



The Parliament of the United Republic of Tanzania which among other things has legal powers to pass all Bills and approves government's development as well as recurrent expenditure

HIV, AIDS stakeholders unhappy with government meager financial allocation to TAF

Stakeholders of HIV and AIDS in the Country have expressed concerns following the Government decision to defy its promise of setting aside TSH 300 billion to initiate Tanzania AIDS Fund (TAF).

Instead, in the just passed budget by the Parliament in the year 2015/16 budget, only TSH 3 billion has been set aside as seed money for establishing the Tanzania AIDS Fund.

The stakeholders' concerns were aired at the recent Journalists training which aimed at sensitizing them to advocate for enough domestic resource allocation for the health sector in the country. A representative from Health Policy Project (HPP) said the amount which has been allocated to initiate Tanzania AIDS Fund is small considering the fact that HIV and AIDS services has for quite same times been

financed by donors by 97 percent. AIDS costed budget is estimated to hit 700 billion Tanzania shillings yearly.

"The Government promised to disburse TSH 300 billion as an initial commitment to start TAF, but the funds allocated and passed in the just ended Government budget is TSH 3 billion only, equivalent to 1 percent of its earlier promise" said the representative and Resource Persons to the Training.

He added that external donors contribute 97 percent for all financial resources being used in the HIV and AIDS services, and that their contribution has been declining year after year an act which has sent worries among HIV and AIDS stakeholders, particularly if the Government will not invest sufficient financial resources to assume financing responsibilities.

Without investing sufficient funds, he said, soon or later, Tanzania will start experiencing negative consequences which have never been seen before.

He further said that due to declining financial resources from donor countries, Tanzania Government has passed an Act to establish the Tanzania AIDS Fund with a view of reducing financial dependency from donor countries.

The main donors to HIV and AIDS in the country have been the Global Fund (GF) and the USA Government, through the US President's Emergency Plan for AIDS Relief (PEPFAR) which finance acquisition of medical resources to contain HIV (ARV).

Out of TSH 1,081 billion which was requested for by the Government of Tanzania from the Global Fund to be able to finance HIV and AIDS services between 2015/16 and 2017/18, TSH 644 billion was approved to help Tanzania buy ARVs

Source: Benedict Sicalwe, AJAAT

THE HIV/AIDS prevalence in Nkasi District, Rukwa Region, has declined, plummeting from 3.1 per cent in 2005 to 2.1 this year.

The impressive development was a result of the concerted effort done by the district health sector and other key stakeholders in educating members of the public on preventive measures.

AIDS infections drop in nkasi

This revelation was recently made by Nkasi District Administrative Secretary (DAS), Mr Festo Chonya, when reading a report on the Uhuru Torch event in Namanyere township.

Mr Chonya attributed the impressive record in curbing the rate of HIV/AIDS prevalence, which the district

has achieved so far, to collective efforts made by the district leadership on sensitising the public on preventive measures.

It is this noble effort that saw the 'wananchi' turn out in large numbers to check their health status voluntarily.

The latest statistics show that even though the national HIV/AIDS prevalence rate has dropped to 5.7 per cent, in reality the situation is worsening in Rukwa Region - standing at 6.2 per cent, up from 4.9 per cent in 2009/10.

The situation, however, is worse in Sumbawanga Municipality whose

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Idadi ya vijana wenye UKIMWI Dar yashtua

Wakati vijana 40,000 wenye umri kati ya miaka 15 hadi 24, wakibainika kuambukizwa ugonjwa wa Ukimwi jijini Dar es Salaam, viongozi, wabunge na wafanyabiashara wametajwa kuwa vinara wa kusambaza ugonjwa huo.

Mratibu wa Vijana wa Tume ya Taifa ya Kudhibiti Ukimwi (Tacaids), Grace Kessy akizungumza katika warsha ya siku nne ya wawakilishi wa mashirika ya vijana yanayojihusisha na vita dhidi ya Ukimwi alisema, vijana wasipobadili tabia wataendelea kuwapa hatarini.

