



## WHO Approves Korean HIV Rapid Test Kits Suspended in 2011

A South Korean made HIV rapid test kit, SD Bioline HIV 1/2 3.0 whose use was suspended in 2011 by World Health Organization due to accuracy concerns has been pre-qualified for use by member countries.

WHO Department of Essential Medicines and Health Products Director, Mercedes Gonzales said recently that the rapid test kits have been re approved following corrective measures taken by Standard Diagnostics Inc., of South Korea which manufactures the kits.

"Following our guidance and advice, Standard Diagnostics took a number of corrective measures to improve their test's quality and the product was subsequently prequalified on May 20, 2013," Mr Gonzales told 'Daily News' in an emailed response to questions sent.

Ministry of Health and Social Welfare suspended use of SD Bioline HIV rapid test kits immediately after WHO suspended them from its pre-qualified list of kits in 2011, following discovery of defective lots which did not give correct readings.



WHO-Director General Dr. Margaret Chan

In its evaluation report released in 2013, WHO said the pre-qualification of SD Bioline follows thorough investigations which included site visits of the global health body's experts to make sure that major changes have been made to guarantee safety and standards.

"SD Bioline HIV-1/2 3.0 was accepted for the WHO list of prequalified diagnostics on the basis of data submitted and publicly available information in May 2013," the global

health body's report stated. Standard Diagnostics Inc. submitted an application for prequalification of SD Bioline HIV-1/2 3.0.

Based on the established prioritization criteria, SD Bioline HIV-1/2 3.0 was given priority for prequalification. "The information submitted in the product dossier was reviewed by WHO staff and external experts (assessors) appointed by WHO in accordance with the internal report on the screening and assessment of a product dossier.

Based on the product dossier screening and assessment findings, a recommendation was made to accept the product dossier for SD Bioline HIV -1/2 3.0 for prequalification," the WHO report said.

The WHO experts report further noted that its inspectors visited the Korean manufacturer's factory to see the equipment used.

"A comprehensive second re-inspection was performed at the sites of the legal manufacturer of SD Bioline HIV -1/2 3.0 at 156-68 Hagal-dong Giheung-gu, Yongin-si, Kyonggi-do 446-930, Republic of Korea and 473-4 Bora-dong Giheung-gu, Yongin-si, Kyonggi-do, 446-904, Republic of Korea in November 2012," the report noted.

The inspection was based on 'ISO 13485:2003 Medical devices - Quality management systems - Requirements for regulatory purposes' and other internationally recognized standards relevant to the manufacture of in vitro diagnostics, the WHO report noted.

The manufacturer has committed to continuing improvements in the quality management system particularly in the areas of clear lines of authority, identification and traceability, warehousing and clarity of work instructions and batch manufacturing records, the report concluded.

Source: Daily News

The US government through the Ambassador's Special Self-Help Fund and Ambassador's Fund for HIV/AIDS Relief has dished out 73,715 US dollars (about 155m/-) to 14 organisations in order to improve the lives of Tanzanians.

The US Ambassador to Tanzania, Mark Childress, said in Dar es Salaam that the grants will directly benefit more than 5,000 people in 12 regions

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across the country, saying that they will facilitate the organisations to improve services. "The award will facilitate the organisations to improve services and opportunities in water and sanitation, health, education and economic development," said the US envoy during a ceremony to dole out the grants to

the firms.

The grants were awarded under the US Embassy's Community Grants Programme, which provides direct assistance to small, community-based, improvement projects through the Ambassador's Special Help Fund and the Ambassador's Fund for HIV/AIDS Relief.

Mr Childress pointed out that the Self Help Fund provides direct assistance grants to Tanzanian community organisations for projects designed to benefit villages and urban communities.

"The Fund for HIV/ AIDS Relief

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# Tanzania yapunguza vifo vinavyotokana na UKIMWI

Tanzania imefanikiwa kupunguza vifo vinavyotokana na magonjwa yanayosababishwa na kudhoofu kwa kinga ya mwili kupambana na magonjwa (UKIMWI).

Taarifa ya Tume ya Taifa ya Kudhibiti UKIMWI (TACAIDS) inaonesha kuwa toka kuanza kwa Mpango wa Huduma za Tiba na Matunzo kwa Watu Wanaoishi na Virusi vya UKIMWI (WAVIU) mwaka 2003, idadi ya vifo hivyo imekuwa ikipungua mwaka hadi mwaka.

