

Report on the launch of the 4th HIV and AIDS Strategic Plan 9th to 11th 2018

Venue: Mwalimu JK Nyerere Conference Hall Mipango Dodoma

Period: 9th May, 2018

Participants: Ministry of Health Community Development, Gender, Elderly and Children and Partners

Executive Summary

The Ministry of Health Community Development Gender Elderly and Children through the National AIDS Control Program with partners organized an event to commemorate the 30th year anniversary of NACP in Tanzania. This event went together with the launch of the HIV and AIDS Strategic Plan for 2017-2022.

The event was officiated and the launch effected by the Minister responsible for the Ministry of Health Community Development, Gender, Elderly and Children (MOHCDGEC) Umyy Mwalimu (MP), and attended by different government, Nongovernmental Organizations (NGOs), Faith Based Organizations (FBOs) Civil Society Organizations (CSOs), the Private sector and the donor community. The deputy Mr. for Health and the deputy permanent secretary responsible for Health Dr. Zainab Chaula attended the event. Different representatives attended and were given time to share a word and special greetings.

The aim of the meeting has been to contribute to improved quality of the HIV and AIDS services to individuals and community of Tanzania. The focused outcome is to have a community that accesses the essential HIV and AIDS packages for increased access to testing, care, treatment and support services. Stakeholders to this end received information on the achievement and areas of improvement and set targets to ensure increased access especially for men who were reported lagging behind to HIV testing services.

A number of issues rose in the forum. Among other issues, special message was delivered by the Deputy Minister MOHCDGEC Dr. Faustine Ndugulile who lamented on the message delivered to the public by Media that Tanzania launched a HIV treatment; the information which was declared to be false and that to date there is no treatment for HIV in the country. What was said in the forum is the Pre exposure prophylaxis targeting the most at risk groups. The prevention announced was said to be on Pilot.

It was agreed that increasing access of the populations to HIV testing services to bridge the 48% gap of the Tanzanians who have not been reached was seen to be essential strategy to increase access to care and treatment services. To this end, the guest of honor, Umyy Mwalimu, Minister for the MOHCDGEC (MP) directed the Participants and managers to ensure that 50% of the option B stations, which are 3400 in the country, are upgraded to CTC by December 2018. It was further said, the government through the MOHCDGEC will adapt the self testing strategy as recommended by WHO.

The guest of honor, further extended directives to managers to ensure that medicines to HIV clients is provided for the period of three months beyond the current practice of providing for the two months period to reduce the cost and burden of the client in attending the health facilities.

As part of the way forward, the following issues were shared:

To scale up index client testing, Scale up testing generally at facility and community in order to expand the services to men, Engage in Campaign such as Bonanza, football as a targeted campaign strategy and to Use the media to sensitize the community especially men. Other issues to be considered include, the use of Combination strategy, Conducting Advocacy, Considering using youth as peers and champion to sensitize the community, Adolescent girls and women to be used, Increase the CTC by making the Option B plus full CTC.

In order to address the challenges of HIV and AIDS, and for the purpose of increasing access to HIV testing, care, treatment and support services; PORALG and MOHCDGEC have to work together, especially the preventive services unit. It was further insisted that, respecting the devolved mandate of PORALG in interpretation and implementation of the strategies to meet the agreed targets; and the role of MOHCDGEC in policy making was seen to be a cornerstone for the achievement of the intended results.

In the other side, the team players were reminded by the director of Preventive services unit from the MOHCDGEC to protect the values and virtues in respect to African and Tanzanian culture, since some of the stakeholders and partners inject issues which are not relevant for the growth of the community.

For detailed report, see the daily recap, and specifically the panel 1, Panel 2 and way forward as part of the detailed resolutions for action at part 4.11, 4.2 and 4.14 of this report.

1.0 Report for Day 0 (Preparation of the work)

On 8th May 2018, the team of organizers and a secretariat from the MoHCDGEC through the Management of the National Control Program (NACP) and partners were engaged in preparation of the meeting related to administrative arrangements. The task commenced early in the morning from 9.00 AM to late evening and finalized with meeting conducted from 20.30 to 21.30 PM to assess performances.

Briefing on the preparation and issues covered.

As it is said above, the preparation task was finalized with a meeting of the organizers and the secretariat from NACP and partners, the following key issues were covered.

Information was given that at the entrance point a checklist on the orientation desk is designed and thus a team of the personnel responsible is identified and their roles have been defined.

Arrangements on distribution of T-shirts related to the event on celebrating the 30th year's anniversary of NACP in Tanzania was made and approved according to different individuals and groups to be given. This task went hand in hand with ensuring availability of the required stationeries and adjustments of the time table to consider various factors and the timetable of the guest of honor, Directors, relevant

Managers from the president Office Regional Administration and Local Government (PORALG) and responsible Ministries invited.

The organizers agreed to change and make adjustments on the breakfast to commence immediately after the participant has made registration at 8.00 AM for efficient use of time.

A number of issues dealt with and approved to okay include:

Preparation of the room for the guest of honor

Venue set up, high table arrangements and drinks were reported to be okay

An arrangement to welcome the guest of honor by the regional Administrative Secretary (RAS) was reported to be okay.

An arrangement for NACP and partners to display banners, the place to get books, Photo and the issue of Cake including the Per Address Systems were all reported to be okay.

Arrangements to ensure safe and improved sanitation to the wash rooms were reported to be okay.

On the issue of refreshments was reported to be sorted for efficient use of time where two buffets have been allocated for this purpose. Two Drama Group one for Ngoma and the other from NACOPHA to present a Poem.

An arrangement on availability of extra Batteries for the Microphone and other systems was reported to be made for emergency purposes.

