

Tanzania

www.ajaat.or.tz

AIDS Week in Review

Issue No. 248, November 24 2015



Association of Journalists Against AIDS
in Tanzania (AJAAT) P.O Box 33237
Tel: 0786300219/ 0786653712/ 0713640520
Bahari Motors Building, Kameroun Road
Plot No. 43, Kijitonyama, Dar es Salaam

Supported by TACAIDS/UNDAP



"O" Infections
"O" Deaths
"O" Stigma
By 2015



Tanzania elderly need government support

Elderly People Face Burden of Increasing Number of Orphans

Elderly people in Kyerwa and Karagwe districts are facing a burden of caring for increasing number of orphans due to HIV/AIDS scourge.

According to one senior citizen, Mzee Clement Nsherenuguzi (80), while progress is being made to combat HIV/AIDS, the effort is still facing a significant challenge on older people, to enable them cope with loss of children, while also supporting grandchildren through bereavement. This has a significant emotional impact on older people.

"Tanzania lags behind due to lack of law that protects older people's

interests and killings of the aged in some of the regions in the country. For other countries, old age is a blessing but in Tanzania it is not the case," he pointed out. It is high time that a law governing the rights and interests of the elderly is put in place, for the aged to start benefiting for their time they served the country.

Unfortunately, too little is known about what living with HIV in older age means due to very few prevention programmes and little HIV information is targeted at the age group. From the early days of HIV/AIDS in Tanzania older people have been at

the centre of the epidemic and its impact, he said.

He noted that a recent survey conducted by a Non-Governmental Organisation-Saidia Wazee Karagwe (SAWAKA) in 1,975 households revealed that Karagwe District has a total of 4,834 elderly people aged above 60 years including 2,498 males and 2,336 females most of them living in vulnerable conditions. "Many people regard ageing as a curse. This is because there is no clear law on ageing.

The few policies were not seriously implemented mainly because elderly people have no representatives in

decision making organs," he said. He advised the government to establish a special desk for retired professionals under the President's office who will impart their long-time knowledge and experience to government.

Attaining 60 years of age does not automatically mean that one would die within a year. We have vivid examples of individuals living between 85 or even 90 years. One such examples is Zimbabwe's President Robert Mugabe.

Let us borrow a leaf from neighbouring countries, he said. According to Mr Nsherenuguzi, government should create a data base of professionals and engage them under a specialized industry desk for professionals. Kagera Regional Community Development Officer, Ms Rebeccah Gwambassa said that census conducted during 2012 revealed that about 135,089 people in Kagera Region were elderly, implying 5.1 per cent.

According to Ms Gwambassa, only three hospitals namely Bukoba Referral, Mugana DDH in Misenyi District and Rubya DDH in Muleba District had up to-date implemented the government directive by establishing an "elderly window".

Tanzania with an estimated population of 45 million people has about 2.2 million (about 5.7 per cent) people aged above 60 years. This figure is expected to increase to 8.3 million (about 10 ten per cent) by year 2050.

Source: Daily News

Zaidi ya wazee 66 wenye miaka kati ya 60 na 70 Wilayani Magu, Mwanza Wamegundukila kuwa na maambukizi ya Virusi vya UKIMWI.

Wazee hao wanapata huduma ya dawa za kufubaza makali ya ukimwi katika kituo kimojawapo cha Tuba na Huduma (CTC) katika Hospitali ya Wilaya huku ikitajwa kuwa huenda idadi hiyo ni ya chini ikilinganishwa

Wazee 66 magu waambukizwa VU

na kiwango cha juu cha maambukizi wilayani hapa.