Alisema katika taarifa zilizo-kusanywa mwaka 2011 hadi 2012 ilibainika kuwa, kati ya vijana waliopimwa 40,000 walikuwa na maambukizi Dar es Salaam, wakifuatiwa na vijana 10,000 kutoka mikoa ya Shinyanga, Kagera na Mbeya.

"Tatizo la maambukizi ya Ukimwi ni kubwa hasa kwa vijana hivyo ni muhimu kuwa na mikakati ya pamoja kudhibiti hali hii," alisema.



Ni Muhimu kwa Vijana Kuchukua tahadhari kwani maambukizo ya VVU ni makubwa miongoni mwa Vijana.

Mbunge wa Jimbo la Arusha, Godbless Lema akifungua warsha hiyo alisema, suala la kuendelea kuenea kwa Ukimwi ni la kimaadili kwani sasa wanaoharibu watoto ni watu wenye uwezo, wakiwamo wabunge, wafanyabiashara na viongozi kutokana na umaskini wa vijana.

"Taifa lina tatizo kubwa

la kimaadili hivi sasa wazazi wameacha jukumu la kulea watoto na kuachiwa wafanyakazi wa ndani, mitandao ya kijamii na simu za mkononi," alisema.

Alisema ili Taifa lishinde vita hiyo, ni muhimu mashirika hayo kuongeza jitihada za kulinda maadili katika jamii, kupiga vita umaskini na utumiaji wa

pombe ovyo kwa kushirikiana na watungaji wa sera.

Awali, mratibu wa mafunzo hayo yaliyoandaliwa na Mtandao wa Mashirika ya Kupambana na HIV katika Ukanda wa Afrika ya Mashariki, Jovinniah Mollel alisema, vijana kwa sasa wapo hatarini zaidi katika vita dhidi ya Ukimwi.

Chanzo: Mwananchi

Katika toleo letu la Julai 11, 2015, ukurasa wa 12, kulikuwa na habari iliyokuwa na kichwa kisemacho "wafadhili wapunguza fedha za Ukimwi". Habari hiyo inaeleza kuwa taasisi na nchi wahisani zinazochangia huduma kwa wagonjwa wa Ukimwi au kinga zimeamua kuanza kujitua taratibu kufadhili shughuli hizo na zitatekeleza uamuzi huo kwa awamu.

Kwa mujibu wa habari hiyo, kwa bajeti ya mwaka 2015/16 nchi hizo zimepitisha Sh644 bilioni tu, kiwango ambacho hakitoshelezi mahitaji ya kushughulikia wagonjwa wa Ukimwi kwa kuwa kiwango hicho kitasaidia kwa asilimia 71 kwa mwaka huu, asilimia 59 kwa mwaka 2016 na asilimia 41 kwa mwaka 2017.

Nakisi ya bajeti ya Ukimwi kwa sasa ni Sh800 bilioni.

Maana yake ni kwamba takriban wagonjwa 800,000 waliokuwa wakinafaika na fedha hizo sasa, ambao wanapata dawa za kufubaza virusi vya Ukimwi na huduma nyingine, watakuwa kwenye hatarini ya kutozipata kwa uhakika kama

Maoni: Serikali ijipange kuukabili upungufu fedha za UKIMWI

Serikali itakuwa haijajipanga vizuri kukabiliana na nakisi hiyo.

Ni vizuri kwamba taasisi hizo na nchi wahisani zimetangaza mapema uamuzi huo na zitatekeleza kwa awamu ili kupa nafasi Serikali kujipanga vizuri kila mwaka hadi itakapofikia wakati itakapoweza kumudu kubeba jukumu hilo.

Naibu Waziri wa Afya, Dk Stephen Kebwe amesema katika habari hiyo kuwa Serikali imeshajipanga kukabiliana na hali hiyo na kwa mwaka huu imetenga Sh622 bilioni ambazo alisema ni nyingi zinazoweza kubeba mzigo huo.