A photo point and parking area where all car will be parked outside to leave room for the car of the Minister to be inside the gate was identified and reported.

A team responsible to deal with ushers and the media was reported where Dr. Mastidia and Shoko with supportive members were identified and allocated tasks.

A message was delivered to participants and organizers that 12 regions from Tanzania mainland have confirmed to attend; and thus more information was needed to be disseminated in the whole of Dodoma districts to ensure attendance of the Districts Control Coordinators; and thus such information have to be extended to other regions to increase participation in the event. The team agreed to involve Dr. Iyulu, the Regional AIDS Control Coordinator for Dodoma region to deliver the invitation message to relevant stakeholders. It was also informed that the 5 DACCS from the dare s Salaam region confirmed to attend, and thus almost all HIV implementing partners confirmed their participation.

The projection of participants made was estimated to be 500 people.

It was further said that the speech have to be adjusted to cover demonstration and recognition of larders who coordinated the NACP activities at different period of addressing the challenges of HIV and AIDS pandemic in the country.

After all the above activities were reported and agreed upon, the meeting was adjourned at 21.30 hours.

2.0 Report for Day 1 (launching of the 2017 – 2022 Strategic Plan for HIV and AIDS and Celebration of the 30th year Anniversary of the NACP in Tanzania).

2.1 Registration and Breakfast

This day was specifically marked for the launch of the 4th strategic Plan for 2017 to 2022 and commemoration of the 30th years Anniversary of the NACP in Tanzania. The task begun with registration of the participants as from 8.00 AM, the event connected with taking breakfast immediately after registration.

2.2 Attendance of the Guest of honor and special guests

At the attendance of the guest of honor and special guests, a national Anthem was sung.

The moderator and Director of Ceremony invited the Guest of honor, Umyy Mwalimu (MP) and incumbent Minister of the MoHCDGC and all invitees and made a special greetings to commemorate the event on celebrating the 30 years Anniversary of the NACP in the country and the launch of the 4th HIV and AIDS Strategy for 2017 to 2022 in Tanzania. Special recognition was extended to participants' attendance, and thereafter, the Ngoma Group was invited for performance.

Initially, Dr Angela Ramadhani, manager of the National AIDS Control Programme (NACP) was given time to make general invitation to the guest of honor and special guests attended to represent partners and all stakeholders who attended to the forum. Dr Angela said, it is great pleasure for the stakeholders to attend the meeting which is meant to commemorate the 30th year Anniversary of NACP and launch the 4th HIV and AIDS Strategic Plan (HSHSP IV) for the period of 2017-2022. To this end special appreciation was extended to the participants for their engagement to this important event.

After the NACP Manger, the PEPFAR representative was given time to share a word. The representative said that her participation is to represent PEPFAR team and delegates. Gratitude was extended to the MoHCDGEC and NACP in particular to recognize their importance to participate in this special event and giving them a chance to air greetings to the participants. It was said that the job of the government in combating HIV and AIDS through a number of initiatives carried out for the period of 15 years now in collaboration with USAID is quite significant and highly commended.

It was said that evidence of challenges have been noticed in some occasions causing Tanzania to lag behind in implementation of strategies to combat the HIV and AIDS challenges notwithstanding the initiatives to increase Public awareness and the responses to control the pandemic. Among other issues Stigma to the HIV positive clients was mentioned to be realized and reported which require attention to be minimized in all cases and scenario. It was said that, a team of service providers including Doctors, Nurses and relevant Health professionals responsible are needed to address the gap. It was said that having adequate number of staff which to date is mentioned as among the impediments for smooth

achievement of the intended product is important and thus it has to be considered to be one of the issues for consideration in the improvement plans.

After PEPFAR greetings, UNAIDS representatives was also given time to share a word. It was said that, attendance and involvement of the stakeholders to this important occasion is greatly recognized and appreciated. The organizers were commended for their commitment in the event which its results are vivid. 30 years engagement in HIV and AIDS efforts initiatives to reduce the effects in the country was mentioned to be a long period where the achievements are measurable; HIV patients have been kept on track and maintained. The reduction of new infection rate was commended. The efforts to achieve the 2025 targets and thus the commitment of the president in these efforts were also commended. The efforts of the government to achieve the 90 90 90 target likewise was mentioned as part of the efforts to ensure increased access to treatment, the aftermath of which is reduction of the HIV Mortality rate and increase the life expectancy for people living with HIV to live as a normal person. Stigma was again mentioned as one of the problem hindering people to go for testing and related HIV services.

Speeding on controlling the pandemic was seen to be important

People were called to be innovative on the way of delivering the services with simplified strategies

It was said International solidarity is required for the response

Finally everyone was wished a happy birthday for the NACP

After remarks from partner representative, a Poem by Stephen Jonas Muna from NACOPHA was shared, with congratulating remarks to the government and team on the efforts to combat HIV and AIDS in the country.

The Assistant RAS for the Health Sector, on behalf of the RAS Dodoma, extended a word to the guest of honor and participants to share greetings on behalf of the RAS and the regional Commissioner who congratulates the whole team on the occasion. Furthermore everyone was invited and congratulated on the commemoration of the 30 years anniversary, and the launch of the 4th HIV Strategy. Every one efforts to combat HIV was commended.

The representative of the People living with HIV in Tanzania was given time to share a word. A word of greetings to the guest of honor, invited guests and partners was aird and everyone was wished a Peace of God, and commended for organizing and implementing the event. It was said, people living with HIV recognizes the efforts of the government and partners in executing various strategies at different times to date. The meeting is relevant to share information and strategies to fight against the HIV pandemic.

