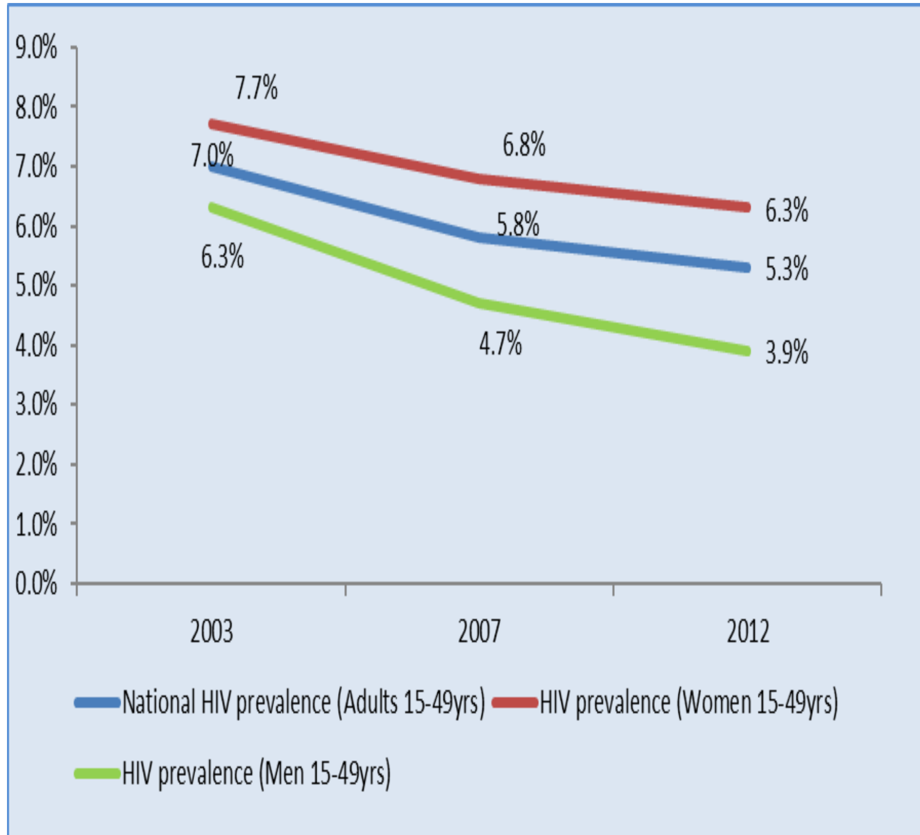
WORLD AIDS DAY (WAD) 2017

Theme - " Contribute to AIDS Trust Fund, Save lives".

HIV in Tanzania



HIV Prevalence trends 2003 -2012 (THMIS, 2012)

HIV Prevalence in Tanzania

- The HIV prevalence has steadily declined over the past decade from 7% in 2003 to 5.3% in 2012 (F= 6.3 % and M= 3.9%)
- More current results will be obtained during launching 1st December, 2017 - launching of Tanzania HIV Indicator Survey (THIS) on 27th November 2017
- Number of People Living with HIV (PLHIV) in Tanzania to be 1,385,779 of which 120,000 (9%) are children aged less than 15 years, 136,251(10%) are young people aged 15-24 years and 821,141(59%) are women.
- The number of new HIV infections has been declining significantly over the years.
- The HIV prevalence in Tanzania is characterized by significant **heterogeneity across age, gender, social-economic status and geographical location, which implies differentials in risk of transmission of infection**.

HIV in Tanzania

HIV and Key Population

- HIV prevalence is higher among the Key Populations (KP)
  - ❑ Female Sex Workers (FSW) at 26%
  - ❑Men Having Sex with men (MSM 25%)
  - ❑People Who Inject Drugs (PWIDs) 36%

  **** (Consensus Estimates on Key Population Size and HIV prevalence in Tanzania through IBBS studies conducted between 2010 and 2014

Geographical Distribution

- In general, HIV prevalence is higher in urban areas than in rural areas, 7.5% versus 4.5% respectively.
  - 1st - Njombe region has the highest prevalence estimate (14.8%)
  - 2nd - Iringa (9.1%) & Mbeya (9%).
  - Lowest - Manyara and Tanga regions have the lowest HIV prevalence estimated at 2% respectively (**THMIS 2012**).
- Even among regions, there is marked heterogeneity among the constituent districts. Some high prevalence districts and hotspots have been identified within regions that have relatively low HIV prevalence.

HIV in Tanzania

New Infections

- This is evidenced by SPECTRUM estimates (2015) that show a decline from 66,249 new HIV infections in 2013, to less than 54,255 new HIV infections in 2015.
- The trend indicates that the country is on track to achieve the NMSF III objective of attaining a 50% reduction in HIV incidence during 2014-18 from 0.32% to 0.16%.
- This is attributable to the effectiveness of the scale-up of interventions in the national HIV response. The trend is expected to continue if the current efforts are sustained

HIV and Age

- The general age structure of the population demonstrates that 63% of the population is aged 24 years and younger **(2012 Population and Housing Census)**.
- **This highlights the need to improve prevention and treatment among younger populations for the health of the future adult productive population**

HIV in Tanzania

HIV and AIDS Care, Treatment and Support services

- Number of PLHIV (Adult and Children) on ART services increased from 432,338 (2012) to 846, 527 (end of 2016) which is 63% of 1,385,779 PLHIV
- Number of facilities offering CTC services increased from 1,176 out of 6,342 (18.5%) in 2012 to 6,155 out of 7,494 (82%) by Dec 2016
- Tanzania have adopted "**Treat all Approach"** whereby all HIV +ve individual are put on treatment

UNAIDS Fast Tracking Strategy

- Tanzania have in place strategies to reach the "Triple 90" by incorporating them in its Strategic Documents – on Going development of Health Sector Strategic Plan IV
- 90% of people living with HIV knowing their HIV status;
- 90% of people who know their HIV-positive status on treatment;
- 90% of people on treatment with suppressed viral loads.

