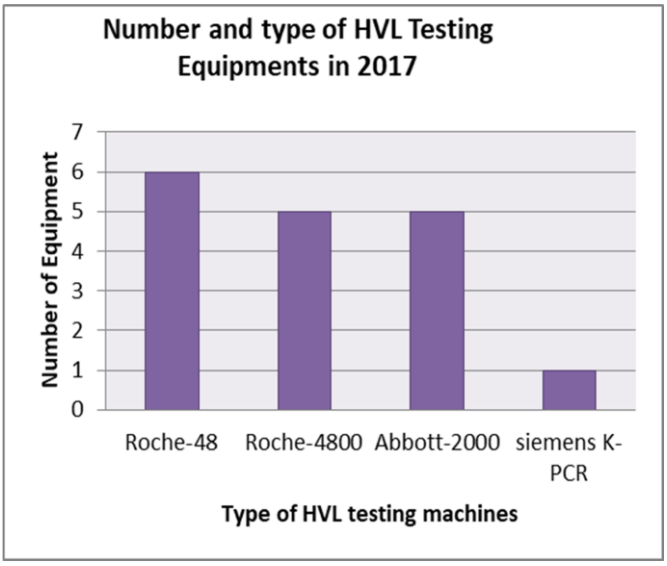
DIFFERENTIATED SERVICE DELIVERY FOR WOMEN LIVING WITH HIV AND PEOPLE WHO INJECT DRUGS

EXECUTIVE SUMMARY

The government of Tanzania through the Ministry of Health, Community Development, Gender. Elderly and Children (MoHCDGEC), National AIDS Control Program (NACP) delivers Prevention, Care and Treatment and Support Services to the People Living with HIV (PLHIV) in the country.

Despite of MoHCDGEC through NACP offering free services on HIV and AIDS to the PLHIV, still certain groups have not been able to access these services some groups have not accessed the services. Models for HIV testing do not reach population across the country, there are inadequate Care and Treatment clinics indicating that Differentiated Service Delivery is needed to bring the services closer to the beneficiaries for subsequently achieving viral suppression among the PLHIV.

Data shows that only 52% of the Tanzanian population knows their HIV status that means there are 48% part of population who doesn't know their HIV status. This is also a barrier to reach the 2nd and 3rd 90s where (90% of people who knows their HIV status, we expect they adhere to treatment and their viral road are suppressed). Medicalization of HIV intervention has resulted a large number of people failing to achieve HIV viral suppression. The outreach model supervised by local government authorities' health facilities, has proved to be difficult to implement because of financial constraints faced by most of the health facilities. Same applies for the HIV viral load (HVL) testing whereby only those few attending to the health facilities will access the HVL testing. Few people on ARVs has achieved viral suppression.



APPROACH AND RESULTS

The MoHCDGEC through the NACP provides HIV Testing services mainly at the health facilities for which unless a person visits, he/ she will not be able to access the services. Even when attending the HF, he/ she may not be offered the service as result of the HIV testing services being provided during public working hours (day time) only. With introduction of the DSD for HIV services, not much of efforts has been invested in the DSD models for community HIV testing. Self-testing is still under scrutiny and house to house testing is not effectively implemented.

WLHIV

DSD for women are limited to those implementable within the health facilities. As a result of financial constraints facing the local government authorities (LGAs), they have not been able to deliver ARVs to the WLHIV at the community level through the Community Outreach Refill model. Due to multiple responsibilities that women at family and community levels, a few women attend to the HFs for CTC services resulting into a few of them getting the Care and Treatment services.

Table 1: ART Coverage Estimate among Women Living with HIV and PWIDs respect with HIV Prevalence

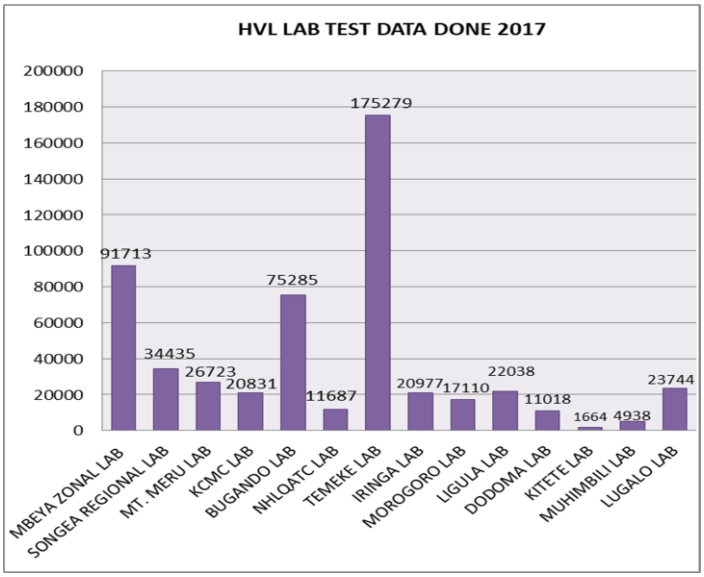
	Living HIV	Prevalence	Newly affected	ART coverage	
				Number	%
Women	810,000	5.5%	30,000	630,884	78
Men	540,000	3.4%	16,000	278,893	52
PWID	30,000	15.5%	-	-	-

With fewer laboratories across the country providing testing for HIV viral load, majority of women living with HIV on ARVs fails to access the HVL test and confirm a viral load suppression and detection of treatment failure/ drug resistance. A few of the clients who are lucky to access the HVL testing end up with very long turn- around times (up to 12 weeks) resulting into loss of results and clients lost to follow up

PWIDs

After a ban on operating the dropping centres for PWIDS, fewer PWIDS have been observed to attend the health facilities for both ART and Methadone Assisted Therapy (MAT) leading the decrease in their attendance to health facilities This has worsened the adherence to treatment with resultant failure to viral suppression among the PWIDS.

