

**AIDS Control Project in Mbeya Region**  
**Sector Project AIDS Control in Developing Countries**



**Reason for Hope**

**AIDS Control and Prevention  
in Mbeya, Tanzania**



Deutsche Gesellschaft für  
Technische Zusammenarbeit (GTZ) GmbH

## District Based Regional AIDS Control Programme

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The Tanzanian – German AIDS Control Project  
in Mbeya Region

Experiences Gained and Lessons Learned from Control and  
Prevention Work 1988–1999



## **Project area**

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Mbeya Region is situated in the south-west of Tanzania, and borders on Malawi and Zambia. A highway connecting Zambia, Malawi and other Southern African Countries with Dar es Salaam goes through the region, as does the TAZARA railway line which connects the port of Dar es Salaam with the copperbelt in Zambia. It is estimated that 2 million people live in Mbeya. Mbeya town, with approximately 300,000 inhabitants, is the capital of the region, which comprises 8 districts and a well-developed physical health infrastructure with 9 hospitals, 19 health centres and 209 dispensaries.

## **HIV/AIDS – the Background**

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The first cases of AIDS in Tanzania were diagnosed in 1983, the first cases in the region in 1986. The HIV epidemic has spread continuously throughout the country and the region. In 1999, it was estimated that about 9% of the adult population of Tanzania are living with HIV/AIDS. In some parts of Mbeya Region, and among vulnerable groups such as commercial sex workers, infection rates reach 20 or 30%. The infection rates peaked in 1994/95. The prevalence rate among the sexually active population (15 to 49 years of age) makes Mbeya the second worst hit region in the country after Dar es Salaam.

Since 1999, AIDS has been the main cause of death among adults between 15 and 59 years of age in the country. The social, economic and human impact of AIDS already has severe consequences for the entire region and the country as a whole. It affects economic productivity and disrupts families and communities, leaving thousands of orphans. It is also reflected in development indicators such as school enrolment, infant and child mortality and life expectancy at birth.

## Response to the Epidemic in the Region

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Since September 1988, the German Government, through GTZ in collaboration with the University of Munich, has helped the Ministry of Health to implement a Regional AIDS Control Programme in Mbeya. The German contribution is scheduled to end in mid-2002. To date, this is the only development cooperation project in the country that systematically and comprehensively covers all major aspects of HIV/AIDS/STD control and prevention in one entire region.

During the first phase (1988–1991), the project concentrated mainly on the establishment of a reliable and quality-controlled HIV reference laboratory, ensuring safety of transfused blood, the introduction of a sentinel surveillance system to monitor the epidemic, and the introduction of some information and education activities which addressed the general public and specific population groups.

During the second and third phases (1991–1998), the project helped the region to extend its range of strategies and interventions with a view to achieve a comprehensive AIDS Control and Prevention Programme.



### The most important components of the Programme are:

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- Health promotion to encourage safe sexual behaviour and reduce vulnerability among the general population and specific groups such as young people, commercial sex workers and women
- Condom promotion and social marketing of condoms
- Control of other sexually transmitted diseases through treatment and individual counselling
- Counselling and Home-Based Care for HIV-infected persons and their families
- Establishment of safety procedures in the health care system and blood safety

- Reducing the stigma attached to HIV/AIDS and discrimination against persons living with HIV/AIDS
- Operational research to improve interventions and ascertain results
- Monitoring of the epidemic through annual sentinel surveillance
- Advocacy among the political decision-makers of the region and the districts
- Coordination with other projects, ministries and organisations, including the private and voluntary sectors.



*Workplace intervention*

In the ongoing fourth phase (1998–2002), the project will continue to support the region, consolidate interventions, support the shift of responsibilities for planning, implementation and financing of major activities to the districts, and expand the response to AIDS to embrace other sectors of society. It will equally help the region to mitigate the social, economic and human consequences of the epidemic, especially with regard to the increasing

number of orphans. Last but not least, the project will support the Ministry of Health and the Government of Tanzania in applying the experiences and lessons learned in Mbeya to other parts of the country, in order to strengthen the national response to the epidemic.