It was said that the increase of the number of people who are infected and living with HIV is a challenge. However, the efforts on availability of treatment are highly recognized for the positive results realized. This has greatly contributed to reduction of the number of Orphans in the country and the HIV mortality rate.

2.3 Challenges shared by NACOPHA Presented by Justine Mwinuka NACOPHA Chaiperson

Long distance to care and treatment services for more than 50 kilometers, with increased travel cost

A challenge on availability opportunistic infections

Spending long time at the service delivery points; 140 clients served by one service provider such as in Mbeya and Njombe

Bad language with stigma and disseminating information to public a behavior demonstrated by un trustful service provider

Delayed Viral load reports for marked as per standard

All the above challenges was seen to contribute to increased missed appointment and lost to follow up

To minimize the effects of the above challenges, the following recommendations were put forward

Improve outreach services and make arrangement for team members to support each other

Increase testing so that most people can know their status, especially for men who are lagging behind so as to conform with the government targets of 90 90 90.

CSO FBO and the media to be engaged in the efforts

NACOPHA promises to engage in sensitizing testing

Every HIV positive are invited to join NACOPHA

The government efforts, USAID, the donor community and all partners' efforts are commended

2.4 Greetings shared by TACAIDS

Then TACAIDS representative was given time; the Guest of honor, invited guest and all stakeholders were commended for their attendance to this forum; with special recognition to NACOPHA. An appreciation was extended on being among the invitees. It was said that NACP and TACAIDS, in history cannot be entangled on efforts to combat HIV in the country. Special congratulation to the ministry was extended on the contribution to combat HIV. It was said that, the 2nd and the 3rd 90s is done exe 80% have reduced the viral load. The 1st 90, to test is a challenge. About 48% of people in the country do not know their HIV status; and thus more sensitization for this purpose is required. Every participant was wished a good celebration in the anniversary.

2.5 Introductory Remarks by Dr. Leonard Subi Director of Preventive services from the MOHCDGEC

Before the Director of Preventive services was given time to say a word It was said by the moderator that the host of this forum is the director of preventive services. To this end, the director was invited by

the moderator to introduce the high table and invite leaders for the forum. The Regional and District medical Officers (RMOs and DMOs); The regional and District AIDS Control Coordinators (RACCs and DACCs); CSOs and NGOs; local and international were all invited and given time to air a hand of greetings to the participants. Every participant was commended to attend in the occasion and was invited to feel okay in staying at Dodoma. Special appreciation was extended to the minister to attend the occasion and to guide the team in the whole country on the efforts to combat HIV.

It was said that the strategic plan guides the country to reach the 90 90 90 targets by 2020 and to eradicate HIV by 2030. The strategy has considered the assessment of gaps reported through the 3rd strategy. The challenges of key populations, children and women were observed not leaving behind that facing man in the efforts.

The managers involved in the program were mentioned from the period commencing 1988 to 1992, and the 1992 to 2011. Dr. Angela Ramadhani the incumbent manager from 2011 to date was also mentioned.

After the remarks and introduction, Dr. Faustine nduguile Deputy Minister MOHCDGEC was invited. He also extended recognition and appreciation to the minister of health and other guests and participants.

Dr. Ndugulile lamented about the message delivered to the public by Media that Tanzania launched a HIV treatment; the information which was declared to be false insisting that to date there is no treatment for HIV in the country and thus what was mentioned in the forum is the Pre exposure prophylaxis targeting the most at risk groups. However, the prevention announced is still on Pilot and thus the Media have to take note.

The Dr. further said, the 30 anniversary is meant to reflect where have we been, where are we now, and where we want to be. When commemorating through this event and launching the strategy, participants were reminded to decide on what do to redress the balance on fighting against the HIV pandemic; and how testing can be increased to reach the larger population. Finally the guest of honor was invited for the launch.

2.6 Speech by the Guest of Honor

The minister first recognized the presence of leaders, guests, partners and stakeholders; She said that, together with HIV and AIDS, a lot of challenges in the country are experienced including malaria and many other diseases; with a shortage of staff which is critical and aggravating the problem. It was further said that efforts are taken to solve the problem.

Data on the improvement was shared to demonstrate the trend of improvement realized from the period of 2003/4 where prevalence of HIV in the currently was reported to be 7% and now reduced to 4% in 2016/17. The question paused to the participants is that, is it okay to reduce from 5.1 to 4.7% in the period of five years; this was left as a food for thought.

Together with the mentioned challenges, efforts to reduce HIV transmission from the mother to the child was recognized, as one of the evidence of good performance in the struggle against the HIV pandemic..

Participants were exposed to a number of facts regarding the problems encountered, despite of the efforts done. It was said that, in about 11 regions in the country; HIV infection rate have been reported to increase. Furthermore, 12% of the youth in the country from the analysis done have been reported to engage in early sex, the scenario needing attention focusing girls who are most vulnerable biologically and economically including the key populations and other vulnerable groups such as fishermen and long trip Drivers.

The guest of honor commended the contribution of private sector, CSOs, NGOs and the FBOs in the efforts to meet the 90 90 90 global target.

In the other side, the guest of honor lamented on the problem of meeting the target of the first 90 looked at as determinant factor to achieve the 2nd and the 3rd 90s. To this end, a reminder was made to ensure mechanisms are devised for the 1st 90 to be well addressed. The challenge said is not to skip HIV infection but to know the HIV status and thus enrollment of HIV client to ART is a preventive measure.

It was said, having 48 percent of the people in the country who do not know their HIV status is a challenge. The examples of Fiesta on sensitization to the community was picked to reflect good practice where many people will be reached for testing and finally to have increased number of HIV positive clients enrolled to care and treatment which will subsequently contribute to viral load suppression .

