

# AIDS NEWS

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**Five Years of Care and Treatment Programme**



## HIV Care and Treatment

### **The Benefits of Care and Treatment**

- **To Improve Health of PLHIVs.**
- **The Guidance on how to live Positively.**
- **Prevention of Mother to Child Transmission of HIV.**



Ministry of Health and Social Welfare



**TEST , PLAN, LIVE**



National AIDS  
Control Programme

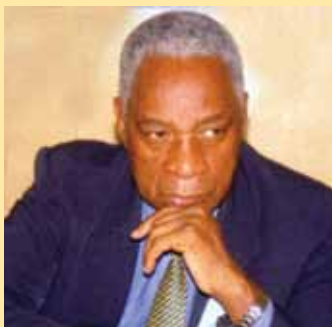
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## From the Editor



Since the discovery of the AIDS disease in the country in the early eighties, many people lost their lives after prolonged illnesses. Nurses and doctors gave up hope and had to send their HIV positive patients home because they had very little to offer. The wasting health conditions of these patients and loss of hope among them, was accompanied by untold grief within many communities as they discovered that their friend, or neighbour was living with HIV, thereby increasing stigma in such societies. This situation made many scientists and other experts to speed up the search for a cure in the international community.

Since 2003, the government of Tanzania, in collaboration with other stakeholders in this field, initiated the provision of free ARV treatment for all eligible AIDS patients in the country. These drugs, have improved the lives of many PLHIVs and restored their energy and will to continue working normally. Some of the employers, who were thinking of dismissing their HIV positive employees, have reduced such uncalled for actions, as such persons can work normally.

For the moment, it is very difficult to recognise any person living with HIV if he/she is using ARV drugs. For that matter, it is better for all us to be more diligent and maintain our moral standards and change our risky sexual behaviour. Similarly, should take special precautions to ensure they are not re-infected or infect others throughout their life.

ARV drugs, despite the fact they are expensive drugs the government is providing them free to all people living with HIV, adults and children regardless of their gender or sex orientation. This programme, initiated since five years ago has reduced stigma and is encouraging PLHIVs to come into the open to educate others.

Apart from having these drugs, the big challenge facing us is to ensure that new infections (incidence rates) are falling down. This will assist the government to also concentrate on other diseases equally affecting the lives of many Tanzanians and degrading our economic growth. Such diseases include Malaria, cancers, TB, diarrhoea etc. It should be remembered that ARV drugs do not cure AIDS instead they just reduce the severity of the disease and prolong life. In this case everyone has a duty to fight with this disease and the presence of these drugs should not place these efforts with something else or reduce the fight altogether. TANZANIA FREE OF AIDS IS POSSIBLE, let us test for living as each one play his/her part.

# Five Years of The National Care and Treatment Plan (2003-2008): Success and Challenges

## INTRODUCTION

Implementation of the National Care and Treatment Plan for People Living with HIV was formulated in October 2004. The programme targets to provide ARV's to eligible People Living with AIDS and other care services like tests and treatments of opportunistic infections. Also it aims to provide ARV's and other services to 440,000 at the end of the year 2010.

Before the provision of ARV's, the Ministry of Health and Social Welfare (MOHSW) through National AIDS Control Programme (NACP) issued guidelines and curriculums for training health care providers to ensure the quality of services offered.

Training on how to provide these services was conducted in phases. The first phase comprised of Referral Hospitals which were Muhimbili (Dar-es-Salaam), Mbeya Referral Hospital (Mbeya), Bugando Medical Centre (Mwanza) and KCMC (Kilimanjaro). Other phases comprised of 32 and up to 2006 health care providers in 200 hospitals were trained.

## ACHIEVEMENTS OF THE PLAN

More expansion of ART services occurred during the following years, whereby at the end of 2005 there were a total of 96 health care facilities providing ARV drugs to 44,000 people. By this time, at least 1,560 health care workers had been trained on ARV management and care. The number of health facilities providing services increased steadily later reaching 200 sites by the end of 2006, and more than 100,000 people were enrolled for ART services.

