



**MEDICI
CON L'AFRICA
CUAMM**
Doctors with Africa

TEST AND TREAT

A NEW APPROACH TO HALT TANZANIA'S HIV EPIDEMIC

Population
53,470,000

Life expectancy at birth
61

Median age
18

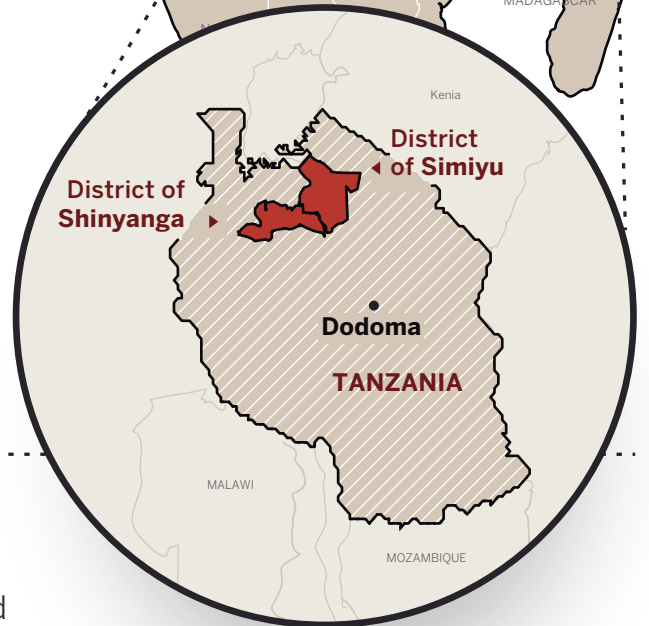
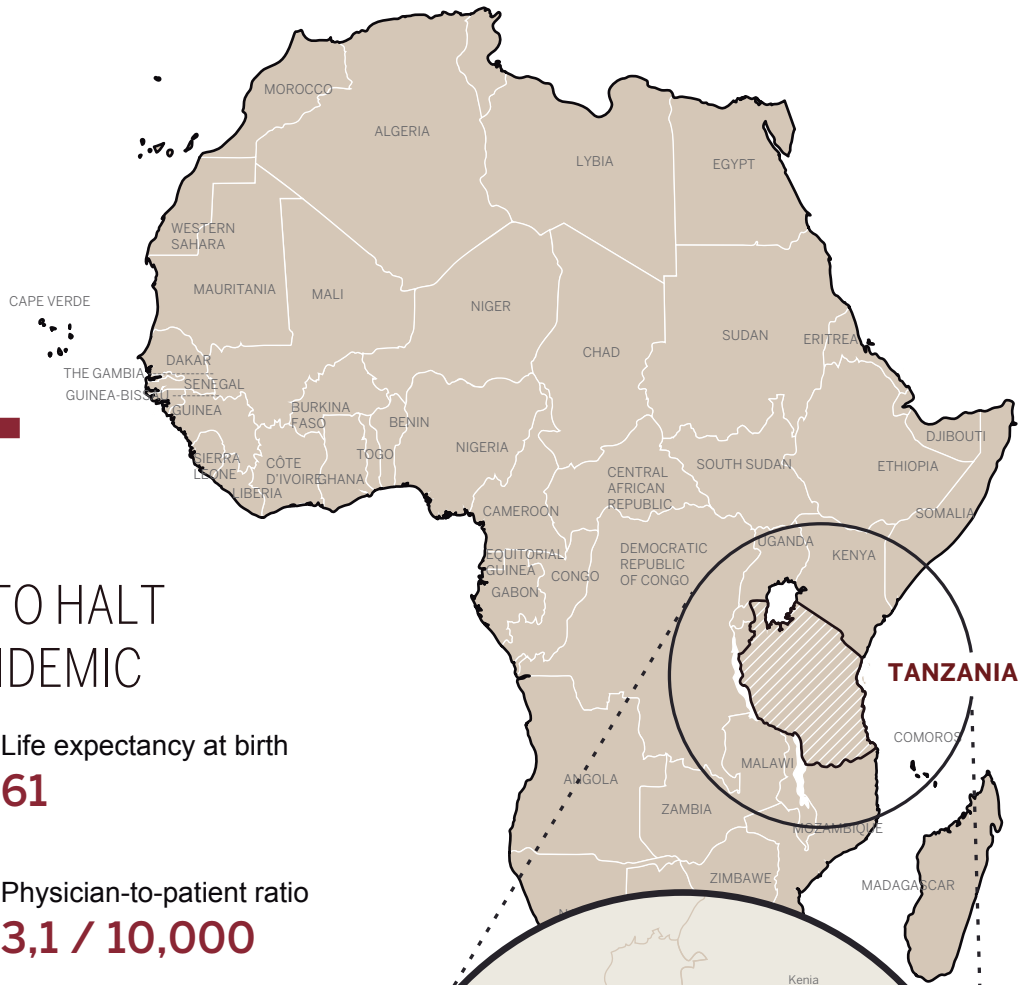
Physician-to-patient ratio
3,1 / 10,000