Participants and managers were directed to ensure that 50% of the option B stations, which are 3400 in the country, are upgraded to CTC by December 2018. To this end the forum was requested to come out with a plan as part of the resolutions to address the challenges of long distance on access for testing and treatment of HIV. To improve meeting this objective, a reminder was made to ensure integrating the strategy to train the service providers for reduction of stigma to the clients.

The guest of honor likewise shared the challenge of enrollment to ART that to date Male involvement is reported at 86% while women enrollment to ART is 92% an alarm to increase male enrollment.

Together with other strategies, the guest of honor put forward that execution of policy and guidelines accordingly is looked at as one of the solution to achieve results efficiently.

It was further said that, to increase the testing rate, People will test in Health Facilities. Likewise the government will facilitate the current approach recommended by WHO which insists self testing.

Another issue which participants were informed is on the youths aged below 18 years to consent on Testing and relevant HIV services. It was said that some youth engage in sex practice before the age of 15 year a scenario requiring attention for the change of the guidelines and by laws.

Together with support from the donor community, Participants were informed on the 3 billion tshs allocated to address the challenges of HIV in the country with prospects to be increased. 5.3 billions Tshs are allocated for opportunistic infection. The government recognizes the support from the Global fund, PEPFAR, the entire donor community, CSOs, FBOs and the private sector. It was said that 10.3% of the TB clients were identified by the private sector.

Participants and the management were reminded to reduce seminars and training to save money that will be used to reach the clients through tangible intervention for big and tangible results.

The guest of honor commended the efforts on the practice to give HIV clients medicines for the period of two months; and through this meeting directives were given to NACP Management and partners to ensure that from July 2018 the clients receive the medicines for 3 months time.

Three things which were mentioned to be important to be addressed include testing for the HIV, suppression of the viral load and care to the AIDS patients.

After the Speech, Dr. Chaula the deputy Permanent secretary of the Health Sector at PORALG was given time to say a word. She extended appreciation for being invited in this special event, and reminded the MOHCDGEC on its role in making policy and PORALG as an implementer through regions and districts.

Dr. Chaula mentioned the government dispensaries in the country which are 4554, and that proper plans have to be developed to ensure all of them do offer ART services. Concerted efforts and Staff motivation were mentioned to be important taking into account of the hardship encountered in the workplace. Better results were said to be met through improved Coordination, Management and administration including Monitoring and evaluation strategies, mutual support between the MOHCDGEC and PORALG ; and respecting PORALG mandate who gives permission for the MOHCDGEC and partners to go and work with the regions and councils in Tanzania.

The coordinators and preparation team were commended; and thus the ministry has prepared the policy, so engage in implementation of the policy with PORALG. The partner contribution is recognized.

After the address of Dr. Chaula, the guest of honor launched the strategy and celebration was extended by sharing a special cake to commemorate the 30 years anniversary of the NACP in Tanzania. The exercise was concluded by a photo event.

3.0 Reports for Day 2

3.1 Opening of the meeting

The representative from NACP Dr. Anathy Rwebembera shared to the participant the schedule of events to be held in a day.

After the schedule was shared, Dr. Angela Ramadhani Manager NACP requested the participants to fully engage and participate in the forum. She recognized the participation of the government representative from different levels and the partners. It was said that Tanzania to achieve global 90 90 90 target has decided to meet 95% by 2020 which can be achieved through defined roles per individuals and partners. Tanzania to this end is looked by the international community as a model in this Endeavour.

After the introductory note, presentations by different people commenced.

3.2 Presentation on the Burden of HIV in Tanzania by George Mgomella MD 10.30 to 10.45

The History of HIV and prevalence including incidence to demonstrate the magnitude of the problem and the positive results realized through executing HIV interventions were shared. After the presentation, questions were skipped for a special session

3.3 Country Progress towards 90 90 90 and the rationale for Developing the HSHSP IV by Dr. Anath Rwebembera from NACP

The background and the 90 90 90 target was defined. The achievement towards 90 90 90 were shared

Different strategies executed were shared which were among the input in developing the HSHSP IV

It was said that the strategic plan was said to be a tool to demonstrate justification of the fund to be requested

Reporting of HIV and AIDS issues was mentioned to be a problem.

During the presentation, contribution of partners in linking the HIV clients to other Health care services was commended

Among other issues, strategies to achieve the 90 90 90 targets were shared

After the two presentations, participants were given time for questions and discussion

3.4 Questions and discussion

Participants requested to get the presentation slides since some participants were not able to see the information. An advice was made for participants at the back to find a place at the front side of the conference for improved vision.

Participants wanted to know why the THIS 11/12 indicated high HIV infection rate to the people with high education and low rate to the low education people and vice versa. It was said that the reported difference is due to the fact that the results are a function of a sample selected.

What lessons can be learned for regions with high increase of HIV infection rate. It was said that a number of factors need to be observed in consideration of the regional context.

What does it mean by incidence? Incidence was defined to be new infection

Likewise participants were reminded to take note on the increase of HIV prevalence because where Prevalence is reported to be reduced may not be good because this is cumulative data; it means when reduced there might be high HIV mortality. The explanation was responding to question rose by the participants who wanted to know as to what it means by increasing or reduced HIV prevalence in the area

Participants were informed that survey uses sample from the population as true representative of the population to achieve results for efficiency purpose.

One participant shared the experience of Kigoma Hospital where PITC is discussed at every morning at clinical meeting where the service providers were sensitized to ensure that 80% of the IPD clients are tested for HIV; this practice was commended by NACP and thus it can be adapted by other areas.

