



WADAU: Kodi inaongeza bei kondomu

WADAU wa mwitikio wa UKIMWI nchini wamesema kutozwa kodi ikiwemo ya Ongezeko la Thamani (VAT), kumeongeza bei za kondomu.

Walikuwa wakizungumza katika mkutano wa Kamati ya Matumizi ya Kondomu iliyopo chini ya Kikundi Kazi cha Taifa cha kuzuia Maambukizo ya virusi vya vinavyosababisha Ukimwi.

Wamesema kuwa kutozwa kodi kwa kondomu kunatokana na kinga hiyo kutowekwa kwenye kundi la dawa au vitenganishi vya kitabibu.

Wakielezea wasiwasi wao, wadau hao ambao ni sehemu ya wataalamu wanaoandaa Mkakati wa Kitaifa wa Kondomu (National Comprehensive Condom Strategy), wamebainisha kuwa kuwepo kwa kodi kunafanya gharama za kondomu kuwa juu.

Dk. Arodia Mulokozi wa Tume ya Kudhibiti UKIMWI (TACAIDS), amesema hadi sasa kondomu hazijawekwa kwenye kundi la zana za kitabibu pamoja na umuhimu wake wa kutumika kama kinga kwa magonjwa ya ngono, kuzia mimba zisizotarajiwa na kuzuia maambukizo ya Virusi vya UKIMWI (VVU).

Dk. Mulokozi amesema ni wakati mwafaka sasa kupitia Mkakati huo utakaotumika kati ya miaka ya 2015 na 2018 kuhakikisha kondomu inain-



Bei ya Kondomu kama hizi ikipanda, Vifo vinavyotokana na magonjwa ya maambukizo ya VVU vinaweza pia kuongezeka

gizwa kwenye kundi la vifaa tiba ili kunufaika na msamaha wa kodi ikiwemo VAT.

Dk. Mulokozi amesema katika hali ya sasa, kondomu zinapoingizwa nchini huwekwa kwenye kundi la mipira (rubber) na si vifaa vyenye msaada wa kitabibu.

Dk. Alex Ngaiza wa PSI amesema kama kodi zitaondolewa ikiwemo kodi ya VAT, kondomu zitapungua bei na kuzifanya ziwe nafuu kwa watumiaji ambao wengi ni vijana.

Amesema kiwango kikubwa cha kondomu zinazotumika nchini zinatokana na soko (social market) inayoringiza na kusambaza asilimia 72 ya

kondomu, sekta ya biashara (commercial) na za umma (public) kila moja huchangia asilimia 14.

Dk. Ngaiza anasema wastani wa matumizi ya kondomu nchini ni milioni 130 kwa mwaka ambacho ni nusu ya mahitaji, kiwango alichosema ni kidogo sana katika nchi yenye vijana zaidi ya milioni 12.

Amesema lengo ni kuongeza kiwango cha matumizi kwa asilimia 60 ili kusambaza kondomu milioni 156 itakapofika mwaka 2017.

Mtaalamu huyo amesema chini ya Mkakati mpya wa Kondomu, lengo ni kuhamasisha utumiaji sahihi na wa mfululizo utakaokwenda sambamba

na wadau wanaoingiza kondomu kuongeza uagizaji.

"Lengo ni kubadilisha muhimili wa soko la kondomu za biashara mwaka huu kutoka asilimia 14 kuwa asilimia 40 ifikapo mwaka 2018, kondomu za umma kuongezeka kutoka asilimia 14 za sasa kufika 20 na za social market kupungua kutoka 72 kuwa asilimia 40," anabainisha.

Pamoja na lengo la kuongeza matumizi ya kondomu, pia wadau hao wamepanga kuibadilisha kondomu ya umma ambayo haina jina kwa kuipa jina na kuifunga kwenye kifungashio cha kuvutia.

Chanzo: Benedict Sicalwe, AJAAT

The 2014 World Health Organization (WHO) Report on adolescent health has revealed HIV to be second leading cause of death among adolescents globally, and number One in the African continent.

According to the report, between 2005 and 2012, the overall global number of HIV related deaths fell by 30 percent, but deaths among

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adolescents increased by 50 percent.

This has forced the World to start acting. Global institutions early this year joined together to launch an initiative platform, pledging to do whatever in their powers to reduce new HIV infections among adolescents by 75 percent and to increase

HIV treatment, with a view of reaching 80 percent of Adolescents Living with HIV (ALHIV).