Hayo yalibainishwa hivi karibuni na Kaimu Mganga Mkuu wa Wilaya hiyo Dk. Gabriel Masam alipozungumza na waandishi wa habari katika ofisi za shirika la kutetea Haki

za Wazee la Maperere, mjini Magu muda mfupi baada ya kumaliza kwa semina ili-yolenga kuangalia namna ya kuwanusuru wazee na maambukizi ya ukimwi. Dk. Masam alisema Wilaya hiyo ina jumla ya vituo 10 vya CTC vinavyoshughulika na utoaji wa huduma

kwa wagonjwa wa namna hiyo na kwamba idadi hiyo si takwimu ya Wilaya nzima bali ni ya kituo kimoja cha hospitali hii.

Aliomba serikali kuongeza bajeti ya sekta hiyo badala ya kuipunguza ili wazee wapate elimu ya kutosha kujikinga na maambukizi ya ukimwi.

Chanzo: Tanzania Daima

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

Young Activist Arrives Home With Fresh Ideas

A seventeen year old girl aspiring to become an activist for children living with HIV/AIDS and children's rights has said she is determined to become the voice of children in both Tanzania Mainland and Isles.

Speaking after arriving at the Julius Nyerere International Airport in Dar es Salaam, Ms Suhaila Msham Mwarimwana, who is also the chairperson of Zanzibar Association of People Living with HIV/AIDS, said she would agitate for better education and health care.

"I will be the voice of children to convey the agenda of children and development to every public leader," said Ms Mwarimwana shortly after arriving from New York, where she attended 70th, United Nations General Assembly (UNGA) session.

She explained that education would facilitate to address discrimination against people living with HIV/AIDS while health

care would improve children's welfare noting that the two sectors should be the main agenda for every politician aspiring for any leadership post.

"Whenever there is a better education, a number of burning issues including discrimination will be addressed in the society," said Ms Mwarimwana.

She said 70th UNGA brought together children from around the world to discuss challenges facing children, saying the meeting was ideal platform for children to exchange views on how best to address challenges facing them.

The Director for Women and Children in the Ministry of Employment, Social Welfare, Youth, Women and Children, Ms Rahma Ali Khamis, who accompanied her, said children from 17 countries took part in 70th UNGA, saying children participated in the opening of the meeting.

Source: Daily News



Ms. Suhaila Msham Mwarimwana, the chairperson of Zanzibar Association of People Living with HIV/AIDS

For the first time, tuberculosis infections rivaled HIV/AIDS as a leading cause of death from infectious diseases, the World Health Organization said in a report released recently.

It has been found that during year 2014, 1.1 million people died of TB. During the same period, HIV/AIDS killed 1.2 million people globally, including 400,000 who were infected with both HIV and TB.

Dr. Mario Raviglione, director of the WHO TB program, said the report reflects the dramatic gains in access to HIV/AIDS treatment in the past decade, which has helped many people survive their infections.

But it also reflects disparities in

Tuberculosis Now Rivals HIV/AIDS as a Leading Cause of Death

funding for the two global killers. "The good news is that TB intervention has saved some 43 million lives since 2000," but given that most cases of TB can be successfully treated, the death rate remained "unacceptably high," Raviglione said.

The report features data from 205 countries and territories on all aspects of TB, including drug-resistant forms, research and development and financing.

It found that 6 million new cases of TB were reported to the WHO in 2014, fewer than two-thirds of the 9.6 million people worldwide estimated to have fallen sick with TB last year.

Among the estimated 480,000 cases of multi-drug resistant TB in 2014 — a superbug form of the disease that resists the two most potent anti-TB drugs — only one in four was diagnosed.

Dr. Grania Brigden, interim medical director of Médecins Sans Frontières, (Doctors Without Borders), said the report "should serve as a wake-up call that enormous work still needs to be done to reduce the burden of this ancient, yet curable disease."

Funding disparities were a key issue, Raviglione said, noting that international funding for HIV/AIDS is 10 times higher than for TB, with

\$8 billion spent on HIV/AIDS interventions, compared with a total of \$800,000 spent on TB.

Part of that disparity is because HIV/AIDS largely affects resource-poor countries in Africa, whereas TB is more prevalent in countries such as India and China, which are better able to finance their own domestic efforts to address TB infections.