Participants wanted to know what number to be used as a baseline for the Tanzania population – the response was that Next presentation will address this area and the data on the survey done will be shared

The challenge shared on the data definition in relation to the population used to come up with a report that 1.4 million people are living with HIV was addressed by informing the participants that the data used for this purpose takes into account the sexually and reproductive active group (15 to 49 age) and not the total population

A general advice was made by Participants to consider using information from the locally conducted survey, in improving the first 90.

In the other side, a general advice was made to the participants to apply a multisectoral approach where the Health department will collaborate with the education sector to address the challenges of children especially those aged below 15 years but require attention since some of them are HIV positive with special need for nutrition support and other services.

Participants wanted to know as to what strategies are in place to maintain the benefits resulted from the counseling and education offered to clients in the process of testing and undergoing treatment which according to the proposed strategies such steps are missing. The response was that, interventions to monitor quality of services have been put in place. It was likewise said most people have adequate knowledge on HIV and ARV. More study will be carried out to monitor the results and assess for identification of positive and negative results.

After questions and discussion, presentations continued

3.5 Overview of the HSHSP IV 2017-2022 by Dr. Boniphace Silva from NACP 11.50 to 12.10

Health Sector HIV and AIDS interventions as priority and thematic areas were shared

The presentation was finalized with PM&E component strategies

3.6 HIV Testing Services by Peris Urasa from NACP 12.10 - 12 40

The presentation is focused in meeting the first 90. The current situation on testing was demonstrated

The presenter insisted on the importance of thorough study on initiatives to scale up targeted HIV testing to consider self testing and the issue of promotion of HIV for Adolescents through youth friendly services especially to consider the youth aged 15 years to make consent

The component of linkage to HIV prevention, Care, treatment and support services were also insisted. It was said that the target is 100% of HIV positive tested clients are enrolled to care and treatment. Escorted referral and the use of mobile phones are insisted.

3.7 Discussion continued

Question. Participants wanted to know as to what strategies are in place to sustain the HIV and AIDS services in the country. In the first place, participants were reminded on the information delivered by the Minister in the previous day on the increased allocated fund from local own sources. Furthermore, the established AIDS TRUST FUND (ATF) and other initiatives are the reasons for the activities to be sustained. To this end most of the activities will be integrated in the plans from the dispensary level to the top levels

What incentives are in place to service providers and recipient for increasing HIV testing –First and foremost, it was put forward that monetary incentives are discouraged since in practice and experience they have not proven to bring sustainable positive results in the service delivery. Participants were reminded on the negative effects of incentives given to selected staff especially Doctors leaving other carder in the facility who got discouraged in delivering the care and treatment services. An advice was given to make decision for this purpose considering government guidelines related to extra duty remuneration packages.

Participants wanted to know as to why not all Health facilities were not considered to deliver full CTC services in the country- It was said that the target of the government is to make all facilities full CTC. To this end the RHMT have been given mandate to assess and approve them so that those meeting criteria to offer ART or CTC services are approved. However, the reported challenge of shortage of staff hinders smooth implementation of these strategies and thus task sharing ideas are not looked as a solution

Participants wanted to know as to how the combination prevention model be implemented taking into account of the vertical program approach applied- The response was that integration of the services is the most cost effective approach. Participants were informed on the Tested Model in Kagera done to see feasibility that is looked at as relevant to be applied and transformed in the national guidelines. The experience of using a special room dedicated for special services like STI was recommended.

Mention the other services for the client to be linked- is there mechanism to support linkage for client to reach other points. The other services include Sexually Transmitted Infection, Family Planning and many others. The referral approved channel has to be respected in this process.

Double and triple testing is noticed in some areas, how this can be solved- taking into account of the spoiled data from this challenge. Participants were advised to have a team approach within the facility, CHMT and partner to have harmonized data.

Participants advised to consider using gathering such as Ngoma at the local level to address the challenges of inadequate counseling and testing rate at OPD and community, since IPD is done well. To

address these challenges, a recommendation was made to improve financial availability for testing services beyond looking the challenges of human resources only.

Experience of Morogoro was shared to demonstrate an example of how retesting can be improved where HIV positive is observed in the first place and the results were reported HIV positive. Participants were advised to use the lab technologists and other initiatives for better test results.

A question rose on how the challenge of using community Health workers can be improved, since there are no guidelines for this purpose to date. Participants were advised to wait from the MoHCDGEC until the guidelines is made available.

A general advice was shared to improve local fund allocation for HIV intervention and thus there is a need to find ways to get contribution from the community to minimize donor dependence for sustainability.

It is realized that (Mwenge-401 positive were 2 but already on ART). Why and what will happen for testing at the community which does not lead to different and new results.- Advised to use targeted centers to get the needed group – to test make analysis thoroughly to identify the essential area needing testing through community initiative; otherwise it was insisted to use the HFs.

NACP and PORALG to prepare Outreach intervention package and integrate in their plans for this purpose- Advised to improve facility based services

Consider improving the data component from different sources, with data review

Consider clarification on the data for viral load suppression – to demonstrate appropriately the denominator and numerator for this purpose

3.8 A word from Dr. Zainabu Chaula (Deputy Permanent secretary Health from PORALG

The Dr. congratulated the participants on their engagement and participation. She said, her role is to describe PORALG- thus the President is a head of this Ministry, the big among all other ministries and thus the ministry has a deputy permanent secretary responsible for Health. It was said that, the MoHCDGEC is mandated to prepare the Health Policies.

The historical trend on the Ministry of Health to assume the role of working direct with regions and councils was said to be changed for improved results of the work. It was said the system is available, and thus do not go direct to the regions but through the permission and coordination by PORALG.

The team was advised to avoid personal but consider the public interest. She advised the MoHCDGEC to advice PORALG who will take its role to ensure execution of the policy.