Between July and December 2007 a total number of 1,333 health care workers from about 500 sites were trained. This number makes the total number of health care workers trained on care and treatment to 2523 since the program started. However, there are other health care workers who have been trained through partners' support in different regions through the regionalization program. At the same time, by 31st December 2007, cumulatively 263,000 people living with HIV and AIDS had been enrolled to the care and treatment, among them 135,696 had already been initiated on antiretroviral drugs (ARV).

By the end of 2008, about 700 health facilities were providing care and treatment services for people living with HIV and AIDS in Tanzania. A total of 407,171 patients are already enrolled on care and among them 205,481 are receiving Antiretroviral drugs (see table I below).

**Table I: ART Enrollment from October 2004 to December 2008**

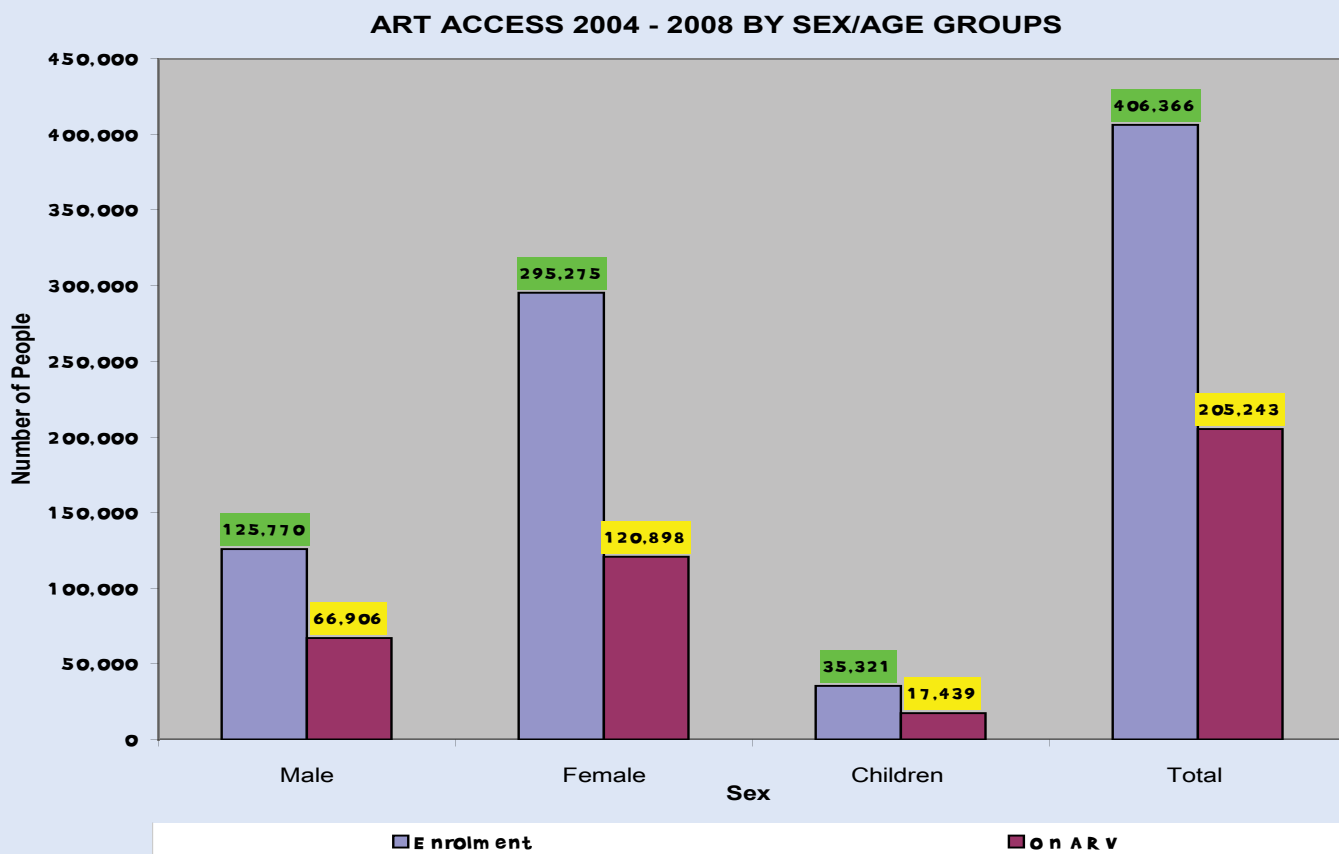
Care Category	Male	Female	Children	Total
Enrolment	125,770	295,275	35,321	406,366
On ARV	66,906	120,898	17,439	205,243

This is a great achievement as the National target is to provide Antiretroviral treatment to 440,000 AIDS patients by 2010. The government of Tanzania with the support from different partners working in Tanzania, especially the Global Fund for AIDS, TB and Malaria has made it possible for

the country to ensure reliable source of funding for ARV access.

