

ISSUE: PROGRESS ON TLD FOR TANZANIA MAIN LAND

DESCRIPTION:

As Tanzania main land, On 27th, February, 2019, the ministry of Health , Community Development, Elders and children wrote an official letter to different stake holders to say that as a country under this ministry, are ready to provide DTG to PLHIV as per HIV and AIDS services National Guide line (6TH edition of October, 2017).

The letter mentioned that, they will start with Referral hospitals and district hospitals, followed by health centers and then dispensaries.

After receiving a letter from the ministry, AFROCAB members: NETWO+, WOFATA and TANGYWA+, in collaboration with other partners, , we started to make a close follow up on what and when action will be taken as per letter from the ministry, through visiting and communicating with different CTCs, at different levels as mentioned in the letter.

CHALLENGES:

- We found that, there is a delay in starting on new service provision, not as mentioned in the letter from the ministry.
- Political will: Because in several times, Tanzania we came later in new service provision. This is including: when WHO, initiated for 90-90-90-, Tanzania we came late with a 90-90-90 services provision. This applies to transition of TLD, because as at 13th May, 2019, many CTCs, especially at dispensary levels, where big community are living and depending services from there, are not providing TLD, because preparations are still on process. These are including training to health workers who are in CTCs.
- DTG is not recommended for Girls, young women and women of reproductive age
- There is community negative perspective: Many PLHIV, are not ready to switch to TLD thinking of “If the Government will fail to provide the TLD, it means are going to die very soon”.
- Self stigma and discrimination is still high especially from PLHIV resent known and those with high standard of life style/ income.

RECOMMENDATION:

We are supposed to involve more CAB in Tanzania for easier coordination for issues around DTG

- Treatment Literacy is most needed, for knowledge to PLHIV, so that they can improve their level of understanding to PLHIV, especially those who are new in the use of ARV, following 90-90-90, as well as DTG. This will also help PLHIV to know their regimen by names, because in Tanzania we normally use our national language, which is Kiswahili., while many medicines are in English names.
- More advocacy work related to treatment issues especially DTG, it is needed.

- We real need AFROCAB and partners including CHAI, UNITAID, I- Base etc, to start working with Tanzania in country programme, under AFROCAB, apart from involving Tanzania to workshops and meetings only, which are taking place out of Tanzania

Asanteni sana!