# Kiambatisho Cha IV: Taarifa ya Wizara ya Afya, Oktoba 27, 2016

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

## STATEMENT BY THE MINISTER FOR HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN, HON. UMMY MWALIMU ON KEY POPULATIONS HIV SERVICES IN TANZANIA: 27TH OCTOBER, 2016

The HIV prevalence in Tanzania is estimated at 5.1% among adults aged 15-49 years according to the Tanzania HIV and Malaria Indicator Survey (THMIS) 2011/2012. This means that out of 1000 people, 51 are HIV positive. In Tanzania there are estimated 1,400,000 people living with HIV. Out of these **839,574** are currently receiving treatment from about 4000 health facilities which are providing ART in the country as of June 2016.

Most of us are aware that, the Government of Tanzania through the Ministry of Health, Community Development, Gender, Elderly and Children in collaboration with other partners reacted promptly to the epidemic by successfully instituting national programs ranging from prevention of new infections, providing care, treatment and support services for HIV infected individuals and family to mitigate the HIV and AIDS impact.

Despite these and other aggressive prevention strategies, statistics show that HIV infection is still high among certain sub-populations or geographic regions, and

especially higher among Key and Vulnerable Populations. Key and vulnerable populations vary according to the local situation based on the social and epidemiological context, In the Tanzanian context for HIV response, they normally include:

***Vulnerable adolescent girls and young women, adolescents and young people, Orphans and Vulnerable Children, Men who have Sex with Men (MSM) and women who practice anal sex, People who use drugs and specifically those who Inject Drugs (PWID), Sex Workers (SW) and their partners, prisoners, refugees and migrant workers specifically long truck drivers, miners and mining communities, fisher folk and fishing communities, plantation workers, workers at road construction sites and people with disabilities.***

There is a clear epidemiological rationale for HIV programmes to focus on key populations. In sub Saharan Africa adolescents and young people aged 15-24 years account for 35% of new infections. Furthermore in Tanzania high HIV prevalence is seen among key population groups (26% among Female Sex workers, 36% among injecting drug users and 25% among men who have sex with other men).

The Government of Tanzania through the Ministry of Health, Community Development, Gender, Elderly and Children started implementing programmes to address HIV burden among Key Populations since 2010 after presence of enough evidence that indicated a disproportionately higher magnitude of HIV among this sub population. The KP services were being offered through the existing health facilities and among the community.

Recently there emerged reports that some of the NGOs, in the name of anti-HIV activities, have been promoting activities towards same sex relationships which is against the law. As a consequence, Hon. Dr. Harrison G. Mwakyembe (MP) the Minister for Constitution and Legal Affairs issued a Government statement that condemned these activities and warned that serious legal action will be instituted against these organizations or institutions.

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The Ministry of Health, Community Development, Gender, Elderly and Children would therefore like to further clarify that it adheres to the best practices and recommendations as advised by the WHO and other International Organizations, but these have to be adapted to the Tanzanian context through stakeholder's consultation, to ensure that they are in accordance to the countries' laws, customs and traditions. This includes being cognizant to the Penal code (CAP 16 R.E 2002).

It is important to remember that the Health Policy as well as HIV Policy in Tanzania are clear that, quality services should be delivered to all in need without any discrimination in terms of gender, tribe, financial situation, race, religious or political affiliation.

After the emergence of various challenges in the provision of health and HIV services among Key populations, I convened a stakeholders meeting on 13th October 2016 with the aim of clarifying some key and important issues pertaining to the provision of these services considering the Public health Approach. The following therefore are my Ministry's stand and directives on HIV programming among KP's:

1. The Government will effectively continue to collaborate with all stakeholders in the provision of quality health services and interventions against HIV and AIDS which are internationally acceptable but which are in line with the country's laws, traditions and customs.

2. The Government through the Ministry of Health, Community Development, Gender Elderly and Children will continue to provide health and HIV services without any discrimination in terms of gender, tribe, financial status, race, religious or political affiliation.

3. In view of the high HIV prevalence among KP groups, the Government through the Ministry of Health, Community Development, Gender, Elderly and Children will

continue to offer a package of health and HIV services, soon to be reviewed, and incorporated into the Comprehensive HIV services for Key and Vulnerable populations

4. The definition of Key Populations shall remain broad and reflective of the Tanzanian context and this should be reflected in the services/interventions, which will be implemented by partners who support the Government in this area.

5. Each stakeholder should provide the services in accordance to the country's laws, including the Penal code (CAP 16 R.E 2002). Further, all NGOs working in HIV programming for Key populations should adhere to their memorandum of association/constitutions as per the NGO act No. 24 of 2002 and its code of conduct.

6. Health facility KP programs will continue to be implemented for all key populations and vulnerable populations. **However, community MSM peer outreach activities and MSM Drop in Centers will await development of a standardized package of HIV services within the community**. In addition, outreach services conducted by health care workers from a health facility will continue to be provided as stipulated in the HIV guidelines. The MoHCDGEC strongly encourages HIV service linkage and referral to a nearby health facility for continuum of care. Details of implementation procedures for this directive will be availed by the Ministry within a week's time.

7. Due to an increase in the number of partners who provide support in the area of KP HIV services, and the mobile nature of these KP groups, there has been overlapping and duplication of services given to these groups, and as such quality of services may be compromised. In order to bring about efficiency, accountability and transparency, **the Chief Medical Officer will lead the process of reorganizing partners who provide such support in the regions across the**

country.

8. All the CSOs working on HIV and AIDS under the Councils should be accredited by the respective Councils before they can be allowed to work with an international NGO. In other words, the International NGOs will receive the list of accredited local CSOs from the respective councils/districts. An MOU on implementation arrangement shall be drawn among these three parts; that is the International NGO, the local CSO and the respective Councils or Districts. A copy of the MOU should be shared with the MoHCDGEC's (Community Development/NGOs Department) and TACAIDS.

9. In the meantime, water based lubricants will not be allowed to be employed as an HIV intervention. The Government and the Tanzanian community needs further appraisal of this intervention in terms of its efficacy and its acceptability in the country before it is advocated as an effective HIV prevention intervention. Should it ultimately be acceptable, the Government will consider integrating its procurement and distribution system along with that for the other health commodities.

**I THANK YOU VERY MUCH**