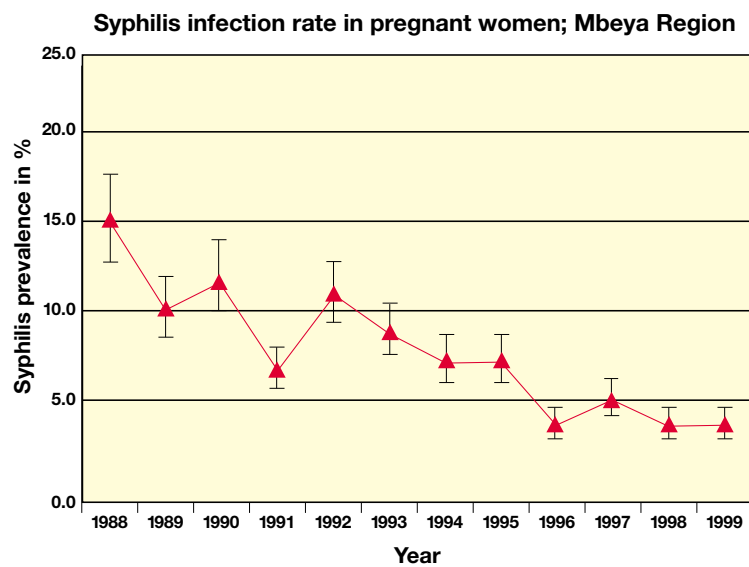
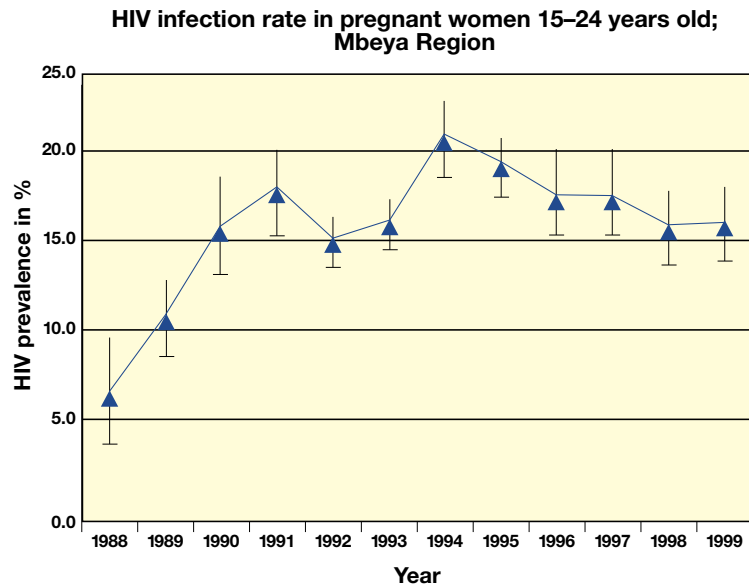
## **Results and Achievements**

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The Programme has achieved the following major results:

- The Programme is the only one in the country that covers a whole region and reaches 2 million inhabitants through its interventions

- The Programme is based on a comprehensive approach, including all major internationally and nationally recommended interventions
- Decrease in HIV infection rates among pregnant women attending antenatal clinics by 25%, from 20% in 1994 to 15% in 1999
- Reduction in the prevalence of syphilis in pregnant women attending antenatal clinics from 15% in 1989 to 4% in 1999
- The total amount of condoms distributed (both sold and distributed



free of charge) has increased by 10% per year since 1996. Mbeya has the highest self-reported condom use in the country

- 8,600 persons were tested for HIV infection and received counselling in 1999
- 63% of all AIDS patients in the region (6,300 individuals) enjoy home-based care
- 203 of the 237 health facilities offer STD services
- The District Councils and communities have begun to take over part of the financing of these activities.

## Partners

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From the very beginning, the Mbeya Regional AIDS Control Programme



*Peer education in a bar on the highway passing the Region*

(MRACP) was implemented through the existing structures of the health sector at regional and district level. The main actors are the Regional Medical Officer and the Regional AIDS Control Coordinator, the District Medical Officers and the District AIDS Control Coordinators (DACCs), and the Trainer of Trainers (TOT), one in each district. The DACCs, TOTs and other personnel in the medical and educational sectors are responsible for implementing activities.