Even so, there remains a \$1.4 billion gap in the amount of funding needed for TB interventions in 2015. Raviglione said it is time to start funding TB at a level that can make even more of a difference in curbing global deaths.

Source: allafrika.com

Treat all people living with HIV, offer antiretrovirals as additional prevention choice for people at ‘substantial’ risk

Anyone infected with HIV should begin antiretroviral treatment as soon after diagnosis as possible, WHO announced recently.

With its “treat-all” recommendation, WHO removes all limitations on eligibility for antiretroviral therapy (ART) among people living with HIV; all populations and age groups are now eligible for treatment.

The expanded use of antiretroviral treatment is supported by recent findings from clinical trials confirming that early use of ART keeps people living with HIV alive, healthier and reduces the risk of transmitting the virus to partners.

WHO now also recommends that people at ‘substantial’ risk of HIV should be offered preventive antiretroviral treatment. This new recommendation builds on 2014 WHO guidance to offer a combination of antiretroviral drugs to prevent HIV acquisition, pre-exposure prophylaxis (PrEP), for men who have sex with men.

Following further evidence of the effectiveness and acceptability of PrEP, WHO has now



Dr Margaret Chan, Director-General, World Health Organisation

broadened this recommendation to support the offer of PrEP to other population groups at significant HIV risk.

PrEP should be seen as an additional prevention choice based on a comprehensive package of services, including HIV testing, counselling and support, and access to condoms and safe injection equipment.

New recommendations on early use of ART and expanded

offer of PrEP are contained in WHO’s “Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV.”

The new guideline stresses that, in order to effectively implement the recommendations, countries will need to ensure that testing and treatment for HIV infection are readily available and that those undergoing treatment are supported to adhere to

recommended regimens and are retained in care.

The recommendations were developed as part of a comprehensive update of the “WHO consolidated guidelines on the use of antiretroviral drugs for preventing and treating HIV infection”.

This early release guideline is shared ahead of the full publication, slated for release later this year, because of their potential. Based on the new recommendations, the number of people eligible for antiretroviral treatment increases from 28 million to all 37 million people who currently live with HIV globally.

Expanding access to treatment is at the heart of a new set of targets for 2020 with the aim to end the AIDS epidemic by 2030.

These targets include 90% of people living with HIV being aware of their HIV infection, 90% of those receiving antiretroviral treatment, and 90% of people on ART having no detectable virus in their blood.

According to UNAIDS estimates, expanding ART to all people living with HIV and expanding prevention choices can help avert 21 million AIDS-related deaths and 28 million new infections by 2030.

Source: AllAfrica.com

LOW facility delivery poses challenge to eradicate HIV transmission from mother-to-child

LOW facility delivery standing at 51% is among the major challenges in eradicating HIV transmission from mother-to-child Tanzania faces.

According to the 2012 National Census, Tanzania has a population of 44,502,629 with 1.8 million deliveries per year with 50% health facilities which have deliveries services.

On the other hand, statistics from the Elimination of Prevention of Mother to Child Transition campaign (e-PMCT) highlights other challenges in the programme as weak follow-up mother baby pair and male partner involvement.

The statistics further points to the fact that HIV testing and counselling to couple stands at just 40%, which is also a challenge.

Likewise, elimination of new pediatric infections, including increased adherence and retention as well to early identification of initiation of Antiretroviral Drugs Therapy (ART) to infants poses a challenge to HIV and AIDS elimination in the country.

The Tanzania e-MTCT plan campaign goal is to eliminate new pediatric infections and keep mothers alive through improved maternal, newborn and child health and sur-

vival programmes by 2015.

As the Tanzania Sentinel sites surveillance status of HIV prevalence rate to pregnant women hits 5.6%, e-PMCT aims to reduce mother to child transmission of HIV from estimated 26% in 2011 to 4% by 2015.