Information was delivered to the participants on the permit to employ 6180 skilled Health staff in the country. It was said that, concerted strategies are required between the MoHCDGEC and PORALG for better results in delivering services to the community.

The challenges of exemption policy and the approved pay system with consideration of the sustainability of the service delivery points was shared as an experience, where a death was reported as an example for failure of the old woman aged above 80 years who consequently passed away. Attention is needed for this area.

3.9 Greetings from the director of preventive services unit MOHCDGEC

The director made a word of appreciation to the deputy permanent secretary Dr. Chaula, extending the appreciation to partners and participants. Special thanks were extended to Dr. Angela Ramadhani, the Manager NACP.

The director insisted on the 90 90 90 challenge sighting the reported data on 1.4 million of Tanzanians who are HIV positive where as the CTC data show that 965000 HIV clients only are on ART. He requested the Program manager and team to give target to PORALG to consider effective use of the allocated fund and other resources for HIV and AIDS.

The team was advised to see HIV as not an opportunity, but a challenge.

It was said that every citizen has a right to access the Health services. The question is why not 100% of the citizen accesses the Health service including the HIV and AIDS services.

The challenge of Opportunistic infection was brought up and thus the drugs for this purpose have to be made available and monitored; every HF has to buy the medicines, but in case of the challenge of fund, let the facility be supported. Critical analysis is needed to justify the plan and budget to address the gap.

Furthermore, the challenge of stigma and bad language of service provider was mentioned.

The movement towards NHIF was reminded as a strategy for sustainability.

An initiative to improve testing for HIV was insisted to be improved.

Participants were reminded to respect the government chain of communication and command; and thus respect the approved guidelines. It was said that Tanzanian Values and virtues have to be respected, and considered. Observe the mandate of CHMT and that of the RHMT.

To prevent people from being infected with HIV need a person to know the HIV status. Observe and consider the NACP Vision. Consider the religious leaders advice on the preventive measures.

Consider using the fliers to deliver message, check your health, and at exit (Je umepima)

The service providers from the Health Facilities are one responsible to give ARV and related HIV medicines to the clients and not otherwise.

Again, the Director commended PORALG on the concerted efforts in delivering the services to the community. It was said, an arrangement is made to make a meeting to share some issues. A reminder was made to avoid robbing done by some people who do not respect the approved channel and protocol for better performance of the services.

Everyone was wished a good afternoon and meeting in progress

**3.10 Service delivery Models (SDM) towards 90 90 90 Ambitious Targets by Dr. Mastidia Rutaiwa
15.40 – 16.00**

The differentiated Care SDM was defined, as a model designed to simplify access to the HIV client to the services with reduction of unnecessary burden. The building blocks were shared responding to the questions When, Where, Who and what

3.11 Initiatives in Improving availability and Access to HIV Medicines, Laboratory Reagents and Quality Logistics Data by Ema Lekashingo from NACP 16.00 hours to 16.20

Participants were exposed to the new medicines proposed to be adopted and used from January 2019.

3.12 HVL Scale up Initiatives by Bahati Mfaki from NACP 16.20 to 16.34

The achievement on testing efforts were shared indicating targets and achievement

3.13 M&E Plan to support Implementation of the HSHSP IV by Dr. Denis 16.35 to 17.05 PM

The presentation had begun by defining the M&E Plan and the rationale of it.

3.14 Discussion and questions

Participants wanted to know as how the private Health Facilities are supported to ensure adherence to the standards in consideration of the Service Delivery Models (SDM) introduced. The response was that challenges which can be faced are minimized through supportive supervision and quality assurance initiatives.

What is the general population target – The program data was presented as output, and other data shared are from the survey. The disparities of data are from the challenges of sample size and approach. The stakeholders will come together to harmonize the data.

Participants were informed that a guideline is on progress to be produced for training teachers to support HIV and AIDS issues including treatment and psychological problems; the guideline will be finalized before the end of June 2018 which will likewise address the issues of nutrition. The advice was a response to the advice given by participants for the RHMT and CHMT to have a plan to support primary schools in making availability of food for the children living with HIV.

A challenge was shared that information was shared that Viral load machine are 80, and in the other way VL Machine were reported to be 30 for the last presentation; what is the reality. Following to this problem, Participants advised to harmonize the data. To respond to this challenge, clarification was

made that the available machines which are conventional are 30 only. Finally Participants were informed on the efforts to improve the Quality of Testing through the government, PEPFAR and TPHS.

It was questioned that Most of the presentations appeared not to have addressed the Key and Vulnerable Populations (KVPs). What is in place to help this group? It was said that the Drop In centers where the KVPs were getting the services were closed. Participants wanted to know if there is any possibility for the government to resume the centers for KVPs. Participants were informed that most issues have been addressed in the presentation. Shared discussion among the KVP and the service providers will agree on solutions against the challenges encountered.

3.15 Closure of the day

The chairperson thanked participants on their full participation

Before closure of the work for the day Dr. Anath Rwebembera from NACP informed participants that there will be presentation from selected 2 best performers and 2 least performers. Another presentation will be on logistics.

The chairperson adjourned the meeting at 17.30

4.0 Report for day 3

4.1 Opening of day 3

The moderator opened the work for the day at 9.00

The organizers reported on the logistic issues. Payment on allowances and transport reimbursement was promised to be effected before 12.00 O'clock.

4.2 Discussion and presentations from the regions (9.05 to 11.20)

The team made discussion first responding to the previous day questions shared. This was followed with presentations from the selected regions of Tanzania mainland.

4.3 Arusha presentation

The presentation shared the overview, among others the following Way forward were put forward.

Improve testing especially to KVPs, use test results and treat all strategy, Testify TB and other initiatives including allocating and reallocating human resource for better results.

