



United Republic of Tanzania
Ministry of Health, Community Development, Gender, Elderly
and Children

Statement by the Minister for Health, Community Development,
Gender, Elderly and Children Hon. Umyy Ally Mwalimu (MP)
Regarding HIV and AIDS Service Delivery to Key and Vulnerable
Population Groups and its Implementation: 16th February, 2017

According to the Tanzania HIV and Malaria Indicator Survey (THMIS) 2011/2012 the general HIV prevalence is estimated at 5.1% among adults aged 15-49 years. This means that out of 100 people, 5 are HIV positive. In Tanzania there were an estimated 1,325,271 people living with HIV by the end of 2016, out of these 839,574 are currently receiving Anti-retroviral treatment (ART) from about 4,737 health facilities which are providing ART in the country as of June 2016.

Studies show that the HIV prevalence among key and vulnerable populations is higher than that of the general population. The HIV prevalence among these groups is as follows: Female Sex Workers 26%; People who inject drugs 36%;

and men who have sex with other men is 25%. The HIV prevalence among adolescent girls and young women aged 15 -19 is 1.1%, and those aged 20-24 is 4.4%; whereas the HIV prevalence among young boys of the same age groups is 0.6% and 2.8% respectively. This situation compelled the Government to develop a National guideline targeting HIV prevention programs for Key and Vulnerable Populations.

Despite the good intention of the Government and its HIV and AIDS partners to start provision of HIV and AIDS services at community level and health facilities (health centers and dispensaries) using the 2014 Guidelines, it was noted that some HIV implementing partners were not following the National guidelines effectively in the provision of HIV services to key and vulnerable populations (KVP).

Indeed a special investigation that was conducted by a taskforce formulated by the Ministry of Constitutional Affairs and Justice to investigate the allegation that some stakeholders were engaged in activities that promoted homosexuality confirmed that apart from engaging in HIV and AIDS activities, some implementing partners were promoting homosexuality, contrary to the laws of the land. **The report submitted to the Government authorities hitherto provided detailed evidence of existence of homosexuality promotional activities in different parts of the country.**

This situation compelled the Ministry of Health, Community Development, Gender, Elderly and Children to issue a statement on the provision of HIV services to Key and Vulnerable Populations on **25th October, 2016, whereby, among other things, a directive was given to temporarily suspend**

provision of HIV and AIDS services at the community level. This was done in order to:

- I. review the then existing National guidelines for provision of HIV and AIDS services for Key and vulnerable Populations.
- II. review and optimally allocate partners at regional and council levels.
- III. review regional targets for HIV interventions given to KVP implementing partners, and to develop a community package of HIV services targeting key and vulnerable populations that will conform to our systems of providing health and HIV services.

Since the statement was issued, the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), in collaboration with other partners in HIV and AIDS response undertook the following:

- formation of a Task Force that comprised of experts and stakeholders in HIV and AIDS response from Government institutions, Development and Implementing partners, as well as Civil Society Organizations, which reviewed the National Guidelines for HIV Interventions among Key and Vulnerable Populations and came up with a revised 2017 edition of the Guidelines. The Task Force conducted a review of the guidelines from 28th October to 7th of December 2016.
- a review the training package for Key and Vulnerable Populations which is expected to be finalized by the end of February 2017. Once the training package is finalized, services will resume and offered through **Health Centers and Dispensaries.**

- In order to avoid duplication of efforts among KVP implementing partners working in the same District or Ward, the MoHCDGEC, together with Partners, reviewed the existing geographical partners allocation and then allocated one partner per Region/District to implement comprehensive community and facility HIV services targeting KVP. The respective Regional Health Management Teams (RHMTs) and Council Health Management Teams (CHMTs) will closely supervise the implementation of this geographical allocation among partners.
- In addition, a committee of seven Permanent Secretaries from five ministries (Health Community Development, Gender, Elderly and Children; PO-RALG; Constitutional Affairs and Justice; Prime Minister's Office; Home Affairs; Foreign Affairs, East African Community, Regional and International Cooperation; as well as Trade and Investment;) whose Ministries are in one way or another involved in activities related to Key and Vulnerable Populations groups, met in order to advise the Government on the best and feasible way of providing HIV and AIDS services to Key and Vulnerable Populations groups in line with the existing national laws.