The platform to end Adolescent AIDS is the outcome of 2014 United Nations General Assembly for action and collaboration which inspires social movement towards better re-

sults for adolescents through critical changes in programmes and policy formulation. The stakeholders committed to programme to End Adolescent AIDS include the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/

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Our Vision:

A recognized strong media association in and out the country that can bring about enhanced and effective HIV and AIDS media coverage and contribute to a reduction of the spread of HIV in Tanzania

Maambukizi ya VVU barani Afrika asilimia 73 huchangiwa na vijana

Asilimia 73 ya maambukizi ya Virusi vya UKIMWI (VVU) yanayotokea miongoni mwa vijana barani Afrika huwapata wasichana huku asilimia 15 ya vijana wote ndiyo wanaotambua hadhi yao ya VVU na hivyo kusababisha tazitizo hilo kuendelea kuwa kubwa.

Hayo yamesemwa hivi karibuni na Mke wa Rais Mama Salma Kikwete wakati akiongea kwenye mkutano wa 15 wa Umoja wa wake wa Marais wa Afrika wa Kupambana na Ugonjwa wa UKIMWI (OAFLA) uliofanyika katika ukumbi wa mikutano uliopo Sandton Convention Centre mjini Johannesburg Afrika ya Kusini.

Mama Kikwete ambaye ni Mwenyekiti wa Taasisi ya Wanawake na Maendeleo (WAMA) alisema tatizo la VVU na UKIMWI bado ni kubwa miongoni mwa vijana wa kike na kama wataendelea kuambukizwa kwa kiwango hicho, kutakuwa na muda mrefu wa kupambana na maambukizi kwa wenzao ambao hawajaambukizwa na kutahitajika muda mrefu wa matumizi ya dawa za kufubaza VVU ambazo ni ghali.

“Ushauri wangu kwenu ni kuongea juhudi zaidi ili kupaza sauti za watoto wetu wa kike ambao wako katika hatari kubwa ya kuambukizwa VVU, kufanya mapambano dhidi ya UKIMWI kuwa ni agenda ya kudumu ya OAFLA kila tutakapotayarisha mipango yetu ya taarifa mapambano dhidi ya VVU ni muhimu kujumuishwa”, alisisitiza Mama Kikwete.

Kwa upande wa elimu Mwenyekiti huyo wa WAMA alisema upatikanaji wa elimu bora kwa mtoto wa kike kutafungua fursa za kuweza kuboresha afya, kipato chake na hatimaye kujiongezea uwezo wake binafsi na familia kwa ujumla.

Alisema, “Tunatambua kwamba kwa kadri mtoto wa kike anavyokaa muda mwingi shuleni



Katika nchi za Afrika msichana mmoja kati ya wasichana 10 wenye umri wa chini ya miaka 15 ana mtoto, wasichana hawa wanatakiwa kuwa shule na kubeba vitabu na siyo kubeba watoto pia wako katika hatari kubwa ya kupata maambukizi ya VVU

ndivyo anavyoweza kuepuka uzazi katika umri mdogo, vifo vinavyotokana na matatizo ya uzazi na umaskini”.

Mama Kikwete alisema ili kukabiliana na changamoto hizo Taasisi ya WAMA imeendesha kampeni ya mtoto wa mwenzio ni mwanao; Mkinge na UKIMWI kwa njia za upashanaji habari, mafunzo na uraghibishi kwa kutoa mafunzo ya stadi za maisha na ujinsia kwa vijana wa rika mbalimbali ili kuwawezesha kuepuka ujauzito na maambukizi ya VVU.

“Tumetekeleza hatua mbalim-

bali za kusaidia kutokomeza maambukizi mapya ya VVU kutoka kwa mama kwenda kwa mtoto (EMTCT), kushirikiana na jamii za wafugaji ili kuepuka desturi zinazochochea vifo vya kina mama vitokanavyo na uzazi katika umri mdogo, tohara kwa wasichana na unyanyasaji wa kijinsia na kutekeleza kampeni ya kupima na kutibu mabadiliko ya awali ya saratani ya shingo ya kizazi”, alisema Mama Kikwete.

