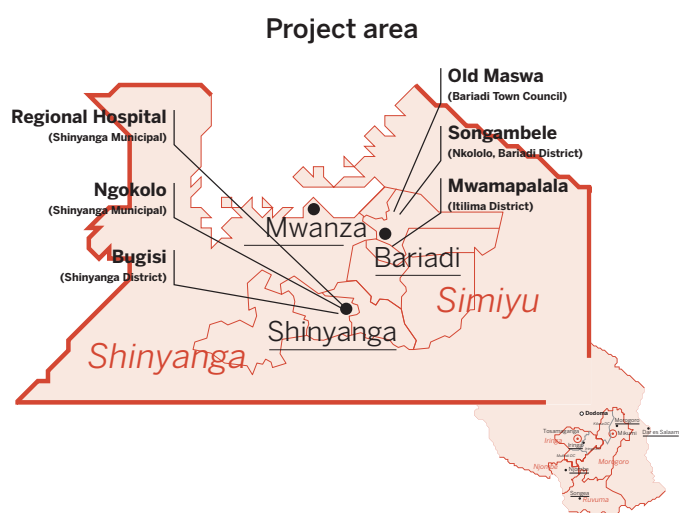
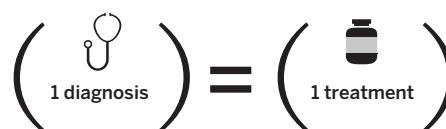


TEST & TREAT IN TANZANIA FIGHTING HIV



those whose CD4 blood count is below 350 cells/mm³ receive antiretroviral (ARV) therapy; if their CD4 count is between 350 and 500 cells/mm³, patients do not receive immediate treatment. With the T&T approach (Fig. 1), all patients who are diagnosed with HIV can receive antiretroviral treatment.



TO HALT



Figure 1: The T&T Approach

To increase the number of people tested and treated for HIV, CUAMM implemented a **strategy** that involves hospitals, health centers (HUBs) and local communities (CLUBS) in a continuum of care (Fig. 2). The creation of CLUBS aims to decentralize HIV services from hospitals to primary care facilities and to shift tasks from doctors to nurses and community health workers. Moving away from health facilities to a community-based model, makes it easier to reach and manage patients that live in peripheral and more isolated areas. When a HIV+ patient is stable (according to specific requirements) s/he can voluntarily decide to join a community CLUB closer to his/her household and receive education and drugs from a community health worker. After having established **6 HUBs** and **71 CLUBs**, the project focused on organizing specific index testing and supporting people and households most at risk of HIV, in order to test them and, if positive, enrolled them into the CLUBs and HUBs model, to ensure they receive quality treatment and counselling.

Keywords:

HIV; testing; treatment; community; CLUB

HIV IN TANZANIA

In Tanzania, the first HIV/AIDS cases were detected in the early 1980s and nowadays it is still a major public health challenge (Table n.1)¹.

Adults and children living with HIV	1.700.000
Adults aged 15 and over living with HIV	1.600.000
Children aged 0 to 14 living with HIV	93.000
People living with HIV who know their status	1.400.000
Adults and children newly infected with HIV	77.000
People living with HIV who are on ART	1.300.000

Table n. 1: HIV in Tanzania 2019

CUAMM'S INTERVENTION: TEST&TREAT APPROACH IN SHINYANGA AND SIMIYU REGION

CUAMM first encountered the HIV virus in 1984 at Bukoba Regional Hospital in the region of Kagera. Today, still committed to end the epidemic, CUAMM has implemented a dedicated 5 years project in the regions of Shinyanga (HIV prevalence 5.9%) and Simiyu (HIV prevalence 3.9%) to provide free care and treatment for HIV, introducing the Test&Treat (T&T) approach, as suggested by WHO guidelines.

The previous **approach** to tackle HIV did not guarantee immediate treatment for HIV-infected patients: only