4.5 Singida Presentation

The regional priority shared to include Reduction of new infection, address stigma and reduction of lost to follow up. Initiatives extended in the Way forward include involvement of all stakeholders in the efforts and to improve Initiative for two months refilling among others.

4.6 Kagera presentation

The following way forward were shared: Conduct HTS especially to KVP, Use of the test and treat all strategy, Intensify TB notification/treatment among PLHIV,

To assess new sites for CTC accreditation, empower new hubs and spokes for HVL testing and allocate /reallocate skilled human resource and many others

4.7 Discussion

Participants wanted to know the denominator used in Arusha in its interventions. The response was that the current on ART were used as denominator.

Participants advised Arusha region to check where the youth go to get the services. The advice was taken for steps.

Singida were advised to improve the Behavioral Change Communication strategy; and to use percentages in presentation of the indicators for comparison purposes.

Participants advised to make realistic targets especially on certifying the Option B plus centers to full CTC

An advice was made to observe the words such as stigma and use the word target group instead.

Another advice was shared to observe the data which may be over reported to meet donor target. A reminder was put forward that the RHMT, CHMT and the implementing partner will make concerted efforts to rectify the disparities.

Arusha in the first 90 reported to achieve 136%, again retention was seen to be a problem but there is no solution. Arusha responded by saying that the problem is noted and will be addressed.

For Singida what strategies are in place to ensure all samples are tested? Testing will be done and results displayed- a challenge of transportation is one of the reason for the samples to be rejected the challenge is on the way to be solved

What challenges are in place for Singida for the reported data on lost to follow up- The response was that the CTC number is low, and the distance where clients stay is long. The problem is aggravated by shortage of staff the solutions of which are looked upon

Participants observed that there is a problem noticed in reporting viral load alarming for a need to improve the practice. The response was that Capacity building is the strategy to address the problem among others, this will be worked upon. Singida promised to make a strategy to display results of the viral load.

What issues can be considered to involve youth below 18 to make consent on testing for HIV. This issue was taken and will be addressed as per agreement.

Arusha were requested to describe if they follow guidelines on testing. The team from arusha promised to work in this weakness and action will be taken for improvement.

4.8 Njombe Presentation

Njombe reported to have a challenge for the HIV clients checked for viral load due to the problem of machine

Way forward

Look ways to secure Viral load machine

Build capacity of the service providers

Improve CTCs to reach more clients

4.9 Morogoro Presentation

Before the presentation, clarification was made that the word client is proper to be used for HIV and AIDS persons seeking service in the Health Care Facilities. Likewise other visitors as patients and others including the service providers, suppliers etc are all clients.

The following Priority areas were shared:

Elimination of new HIV infection, Reduction of AIDS related deaths, Elimination of stigma and discrimination and impact mitigation among others.

The Way forward includes:

Conduct targeted HIV Testing Services, Test and treat strategy according to national guidelines and Intensifying TB notification

4.10 Discussion

Participants requested Njombe region to Check and justify on the data shared. The response was that the estimated number of the people living with HIV and those on ART was rectified. The team from Njombe promised to be more innovative to come out with better results in their interventions.

What strategies are in place by NACP to support regions with high HIV prevalence? In responding to this challenge, NACP accorded the advice to find special initiative with high prevalence regions including Njombe. The regions likewise were requested to work with implementing partners for local solutions. It is also advised to have solutions with DMOs especially in addressing the challenges of Human resources.

Participants advised Morogoro region to improve data management by preparing and sharing disaggregated data for those who are tested and reported to be HIV positive to consider sex, age and special groups.

General recommendation was made to regions by participants to ensure percentage coverage is reported of how much who were the target and how much have been reached through the HIV interventions.

After the presentations from the regions, discussion through Panel 1 and 2 was held.

4.11 Panel 1 Discussion (HTS) 12.00 to 13.34

At the moment it was informed that on HIV Testing Services Tanzania is at 52%. The question is where do we want to be and how do we reach there.

What to be done to reach the target proposed on HTS by 2020 to reach the 90%, and thus a targeted testing is to be done to address the 48% gap

The following were among the solutions and strategies proposed by the panel and participants:

Social marketing strategy like that of Angaza to be applied,

Improve quality assurance per test as done by Angaza

Holistic testing approach (Index testing) – father, mother, children and beyond; to include other partners

Improve testing to the IPD clients

Engage in combined preventive campaigns to cut across different interventions

Consider testing the Prisons

Targeted testing to Key populations

Make the testing strategy owned by the facility

Increase CTC in terms of their number to increase accessibility

Consider testing in the evening at 16 hours and above to get more men

Put a strategy to ensure all clients seen at the Health Facilities are tested

During Prostate services ensure that before service delivered to men testing for HIV is done

Mapping of the hotspot and increase testing to this area

Identify the group to be focused such as the Low Health Seeking behavior and healthy people

Positive partner notification like it is done on TI where there was a strategy that a patient diagnosed with STI will get service until the partner is brought to the service- adapt this strategy

Observe the stable heterosexual partners to be identified and focused

Involve the politicians in the process with a target of improving efficiency of the program

Consider identifying the men beyond the youth to cut across 45 to 50 years old, the group not considered most (neglected)

Use areas where sex takes place

Improve testing of partners before marriage with the Religious leaders involved- to achieve this design and develop by laws for this purpose

Improve workplace testing and the involvement of the private sector HFs for improved public private partnership- it was advised to supply the test kits to the private HFs and engage in contractual based service agreement between the government and the private sector- It is likewise advised to support the private sector with staff.

