



THE UNITED REPUBLIC OF TANZANIA

**PRIME MINISTER'S OFFICE**



**NATIONAL POLICY  
ON  
HIV/AIDS**

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**NATIONAL POLICY  
ON  
HIV/AIDS**

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## **ACRONYMS**

<b>AIDS</b>	<b>Acquired Immuno-Deficiency Syndrome</b>
<b>ART</b>	<b>Anti-Retroviral Therapy</b>
<b>CBO</b>	<b>Community Based Organisation</b>
<b>HAARD</b>	<b>Highly Active Anti-Retroviral Drugs</b>
<b>HAART</b>	<b>Highly Active Anti-Retroviral Therapy</b>
<b>HIV</b>	<b>Human Immunodeficiency Virus</b>
<b>IEC</b>	<b>Information, Education and Communication</b>
<b>ICPD</b>	<b>International Conference on Population and Development</b>
<b>MTCT</b>	<b>Maternal To Child Transmission</b>
<b>MTP</b>	<b>Medium Term Plan</b>
<b>NACP</b>	<b>National AIDS Control Programme</b>
<b>NGOs</b>	<b>Non Governmental Organisations</b>
<b>STIs</b>	<b>Sexually Transmitted Infections</b>
<b>STP</b>	<b>Short Term Plan</b>
<b>TACAIDS</b>	<b>Tanzania Commission for AIDS</b>

## **FOREWORD**

HIV/AIDS is a national, indeed a global disaster that calls for concerted and unprecedented initiatives at national and global levels to contain it. It is a serious threat to the survival and development of our nation. Since the first cases were reported in Tanzania in 1983, over two million of our people have been infected with HIV, and thousands have died of AIDS.

About 98 per cent of our adult population are now aware of HIV/AIDS and its mode of transmission. Yet, HIV infection continues.

Efforts by national and international research institutions have produced neither a vaccine against the responsible virus, nor a potent cure for AIDS. What modern and traditional medicine has managed to come up with so far are only palliatives and life-prolonging drugs. In the meantime, HIV/AIDS continues to kill our parents and our children, our brothers and sisters, our friends and our workmates, our employers and our employees. HIV/AIDS causes pain and suffering to patients and their families, it imposes a heavy financial and social burden of caring for the sick, and it leaves misery and poverty in its wake. HIV/AIDS, therefore, has serious implications for households, and for national social and economic development.

The impact of the HIV/AIDS pandemic on our society is catastrophic. Over 70 per cent of those infected are aged between 20 – 49 years, and the infection rate is higher among the younger in this group. This is the most productive age group upon which families and the nation depend for sustenance, production, and development indeed, the very future of families and the nation.

We must, therefore, fight the HIV/AIDS pandemic with everything we have got. We must begin by preventing new HIV/AIDS infections, targeting about 85 per cent of the sexually active population that is still free from HIV. These must be informed, empowered and helped to ensure they remain HIV-negative. They have to be encouraged to undergo voluntary counselling and testing to confirm that they are free of HIV, and be further counselled on the necessary precautions in order to maintain that status. Those that will be found to be HIV-positive will benefit from early counselling and prophylactic treatment against opportunistic infections, and continue to lead

normal and productive lives. The government, with the support of our development partners, must build the national capacity to provide these services.

Our children especially must be protected against HIV infection. They must be adequately informed, counselled and empowered early in their lives on how to avoid infection.

Every one of us has a role to play and must be fully involved in the struggle against the HIV/AIDS pandemic. Each one of us must engage in thorough introspection into his or her personal behaviour and lifestyle in relation to the risk of contracting HIV. Everyone must ask what they have done to make a positive contribution in fighting the pandemic, and if they could not do more.

We must break the silence on HIV/AIDS. We must eschew inhibiting taboos and promote open discussion in our families, in village communities and in our workplaces on how to protect others and ourselves. We must seriously and openly discuss the social, cultural and economic environments that fuel the spread of HIV infection, and the challenges we face in preventing transmission through sexual relations. Apart from protection, we must also discuss ways to support those affected and infected by HIV/AIDS, as well as orphans in our communities. Together we must fight the scourge of stigma.