Pia alisema Serikali imeunda mfuko maalumu wa Ukimwi, Aids Trust Fund ili kuhakikisha fedha za kutosha zinapatikana na hivyo kumuwezesha kila mtu kupata dawa hizo za ARV na huduma nyingine. Tunapenda kuipongeza Seri-

kali kwa kuliona hilo mapema na kuanza kuweka mikakati ya kukabiliana na upungufu huo unaotokana na nchi hizo wahisani kujitua. Wasiwasi wetu ni juu ya utekelezaji wa dhamira hiyo njema ya kutenga fedha na kuzitumia vizuri kwa shughuli hiyo ambayo ni muhimu kwa ajili ya kuokoa idadi hiyo kubwa ya watu wanaosumbuliwa na ugonjwa huo.

Tumeshuhudia katika miezi ya karibuni hospitali zikikosa dawa kutokana na Bohari Kuu ya Dawa (MSD) kutoweza kuzisambazia dawa kwa kuwa inaidai Serikali fedha nyingi. Pia, hadi mwaka 2014, MSD ilikuwa inaidai Serikali karibu Sh90 bilioni. Hii inaifanya MSD kushindwa kutoa huduma zake ipasavyo. Pia, siyo kwamba fedha hizo huwa hazikwaki kwenye bajeti, huwa zinawekwa lakini hazitolewi, na zikitolewa zinachelewa,

matokeo yake wananchi wanasumbuka kila wanapokuwa wanataka huduma hospitalini au kwenye vituo vya afya.

Sasa kama MSD imekuwa na deni hilo, ambalo ni dogo kulinganisha na mahitaji ya shughuli za Ukimwi, tunawezaje kuwa na uhakika kuwa Serikali itajipanga vizuri kuhakikisha Sh800 bilioni zinapatikana kila mwaka?

Tatizo la Ukimwi ni kubwa, lakini ukubwa wake hauonekani sana kwa sasa kwa kuwa juhudi hizo za taasisi za nje na nchi wahisani zimekuwa zikitoa huduma hiyo vizuri. Iwapo fedha hizo zitaanza kukosekana, ukubwa wa tatizo hilo utaonekana bayana na kuna uwezekano watu wengi wapakoteza maisha.

Ushauri wetu kwa Serikali ni kuwa na dhamira ya dhiti ya kukabiliana na tatizo la Ukimwi kwa kuhakikisha inatafuta fedha, kuzitenga kwa ajili ya huduma hiyo na kuhakikisha zinapatikana kwa wakati na zinatumia kwa malengo yanayokusudiwa.

Chanzo: Mwananchi

FOURTEEN years have passed since the establishment of GGM Kili Challenge with more than 500 individuals across the globe participating, while more than 800m/- have been raised annually to support a fight against AIDS/ HIV.

The GGM Kili or Kilimanjaro Challenge, which is being organised by the Geita Gold Mine (GGM) has become an ideal platform to bring together public and private organisations to support the initiatives to fight the infection, according to GGM Managing Director, Mr Terry Mulpeter.

"Kilimanjaro Challenge has demonstrated the importance of Public Private Partnership (PPP) in the mobilisation of resources for funding social and health issues particularly HIV and AIDS," he says.

GGM initiated the Kilimanjaro Challenge knowing that HIV/AIDS is a global epidemic and remains a threat to all humankind - youth, children and further as it affects the future of this great nation.

Mr Mulpeter points out that the initiative aligns the challenge with the government on HIV and AIDS initiatives and programmes while giving climbers opportunity to climb Mt Kilimanjaro.

"It is taken as the case study to influence the private sector to get involved HIV response to the community around the area of their productivity and the general population in the country," he observes.

The GGM Managing Director explains that event plays a great role to raise awareness on the pandemic while raising fund to be channeled into programmes to fight the killer diseases.

"It has proven that financing HIV and AIDS a collective responsibility for state and non-state actors and development partners as well.

GGM and TACAIDS using the umbrella of Kilimanjaro Challenge plays a pioneering role in the awareness on the HIV and AIDS pandemic," he says.

