

TEST & TREAT IN TANZANIA FIGHTING HIV



Keywords:

HIV, test&treat; communities, testing campaigns

HIV IN TANZANIA

In Tanzania, the first HIV/AIDS cases were detected in the early 1980s, with the diagnosis and reporting of three cases in Kagera Region. By 1986, all regions had reported cases and, since then, the disease has spread rapidly throughout the country, with dire consequences for millions of people. Nowadays **HIV in Tanzania is still a major public health challenge** (Table n.1)¹.

57.3 millions	Total population
1.4 millions	People living with HIV aged 15 - 64
81.000	New cases of HIV annually among adults aged 15-64
52.2%	People HIV+ aged 15-64 who know their HIV status
90.9%	People HIV+ aged 15-64 who know their HIV status and self-report to be on treatment

Table n. 1: HIV IN TANZANIA 2016 - 2017

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 launched a dedicated 5 years project in the regions of **Shinyanga** (HIV prevalence 5.9%) and **Simiyu** (HIV prevalence 3.9%)² to provide free care and treatment for HIV, introducing the **Test&Treat approach**, as suggested by WHO guidelines.

The previous approach to the disease did not suggest immediate treatment for HIV-infected patients. Indeed, only those whose CD4 blood count was below 350 cells/mm³ received antiretroviral therapy. Due to geographical distances, the possible worsening of the disease and social stigma, there was major risk for the patient to get "lost", and an even greater one to transmit the disease to others. The new **Test&Treat approach recommends free HIV test and treatment to all those resulted positive**, regardless of CD4 blood count (Figure 1).

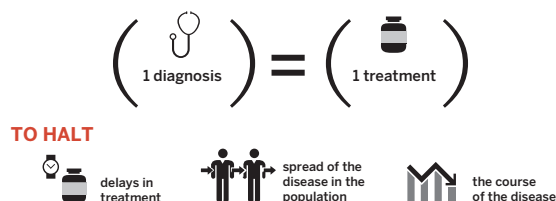


Figure 1: The Test&Treat Approach

CUAMM's Test&Treat project 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 (Figure 2). Moving from health facilities to a **community-based model**, should make it easier to **reach and manage patients that live in peripheral and more isolated areas**.

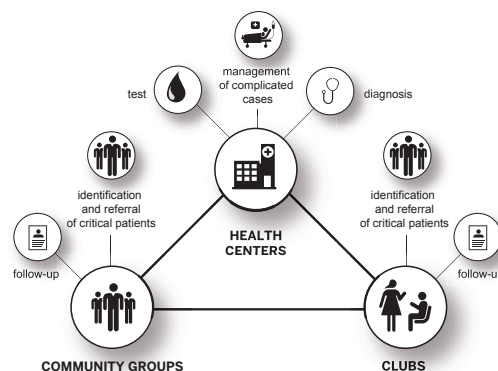


Figure 2: Decentralization of HIV services and strengthening health systems.

PROJECT OBJECTIVES:

- ensure that a higher number of people are tested for HIV
- make sure that all tested people that resulted HIV+ start anti-retroviral therapy (ARV)
- create/strengthen community groups for the creation of demand for testing and enhance medical education activities
- support people living with HIV through the development of a community-based care model based on adherence CLUBs.

MAIN PROJECT ACTIVITIES:

- set up of HUBs and CLUBs
- set up a regular ARV drugs supply chain and management
- recruitment and training of staff
- **testing campaigns in HUBs and CLUBs**
- **testing campaigns in villages, schools, working places, worship places and local events**
- **sensitisation campaigns** through **radio, TV and SMS** to raise awareness on the topic, reduce stigma, advertise testing and provide useful information
- improve testing infrastructure to ensure quality of care
- data gathering and patient data management
- liaise with national, regional and district authorities to ensure project coordination, to obtain official recognition of HUBs as Community-based Therapeutic Care (CTC) centers and approval of test and treat and CLUBs approach.

MAIN RESULTS - PROJECT YEAR 1 ³

TESTING ACTIVITIES (January 2017 – September 2017)

52.402

Individuals counselled and **tested for HIV**

 **52%**
Male

 **48%**
Female

1.155


Individual resulted **HIV+**


 **40%**
Male

 **60%**
Female

4.063

Individuals on ART treatment

 **39%**
Male

 **61%**
Female

TESTING CAMPAIGNS (May 2017 – September 2017)

Villages/ town/wards reached **74**

Markets/working/worship places reached **11**

Special events organized by the project to test people (shows, dramas, sport events etc.) **5**

Participation to externally organized events (testing teams organize testing campaigns within locally organized events) **9**

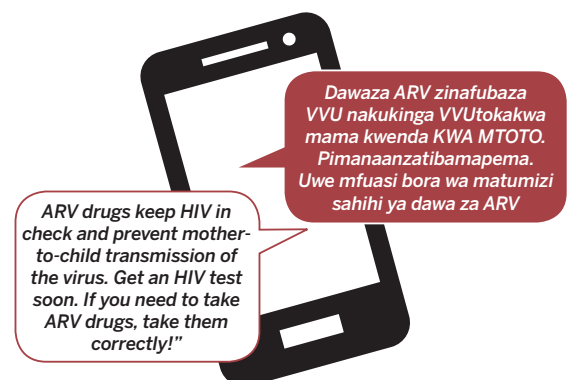
Total number of days in campaigns (each campaign can last on average from 1 to 3 days) **282**



FOCUS ON: SENSITIZATION & TESTING CAMPAIGNS

TEXTING FOR CHANGE

To reach as many people as possible, the project uses **SMS** as a complement to more traditional communication methods, sending messages to mobile phone users living in the target area of the project. The goal is to increase awareness in the community about the importance of HIV testing and counselling, and to let people know about the possibility of having such a test as well as about mother-to-child transmission and the benefits of antiretroviral (ARV) drugs. Text messaging makes it possible to reach communities living in remote areas at moderate cost, avoiding social stigmatization of those affected by HIV. This discreet and personal method of communication allows health providers to reach out to their patients in a **confidential manner**, providing them with **customized information**, reminding them of appointments and, most importantly, **tracking down** those who are not complying with their treatment.



A MUSICAL EVENT AND A CHANCE TO GIVE YOUNG PEOPLE HIV TESTS

In November 2017, the Shinyanga City Government organized a musical event for the public and invited CUAMM workers to give **HIV tests** to the many young people attending. For the entire ten days of the event, a CUAMM gazebo was set up on the side of the basketball court and trained CUAMM workers invited people to get tested and gave them information about how to avoid contracting and spreading the virus. By the end of the event, **CUAMM tested 258 people, 20% of whom were adolescents**. Only six people tested positive, three men and three women. None were adolescents. Furthermore, Cuamm staff decided to get involved by leaving the health center for few hours, forming a choir and performing at the event, getting out **among the people**. Being in direct contact with people helps counteract the distrust that often keeps them far from health facilities.

¹ TANZANIA HIV IMPACT SURVEY, 2017. Tanzania Hiv Impact Survey (THIS) 2016-2017, Preliminary findings. [Pdf] Available at http://www.nbs.go.tz/nbs/takwimu/this2016-17/Tanzania_SummarySheet_English.pdf [Accessed 15 February 2018]

² ibidem

³ CUAMM internal reports 2017, 2018