A GTZ support unit headed by an international public health specialist cum project coordinator has provided intensive support for the Regional Programme. But with the exception of one regional specialist and the international coordinator the project employs no long-term technical staff. Some short-term consultants have been recruited, especially in the fields of laboratory support and surveillance.

Partners include voluntary organisations such as the churches, which run a large percentage of the curative health care system in the region. DFID has renewed the whole physical health infrastructure of four districts and provided additional training and many complementary activities to the project. The European Community provides all STD drugs for the region and DANIDA supports the transport sector which is essential for supervision, etc.

There is regular contact and close cooperation with the National AIDS Control Programme (NACP). While the NACP has provided limited financial and technical inputs to the MRACP over the years, a wealth of experience gained and materials developed in Mbeya have found their way into the national programme or have been adopted in other regions.

The project takes active part in national coordination and exchange meetings within the context of the UNAIDS Theme Group, and within the scope of international projects such as the UNAIDS/WHO-led “Local Level Response Initiative”, which aims to strengthen responses to HIV/AIDS at community level.

### **Salient Points of the Mbeya Regional AIDS Control Programme and the German Support (Lessons learned)**

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- The Programme was conceived from its inception as a regional programme which was to be gradually extended to cover all important HIV/AIDS/STD control and prevention efforts, rather than using resources inefficiently on a few pilot-type interventions
- From the beginning German support was planned for at least 10 to 15 years, allowing sufficient time to develop a response, to test and develop strategies and interventions, and to show some outputs and impacts; this long-term commitment applied to technical and managerial advice/backstopping and financial support
- The German support was designed to provide the necessary

technical and financial resources by respecting the region's structure and its absorptive capacities

- From the outset the GTZ adopted a participatory approach involving all interested partners, and ensured that the project dovetailed with the national medium-term plans
- Over the years the programme has invested a lot of energy and resources in developing technical and managerial capacities at regional and district level, rather than hiring capacities from outside; 95% of the HIV/AIDS/STD activities in the region are planned and implemented by regional/district staff
- A key focus of the programme was advocacy and promotion among the relevant regional and national authorities, thus achieving widespread political and multi-sectoral support.



*Village committee meeting discussing HIV/AIDS*

## Funding

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Since its inception in September 1988, German support has accounted for approximately 80–90% of the resources available for HIV/AIDS/STD work in the region. Support is provided in the form of

- One long-time international coordinator (who has worked on a part-time basis for five months per year since 1999)
- Short-term international consultants for laboratory, surveillance and health promotion
- One regional coordinator cum IEC expert
- Project support staff (secretary, data manager, driver, etc.)
- Transport, which was also used for regional supervision
- Fuel, maintenance and insurance for the vehicles
- Supplies and materials such as reagents, laboratory supplies, safety materials, STD drugs, etc.
- Financial support for the development and production of health promotion materials (booklets, posters, etc.), special events (World AIDS Day), and drama groups
- Financial support for District AIDS Plans and the implementation of activities, training and supervision

A total of DM 13.4 million (or US\$ 7.7 million) of German funds have been allocated to the MRACP since 1988. This sum includes GTZ overheads and GTZ internal consultancies.

The financial resources available to the programme and actually spent in the region amount to some US\$ 250,000–300,000 per annum.

As in other regions, the Ministry of Health has from the beginning paid the salaries of the health staff at regional and district level, including two additional persons for supervision of STD services and counselling activities. This also included training of medical personnel, and the provision of rooms for the project office.

Since 1999, and largely due to promotion/advocacy efforts of the MRACP, districts have included HIV/AIDS activities in their health plans, and have funded some of these activities. Funding is also provided by communities, and private and voluntary organisations.

**For further information please contact:**

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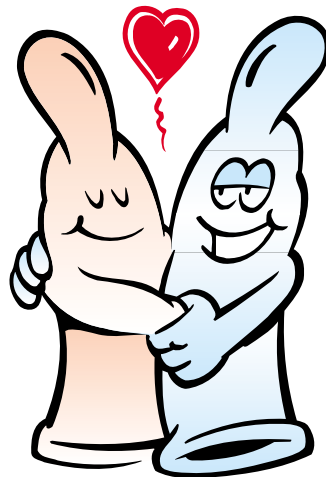
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