The below figure provides the overall achievement in ART/ ARV drug access for all age groups since the program started until December 2008.

**Figure I: Cumulative Number of PLHIVs on ART Care by sex and age category (October 2004 – December 2008)**



**ART ENROLMENT BY REGION**

Enrolment for ART care for each region largely depends on the availability of services and easy access to the available services. It also depends on the situation and magnitude of the HIV and AIDS in the respective region. Dar es Salaam region, with a more favourable physical infrastructure and a bigger number of health facilities providing ART services than the rest of the regions in the country, has a higher number of PLHIVs accessing ART services as can be seen in table II below.

From table II above, it is evident that regions with higher HIV prevalence levels have higher ART enrolment and subsequent increased levels of those already accessing ARV drugs than the

rest. These regions include: Dar es Salaam (over 74,000), Mbeya (over 41,000), Iringa (over 37,000) and Mwanza (over 32,000).

Nine other regions have enrolment above 10,000 people, while Manyara and Kigoma have the lowest enrolment (below 4,000). The figure below gives a picture of the regional enrolment as explained here.

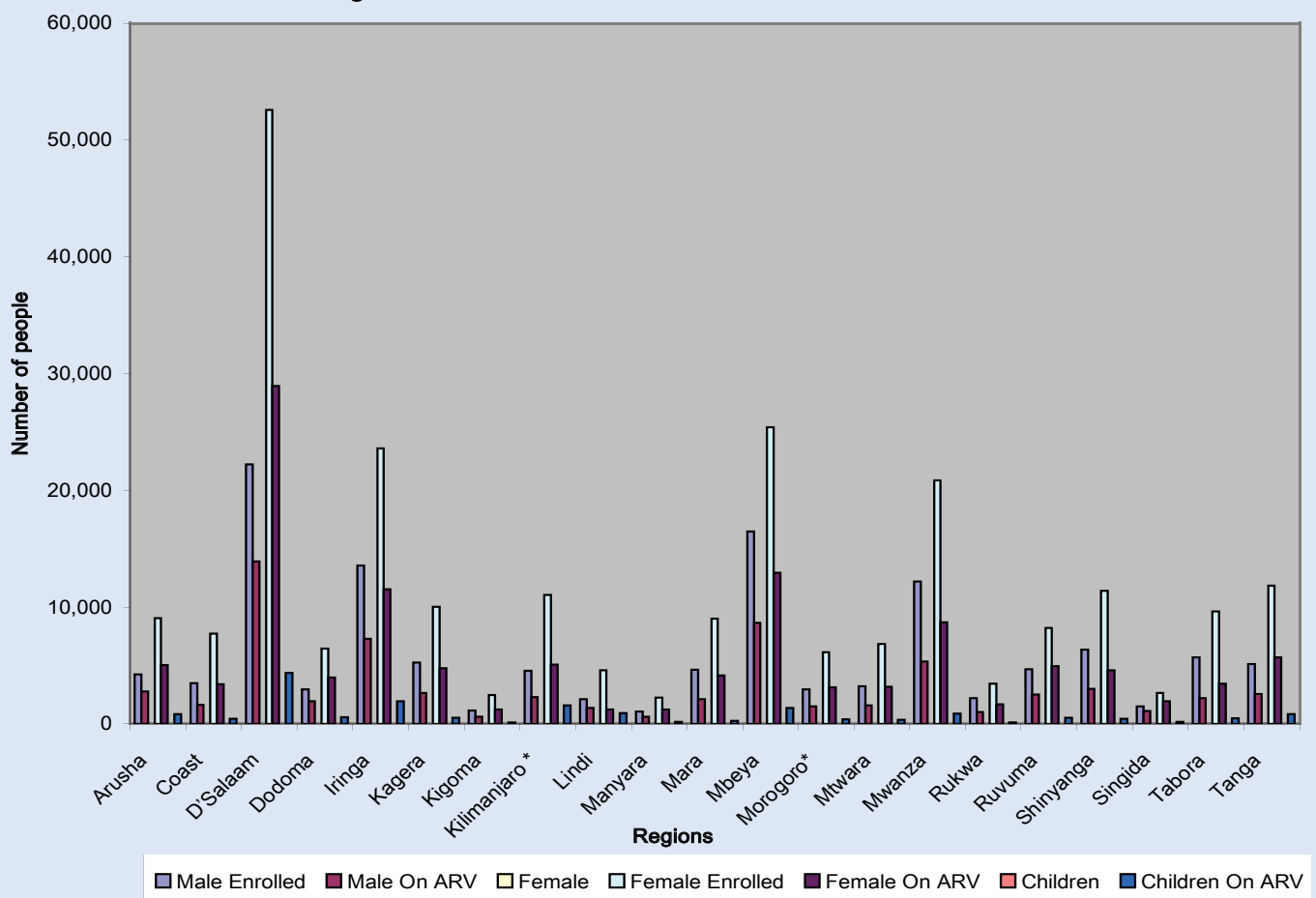