This National Policy on HIV/AIDS provides the general framework for our collective and individual response to the HIV/AIDS pandemic. It clearly outlines the pertinent issues in this struggle. These include, among others, roles of the various sectors, roles in the prevention, care and support in HIV/AIDS, ethics and principles in HIV counselling and testing, the rights of People Living with HIV/AIDS, and the mandate and functions of the Tanzania Commission for AIDS (TACAIDS) in the national response to the epidemic.

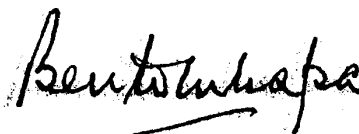
However, as HIV/AIDS is closely related to our daily lifestyles—whether social, cultural or economic—this policy will continue to be reviewed and updated periodically in relation to emerging developments in the society, and the trend and impact of the pandemic.

This policy, which the government has promulgated after extensive consultations among stakeholders and development partners,



enables each sector to have a definite plan for the prevention and control of HIV/AIDS. We must embrace and implement these plans with utmost diligence. Leaders in all sectors, at all levels, must involve themselves fully and be at the forefront of the war against HIV/AIDS.

Together we can and must win the war against HIV/AIDS. Our survival as a nation and as a people critically depends on this victory.



Dar es Salaam,  
26<sup>th</sup> October, 2001

BENJAMIN WILLIAM MKAPA,  
*President of the United Republic of Tanzania*

## CHAPTER 1

### BACKGROUND

#### **Impact of HIV/AIDS**

HIV/AIDS is a major development crisis that affects all sectors. During the last two decades the HIV/AIDS epidemic has spread relentlessly affecting people in all walks of life and decimating the most productive segments of the population particularly women and men between the ages of 20 and 49 years. The increasing number of AIDS related absenteeism from workplaces and deaths reflects the early manifestation of the epidemic leaving behind suffering and grief. Others include lowering of life expectancy, increasing the dependency ratio, reducing growth in GDP, reduction in productivity, increasing poverty, raising infant and child mortality as well as the growing numbers of orphans. The children under the age of ten years bear the brunt of the impact of AIDS and for them the impact is much longer lasting than for adults. The epidemic is a serious threat to the country's social and economic development and has serious and direct implications on the social services and welfare. Given the high HIV prevalence in the society, and in the absence of cure, the devastating impact of the epidemic is incomprehensible.

#### **HIV/AIDS and Poverty**

It has been well established that poverty significantly influences the spread and impact of HIV/AIDS. In many ways it creates vulnerability to HIV infection, causes rapid progression of the infection in the individual due to malnutrition and limits access to social and health care services. Poverty causes impoverishment as it leads to death of the economically active segments of the society and bread winners leading to reduction in income or production. The human capital loss has serious social and economic development in all sectors and at all levels. Ultimately the high cost of care and burials leave heavy burden on the already overburdened households, orphans and dependants, People Living With HIV/AIDS (PLHAs) and vulnerability to HIV infection. Therefore the 'poverty factor' at the household level has to be addressed simultaneously with the National efforts to combat the HIV/AIDS epidemic.

### **1.3. Stigma and HIV/AIDS**

HIV/AIDS related stigma is one of the key challenges in the prevention and control of the epidemic. In Tanzania, like in other countries in south of the Sahara, stigma against HIV/AIDS remains very strong and plays a major role in fuelling HIV infection. In our community HIV related stigma tends to be firmly linked in peoples minds to sexual behaviour which again is regarded as 'promiscuous' behaviour. This attitude puts PLHAs into unnecessary hostile and embarrassing situation, they face discrimination and sometimes neglect. Worse still, stigma leads to secrecy and denial that tends to hinder openness about the HIV and prevents people from seeking counselling and testing for HIV. This leaves hundreds of thousands of apparently healthy looking people who are infected with HIV transmitting the infection to hundreds of thousands of uninfected people. Therefore in fighting the epidemic, every effort shall be put into breaking the long deadly silence on HIV/AIDS by all sectors at all levels. This involves health workers, political and government leaders, religious leaders, NGOs, PLHAs, community leaders and families.