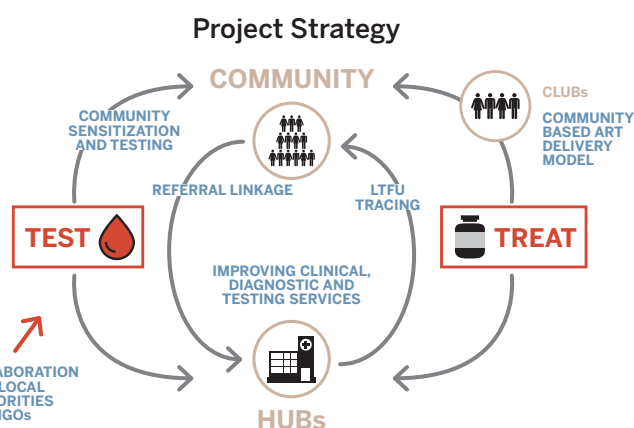


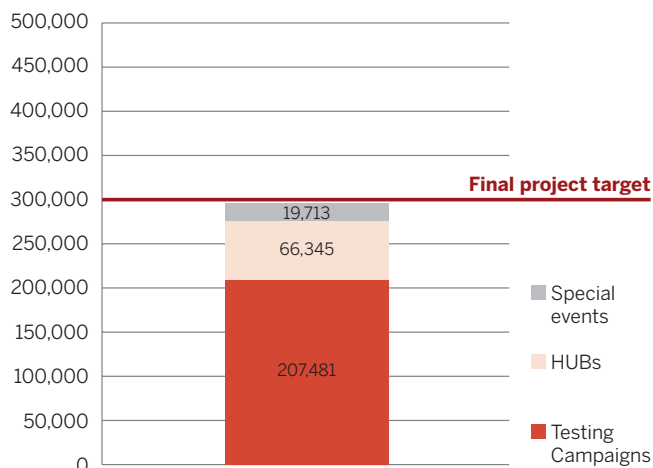
Figure 2: The Project Strategy

¹ UNAIDS, Country: United Republic of Tanzania, 2019. [online] available at: <https://www.unaids.org/en/regionscountries/countries/unitedrepublicoftanzania> [Accessed 14/12/2020]

MAIN RESULTS 2017-2020:

NUMBER OF TESTS PERFORMED BY LOCATION

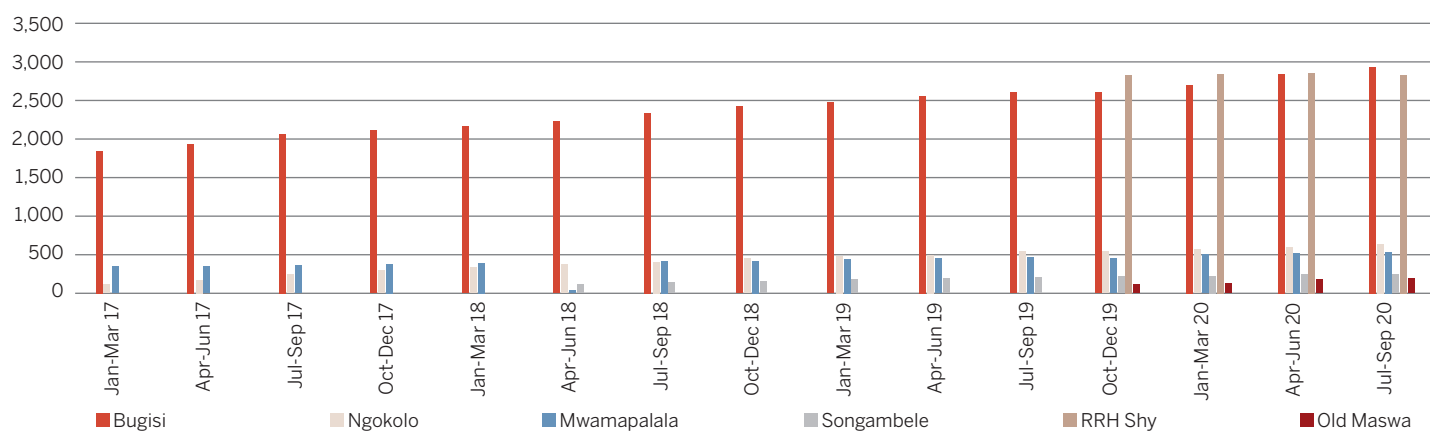
Since May 2017 to September 2020, **293,539 people** have been tested.



Triage at a Test&Treat point in Bugisi

TOTAL NUMBER OF CLIENTS RECEIVING ANTIRETROVIRAL TREATMENT (ART) BY HUBS

Since January 2017 to September 2020, **7,426 people** have been enrolled into ART.



CLUB DATA (SEPT 2020)

	Ngokolo	Bugisi	Shy RRH	Mwamapalala	TOTAL
Number of health workers recruited to implement the CLUBs model	2	4	2	2	10
Number of CLUBs established and functional	14	33	14	10	71
Number of HIV+ clients enrolled in the CLUB	196	659	243	180	1,278
Number of HIV+ clients enrolled in the CLUBs who were definitive referred back to the CTC	20	62	5	21	108
Number of HIV+ clients enrolled in the CLUBs who are lost to follow up	4	5	0	2	11

COVID-19 PREPAREDNESS AND RESPONSE:

In response to Covid-19 pandemic, the following activities have been implemented:

- Virtual trainings on Case Management and IPC;
- Covid-19, PPE usage and triage training for health workers in health facilities;
- PPE distribution;
- Community awareness and sensitization activities.