**HIV AND AIDS CARE SERVICES AT HEALTH CENTER AND DISPENSARY LEVEL**

Following the scaling up of HIV and AIDS care and treatment to primary health service levels recently, many more patients are being treated at health centers and dispensary levels. Many of



All the regional, district hospitals, some health centres and dispensaries in the country provide care and treatment services for People Living with HIV including ARV. The picture above shows Mwananyamala hospital.

Figure II: ART ENROLMENT PER REGION BY SEX 2004 - 2008



these health facilities are based at village where there is a bigger population than in the urban areas. Hence, the care and treatment services are now being implemented at the 3<sup>rd</sup> level of health service - based on the levels of health service delivery system in the country; referral/consultant hospitals (level I), Regional and District hospitals (Level II) and level III are dispensaries and health centers. Figure III below illustrates the distribution of services according to these levels. It is obvious that many people are getting their treatment from the 3<sup>rd</sup> level, i.e. at the dispensary level. This also corresponds to the number of dispensaries available in the country compared to the number of hospitals. Tanzania has more than 4,000 dispensaries and just 224 hospitals.

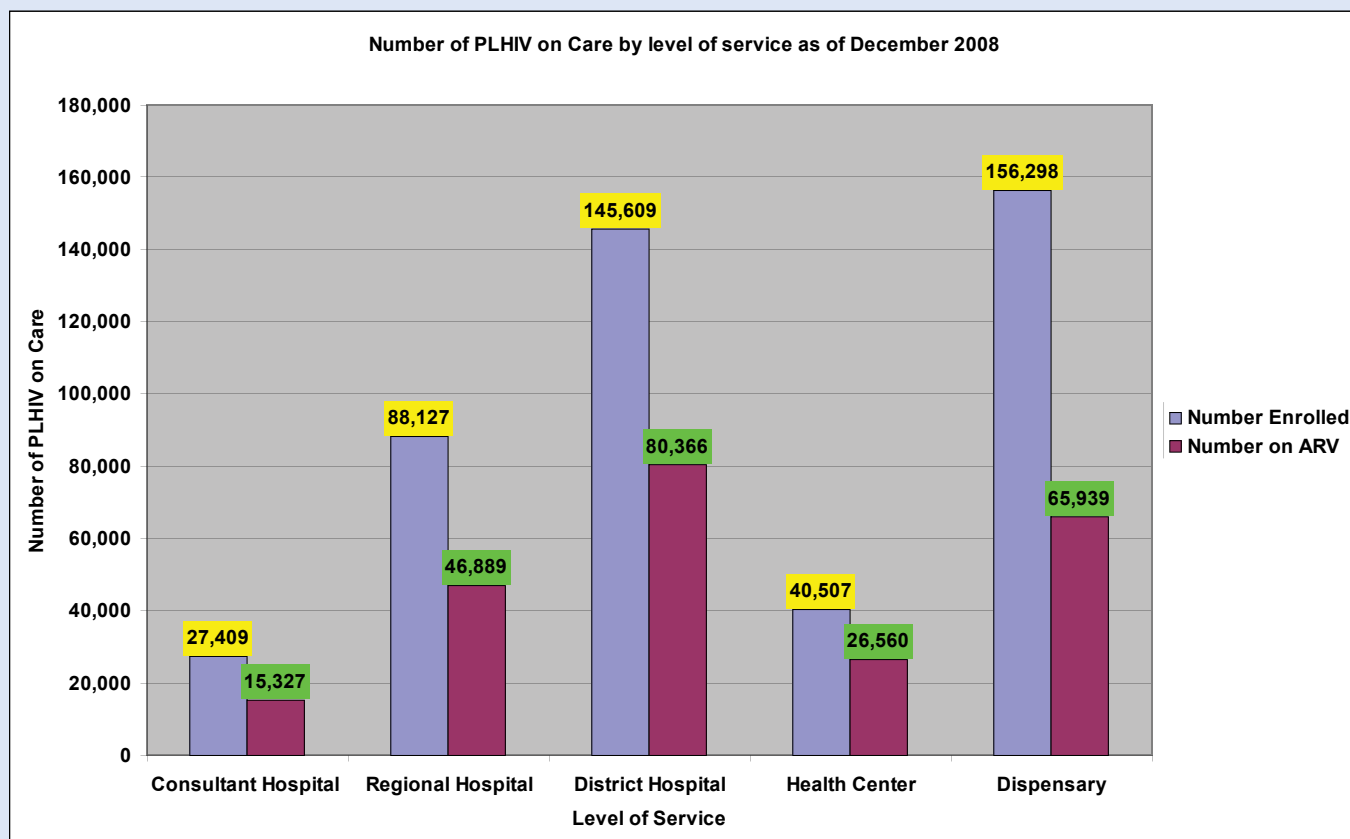
Therefore the importance of the dispensary being the main locus for care and treatment services cannot be over emphasized here.