The campaign impact results is reduction of new HIV infections among child bearing women by 50% and cutting of unmet need for family planning among women of child bearing age living with HIV by 100% by end this year.

On the other hand, E-MTCT campaign impact results is also

to increase the proportion of HIV + women on ART for their own health and babies to 90% by 2015, to increase the proportion of HIV exposed children tested for HIV by age of two months from 21% to 90% by 2015, and to increase the proportion of HIV-infected infants and children put on ART before one year to 90% by 2015.

Global eMTCT plan was launched in New York June 2011, endorsed by 22 countries with high transmission rates of HIV, 20 of which are from Sub-Saharan Africa, including Tanzania.

Source: Benedict Sichalwe, AJAAT

Tuberculosis Now Rivals HIV/AIDS as a Leading Cause of Death

For the first time, tuberculosis infections rivaled HIV/AIDS as a leading cause of death from infectious diseases, the World Health Organization said in a report released recently.

It has been found that during year 2014, 1.1 million people died of TB. During the same period, HIV/AIDS killed 1.2 million people globally, including 400,000 who were infected with both HIV and TB.

Dr. Mario Raviglione, director of the WHO TB program, said the report reflects the dramatic gains in access to HIV/AIDS treatment in the past decade, which has helped many people survive their infections.

But it also reflects disparities in funding for the two global kill-

ers. "The good news is that TB intervention has saved some 43 million lives since 2000," but given that most cases of TB can be successfully treated, the death rate remained "unacceptably high," Raviglione said.

The report features data from 205 countries and territories on all aspects of TB, including drug-resistant forms, research and development and financing. It found that 6 million new cases of TB were reported to the WHO in 2014, fewer than two-thirds of the 9.6 million people worldwide estimated to have fallen sick with TB last year.

Among the estimated 480,000 cases of multi-drug resistant TB in 2014 — a superbug form of the disease that resists

the two most potent anti-TB drugs — only one in four was diagnosed. Dr. Grania Brigden, interim medical director of Médecins Sans Frontières, (Doctors Without Borders), said the report "should serve as a wake-up call that enormous work still needs to be done to reduce the burden of this ancient, yet curable disease." Funding disparities were a key issue, Raviglione said, noting that international funding for HIV/AIDS is 10 times higher than for TB, with \$8 billion spent on HIV/AIDS interventions, compared with a total of \$800,000 spent on TB.

Part of that disparity is because HIV/AIDS largely affects resource-poor countries in Africa, whereas TB is more prevalent in countries such as India and China, which are better able to finance their own domestic efforts to address TB infections.

Even so, there remains a \$1.4 billion gap in the amount of funding needed for TB interventions in 2015. Raviglione said it is time to start funding TB at a level that can make even more of a difference in curbing global deaths.

Source: allafrica.com

The good news is that TB intervention has saved some 43 million lives since 2000.,

Weekly quotable quotes!!

"Treat all people living with HIV, offer antiretrovirals as additional prevention choice for people at 'substantial' risk as the new policies could help avert more than 21 million deaths and 28 million new infections by 2030"—WHO

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

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. Inter-generational 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

EDITORIAL BOARD

Chairman
Adolph S. Kivamwo

Consulting Editor:
Charles M. Kayoka

Editor
Perege Gumbo

Copy Editor:
George Nyembela

Type-setting
Irene Kimambo

Journalist & FP specialist
Benedict Sicalwe

ANNOUNCEMENT

AJAAT has vast skills in producing newsletters for individual organizations. Those interested can feel free to contact us for service-Editor

Educators fight HIV/AIDS in style

Social work educators in the country are striving to achieve a realistic paradigm shift towards attaining an HIV/AIDS-free generation.

A week-long strategic meeting by a section of academia, social work and health professionals from universities and colleges in Dar es Salaam has revealed.

The academicians will now apply data-driven approach complimented by the use of evidenced-based interventions for populations at greatest risk of contracting the disease.