Akiwakaribisha wake hao wa Marais, Mke wa Rais wa Afrika ya Kusini Mama Thobeka Madiba Zuma alisema muda umefika kwa

wao kuonyesha majukumu yao katika Bara la Afrika kwa kuungana kwa pamoja na viongozi wa jamii zao ili waweze kuondoa unyanyasaji wa kijinsia kwa wanawake zikiwemo mila kandamizi, kusimamia ili wanawake wapate haki za uchumi, afya ya uzazi na kulinda haki za wazee, walemavu na watoto.

“Vijana wapate elimu ya afya ya uzazi huduma ya kuzuia maambukizi ya VVU kutoka kwa mama kwenda kwa mtoto ipatikane kwa urahisi kwa wanawake walio na maambukizi hii itasaidia wanawake kujifungua watoto wasio na maambukizi na hivyo kutokuwa na maambukizi katika vizazi vijavyo”, alihimiza Mama Thobeka.

Kwa upande wake Mwakilishi wa Shirika la Umoja wa Mataifa linaloshughulikia UKIMWI (UNAIDS) kutoka Umoja wa Afrika (AU) na Tume ya kushughulikia Uchumi ya Afrika (ECA), Rosemary Museminali alisema kama jamii itaamua kushirikiana na kufanya kazi kwa pamoja ikiwa ni pamoja na kuunga mkono jitihada zinazofanywa na Serikali pamoja na mashirika binafsi ya kupambana na ugonjwa wa UKIMWI inawezekana kwa kiasi kikubwa kumaliza maambukizi ya VVU.

Rosemary alisema, “Katika nchi za Afrika msichana mmoja kati ya wasichana 10 wenye umri wa chini ya miaka 15 ana mtoto, wasichana hawa wanatakiwa kuwa shule na kubeba vitabu na siyo kubeba watoto pia wako katika hatari kubwa ya kupata maambukizi ya VVU.

Mkutano huo wa wake wa marais wa Afrika uliunda sambamba na mkutano wa 25 wa wakuu wa nchi na viongozi wa Serikali wa Afrika uliomalizika mjini Johannesburg.

Chanzo: Mtandao

WATANZANIA milioni 25.4 wamejitokeza kupima ukimwi wa hiari, ikiashiria kwamba nusu ya watanzania wamepima kujua hali yao kuhusiana na maambukizi ya Ukimwi.

Idadi hiyo ni ongezeko la watu milioni 4.9 waliopima kufikia Desemba 2013.

Takwimu hizi zilitolewa hivi karibuni na waziri wa Afya, Dk Seif Rashid wakati akiwasilisha bajeti ya wizara yake katika kikao cha 19 cha mkutano wa 20 wa Bunge. Alisema hadi kufikia desemba 2014, idadi ya watu waliopima virusi vya ukimwi (VVU) walikuwa 25,468,564 na kufanya ongezeko la watu 4,999,323.

Kwa mujibu wa Waziri, wanaopima VVU kwa hiyari imeongezeka kutoka watu 11,640 mwaka 2009 na kufikia 20,469,241 mwaka 2013.

Alisema mafanikio hayo yametokana na kutekelezwa mpango mkakati wa III wa sekta



Ni muhimu vijana wakaendelea kujitokeza kupima afya zao, ili kupunguza maambukizo ya VVU nchini.

Nusu ya Watanzania wamewaona wapimaji UKIMWI

ya afya katika kupunguza maambukizi ya ukimwi.

Alisema takwimu zilizopo zinaonesha kuwa kampeni imefanikiwa kuhamasisha wananchi na pia kupunguza kiwango cha

maambukizi ya VVU kutoka asilimia 5.8 mwaka 2008 hadi 5.3 mwaka 2012.

Alisema pamoja na kuendelea kutekeleza mpango mkakati huo wa tatu wa sekta ya afya wa ku-

pambana na ukimwi (2013-2017) kwa kutoa ushauri nasaha na upimaji wa VVU kwa hiari, wizara itaendelea kupanua huduma na upimaji kufikia ongezeko la watu 7,411,619 na kutoa dawa za ARV kwa waviu 880,681.

Aidha alisema kwamba wizara yake imewezesha kliniki 109 zinazotoa ARV kwa wanawake wajawazito wenye VVU (Option B+) ziweze pia kutoa huduma za kupambana na ukiwmi kwa watoto wanaoishi na VVU.