**CHALLENGES**

**Logistic Systems for ART and Laboratory Supplies:**

ART services are life long once initiated. The health system must be able to ensure timely and continued supply of ARVs and other related commodities. As the programme expands the number of facilities involved and commodities to be distributed are massive, thus requiring a well functioning logistic system to ensure sustainable supply of commodities. The existing logistic system does not adequately meet the demands of the expanding ART programme. This is an area that requires future investment. Related to the life long treatment, there is need to establish Home and Community Based services that will complement the services provided by the formal health system. Massive community mobilization and empowerment is required to establish and

**Figure III: Number of PLHIVs by level of Health Service by December 2008**



sustain such services to ensure continuum of care for People Living with HIV and AIDS.

### **Stigma and Misconceptions**

Over the years, the availability of core HIV and AIDS interventions has increased significantly. However, their full utilization has been hindered by high levels of stigma, misconceptions and ignorance among general population. It would have been expected that with the wide spread availability of ARVs for more than 4 years public literacy and understanding would have been improved. This has not been the case and therefore this scenario calls for massive investment on IEC and advocacy on HIV and AIDS.

### **CONCLUSION**

During the five years of implementation of HIV care and treatment services in Tanzania, there has been a number of achievements in terms of increased coverage, number of patients accessing services, staff capacity building and improved infrastructure of the health system.

The projected growth of patients on ARV services during 2009 is expected to increase from the current 216,150 as of December 2008 to about 350,000 by end of 2009. The amount of resources needed to meet laboratory and drug costs for this number of patients is high, however great achievement the government has made



*A Person living with HIV receives ARV medication and instructions in one of the care and treatment clinic.*

In addition to the expansion, there is need of strengthening the clinical mentoring and supportive supervision by developing/adapting guidelines for clinical mentoring and supportive supervision.

The existing human resource for health is not adequate to meet the existing demands and future expansion of the Care and Treatment services. The Ministry of Health and Social Welfare is expected to recruit some six thousand (6,000) new staff during the current fiscal year 2009/2010 and these workers will fill the existing gaps of health work force, care and treatment services. However, as further expansion of care and treatment services progresses, more health care workers will be required to work extra hard.