With this statement that is being issued today 16th February 2017, the following are directives by the Ministry of Health, Community Development, Gender, Elderly and Children:

1. HIV and AIDS services for these Key and Vulnerable Population groups will be provided as per the revised National guidelines of 2017 and in line with the existing National laws.
2. HIV and AIDS services for these groups will be provided at **health facilities, specifically Dispensaries and Health Centers**, that have been selected and capacitated to provide services in accordance with community needs. This directive is in line with the revised guidelines for KVPs second edition of 2017 and the revised National guidelines for the Management of HIV and AIDS, 2017 edition. In order to promote health services provision, the Government, in collaboration with Implementing partners, will build the capacity of Health Care Workers to provide KVP friendly services so as to increase **accessibility** of health and HIV services to these groups. Services to be provided will include Biomedical Interventions, Behavioral Interventions and Structural Interventions.
3. I direct all Health facilities to ensure that health and HIV services are being provided to all those in need **without any discrimination**. It is against our laws and policies to discriminate in the provision of health services. Any individual, and especially those in the KVP groups who are denied these services, or treated to the contrary, he/she should inform the District Medical Officer (DMO), or the Regional Medical Officer (RMO) of the respective Council/Region, and if necessary even the MoHCDGEC, through the Communications Unit.
4. The use of **“Drop in Centers”** for provision of health and HIV services to KVPs will not be allowed. When necessary, outreach services through

the use of service providers from nearby health facilities will be used. By this statement therefore, the Ministry of Health will not allow Drop in Centers to provide health and HIV services to KVP. Instead, services will be provided through health facilities, specifically Health Centers and Dispensaries that have been registered by the Government.

5. I also direct the NGOs registration authorities to effectively manage and supervise all registered NGOs providing health and HIV services in accordance with the National laws. Additionally, NGOs should submit their Technical and Financial reports, including sources of funds, to the Registrar of NGOs as per NGOs registration requirements and Code of Conduct.
6. Developing and Implementing Partners providing HIV and AIDS services to KVP groups should adhere to their geographical scope of implementation as stipulated in the letter that will be issued by the MoHCDGEC. I therefore urge Regional Administrative Secretaries (RASs) and District Executive Directors (DEDs) to closely supervise all activities undertaken by NGOs working to fight HIV and AIDS in their respective areas.
7. The Committee of Permanent Secretaries from the seven Ministries (Health, Community Development, Gender, Elderly and Children; President's Office-Regional Administration and Local Government Authorities; Prime Minister's Office; Constitutional Affairs and Justice; Home Affairs; Education Science Technology and Vocational Training;

Foreign Affairs; Information, Culture, Arts and Sports and Trade and Investment, whose functions interlink with KVPs will continue to meet regularly to get feedback on how these services are being provided. If the Government finds any violation in service delivery in accordance with the Guidelines, laws and regulations that I have mentioned here, or weather complaints arise from the community level, then this committee of Permanent Secretaries will be required to address the issue through the responsible organs, and not the MoHCDGEC alone. The Committee will subsequently advise the Minister for Health.

In conclusion:

HIV prevalence among Key and Vulnerable Populations remains higher compared to the general population. In order to reduce new HIV infections and end AIDS by 2030, we cannot afford to leave anyone behind. I hereby insist that all partners in the HIV and AIDS response, particularly those involved in service delivery to Key and Vulnerable Populations groups, to adhere to Guidelines, training packages and advice given by the Government in carrying out their activities and to also ensure that they do not act contrary to the National laws, including the Penal Code.

Finally, I remind all implementing partners to submit their technical and financial reports of all activities on a timely manner to the appropriate authorities (Council Health Management Teams and Regional Health Management Teams) in order to monitor how Tanzania is making progress towards eliminating HIV and AIDS by 2030.

Thank you for your attention!