Rejection by the MoHCDGEC to implement community ART refill model will continue to compound the challenge to the PWIDS living with HIV as the group faces a number of challenges among a few large costs for transport to and from the CTCs, farming as well as long distances to travel to reach the CTCs. As a result, there are increase in lost to follow ups.

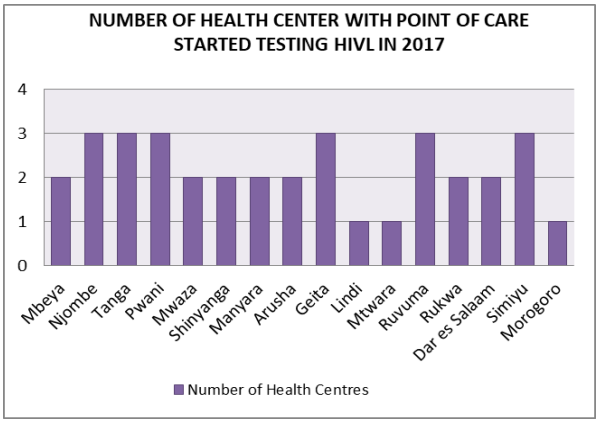


WHAT POLICY ACTIONS THE GOVERNMENT CAN TAKE?

Differentiated Service Delivery for HIV testing, care and treatment and support services is needed for resolving the challenges facing the women and PWIDS living with HIV and at the same time alleviating the challenges affecting the health system. A number of innovations have been made in other countries and proved to be effective towards improving the quality of HIV and AIDS services. The government through MoHCDGEC need to adopt the innovations and implement them in the country as:

FOR WLHIV

1. The MoHCDGEC need to deliver HIV and AIDS in a different way so as to achieve the 90-90 -90 global strategy. Improving the quality of HIV and AIDS Services through Differentiated Service Delivery will facilitate the country to increase the HIV testing rates, enrolment to care and treatment and support services to subsequently achieving the HIV viral suppression and elimination of new HIV infections.
2. The MoHCDGEC need to provide HTS at the level of the community through DSD for HTS as per 2018 National guidelines for management of the HIV infections. Shifting the delivery of HTS from the health facilities to the communities will not only increase number of people tested but also will reduce the costs for women living with HIV to attend to the HFs for that.
3. Implementation of DSD for ARVs delivery to women living with HIV needs to be improved with approval of Community ART delivery refill models so as to enable the PLHIV have easy access to ARVs at a lower cost. The introduction of the community group ARVs refill will also provide opportunity for peer support towards improved adherence.
4. The MoHCDGEC should scale up the HVL testing and bring the service much closer to the communities by introduction of HVL Point of Care (PoC) testing machines which will be placed in the primary and secondary health facilities.



5. The MoHCDGEC is advised to add the number of Community Health Workers (CHWs) to handle different supplies and deliver them to clients in the community through Community ARVs refill model. This measure will improve adherence of women and relieve the HCWs at the facilities of challenges arising from the shortage of human work force facing the facilities.

FOR PWIDs

6. Establishment of friendly centres managed by medical personnel for the PWIDS only will, not only assure them of the MAT refills but also reduced stigma and hence improved adherence resulting into HIV viral suppression. Establishing ARVs and MAT refill model at the police centres for clients in custody will improve adherence among the PWIDS.
7. Implementation of DSD for ARVs delivery to PWIDS living with HIV needs to be improved with approval of Community ART delivery refill models so as to enable the PWIDs have easy access to ARVs at a lower cost and provide opportunity for peer support towards improved adherence among
8. The MoHCDGEC should add the number of drug experts in the Community for delivering services to PWIDs improve adherence and relieve the HCWs at the facilities of challenges arising from the shortage of human work force facing the facilities.
9. The MoHCDGEC need to provide HTS at the level of the community through DSD since many people who inject drugs in the community are not aware of their HIV status. Even when they are tested, the models for ARVs delivery does not favour in accessing the ARVs in the community.

RETURN ON INVESTMENT

If Differentiated Service Delivery is scaled-up then ultimately the cost of care to WLHIV will be reduced and there will be more workforces for the families, fewer people will need consultations at health facilities, viral load suppression will be achieved at high rate and add value to the preventive efforts of new HIV infection.

ACKNOWLEDGEMENT

TNW+ staff and entire project team of TANPUD would like to thank the TNW+ Governing Board. A special thanks goes to MOHCDGEC Care and Treatment unit.

References:

- *Forth National Health Sector HIV and AIDS Strategic plan (HSHSP IV) 2017 – 2022, July 2017.*
- *Preparing for Scale-Up of Differentiated HIV Service Delivery Models in Tanzania- Pilot Implementation Report by the International Training and Education Centre for Health (I-TECH), March 2018.*
- *National Guidelines for the Management of HIV and AIDS, Sixth Edition, October 2017.*
- *National Guideline for Comprehensive Package of HIV Interventions for Key and Vulnerable populations, Second EDITION, April 2017.*
- *Ssonko C, Gonzalez L, Mesic A, da Fonseca MS, Achar J, Safar N, Martin B, Wong S, Casas EC. Delivering HIV care in challenging operating environments: the MSF experience towards differentiated models of care for settings with multiple basic health care needs.*

***For more information, contact*:**

Ms. Joan Chamungu,
Executive Director,
Tanzania Network of Women Living with HIV and AIDS (TNW+), Tabata Maduka Manne Adjacent to Saint Mary's Teachers College,
P.O. Box 77704, Dar es Salaam.
E-mail: tzpositivewomen@yahoo.com
Web: www.tzpositivewomen.net