# Male Circumcision: Is it another Option For Hiv Prevention?

There is no single intervention that on its own can be relied upon to reduce the impact of HIV and AIDS epidemic. Therefore, prevention of HIV infection continues to depend on the application of a combination of interventions that have been proven effective in reducing its transmission among populations. Of recent, male circumcision has been proved to be one of the measures for preventing HIV infection (Gray, *et al.*, 2000).

Over 40 observational studies conducted, since the early eighties, indicated that circumcised men had lower levels of HIV infection than uncircumcised men. Three randomized efficacy trials conducted in South Africa (Orange State 2005), Kenya (Kisumu 2006) and Uganda (Rakai 2006), have shown that circumcised men were less than half likely to become infected with HIV than those who were uncircumcised during the trial periods (Auvert, *et al.*, 2005, Barclay, 2006).

Following the compelling evidence from these 3 studies, World Health Organization (WHO) and the Joint United Nations Programme on HIV and AIDS (UNAIDS), now recommend male circumcision as one of interventions for preventing HIV infection. Emphasis is put on the appreciation that male circumcision should be implemented alongside other known HIV prevention measures including: safer sexual practices (abstinence, being faithful and condom use), HIV testing and counseling, effective treatment of sexually transmitted infections (STIs), prevention of mother to child transmission (PMTCT), blood safety and standard precautions in health care settings.

## **WHY IS MALE CIRCUMCISION PROTECTIVE AGAINST HIV INFECTION?**

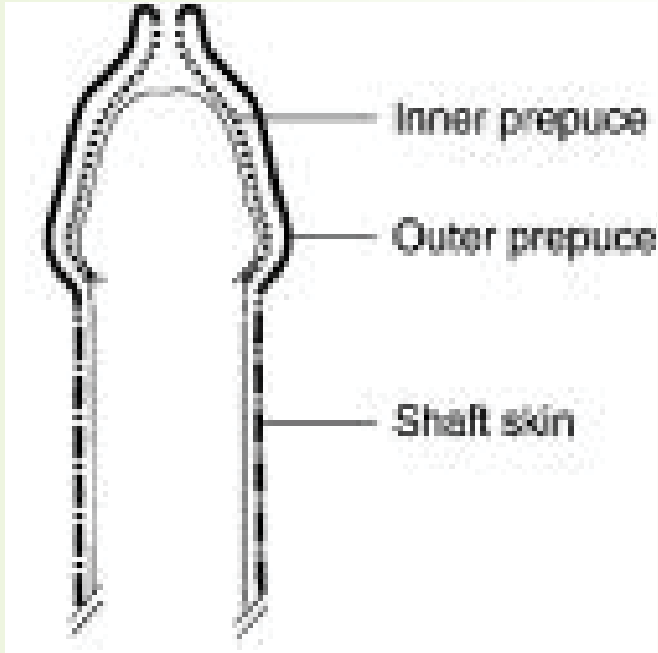
It is biologically evident that circumcision protects against HIV infection (Patterson *et al.*, 2002; Donoval *et al.*, 2006). Firstly, the inner surface of the foreskin is less keratinized, hence, more vulnerable to micro-tears during sexual intercourse.

Secondly, there is higher concentration of cells (T-lymphocytes) which are susceptible to HIV infection in the foreskin. The primary function of these T-Lymphocytes is to fight disease (infection) by literally engulfing any invading foreign organisms (bacteria), thus, killing the invading organisms. However, HIV is never killed by this natural way and eventually is transported into the body by the same T-Lymphocytes when this fight fails where they undergo multiplication and hibernation into other body organs and cells.

Thirdly, uncircumcised men have higher rates of genital ulcer disease compared to circumcised men. Finally, male circumcision has other health and social benefits including: reduced incidence of Urinary Tract Infection (UTI) in children, reduction of other sexually transmitted infections (STI), reduced risk of cancers (cancer of cervix in women and cancer of penis in men) and increased sexual pleasure.

Anecdotal evidence shows that traditional circumcision has a number of surgical complications. Unhygienic conditions in which

traditional circumcision is carried out may predispose individuals to HIV and other blood transmissible infections.