"Inakadiriwa vifo vingi vito-kanavyo na UKIMWI vilitokea miaka ya 2000 ambapo vifo 129,357 vilitokea kwa mwaka na kupungua hadi kufikia vifo 78,293 mwaka 2013," imesema sehemu ya taarifa hiyo ambayo AJAAT imeipata na kuongeza;

"Afya za WAVIU zimeboreka kutokana na upatikanaji wa huduma za matibabu na matunzo kwa kuongeza tija katika ujenzi wa Taifa.

"Tangu kuanza kwa huduma za tiba na matunzo kwa WAVIU mwaka 2003/2004, WAVIU 1,366,402 walikuwa wameandikishwa katika huduma za tiba na matunzo, na 850,274 walikuwa wameanza huduma za tiba kufikia Desemba 2013.

Inaelezwa kuwa kufikia Desemba 2014, WAVIU 640,084 walikuwa wanapata huduma za tiba na matunzo ambapo wanawake ni 419,580 sawa na asilimia 65.6. Kwa kipindi cha mwaka 2014, WAVIU wapya 144,628 walianzishiwa dawa za kupunguza makali ya VVU (ARV), wanawake wakiwa 85,737 sawa na asilimia 60.

Taarifa hiyo imezidi kuonesha kuwa Tanzania imefanikiwa kukabiliana na maambukizi ya VVU kwa kutoa huduma za tiba na matunzo kukabiliana na madhara yanayotokana na



Mwenyekiti wa TACAIDS Dr. Fatma Mrisho

**Huduma za kuzuia maambukizi ya VVU kutoka kwa mama kwenda kwa mtoto zimepunguza maambukizi ya VVU kwa watoto wanaozaliwa na mama wenye virusi hivyo. Kabla ya mwaka 2009, watoto 28 kati ya 100 waliozaliwa na mama wenye VVU walipata maambukizi**

virusi hivyo vinavyodhoofisha kinga ya mwili na hatimae kumfanya mtu kuugua UKIMWI.

Ikibainisha hali ya VVU na UKIMWI nchini, taarifa hiyo imesema kwamba inakadiriwa kuwa katika miaka ya 1990, watu 200,000 walikuwa wakipata maambukizi mapya ya virusi hivyo kwa mwaka.

"Huduma za kuzuia maambukizi ya VVU kutoka kwa

mama kwenda kwa mtoto zimepunguza maambukizi ya VVU kwa watoto wanaozaliwa na mama wenye virusi hivyo. Kabla ya mwaka 2009, watoto 28 kati ya 100 waliozaliwa na mama wenye VVU walipata maambukizi," imesema taarifa hiyo na kuongeza;

"Takwimu za mwaka 2014 zinaonyesha kuwa, maambukizi ya VVU kutoka mama kwenda

kwa mtoto yalipungua kufikia watoto 13 kati ya 100 ya wanaozaliwa na mama mwenye virusi;

"Maambukizi mapya ya VVU kwa mwaka yanaendelea kupungua kufikia watu 63,159 kwa mwaka 2014, ukilinganisha na idadi ya watu 200,000 waliopata maambukizi mapya ya virusi hivyo katika miaka ya 2000".

Taarifa hiyo imesema kiwango cha maambukizi ya Virusi vya UKIMWI (VVU), kimepungua toka asilimia 7 mwaka 2003/04 hadi asilimia 5.7 kwa mwaka 2007/08 na asilimia 5.3 za mwaka 2011/12.

Tarifa inaendelea kueleza kuwa takwimu za mwaka 2013 zinakadiriwa Tanzania ina watu milioni 1.4 wanaoishi na VVU ambapo asilimia 28 ni watoto wenye umri chini ya miaka 14 na asilimia 11 ni vijana wenye umri kati ya miaka 15 hadi 24.

Taarifa hiyo imebainisha zaidi kuwa idadi kubwa ya maambukizi mapya ya VVU hutokea miongoni mwa akina mama na takribani asilimia 55 ya maambukizi mapaya hutokea katika kundi hilo.

"Tafiti zinaonesha kuwepo kwa makundi yaliyomo kwenye hatari kubwa kupata maambukizi ya VVU. Hali hiyo huiweka jamii yote katika hatari kubwa kupata maambukizi kwani makundi hayo yana muingiliano wa ngono miongoni mwao," imesema taarifa hiyo na kuongeza;

"Makundi hayo maalumu ni pamoja na wanawake wanaofanya biashara ya ngono, wanaume wanaofanya ngono ya jinsia moja na watu wanaojidunga dawa za kulevya kwa kutumia sindano".