How can TIGO VODACOM TANAPA ACASIA COCACOLA and related organizations are used to support the testing process- Participants said, through fundraising initiatives the team can be sensitized to funding

Use the mobile phones to sensitize and share message on HTS

Check the private laboratories on the low quality testing- but for the challenges reported improve the private sector while implementing a strategy to develop capacity of the private sector to deliver quality services. To this end involve the private sector in identifying their gap and propose solutions for improvement.

Use the partner notification card to give the client attended the extra card for the sexual partner

PITC to every clinical meeting to be done

Community campaign to be improved

Use the political leaders to engage in testing

Improve the advocacy strategy

Use the PLWHIV to sensitize the community

Involve the Parliamentarians (MPs) to start testing and sensitize the community

Women to establish (Tukapime kwanza campaign) before engaging in sex practice

Connect incentive to match observers – when a person goes to watch match and test, certain incentive

Observe to see if testing is breaching the human rights and traditional values

4.12 Panel 2 Discussion (Care, Treatment and Support) 13.36 to 14.50

This is targeted to reduce distance for clients to CTC. The aim is to increase the number of CTC in the country.

The minimum criteria for the Care and Treatment to be offered were shared to include Human resources, Laboratory and Infrastructure.

The following were areas to be considered for improvement

Use the low level which is not accredited facilities to offer services to the HIV clients who have been enrolled into treatment from the mother centre

Use providers who were working with partners to deliver Care and treatment services

Use empowerment groups to improve care and treatment – these are groups of 10 to 30 who know each other and sensitize each other to undergo the services – these groups engage in joint socioeconomic activities and other services in the community

Build capacity of the service providers on ART and related services with coaching and mentorship

Improve documentation

Conduct community advocacy

Use expert clients especially the youth to reach their peer

Use youth friendly center to reach youth and KPs for ART

Conduct assessment to PMTCT to identify the workload and use the same staff to offer CTC services

Use extended hours to offer the services, but considering the real situation of staff and other issues

Mentorship through video conferencing where new CTC can learn efficiently on how to tackle their problems

It was said the aim is to decongest the mother CTC using the Option B centers

How to improve data management and the entire M&E from district to national levels

Advise the government to include data personnel in the staffing levels guidelines

RHMT, CHMT in collaboration with partners to assess the requirement of tools and relevant tools per region and district and share the information with NACP to compile the estimate for steps ahead

Using the GPS, the clients can be identified per facility to have information reflecting the situation

Use the mobile data clerks to improve data management

Use the hub and spoke strategy to assess the quality of data and share with the government and partners

The skeptics are for the capacity to manage the data and the provided strategy will be applied

Identify What challenges are encountered in Monitoring ART Clients per facility

Use point of care to avoid cost of returning results

What RHMT will do to increase the CTC

Have a big center to support other CTC to be established

Improve quality of services in the scale up process – ensure QI is done accordingly

TB/HIV/PMTC monitor the adverse events have proper system to address the challenge

VMMC is a surgical event – ensure system for addressing adverse event and reported

Observe the new introduced strategies that the public is informed

Harmonies the administrative arrangements to ensure team work among the government machineries to minimize friction

Make a crash programme to train the carder additionally involved in the care and treatment programs

4.13 Evaluation of the meeting

In order to have information on how the meeting was conducted, Participants were informed that NACP will share email to participants' evaluation questions to be responded

In the other side participants voted to have general assessment where Most of the participants ranked the meeting with the score of A, meaning that the meeting was excellently managed.

4.14 Closure of the meeting

The moderator invited the guest of honor Dr. Dr.Ntuli Kaporogwe Director Health Sector at PORALG for closure

Way forward

The way forward was read by Dr. Angela Ramadhani before the closure; commended the participants on their full participation from day one to the last.

As part of the way forward, the following issues were shared:

To scale up index client testing

Scale up testing generally at facility and community in order to expand the services to men

Engage in Campaign such as Bonanza, football as a targeted campaign strategy

Use the media to sensitize the community especially men

The use of Combination strategy

Conduct Advocacy

Consider using youth as peers and champion to sensitize the community

Adolescent girls and women to be used

Increase the CTC by making the Option B plus full CTC

PORALG and Ministry of Health to work together, especially the preventive services unit

Closing remarks by the guest of honor

The guest of honor Dr. Ntuli was given time for closure. First and foremost, the Director aired a greeting with special thanks to God, and to the team of organizers and the participants for their commitment in ensuring that the Strategy is finalized.

Participants were informed that PORALG health sector have now the required team as per staffing levels guidelines.

The issue of option B to be CTC at 50% is not questionable, and it is within the team capacity, what is needed is a good strategy. To this end, efficiency contracts to staff have been brought up with indicators and targets to be met. This contracts as performance agreements will commence in July to cover RMOs and DMOs with improved regional and districts team meetings for better results.

Another issue shared is to minimize financial bureaucracy where the money will be transferred direct to the regions and districts. To this end, accountant availability and other staff will be deployed for improvement purpose.

The team was reminded to observe and manage appropriately what strategies are approved. Avoid the general messages which are qualitative, and ensure using quantitative data, set objectives with responsible person and time to achieve measurable results.

Participants were informed that the Regional Commissioners, RAS and other decision makers to be sensitized for these issues, and thus the resolutions have to be well submitted.

Every person was invited to visit PORALG. Furthermore, a reminder was made to ensure meeting between the government and stakeholders to decide on different issues to share as to what is needed to be done. It is further insisted that not everything is to be agreed from the stakeholders and partners.

Finally, the participants, NACP and partners were commended for the excellent job done; but celebration will be done after zero new HIV infection is realized.

The meeting was closed officially at 15.35

The chairman Dr. Mbata finalized with a word of vote of thanks