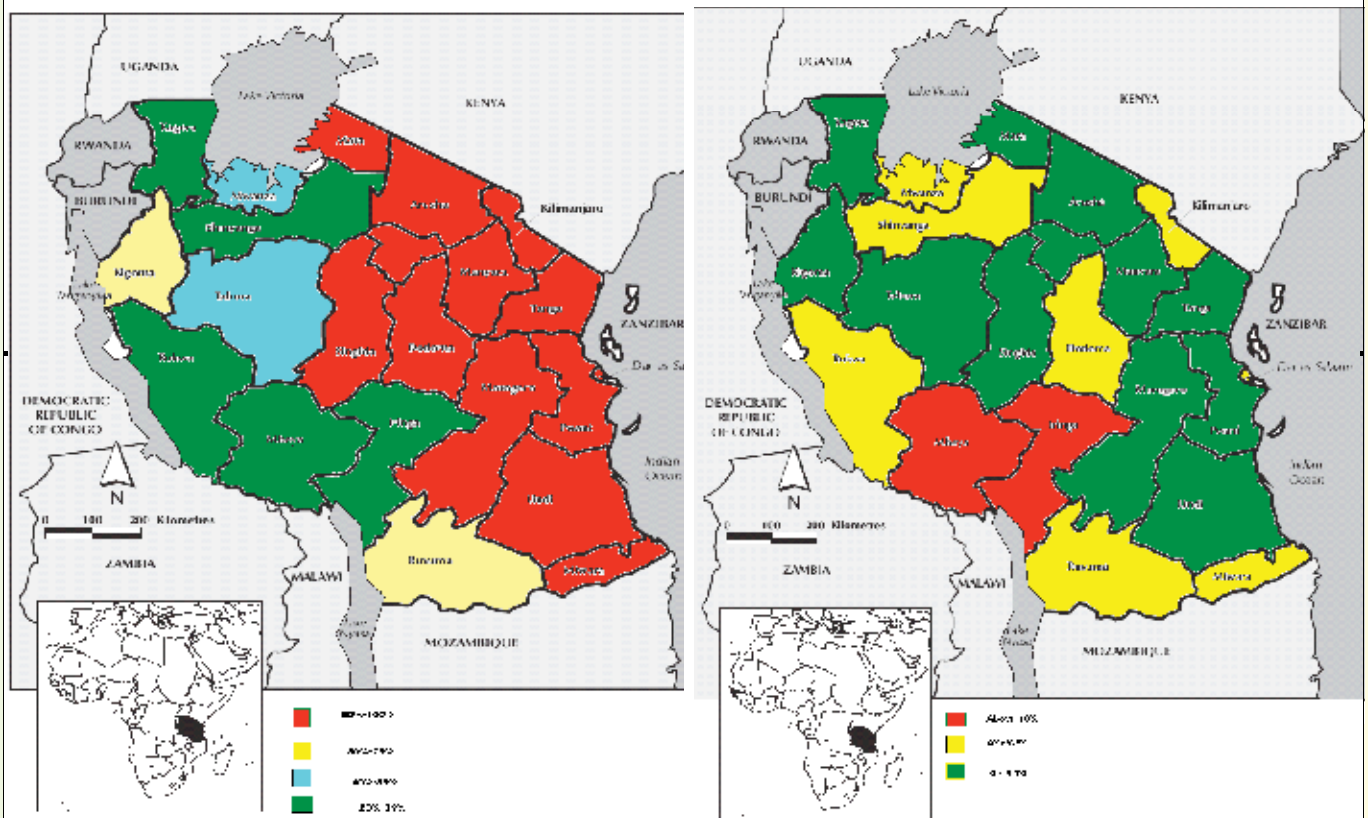


**STATUS OF MALE CIRCUMCISION IN TANZANIA**

From various sources of information including research findings and population surveys regarding male circumcision in Tanzania, it is evident that male circumcision is on average around 60% among males in the country. The Tanzania HIV Indicator Survey of 2003/04 provided a range of male circumcision as shown in the drawing/chart below. The chart shows a rising proportion of male circumcision from the age group 15-19 years onwards, implying low male circumcision below 15 years.

The map below is comparing the prevalence rate of HIV infection and the male circumcision status within different regional population areas in Tanzania. It is showing contradicting phenomenon, whereby the low male circumcision belt has a high HIV prevalence rate.

Male circumcision and HIV prevalence among males aged 15-49 years in Tanzania



# Protect the One You Love Against Fataki

Fataki is the Swahili word that implies eruption of a voice which comes from a mixture of chemical substances known as dynamites.