54,000
new HIV infections in 2015

1.4 million
people living with HIV

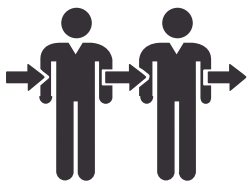
36,000
AIDS-related deaths in 2015

4.7%
Adult HIV prevalence



THE PROBLEM

HIV is the first cause of death in Tanzania (18.2%) and it does not allow the development of the country



DISEASE SPREAD



SOCIAL STIGMA



**CO-MORBIDITY
(E.G.: TB)**



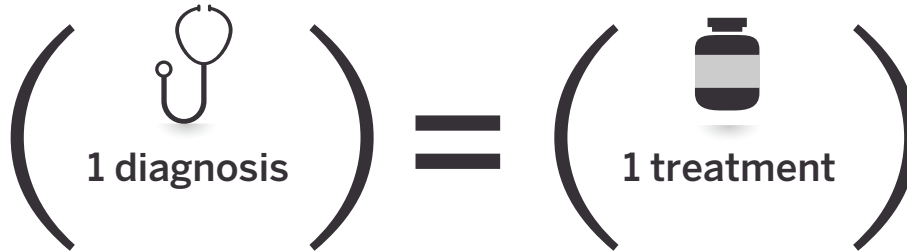
**DIFFICULTY IN
ACCESSING CARE**

The traditional approach to the disease does not guarantee immediate treatment for HIV-infected patients. Indeed, only 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.

Due to geographical distances, the possibility that the disease might worsen and social stigma, there is a major risk that patients might be "lost", and an even greater one that they might transmit the disease to others.

THE NEW APPROACH

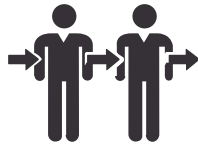
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TO HALT



delays in treatment



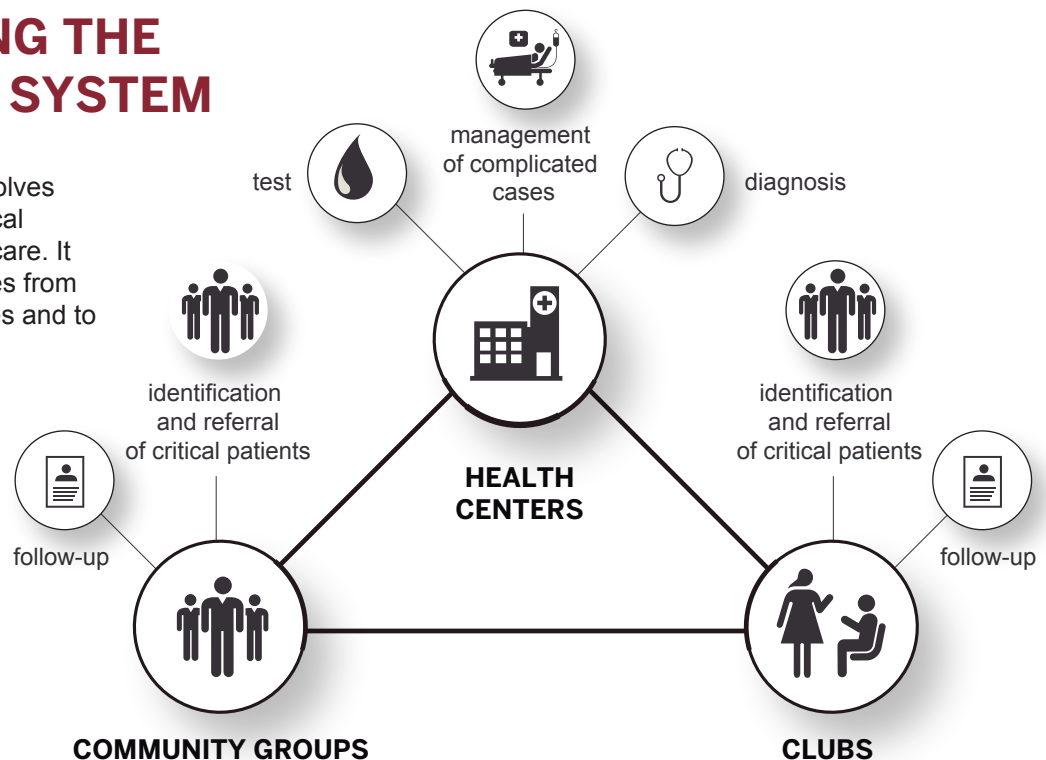
spread of the disease in the population



the course of the disease

STRENGTHENING THE LOCAL HEALTH SYSTEM

The “test and treat” strategy involves hospitals, health centers and local communities in a continuum of care. It 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, it becomes easier to reach and manage patients that live in peripheral and more isolated areas.



FACTS AND FIGURES IN THE NEXT FIVE YEARS