He adds; "We look forward for the day when Tanzania will be declared Zero HIV and AIDS infection as it is reported that Tanzania's prevalence rate has gone down

Tanzania: Kili challenge and fight against HIV-AIDS



Climbers of Mount Kilimanjaro are seen climbing to the top of Africa's roof. This has also been used as an event to fund-raise for scaling down HIV and AIDS in the country.

from over 13 per cent in 2000 to 7.8 per cent by 2007 and as low as 5.1 per cent today."

This year the GGM Kili Challenge managed to raise 150m/- during a fundraising auction in Geita Region in order to support the cause. This is an additional to the money raised during the official launch graced by the former President Benjamin Mkapa in Dar es Salaam recently.

Mr Mkapa made the plea to health stakeholders to undertake more efforts to reach orphans so that they can access social services as the pandemic has contributed to the increase of orphans.

"The number is now approaching two million orphans in the country which in turn it increases the demand of support for them to access education and other social service," said the former head of the state.

Mr Mulpeter notes that the Kilimanjaro challenge aims to raise awareness on the HIV/AIDS pandemic, provide financial support

to HIV/AIDS initiatives and build national team spirit in this noble fight.

In previous years Kili Challenge had climbers from China, Brazil, Guinea, United States, South Africa and Australia but by far the bigger slice are the climbers from Tanzania with young children from Moyo wa Huruma Orphanage.

This year there are 40 climbers, which includes Suzan and Michael who are at a tender age of only 13 years from Moyo wa Huruma.

In addition, the climbers include multinational representatives from across the globe, GGM staff and our partnering supporters, which include staff from ACACIA and some who come from of contractors.

GGM Managing Director is thankful of different stakeholders joining the Kilimanjaro Challenge Auction and that, it is through this auction and those who contributed have made the Kilimanjaro Challenge bring the difference in people's lives.

He added, "We are happy for the

support of the former President Mkapa as well as the government who have supported this initiative by Geita Gold Mine (GGM) and Tanzania Commission for AIDS (TACAIDS) as the Kili HIV and AIDS Challenge has contributed towards raising awareness on HIV and AIDS pandemic and is supporting the Tanzanian government's national initiatives towards zero new infections, zero stigma incidences and zero AIDS related deaths so that as a country we meet the Millennium Development Goals."

Through these initiative institutions which had no funds to operate get relieved with this charity; Children, who had lost their parents with HIV disease, are now finding care and love and can smile again, and truckers and surrounding communities in hotspots areas along the transport corridors access multi-sectoral HIV and AIDS basic service.

"There is need of every individual, public and private institution to participate in the fight against HIV and AIDS by contributing money to help the vulnerable people as a means to support the response in the country. We would like to acknowledge some of participating partners.

It is because of you that this noble fight against HIV and AIDS continues hence ensuring the success and continuity of this annual event," comments Mr Mulpeter.

He says the charity is also aligned with the Global ambitious goals of ending HIV and AIDS, saying the interpretation is that by getting to the Kilimanjaro Peak in the struggle to climb the mountain.

"We are trying to show that getting to three zeros of New HIV infection, AIDS related death and Stigma and discrimination is possible in Tanzania," he says.

Source: Daily News:

Tanzanians urged against complacency in HIV fight

TANZANIA needs to sustain its efforts to deal with HIV/Aids if it is to remain on track to continue reduce the infection rates progressively.

Having such plan will also make the country remain stable in implementing its programmes that focus on reducing the transmission of HIV/Aids among couples or mothers to their children.

The head of Government and Media Relations from Population Service International (PSI), Fauziyat Abood, said at the just ended 39th Dar es Salaam International Trade Fair (DITF), that having such plan would help the country reduce dependence on the development partners. "There is need to fully involve the public through some contribution that could go directly to the Ministry of Health and Social Welfare to support department dealing with HIV/Aids, but this needs a plan," said Ms Abood.

According to her, there is need to remain active in fighting the diseases because experience shows there are still some practices in rural areas which contribute to the

transmission of the diseases, and also to help remind people that the disease still exists.

She said the infection decrease from 7 per cent to 5.1 per cent is due to aggressive campaign that ran for some years with the nation taking HIV/Aids as its area of concern.

Different campaigns by government, non-government organisations and development partners contributed to the improvement.