TB HIV

- The number of TB cases in Tanzania is rising primarily as a result of the increase in the prevalence of HIV
- 37% of an estimated 1,385,779 PLHIVs are not covered with ART; as a result, they are more vulnerable to TB infection.
- The HIV epidemic has resulted in an explosion of TB to epidemic proportions in many parts of the world, especially in sub-Saharan Africa, including Tanzania
- According to NTLP program data;
  - 34% of the TB patients were co-infected with HIV in 2016, this is a decrease from 37% in 2013;
  - 91% of the co-infected patients were started on ART and the treatment success rate of TB – HIV co-infected patients was 83%.
  - HIV-associated TB has challenged and constrained gains made in TB care and control,
  - B is the leading preventable cause of death among PLHIV, accounting for 30% of AIDS-related deaths

BMF contribution to National Framework Targets of HIV

Sn	National Indicator and target	BMF contribution through MFP II	Status
1	Increase % pregnant women tested for HIV from 90% to > **9**5% by 2020	• MFP have contributes to increase of pregnant women testing for HIV in 12 districts. • Cumulatively, the pregnant women testing for HIV has increased **by 55%** from 40% in 2012/2013 to **95**% in 2016/17 in the 12 supported districts	**Reached the National target**
2	Increase ART coverage and retention among HIV-positive pregnant women from 79% to **90%**.(by 2020)	• The programme has contributed to improvement on pregnant women who are HIV positive and receiving ART for Prevention of Mother to Child HIV Transmission (PMTCT) by an average **of 28%** increment from 64% at baseline 2012/13 to 92% in 2016/2017	**Reached the National target**

(Reference BMF Business Plan)

BMF TB/HIV Project Contribution in 4 Regions

Since its inception (1st March 2016- 30th September 2017) the following are the achievements as per set targets:

- Number of women and men aged 15+ who received an HIV test and know their result was reached by 136.4%,
- PMTCT primary prevention of HIV infection among of childbearing aged was attained by 101.3% of the set target,
- Notified TB cases, all forms, contributed by non-NTLP providers-community referral by 61% of the target,
- CSOs providing integrated HIV and TB community based interventions was reached by 125%
- All 13 (100%) targeted regional MDR TB centers were refurbished.

Challenges

- Donor dependency to facilitate implementation of the NMSF III and beyond
- Follow up with clients at community level with reported low retention in care and treatment has been associated with the lack of adequate tracking of patients and cases of wrong client information provided
- Adoption of “treat all” guidance has contributed to increased number of PLHIV enrolled into care and treatment- There is low male partner involvement among attendees of PMTCT services and also in testing.
- Stigma continues to be a barrier to access to services by PLHIV
- Cultural barriers including stigma were cited as some of the barriers continuing to hamper condom distribution in the country.
- Adolescent Girls and Young Women (AGYW) are at higher risk of HIV infection, have limited access and uptake of HIV and reproductive health services compared to adults

Mitigation

- Establishment of AIDS Trust Fund (ATF) to address donor dependency
- Developing various Service Delivery Models (SDM) are institutes in clinics to unpack the CTC- e.g.,. Not all clients attend CTC every month, sending a community member to take ARV’s for colleagues etc.
- Stakeholder such as BMF to contribute Government efforts to address various programmatic challenges as stipulated in the Health Sector HIV Strategic Plan (HSHSP IV) Draft, NMSF IV, One Plan II though various funding envelops – ATF, PEPFAR, Global Fund etc.

Tanzania AIDS Trust Fund- ATF

What is it?

- The AIDS Trust Fund was established in March 2015 through a parliamentary amendment to the Tanzania Commission for AIDS Act (No. 22 of 2001).
- ATF complements other funding mechanisms and reduce donor dependency
- This is done through mobilizing, managing, and disbursing domestic funds to support a comprehensive national response to HIV and AIDS in Tanzania
- The ATF is housed within the Tanzania Commission for AIDS (TACAIDS) and acts as an independent structure, advised by a board of governors with its own reporting and financial management systems.

Why have ATF and what's are the benefits

- ATF help Tanzania build a sufficient and sustainable resource base, reduce new HIV infections, and help ensure that those living with or affected by HIV receive high-quality services.
- the short term, the ATF aims to raise enough public and private domestic resources to finance at least 30 percent of the HIV national response over the next two years.
- All Tanzanians are invited to contribute to ATF through 0684-90, 90, 90- YOU ARE INVITED TO CONTRIBUTE. BMF as an Institution have contribute in 2016 and 2017
- On 20th October- MOHCDGEC received allocation of Tsh. 660 Mill for implementation of AIDS response in Health Sector
- On the same date RHMT – Manyara received also be used to provide HIV services around mining communities