### **1.4. Financing National response to HIV/AIDS**

The Government has the responsibility to provide management and financial leadership in the National response to the HIV/AIDS epidemic. The Government has allocated US\$ 8 million for HIV/AIDS activities for the fiscal year 2001/2002 and all sectors and councils are implementing HIV/AIDS interventions. However, given the overwhelming high cost involved, it is beyond the capacity of the Government to provide adequate funds for the National response programme. Therefore development partners and the private sector also share the responsibility and moral obligation to complement the Government efforts. In view of the large numbers of PLHAs, and the critical importance of community based interventions including home care and support to orphans and PLHAs the communities will need financial and moral support to carry out the interventions. However, considering the poor economic situation in the local councils and communities, and particularly in the households, modalities must be found to mobilise funds for the support of the community based interventions. Consideration will be given to establishing the AIDS Trust Fund to complement community based interventions through the local councils. The Fund

will draw funding from the central and local councils, private sector, development partners, NGOs, Charitable organisations, clubs and individuals.

**1.5. Political and Government Commitment and Leadership**

HIV/AIDS is a development issue with devastating social and economic consequences. Its control is complex, difficult and costly, and needs strong determination and practical interventions. Experience has shown that Strong Political and Government leadership is necessary in spearheading the fight against the epidemic. It is expected the prevailing strong political and Government commitment shall be sustained at all levels. It is important that political and Government accountability in the fight against the epidemic is strengthened at all levels.

**1.6. Justification for the National Policy on HIV/AIDS**

In response to the epidemic, the Government with technical support from the World Health Organisation Global Programme on AIDS (WHO-GPA) formed the National HIV/AIDS Control Programme (NACP) under the Ministry of Health. NACP formulated the Short Term Plan (1985 - 1986), and three 5 year Medium Term Plans (MTP); MTP-1 (1987-1991), MTP-11 (1992-1996) and MTP-111 (1998-2002). Initially HIV/AIDS was perceived purely as a health problem and the campaign to deal with it involved the health sector only through the National AIDS Control Programme. The national response consisted on developing strategies to prevent, control and mitigate the impact of HIV/AIDS epidemic, through health education, decentralization, multi-sectoral response and community participation. However the response has not had much impact on the progression of the epidemic as expected. The national response initiatives were constrained by a number of factors; inadequate human and financial resources, ineffective co-ordination mechanisms and inadequate political commitment and leadership. Some of these constraints are now being addressed. There is strong political commitment and leadership from the highest level. HIV/AIDS has been declared a National crisis and is now one of the top priority development agenda in the Government, along with poverty alleviation, improvement of the social sector services. The Government has allocated US\$ 8 million for HIV/AIDS for the fiscal year 2001/2002 and all

sectors and councils are implementing HIV/AIDS activities. The Tanzania Commission for AIDS (TACAIDS) has been established to provide leadership and coordination of multisectoral responses. The Multisectoral Policy Guidelines on HIV/AIDS is now in place. Decentralisation facilitates people's participation in decision making in issues that affect their lives, including HIV/AIDS. As HIV/AIDS epidemic affects all sectors, its control demands a well coordinated response. Therefore, it is necessary to have a policy which provides the framework, direction and general principles in the national response interventions in the prevention, care and support of those infected and affected by the epidemic and mitigation of its impact. However, in view of the complex social, ethical, legal, cultural and economic aspects of the HIV/AIDS epidemic, the policy will be subject to review from time to time in order to address emerging issues.

### **1.7 Principles to guide the National Policy on HIV/AIDS**

- (a) The new emerging challenges from International Conferences i.e. 1994 International Conference on Population and Development (ICPD), 1995 the Beijing Conference and 1995 the Copenhagen World Social Summit, and all human rights conventions which were signed and ratified by the Government shall provide a framework for the formulation of HIV/AIDS policy and implementation.
- (b) All members of the community have individual and collective responsibility to actively participate in the prevention and control of the HIV/AIDS epidemic. National response shall be multisectoral and multidisciplinary.
- (c) Strong Political and Government commitment and leadership at all levels is necessary for sustained and effective interventions against HIV/AIDS epidemic.
- (d) HIV/AIDS is preventable. Transmission of infection is preventable through changes in individual behaviour, hence education and information on HIV/AIDS, behavioural change communication as well as prevention strategies are necessary for people and communities to have the necessary awareness and courage to bring about changes