This however has slowed down. "If the campaign that was undertaken during some years back could be maintained for some years, the infection could have dropped even further.

When our statisticians give us the figure, we tend to relax by slowing down the pace of campaigning against the disease," said Ms Abood.

About the 39th DITF, she said this year's exhibitions have some challenges of attracting few participants unlikely last year; however her office hopes to meet its objec-

tives of educating young people. "We have received many youth who are our main target.

They had a number of questions on HIV/Aids issues that were still conflict them, like who are some still get infection despite using condom," she said. Recently, the government embarked on a campaign aimed at reducing the mother-to-child HIV transmission rate from the current 15 per cent to 5 per cent by next year.

The Minister for Health and Social Welfare, Dr Seif Rashid, said the government has revised the then national strategy for Prevention of Mother-to-Child Transmission of HIV (National PMTCT Scale Up Plan 2008-2012) and developed the national plan for Elimination of Mother-to-Child transmission of HIV (EMTCT 2012-2015) realigning it with the new global vision of eliminating vertical HIV prevention by 2015.

Daily News

If the campaign that was undertaken during some years back could be maintained for some years, the infection could have dropped even further

Weekly quotable quotes!!

"Tanzania will also soon have an AIDS Trust Fund (ATF) that would draw funds from a ring-fenced budget established by the government and other sources including both international and national private donations, bequests, and investment incomes. Legislation to develop the ATF is currently moving through the Parliament. The ATF should be operational by July 2015, at the beginning of the next financial year, and could, over time, decrease donor dependence by as much as 36 percent." – Tajjana Peterson, Senior Fund Portfolio Manager at, The Global Fund

VICHOCHEO VYA MAAMBUKIZI

- Majumba ya video
- Picha chafu za ngono
- Kipato kidogo kwa wanafamilia kinachopelekea biashara ya ngono
- Unywaji wa pombe na vileo vingine
- Kutetereka kwa ndoa
- Mila Potofu
- Tabia ya kufunga ndoa bila kupima

SOURCE: Advocacy and Communication Department, TACAIDS

HIV FACTS AND STATISTICS IN TANZANIA

IN the newly released and Third Tanzania HIV and Malaria Indicator Survey 2011 – 2012 (THMIS III) HIV prevalence data were obtained from blood samples voluntarily provided by a total of 20,811 women and men interviewed. Of the eligible women and men age 15-49, 90% of women and 79% of men provided specimens for HIV testing.

Overall, 5.1% of Tanzanians age 15-49 are HIV-positive. HIV prevalence is higher among women (6.2%) than among men (3.8%). HIV prevalence is higher in urban areas for both women and men than in rural areas.

A comparison of the 2007-08 THMIS and 2011-12 THMIS HIV prevalence estimates indicate that HIV prevalence has declined slightly from 5.7% to 5.1% among adults

age 15-49. Similarly, HIV prevalence has declined among women, from 6.6% to 6.2%, and among men, from 4.6% to 3.8%.

In Mainland Tanzania, HIV prevalence among women and men age 15-49 has decreased from 7.0% in the 2003-04 THMIS to 5.3% in the 2011-12 THMIS. The decline in total HIV prevalence between 2003-04 and 2011-12 is statistically significant. Additionally, the decline is significant among men (6.3% versus 3.9%).

Drivers of the epidemic

1. Promiscuous sexual behaviour
2. Intergenerational sex
3. Concurrent sexual partners
4. Presence of other sexually transmitted infections such as herpes simplex x 2 virus.
5. Inadequate comprehensive

knowledge of HIV transmission

Contextual factors shaping the epidemic in the country

1. Poverty and transactional sex with increasing numbers of commercial sex workers
2. Men's irresponsible sexual behaviour due to cultural patterns of virility
3. Social, economic and political gender inequalities including violence against women
4. Substance abuse such as alcohol consumption
5. Local cultural practices e.g. widow cleansing

Mobility in all its forms which leads to separation of spouses and increased establishment of temporary sexual relationships

SOURCE: THMIS 2011-12

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If Tanzania is to reduce HIV prevalence, Prevention of Mother to Child Transmission (PMTCT) is an ideal programme.

