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POLICY BRIEF

THE ROAD TO ENDING HIV/AIDS BY 2030: EXPERIENCES OF HIV TESTING, TREATMENT, AND PMTCT SERVICE IN RURAL IFAKARA, TANZANIA.

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INTRODUCTION:

The HIV prevalence rate in adults aged 15-49 in Tanzania has demonstrated a consistent decline over the past two decades, decreasing from 7% in 2003 to 4.6% in 2018. Notably, in 2017, 61% of People Living with HIV/AIDS (PLHIV) were aware of their status, with 93.6 % of them receiving therapy. Moreover, among those who received treatment, 87% achieved viral load suppression. Building upon these advancements, the awareness of PLHIV regarding their status further increased to 95% in 2022. Correspondingly, 94% of them received antiretroviral therapy (ART), and 92% of those treated successfully attained viral load suppression. Concurrently, Prevention of mother-to-child transmission (PMTCT) services have exhibited remarkable progress. The utilization of antiretrovirals by HIV-positive pregnant women to prevent transmission to their children witnessed an upward trend in2022.

In the fight against the HIV epidemic, UNAIDS has set the ambitious 95-95-95 targets by 2025, which aim for 95% of people living with HIV (PLHIV) to be aware of their status, 95% of those diagnosed with HIV to be on antiretroviral therapy (ART), and 95% of those on ART to achieve viral load suppression. Tanzania has made notable progress in HIV care services, as highlighted earlier. UNAIDS recently announced a significant milestone in Tanzania's fight against HIV, confirming that the country has successfully attained the 95-95-95 targets. This achievement represents a remarkable step forward in the battle against the HIV epidemic. However, the path to reaching 100% by 2030 is still fraught with challenges that demand immediate attention and action.

To cast light on these issues, the (SHAPE UTT) Study, "Strengthening Health Systems for the Application of Policy to Enable Universal Tests and Treat," was conducted in three African nations, including Tanzania. This study assessed policy implementation, health system preparedness for delivering Universal Test and Treat, and the impact of "Option B+" on health systems. In this Policy Brief, we delve into four key aspects of HIV service delivery in Tanzania based on findings from the SHAPE UTT study.

METHODOLOGY

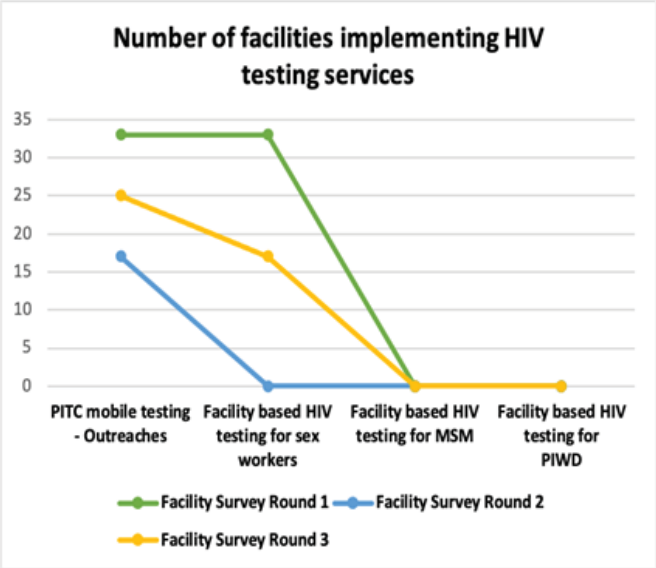
The study employed a Mixed Methods approach to gather data over three distinct rounds conducted between 2013 and 2018 in Ifakara, Morogoro, Tanzania.

Policy Review	Review of national HIV policies and WHO recommendations on HIV testing, care, treatment, PMTCT, and ANC provision was done in three rounds.
Health Facility Surveys	Three rounds of health facility surveys were conducted in (11) health facilities in Ifakara, Tanzania. Round 1: 2013-2015, Round 2:2015 to 2016 and Round 3: 2017-2018.
Key informants' interviews	11 key informants (KI) interviews with regional and council health managers were conducted to explore factors influenced the implementation of Universal Test and Treat (UTT) and its impact on the health system in 2018.
In-depth Interviews	25 In-depth interviews with health service providers and service users were conducted to explore the experience of HIV service delivery in 2018.