Chanzo: Habari Leo

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AIDS (UNAIDS), the United Nations Population Fund (UNFPA), WHO, the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the MTV Staying Alive Foundation, and the adolescent and youth movements represented by the HIV Youth Leaders Fund/ the PACT and Y+

The platform initiative's goals include enhancing HIV prevention, testing, care and social change programs specially those focusing on the needs of ALHIV and adolescents who are at risk of contracting HIV.

It's understood that low prioritization of adolescents in national HIV plans, poor quality and inconsistent HIV prevention efforts, inadequate access to HIV testing opportunities, counseling and treatment services for adolescents and little support to make them remain on care and adherence to ART are among the factors cited to increase death related to HIV virus.



Adolescent makes large portion of Tanzania population, they need special treatment as far as HIV and AIDS is concerned

Speaking at the HIV Prevention Programming Stakeholders' meeting, the Adolescent and Youth Advisor for the Tanzania Commission for AIDS (TACAIDS), Ms. Mary Plummer, said the initiative aims at improving ALHIV data to better inform national programs.

"All in initiatives to end adolescent AIDS will generate global, regional and national political will to end adolescent AIDS and in Tanzania is to be coordinated by government, managed by technical working groups," she emphasized.

The programme unites actors

across relevant sectors in order to accelerate reductions of AIDS-related deaths and new HIV infections among adolescents by 2020 as part of the global push to end the AIDS epidemic for all by 2030.

Adolescence is one of life's critical transitions. The biological and psychosocial changes that take place during that period affect every aspect of adolescents' lives.

The meaning assigned to that transition is different in cultures and contexts, but everywhere it signifies the move from childhood to adulthood. There are over 1 billion ado-

lescents living in the world.

New HIV infections among adolescents are not decreasing as quick as they should. In 2013, an adolescent between the age of 15 and 19 was newly infected with HIV every two minutes.

Progress is also uneven across different regions, for example, the number of new HIV infections has remained relatively stable in Asia and Pacific since 2005, while they have decreased in eastern and southern Africa.

While comprehensive HIV knowledge is low, early sexual debut is common and condom use is infrequent, the virus prevalence amongst Tanzanian youth rises hardly in late adolescence particularly to girls.

The Tanzania Malaria and HIV/AIDS Indicator Survey (THMIS), 2011-12, found that 1.1% of female and 0.6% of male of between 15 and 17 years were HIV positive.

At the age of between 20 and 22 years, 3.0% of female and 1.2% of male were HIV positive compared to female of 6.6% and 2.8% of male at the age of 23 to 24 years respectively.

Source: Benedict Sichalwe, AJAAT

Govt challenged on HIV free generation

The government has been challenged to come up with a strategy that would make prevention of mother-to-child transmission of HIV (PMTCT) services to be sustainable.

The EGPAF's Arusha regional PMTCT coordinator, Angelina Kanuya disclosed this when she spoke on the achievement of the programme since started in 2012.

She said that with the support from the United States Agency for International Development (USAID), EGPAF has been complementing government's efforts towards ensuring that Tanzania has a HIV free generation.

"PMTCT programme recorded big achievements in scaling down HIV infection amongst children born by mothers who are HIV positive. So, in order to sustain this programme, there is a need for the government to come up with an approach that would make those services sustainable," she suggested.

"We want to see our children are free from HIV," she said.

Commenting on male in-

Involving men in this programme has proved to be an effective tool towards reducing the risks of vertical transmission and infant mortality by more than 40 per cent compared with no involvement

volvement in PMTCT services, Regional Reproductive and Child Health Coordinator, Belinda Mumbuli said: "Male involvement in Arusha has gone up from 4 percent in 2010 to 34 percent by 2014."

For instance, she says in 2010 about 2509 were tested and 16 were found being infected with HIV; "but the number is increasing and last year about 24,841 men who accompanied with their spouses got tested and only 128 were HIV positive." She however disclosed that Ngorongoro District is the leading district in Arusha Region for male involvement PMTCT followed by Meru District Council.

Arusha regional medical officer, Dr Frida Mokiti said in other districts, men are still reluctant to accompany their spouses to health facilities as part of the re-

quirements of the PMTCT programme. "Involving men in this programme has proved to be an effective tool towards reducing the risks of vertical transmission and infant mortality by more than 40 per cent compared with no involvement," she said.

She commended EGPAF through USAID for its technical, financial and material support to Arusha Region.