- in behaviour at the community and individual levels.
- (e) Individuals are responsible for protecting themselves and others from contracting infection through unprotected sexual intercourse and/or unsterilized piercing objects.
  - (f) The community has the right to information on how to protect its members from further transmission and spread of HIV/AIDS.
  - (g) Communities and individuals have the right to legal protection from wilful and intentional acts of spreading HIV/AIDS while safeguarding the rights of PLHAs and other affected members by providing counselling and social support
  - (h) The objectives in the national response will be most effectively realised through community based comprehensive approach which includes prevention of HIV infection, care and support to those infected and affected by HIV/AIDS and in close cooperation with PLHAs.
  - (i) HIV related stigma plays a major role in fuelling the spread of HIV infection. Combating stigma must be sustained by all sectors at all levels.
  - (j) There should be access to acceptable and affordable diagnosis and treatment of STIs and opportunistic infections in all health facilities
  - (k) Pre-and-post test counselling for HIV testing shall observe professional ethics, with emphasis on confidentiality and informed consent
  - (l) All linked HIV testing must be voluntary, with pre-and-post test counselling, and all testing for other health conditions must conform to medical ethics, i.e. informed consent.
  - (m) PLHAs have the right to comprehensive health care and other social services, including legal protection against all forms of discrimination and human rights abuse. However, PLHAs may be required to meet some of the cost of the Highly Active Anti Retroviral Therapy (HAART).

- (n) Research is an essential component of HIV/AIDS intervention, including prevention and control. Multisectoral and multidisciplinary research undertaken by various sectors shall abide by institutional sectoral research regulations.
- (o) HIV/AIDS being a social, cultural and economic problem, women and girls need extra consideration to protect them from the increased vulnerability to HIV infection in the various social, cultural and economic environments as stipulated in the National Policy on Gender and equity.
- (p) As high risk groups play a major role in transmission of HIV, appropriate strategies shall be developed to reduce the risk of HIV infection among specific high risk groups.
- (q) Given the vicious circle between HIV/AIDS and poverty, interventions for the control of the epidemic should be simultaneously related by poverty alleviation initiatives.

## CHAPTER 2

### 2.0. HIV/AIDS SITUATION

#### 2.1. The current situation

By the end of 1999 it is estimated that globally, 33.6 million adults and children were living with HIV/AIDS, and 16.3 million had already died. In the same year there were 5.6 million new infections of which 4 million were in sub-Saharan Africa. Cumulatively, it is estimated that 13.2 million children have been orphaned globally by HIV/AIDS and about 9.4 million are in Africa alone.

In the African continent the first AIDS cases were reported in the early 1980s. By 1987 the epidemic had become concentrated in most countries in Sub Saharan Africa. Of the estimated 33.6 million cases of HIV infection in the world about 23 million cases are in Sub Saharan Africa, Tanzania being one of the most affected countries.

In Tanzania the first three AIDS cases were reported in 1983 in Kagera region. By 1986 all the regions in Tanzania Mainland had reported AIDS cases. By the end of 1999 there were some 600,000 cases of HIV/AIDS and a similar number of orphans. It is also estimated that over 2 million people are infected with HIV/AIDS; 70.5 percent of whom are in the age group 25 - 49 years, and 15 percent 15 - 24 years. Over 72,000 new born babies were HIV infected. Women get infected at a much earlier age. Among the new infections in women 69% were in the 15 - 24 age group.

#### 2.2 Modes of Transmission of HIV/AIDS

HIV is transmitted from one person to another mainly through heterosexual intercourse which accounts for about 90 per cent of all infections. HIV infection can also be transmitted from a mother to her child during pregnancy and during childbirth or from breastfeeding. Other modes of HIV transmission can be through infected blood, blood products, donated organs or bone grafts and tissues.



### **2.3. Risk of HIV Infection**

Due to the fact that HIV infection is mainly through heterosexual intercourse, HIV/AIDS is a social, cultural and economic problem, which touches on the private lifestyles of individuals. Therefore the risk of HIV infection is highest among young people, and especially girls. Girls and women in our social and cultural environment are more vulnerable to HIV infection as they do not have control over their sexuality. Poverty increases the vulnerability to HIV infection as some women engage in high risk sexual behaviour for survival.