Takwimu zinaonesha zaidi kuwa asilimia 31 ya wanawake wanaofanya biashara ya ngono wana maambukizi ya VVU, asilimia 23 kwa wanaume wanaofanya ngono ya jinsia moja wana VVU na asilimia 50 ya wanaotumia dawa za kulevya kwa kujidunga sindano wanaishi na VVU.

Chanzo: Benedict Sicalwe, AJAAT

# ILO, partners empower people risking HIV infection along transport corridors

The International Labour Organisation (ILO) in collaboration with other partners initiated a programme known as 'corridor economic empowerment innovation fund, with the objective of economically empowering HIV vulnerable population along transport corridors in Tanzania.

Speaking in an exclusive interview over the weekend in Dar es Salaam, National HIV/Aids Coordinator with ILO country Office Dar es Salaam, Getrude Sima said that they focused on the corridors because those areas are highly concentrated with different people, from diffeSima noted that addressing HIV/Aids through economic empowerment along the corridors has shown positive impacts as recorded across results in the outcome of the programme.

## They are now able to negotiate safe sex, like the use of condom.

The programme has enabled people who were formally engaging in illegal business to change their business. "Our target is traders working along the corridors, to enable them have decent employment," Sima said.

She said that if the traders' businesses become risky, they can easily force them to be contracted to HIV/Aids. "In order to sustain those good results attained in the programme, Sima requests the government and other key stakeholders to continue empowering HIV vulnerable population economically."

She said that during the programme, over 200 people along the corridors were able to access HIV services and some have even managed to



*ILO Director for Tanzania, Kenya, Rwanda and Uganda Mr. Alexio Musindo*

receive referrals for further treatments.

Their expectations among others are to mobilise resources to expand the programme to other high impact regions with high prevalence than national average.

Tanzania was among the countries in sub-Saharan Africa that are highly affected by the HIV/Aids epidemic.

The Tanzania HIV and AIDS and Malaria Indicator Survey (THMIS), 2011-12, reported that 5.1 per cent of people aged 15 to 49 in the United Republic of Tanzania are HIV-positive.

This decline, from 7.0 per cent in 2003-04 to 5.3 per cent in the 2011-12 for mainland Tanzania is a result of suc-

cessful prevention strategies, including behaviour change.

Contextual factors shaping the epidemic in the country include poverty and gender inequalities. Women in particular are vulnerable to HIV because of the challenges in finding jobs and securing an income and thus, economic survivalist strategies are adopted which often leads to risk exposure including high incidence of gender-based violence, substance and alcohol abuse.

Mobility is yet another key factor perpetuating risk and leading to separation of spouses/partners and increased casual sexual relationships which may include unprotected sex.

Within this context, economic empowerment in-

creases peoples' resilience to HIV and AIDS by addressing the underlying structural drivers of the epidemic.

## The response:

The ILO, together with the Savings and Credit Cooperative League of Tanzania (SCCULT), multiple private sector partners (such as Savings and credit cooperative societies (SACCOs), the ministry of labour and employment, the employers' association, and trade unions, addressed this challenge.

ILO launched an HIV/Aids vulnerability reduction programme along Tanzania's transport corridors of Chalinze, Ilula, Mafinga, Makambako, Tunduma and Kyela.

This innovative approach reduces the impact of the epidemic by focusing on members of the local communities lying along these transport corridors. The economic empowerment and gender equality approach, funded by the Swedish International Development Cooperation Agency (Sida) provides skills and resources (through the Innovation Fund to start or improve their business, and to form groups and cooperatives to improve their livelihoods, thereby reducing their vulnerability to HIV and AIDS.

Central to this approach is the use of the corridor economic empowerment innovation fund (CEEIF). This fund has been put in place to ensure that these vulnerable groups, who are usually excluded from accessing loans due to the lack of security, now have access.

One way in which this is achieved is through the support offered by cooperatives and business groups.

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provides assistance specifically for communities heavily impacted or vulnerable to HIV/AIDS," he observed.

The Ambassador said the grants had helped community-based organizations in every region of the country to improve the lives of local Tanzanians by building schools, providing access to clean water, utilising solar energy and starting new commercial initiatives.