"What we see in Ngorongoro and Meru district councils is a result of a series campaigns to sensitise men to get involved in this programme."

In recent years, Dr Mokiti said: "We have seen a big change in male's mindsets on this. And even the number of HIV free children is also going up. Those children are born with mothers who are HIV positive."

SOURCE: THE GUARDIAN

Weekly quotable quotes!!

"Serikali ilishaagiza dawa za ARVs za kutosha ambazo zitafika mwakani. Kutokana na hilo, nawaagiza wasimamizi wa afya ngazi za mikoa kuagiza dawa hizo mapema vinginevyo maeneo mengine yataonekana kuwa na uhaba wakati dawa zipo za kutosha" Mganga Mkuu wa Serikali, Dk. Donnan Mmbando

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.

Male involvement in PMTCT promotion bears fruit

Juliet, a 27-year-old mother of three, now lives with her parents in Ngaramtoni area of Arusha after her husband abandoned her after she was diagnosed HIV-positive. Things turn sour, when her marriage turned ten years and particularly soon after getting her third pregnancy.

Juliet recounts that her ten-year marriage was doomed the minute she 'spilled the beans' on her HIV status to her husband at home. She said, things became worse when she told him to accompany her to the health facility for counseling and testing HIV.

"I wasn't aware whether I was positive or not. But one day I went to one of the health facilities in town and nurses told me that I should bring my husband, but it was impossible. So, I was tested and found with HIV infections," Juliet narrates.

She however says: "When I told him about my HIV status, and the need for him to accompany me to the health facility, a big quell emerged and finally our marriage ended as the man used to accuse me that I was the one who brought the disease in the house."

"But, I thank God, for making me strong as finally I delivered a HIV-free child. And I am doing fine as I am using ARVs."

Juliet is just one of many women in Tanzania, who undergo similar experience, as in most cases men become reluctant to take part in the Prevention of Mother to Child Transmission (PMTCT) programme, which proved to be an effective tool in reducing



It is the right of a woman to have children though she is a HIV positive. But, we are encouraging people to get counseling before conceiving pregnancy, because there are issues of CD4 counts.

the risks of vertical transmission and infant mortality by more than 40 percent compared.

Noela Linga, a nurse midwife at the Mount Meru Regional Hospital admits: "It is true, there are many women who face such similar experience across Arusha and the country at large." She says currently women are more aware than men on the need for them to visit health facilities, when their pregnancies are in early stages.

"But, the challenge is on men who in most cases are not ready to accompany their women for testing. And they can provide a number of reasons including being busy."

"This is mainly contributed by stigmatisation as men fear to be stigmatised in the family and the society in general. I remember one case when a man was tested and found being a HIV-positive, but he never wanted his wife to know his status."

"As service providers, sometimes we get hard time, when one couple is found HIV positive and another is free from the virus. That's why we insist that there is life after realising your HIV status," the nurse says.

Comparing to the previous situation, Linga says: "Right now, there are more men who accompany their wives to attend medical facilities."

According to her, PMTCT has helped the situation as of now a pregnant mother who is a HIV-positive, bears children who are free from HIV.

"But, we still insist that parents should collectively attend PMTCT clinics," said Linga who has been working in the area for more than 15 years.

Grace Isangya is registered at the same hospital, who says: "It is the right of a woman to have children though she is a HIV positive. But, we are encouraging people to get counseling before conceiving pregnancy, because there are issues of CD4 counts."

She says that there are people who stigmatised themselves... this is a serious challenge and only education will help to address the challenge.

"But, we see stigmatisation dropping down in recent years," says Dr Maryam Murtadha, in-charge of the regional CTC.

She urges parents to develop a culture of testing before getting pregnancy so that they get HIV-free children. "I am saying this, because bearing a HIV-positive child is costly to the family."

Citing examples, Dr Murtadha says: "As service providers sometimes we get challenges as you come to a scenario whereby a child who is HIV-positive refuses to take ARVs, because his/her parents didn't told her where she/he contracted the virus."

She says it was also a challenge for the school going children as those who are HIV positive feel uncomfortable when it comes to taking ARVs as they feel stigmatised. So, at the end some stop taking the drugs and finally die.

I suggest the need for schools to have records on children who are HIV-positive and come up with mechanisms of accommodating them. I'm saying this because I know that some of them end-up having psychological problems."

Source: The Guardian