Children's right to information on HIV prevention, treatment And Care Vital

"I'm not like other pupils," says James Jackson, aged 12 from Shinyanga living with HIV. "Well, I am... but I also have to deal with secrecy, discrimination, uneducated attitudes at school, what to tell my negative friends and the constant fear of being found out."

Jackson was born with HIV. Although a first-rate medical system has kept him healthy and strong, he has suffered at the hands of an otherwise caring community.

At school, Jackson has experienced the full extent of people's fear and ignorance about HIV from cruel jokes to active discrimination.

"There are many heart-breaking stories of little kids being humiliated because of a disease they inherited. The very fact that people like me are still here shows that people with HIV are some of the strongest people in the world..." There is only one brief period in the year when Jackson does not have to fear discrimination: that is when he goes to clubs. "There is nothing like the bond between positive children. When we get together there is no stopping to laughter, tears, support and stories of past clubs and members who have died," he says.

The clubs mean more to positive children than their medicine. "Club means acceptance, love... and the power of being able to speak freely, without fear," he says.

Jackson feels that he owes his survival to the camp, and to the support and strength

There is nothing like the bond between positive children. When we get together there is no stopping to laughter, tears, support and stories of past clubs and members who have died

he has received from his step mother and HIV-positive friends.

Jackson was narrating his story during a one week Ariel camp at Bukoba with children from Simiyu and Shinyanga regions of which the Ariel Camps are organised by Ariel Glaser Pediatric Aids Healthcare Initiative (AGPAHI), which is an affiliate of Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

Speaking to one of the pediatrician, Dr. Maimuna Ahmed said that children are among the most vulnerable to HIV. But they typically receive the fewest services.

The disease can progress rapidly in young children. Antiretroviral drugs are used to treat HIV because they restore the immune system and delay progression to AIDS.

She added that most children infected with HIV do not begin taking these drugs until they are 5–9 years old. This is too late. Without antiretroviral treatment, half of all babies born with HIV will die by their second birthday.

Families and communities, especially women and girls, are the first lines of protection and care for children living with or affected by HIV. Families should receive the support they need to provide their children with a nurturing and protective environment.

Keeping HIV-positive mothers and fathers alive and healthy is vital for children's growth, development and stability. Without the security of the family, children run a greater risk of being exploited and discriminated.

According to media reports adolescents and young people aged 5–24 years old accounted for about 45 per cent of all new HIV infections among people aged 15 and older in 2007. HIV is more common among adolescent girls and young women than adolescent boys and young men. Life skills education is critical for children, adolescents and young people so that they acquire the knowledge and skills to make healthy life choices.

Government with support from families, communities and non-governmental and faith-based organisations, have a responsibility to ensure people's right to information on HIV prevention, treatment and care.

They also have the responsibility to ensure the rights of children living with or affected by HIV to protection, care and support. It is important that children, families and communities help stop the spread of HIV.

Educating all people on HIV and reducing stigma and discrimination should be part of the information, education and communication on HIV prevention, testing and care.

Apart from taking care of their health, AGPAHI, from time to time, provides the children with school needs such as uniforms, exercise books, pens and other things. AGPAHI's staffs are involved in care and treatment of HIV/Aids infected families.

The goal of the programme is to increase access to and enrollment in a comprehensive package of sustainable, high quality, cost-effective care and treatment services for HIV-infected families. It has come up with what is abbreviated as 'LIFE' - Linking Initiatives for the Elimination of Paediatric HIV. Its goal is to increase the quality, efficiency and cost-effectiveness of comprehensive HIV/AIDS services in the programme's focus regions in Tanzania and to ensure a sustainable and locally-owned response.

SOURCE: THE GUARDIAN

Studies on the Benefits of Earlier HIV Treatment, Real-World Use of PrEP and Advances in Cure Research Lead the Conference Agenda

Vancouver, British Columbia, Canada – More than 6,000 HIV professionals from around the world have gathered in Vancouver for the 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015), the world's leading scientific meeting on HIV. The IAS 2015 conference programme includes 1,200 scientific abstracts and dozens of satellite sessions addressing every aspect of HIV research and global responses to the epidemic. The four-day conference is organized by the International AIDS Society (IAS), in partnership with the University of British Columbia Division of AIDS, based at St. Paul's Hospital, Providence Health Care.