Ms Asha Omari, whose organisation received 3,900 US dollars (8.1m/-), said the award will facilitate improvement of peanut butter making, saying the grant will enable them to purchase modern machines.

"We are going to acquire six modern machines thanks to the grant which will be distributed to six members of our group in order to improve operations," said Ms Omari, who is the secretary of the Tabora-based union of parents with children with disabilities.

Mr Mwita Marwa, who is the chief mechanic of Dodoma-based workshop of people with disability, said the grant from the US government will enable them acquire new metal work tools which will create employment for 25 people with disabilities.



*The US Ambassador to Tanzania Hon. Mark Childress*

"Apart from job creation to people with disabilities, our workshop makes different equipments for people with disabilities including

the white sticks for the blind people," said Mr Marwa, whose organisation received 4,273 US dollars (8.9m/-).

*Source: Daily News*

### Weekly quotable quotes!!

"When a PLHIV stops taking the ARV for some time and restart taking them after several days t,he medicine never functions. Worse still, a PLHIV who has been denied by the ARV, when infects another person that person will not be cured....Once you start taking ARVs you should not stop taking them for the rest of your entire life" Dr. Hafidh Amir, TACAIDS Public Institutions Response Officer

### 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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# ILO, partners empower people risking HIV infection along transport corridors

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To ensure CEEIF sustainability, an advisory committee made up of ILO constituents (Government, and employers' and workers' organizations) monitors the administration of the fund by SCCULT.

## Results:

The CEEIF, through the training provided, has ensured that women and men 2863 beneficiaries have been trained on economic empowerment, gender equality and HIV/Aids.

The effects of the project are monitored annually, with the latest follow-up survey conducted in April 2014. Drawing on a representative sample of 1,017 beneficiaries, the following results were observed.

## Economic empowerment:

The training sessions have led to a significant improvement in business skills and access to finance to start or expand businesses.

Some 82 per cent of the trained women and men have approached various organisations, including the Innovation Fund, as compared to 13 per cent of the untrained group.

Some 85 business proposals were submitted to the Loans Committee. Of these, 83 were approved, which resulted in USD131, 738 being disbursed.

Altogether 1,201 businesses were supported, leading to the creation of 494 jobs.

Overall the women and men participating in the project felt these positive effects by reporting improvements in their overall socio-economic status.

The personal effects were felt by the beneficiaries, with statistically significant im-



**The personal effects were felt by the beneficiaries, with statistically significant improvements in profits (\$552 in the last six months for the untrained group, and \$1,086 for the trained group)**

provements in profits (\$552 in the last six months for the untrained group, and \$1,086 for the trained group).

Personal income (\$85 per month for the untrained group, and \$142 for those trained).

The use of savings (47 per cent and 89 per cent for those untrained and trained respectively); and spending on health (\$53 to \$68 per month).

## Gender equality:

The second aspect of the project seeks to address gender inequality, not only by economically empowering women within families, but also by addressing gender issues broadly.

These steps have led to improvements in women finding space and agency in making household decisions-56 to 73 per cent of untrained to trained; and in the general attitude that a wife has the right to refuse sex.

## HIV/Aids:

The project has observed some important changes within the area of HIV and AIDS vulnerability, notably: 84 per cent of the trained beneficiaries adopted risk reduction strategies in the last six months, compared to 13 per cent of the untrained beneficiaries.

They also included an im-

provement in condom use, a reduction in the number of partners, a reduction in transactional sex, and a reduction of alcohol and drug use before sex. There were also other improvements, with 92 per cent of the trained beneficiaries accessing HIV and AIDS-related services (as compared to 60 per cent of the untrained group).

Other services included access to male and female condoms, HIV testing and counselling (HCT), treatment, prevention of mother-to-child transmission (PMTCT) and other key reproductive health services.

## Benefits of partnering:

The programme has had a spillover effect. More people have been attracted to the programme, both within and outside the project areas, and hence there is increased demand for loans.

The CEEP, through a combination of business and HIV-related initiatives have provided the informal economy workers access to financial resources to enable them to transit out of the informal economy, thus improving livelihoods and reducing HIV vulnerability.

The CEEIF fund will continue to be managed by SCCULT in close collaboration with the advisory Committee and the loan committee, and will thus continue benefiting other corridor communities.

The project has brought an increase in membership of SACCOs and the MFI (SCCULT). In essence the ILO helps savings and credit cooperatives to reach more vulnerable populations along the corridors.