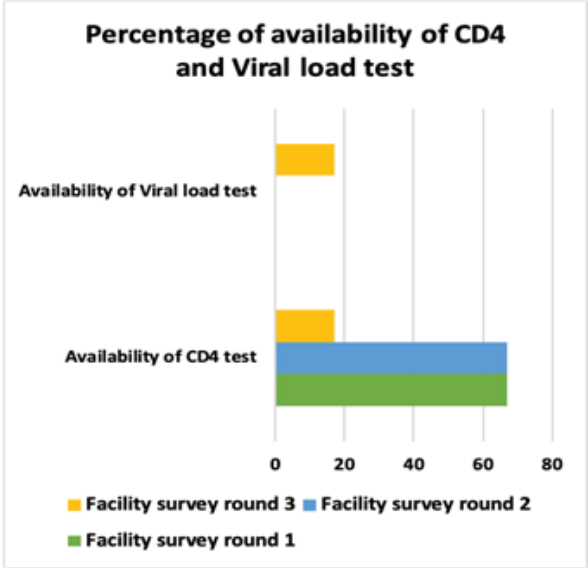
SHAPE UTT STUDY

KEY RESULTS AND IMPLICATIONS

1. **Lack of HIV testing services for key vulnerable populations (Men who have sex with men [MSM] and people who inject drugs [PWID]).**

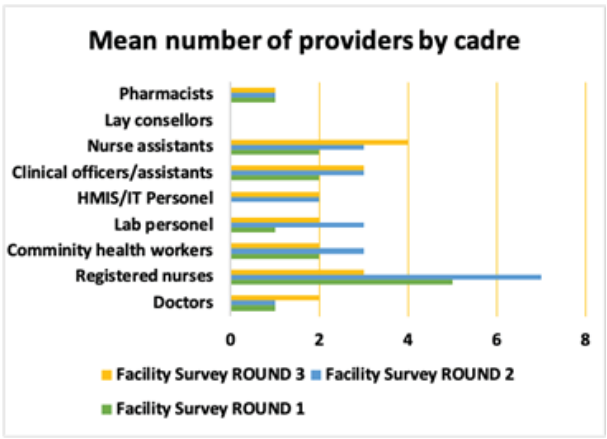


2. **Uncertain availability of CD4 and viral loads tests in health facilities and limited understanding of its significance.**



3. **Shortage of qualified staff in health facilities affected HIV treatment and care initiationand retention.**

The national HIV/AIDS management guide-line outlined the requirement of at least three staff members (including one clinician, one adherence counselor, and one other health worker) at health facilities to deliver comprehensive HIV and AIDS care services. However, our research findings further indicated an inconsistent and inadequate growth rate of healthcare providers' cadres across the study period. This resulted in prolonged waiting times for clients, leading to patient dissatisfaction and default from treatment.



"You know our clients complain too much, she may complain to the extent that we may lose her…she may see that she has spent too much time." (Health care provider, Kilombero, Tanzania)

4. Integration of PMTCT services in RCH clinics improve HIV treatmentadherence and retention.

The integration of Prevention of Mother-to-Child Transmission (PMTCT) services in Reproductive and Child Health (RCH) clinics has proven to enhance HIV treatment adherence and retention. Our findings showed that health facilities in Ifakara closelyimplemented this guidance on integrating PMTCT services in RCH clinics. However, challenges have been reported regarding the linkage of women to routine ART care from RCH clinics after the completion of two years of post-natal services. Effortsare required to address these challenges and ensure a seamless transition of HIV-positive women from RCH clinics to ongoing ART care to maintain their adherence and retention in the HIV treatment cascade

"When they were receiving treatment from this department, it was difficult for anybody to know that they are HIV positive. So, when you tell them to go thatside [ART clinic], there is some kind of resistance." (Health care provider, Kilombero, Tanzania)

RECOMMENDATIONS

1. Enhance HIV testing accessibility for vulnerable groups. Efforts should be made to make HIV testing services available to vulnerable populations. This can be achieved by expanding the use of HIV self-tests, implementing mobile testing initiatives, and promoting work and public testing.

2. Increase the healthcare workforce and provide continuous training. It is crucial to have adequate personnel to ensure the maintenance of quality care across all aspects of HIV treatment and care. This requires an increase in staffing levels and ongoing on-the-job training and mentoring.

3. Improve the availability and accessibility of CD4 and viral load tests. Measures should be taken to ensure the wide availability of these tests and improve the turnaround time for obtaining results. Facility-based testing services should be enhanced to facilitate prompt and reliable testing.

4. Ensure a clear understanding and communication of the role of tests: A clear and consistent understanding of the role of HIV tests is essential at all levels, including national and sub-national levels. It is crucial to provide adequate guidelines and ensure that healthcare providers effectively communicate the purpose and significance of the tests to patients.
5. Strengthen the transfer model and empower women: Strengthen the transfer model for postpartum HIV care and better prepare women for the transition. Providing women with greater control over the timing and method of their postpartum HIV care can reduce resistance to change, increase long-term retention of ART medication and lead to better treatment outcomes.

6. Implement patient-centered approaches and flexible policies: Flexible policies and health systems should be reinforced to alleviate stress on health workers and enhance the delivery of services. This will allow for a more patient-centered approach to service delivery, ensuring that individual needs and preferences are considered in HIV care.

This policy brief was compiled by the research scientists at the Ifakara Health Institute and its partners. The Views expressed in this publication solely represents those of author(s). The authors express their sincere gratitude to the stakeholders, health managers, healthcare workers and individuals in Kilombero, Ulanga, Malinyi, and Mlimba districts, Morogoro region, Tanzania, for their invaluable contributions and dedicated efforts in ensuring the success of the SHAPE UTT research in their localities.