It has been nearly 20 years since the International AIDS Society last convened in Vancouver. At the historic 1996 International AIDS Conference, researchers presented ground-breaking evidence that combination antiret-

roviral therapy could effectively control HIV infection. Since that time, new therapies have transformed the lives of millions of people living with HIV worldwide, and significant advances have been made in HIV prevention.

"IAS 2015 will be a game-changing conference in the history of HIV," said Chris Beyrer, IAS 2015 International Chair and IAS President. "We'll release new data that provides compelling evidence for the earlier initiation of HIV treatment and the feasibility of implementing PrEP in diverse settings around the world, and showcase notable advances in the pursuit of an HIV cure. But this is not a time for complacency. Our focus now must be on implementing the full range of prevention and treatment options currently at our disposal."

"IAS 2015 returns to Vancouver at another watershed moment in the global HIV epidemic

since HAART was first introduced here in 1996," said Julio Montaner, IAS 2015 Local Co-Chair and Director of the British Columbia Centre for Excellence in HIV/AIDS. "We've made major gains in the past two decades in British Columbia and with the implementation of our pioneered Treatment as Prevention® strategy. We have gone from a province with the highest per capita rate of HIV to the lowest rate. Research advances continue to bring us closer to the day when HIV and AIDS are no longer a crisis throughout the world."

At today's opening press conference, plenary speakers Nora Volkow, Director of the National Institute on Drug Abuse at the U.S. National Institutes of Health and Ambassador Deborah Birx, U.S. Global AIDS Coordinator and Director of the PEPFAR programme, previewed plenary addresses detailing their

agencies' HIV research, policy and implementation agendas. Michel Sidibé, Executive Director of UNAIDS, also updated attendees on progress toward the achievement of global HIV treatment goals.

"IAS 2015 promises to be one of our most scientifically significant meetings," said IAS Executive Director Owen Ryan. "In addition to releasing the latest science, our meetings have always served a critically important role in advocating for fair and effective policies, supporting increased funding for research and services and galvanizing communities around the world."

Innovative and inspiring responses to AIDS by NGOs, the private sector, governments and individuals are also a key component of the lessons and experiences shared at the IAS meeting. At today's opening ceremony, musician and director Ryan Lewis and his mother, Julie Lewis, a 30-year HIV survivor, discussed the 30/30 Project, which they founded to improve access to comprehensive healthcare in communities impacted by HIV/AIDS. The project is working to develop 30 new medical facilities worldwide, the first of which will be built in Malawi and Kenya.

SOURCE: IAS

AIDS infections drop in nkasi

Continue from pg 1 prevalence rate stands at 6.5 per cent. "Also after being found to have been infected with HIV, patients were normally counselled and advised to start taking ARVs. The result in this aspect was equally impressive," added Mr Chonya.

He further explained that about 6,086 registered patients voluntarily had turned out to check their health status until June, this year. Out of the 6,086

patients 239 were females and 191 were males. The Uhuru Torch started its marathon race in Rukwa Region on July 15 after it was raced in all four councils of Nkasi, Sumbawanga, Kalambo and Sumbawanga municipality.

The Rukwa Region Commissioner, Ms Stella Manyanya, handed it over to her counterpart, Dr Ibrahim Msengi, the Katavi Regional Commissioner (RC) on 15th July, this year at

Sitalike Village in Mlele District.

While in Rukwa Region the Uhuru torch laid foundation stones and inaugurated 29 development projects valued at over 11.3 bn/- and visited 16 groups. This year, the central government contributed 4,133,918,218/-, Councils gave 236,796,237/-, the 'wananchi' donated 212,224,478/-, while other stakeholders dished out 6,760,200,000/-.

Source: Daily News



The Rukwa Regional Commissioner Hon. Stella Manyanya