Recently, the Ministry of Health and Social Welfare through the National AIDS Control Programme (NACP) in collaboration with the Strategic for Radio Development Communication (STRADCOM) used the word FATAKI to educate the society through radio and posters about cross-generational sex between older men and young girls. Special message in this campaign was 'Protect the one you love against FATAKI'. The STRADCOM project is funded by the government of American people through its organization known as USAID – Tanzania Office.

## TARGET GROUP OF THE FATAKI CAMPAIGN

The target group of FATAKI Campaign is the whole society of Tanzania. Everybody on his/her position should be ready at any time to protect any girl who is nearing to be attacked by the FATAKI.

Basically, there is a big relationship between FATAKI behavior and HIV transmission. Mostly, girls who are deceived by FATAKI already have sexual partners of their ages. If the FATAKI is a PLHIV, the possibility of acquiring HIV or other sexually transmitted diseases is high. On the other hand, because he is wealthy, it is hard to determine the HIV status of FATAKI since he will normally look healthy. Since he is older than the girl, his convincing power is also higher than the power of the girl to refuse. In addition, it is

hard to reach a consensus on whether to use or not to use a condom during sexual intercourse, therefore this creating a risky environment for acquiring HIV and other sexually transmitted diseases.

## AIMS OF THE FATAKI CAMPAIGN

This campaign focuses on men who practice cross generational sex because of patriarchy domination and men who use that opportunity to have sex with girls of different age including young girls. Although the FATAKI behavior also is revealed among women but mostly men are the ones who practice it at large. However, it is our expectations that later on, approaches like these will be used to discourage the FATAKI behavior for women as well. The aims of this campaign are:

- To build the vision of informing old men who have sex with young girls that they are FATAKIs with the meaning of a dangerous 'outbreak' and to educate the society on the importance of fighting this behavior.
- To prevent cross generational sex, meaning the act of old men to have sex with young girls
- To motivate the society and families to interrupt and take action of protecting young girls against being deceived by FATAKI.
- To educate girls not to long for things like cell phones, clothes, jewels, meal

invitations, drinks and transport which most of the time they get by having sex with old men, wealthy and popular in the society who uses their wealthy to deceive young girls.

- To educate girls not to have sex at their early ages
- The campaign also gives message to married couples to continue keep up being faithful in their marriages. Men should stop FATAKI behavior; they have to build good relationship in their marriage.
- The other important thing is to initiate dialogue with friends, married couples, and family members and within the society on how to fight and prevent cross-generational sex through this slogan 'FATAKI'.

The FATAKI campaign has opened up and simplified discussions within families and the society. All of us know in many Tanzanian families, according to our culture, it is hard to discuss about sexual and reproductive issues openly.

Many leaders have been heard talking about Fataki campaign. Foreexample, Managing Director of Mufindi District Council, Mr. Limbakisyee Shimwela, was heard talking 'FATAKI has made it easy for me on how to warn

my children about cross generational sex'. "I can talk about the dangers associated with 'lift' and gifts for my young female children by discussing about the FATAKI ATM spot". In Morogoro region, the leader of Dakawa Ward in Mvomero District said that now they relate the concept of FATAKI in their weekly meetings. This has also happened at Sabasaba ward in Morogoro town. Girls have also seen this issue of FATAKI and tried to talk about it. Asia Jacob Kipanga, a young girl from Kibaha Maili moja says 'This FATAKI spot has inspired me, you may find someone who has the disease keeping on approaching and convincing you, that I have money, I will build a house for you, but on the other hand his aim is to transmit the disease to you. Now I beg my fellow girls to leave these FATAKIs".

#### **MESSAGE FOR MEN WHO PRACTICE THE FATAKI BEHAVIOUR**

Men who have FATAKI's behaviour should think on how they would feel if those girls would be their daughters?

#### **MESSAGE FOR YOUNG GIRLS WHO ACCEPTS THE FATAKIS;**

Young girls who have sex with old men longing for short-term pleasure should stop because they endanger their future life because they can be infected with HIV, get pregnant and sexually transmitted infections?

**“Protect The One You Love Against Fataki”**



*This Newsletter will now be published quarterly in two languages, English and Kiswahili.*

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