Executive Secretary of the Association of Schools of Social Work in Tanzania (ASSWOT) Dr Asiya Mwanzi, says the approach will also benchmark on the areas evidenced with highest HIV cases and that social work professionals from higher learning institutions in the country were cordially working to achieve sustainable control of the epidemic.

She says the approach will focus on assisting patients to access and remain in treatment schemes (ART Adherence), scale-up core interventions on Anti-Retroviral Therapy (ART), Prevention of Mother to Child Transmission (PMTCT) and Voluntary Medical Male Circumcision (VMMC) as well as use of condoms.

ASSWOT Deputy Chairman Mussa Fumu whom is also a lecturer with Zanzibar University said they were objectively rhyming with the goals set in national



Educators in a new style of fighting HIV and AIDS in Tanzania

health policy and those stipulated in the US president's emergency plan for AIDS relief (PEPFAR 3), the core financiers of the programme.

He said the programme would involve strengthening the resilience of orphans and vulnerable children, their families and their communities, fight gender-based violence, discrimination and other barriers to HIV prevention, treatment, and care, prevent mother to child transmission and address TB/HIV co-infections.

"Implementation of the approach will mainly base on establishing a package of core objectives, evidence-based interventions and focus on the most desperate geographic areas," he said.

According to the social educators, the target group of the move shall be children, especially those who are orphaned or otherwise

vulnerable, adolescent girls and risk groups including intra-venous drug users, sex workers and homosexuals.

According to ASSWOT Programme Manager Stella Mngodo, the pragmatic program is part of the educational charity schemes funded by PEPFAR in addressing the epidemic facing thousands, especially in Africa where ART was not widely available.

"The main focus is on prevention and treatment, in particular increasing access to ART and increasing health care resources," she said, calling for immediate kick-off of the education programme countrywide.

She suggested ASSWOT Executive Committee and the Ministry of Health and Social Welfare to fast-track formation of social work council to spearhead social welfare education to help the na-

tion do away with the epidemic, and promote social work practice, research and scholarship in order to enhance social welfare and facilitate economic development.

The anti-HIV crusaders involve academicians from ASSWOT schools, namely University of Dodoma (UDOM), Institute of Social Work (ISW), State University of Zanzibar (SUZA), Hubert Kairuki Memorial University (HKMU), University of Dar es Salaam (UDSM) and Muhimbili University of Health and Allied Sciences (MUHAS).

Others include Open University of Tanzania (OUT), Zanzibar University (ZU), Kampala International University (KIU), Agape College, Tanzania International University (TIU), Theofil Kisanji University (TKU), St. Augustine university of Tanzania (SAUT) and the Kigoma-based Newman College.

Source: The GUARDIAN

New HIV vaccine trials are being conducted in the country as scientists continue seeking solutions to neutralise the virus which causes the deadly Aids disease.

Speaking at a stakeholders' meeting recently, Dr Hannah Kibuuka, the executive director of the Makerere University Walter Reed Project (MUWRP), said the vaccine trials, which started this year, are being funded by Johnson and Johnson, an international pharmaceutical organisation.

New HIV Vaccine Trials Begin in Uganda

"Uganda is one of the sites which are testing for AD 26 mosaic and MV mosaic in phase one and phase two. The trials test to see a response on the immune system after administering the vaccine for HIV-negative people," Dr Kibuuka said in Kampala. "It will be administered four times within a period of one year and follow up will take place for two years after the last dose is administered," she added.

Dr Kibuuka said about 400 people without the disease are involved in the two-year vaccine trials but declined to give an exact figure for the number of people involved in the study in Uganda.

The National Institute of Health listed the United States, Rwanda, South Africa, Thailand and Uganda as the countries involved in the research.

Source: The Monitor



Dr Hannah Kibuuka, the executive director of the Makerere University Walter Reed Project (MUWRP)