical ways of ascertaining HIV incidence estimates in future
  - Regular national HIV and AIDS surveillance system and population based surveys as well as surveys among MARPs, including their size estimation and mapping
  - Secondary analysis of existing behavioural and biological data to obtain more in-depth understanding of HIV/AIDS dynamics
  - UNAIDS “modes of HIV transmission study”, for modeling the modes of HIV transmission to better guide alignment HIV transmission dynamics and response.
  - Conducting a service availability and quality assessment surveys

## 4. Information systems for strategic planning, monitoring, and evaluation of HIV prevention



- Strengthening tracking of coverage, outputs and quality of HIV prevention programmes:
  - Strengthen TOMSHA and streamline collection and flow of HIV/AIDS programme data from village, ward, district, regional and national levels.
  - Strengthen the HMIS to collect and report more comprehensive and timely output data .
  - Strengthen the capacity of WMACs and VMACs to utilize M&E data and report it to higher levels.
  - Training and supporting RCTs, RACs and CHAC on collection and reporting of strategic information and how to use the data for their own programme planning

## 4. Information systems for strategic planning, monitoring, and evaluation of HIV prevention



- Strengthen the management, dissemination and utilization of data for programme planning as well as documentation of best practices
  - Establish national HIV/AIDS information and web-based data sharing
  - Undertake studies on magnitude, distribution and dynamics of not-well understood behaviors or MAPRs, such as IDUs, alcohol abuse and risk behavior, and OVC.
  - Strengthening the use of results of HIV and AIDS surveillance and surveys in program planning and evaluation
- Strengthening the tracking of HIV prevention Resources.
  - Expanding the coverage of the existing financial tracking processes, particularly the HIV/AIDS Public Expenditure Review to include disaggregated data on HIV prevention

# 5. Strengthened coordination of HIV prevention programmes and resources



- Strengthen multi-sectoral coordination forums at the national, regional, and community levels to ensure high quality HIV prevention initiatives
- Strengthen national level coordination
- Strengthen the HIV Prevention Technical Working group
- Strengthen regional and district Level coordination of HIV Prevention
- Strengthen ward and community Level coordination of HIV Prevention activities

# Monitoring and Evaluation



- Based on existing M&E processes and structures
- Overall oversight by TACAIDS HIV prevention and M&E unit
- Sectors including NACP/MoHSW to collect and consolidate data in their technical areas
- Utilise existing HIV Prevention indicators and reports against targets
- Data collection through existing mechanisms
  - HMIS and TOMSHA
  - HIV Surveillance systems and surveys
- Regular data aggregation at national and regional and district level
- National HIV Prevention centre/Unit to be established within TACAIDS

# Institutional arrangements-1



- 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 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-2



- Regional and district level:
  - Vertical and horizontal linkages among stakeholders
  - RCTs/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, CMACs 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 such fora as DPG AIDS, DPG Health, etc



THANK YOU FOR  
YOUR ATTENTION!

Indeed Tanzania without  
AIDS is possible.

Play your Part!