## **CHAPTER 3**

### **3.0. OVERALL GOAL OF THE HIV/AIDS POLICY**

#### **3.1. Introduction**

The overall goal of the National Policy on HIV/AIDS is to provide for a framework for leadership and coordination of the National multisectoral response to the HIV/AIDS epidemic. This includes formulation, by all sectors, of appropriate interventions which will be effective in preventing transmission of HIV/AIDS and other sexually transmitted infections, protecting and supporting vulnerable groups, mitigating the social and economic impact of HIV/AIDS. It also provides for the framework for strengthening the capacity of institutions, communities and individuals in all sectors to arrest the spread of the epidemic. Being a social, cultural and economic problem, prevention and control of HIV/AIDS epidemic will very much depend on effective community based prevention, care and support interventions. The local government councils will be the focal points for involving and coordinating public and private sectors, NGOs and faith groups in planning and implementing of HIV/AIDS interventions, particularly community based interventions. Best experiences in community based approaches in some districts in the country will be shared with the local Councils.

#### **3.2. Specific Objectives of the Policy**

##### **(a) Prevention of transmission of HIV/AIDS**

- (i) To create and sustain an increased awareness of HIV/AIDS through targeted advocacy, information, education, and communication for behaviour change at all levels by all sectors. This hinges on effective community involvement and empowerment to develop appropriate approaches in prevention of HIV Infection, care and support to those infected and affected by the epidemic including widows and orphans.
- (ii) To prevent further transmission of HIV/AIDS through:
  - (a) making blood and blood products safe, and
  - (b) promoting safer sex practices through faithfulness to partners, abstinence, non-penetrative sex, and con-

dom use according to well informed individual decision. The key issue of moving from abstinence or condom use to another strategy depends on testing in between

- (c) early and effective treatment of STIs in health facilities, with special emphasis on high risk behaviour groups, and early diagnosis of HIV infection through voluntary counselling and testing.

**(b) HIV Testing**

- (i) To promote early diagnosis of HIV infection through voluntary testing with pre-and-post test counselling. The main aim is to reassure and encourage the 85 - 90% of the population who are HIV negative to take definitive steps not to be infected, and those who are HIV positive to receive the necessary support in counselling and care to cope with their status, prolong their lives and not to infect others.
- (ii) To plan for counselling training and accreditation of training programs in Tanzania to ensure that counselling in HIV/AIDS abides by a common code of practice.

**(c) Care for PLHAs**

- (i) To provide counselling and social support services for PLHAs and their families.
- (ii) To combat stigma and strengthen living positively.
- (iii) To provide adequate treatment and medical care through an improved health care system which aims at enhancing quality of life.
- (iv) To establish a system of referral and discharge that links hospital services to community services in a sustainable complementary relationship while ensuring that the quality of supervision for hospital care is comparable to that of home care.
- (v) To ensure availability of essential drugs the treatment of opportunistic infections. With the current availability of Highly Active Anti Retroviral Drugs (HAARD)

in the market, PLHAs may be required to meet the cost of the drugs. The Government in collaboration with the private sector will work out modalities for procurement and management of HAARD.

- (vi) To ensure that the cost of counselling and home care is reflected in the National and Local Councils Budgets for Health Care and Social Welfare Services. Modalities will be developed for the establishment of the AIDS Trust Fund to support community based initiatives including home based care and orphans.
- (vii) To involve and support communities in the provision of community based and home care services.

**(d) Sectoral Roles and Financing**

- (i) To strengthen the role of all the sectors, public, private, NGOs, faith groups, PLHAs, CBOs and other specific groups to ensure that all stake holders are actively involved in HIV/AIDS work and to provide a framework for coordination and collaboration.
- (ii) To ensure strong and sustained political and Government commitment, leadership and accountability at all levels.
- (iii) To ensure strong and sustained Political and Government commitment, leadership and accountability at all levels.
- (iv) To establish a framework for coordinating fund raising activities, budgeting, and mobilization of human and material resources for activities in HIV/AIDS throughout Tanzania.
- (v) To influence sectoral policies so as to address HIV/AIDS.
- (vi) To encourage and promote the spirit of community participation in HIV/AIDS activities. This includes community representation in national and district fora for fund raising, strategic planning and implementation by all sectors. It also includes ward level and village level strategic planning for prevention of transmission of HIV/AIDS and STIs as well as care and support of PLHAs, their dependants/families and orphans.

**(e) Research**

- (i) To participate in HIV/AIDS research, nationally and internationally, and to establish a system to disseminate scientific information resulting from this research while upholding ethics that govern interventions in HIV/AIDS.
- (ii) The Government will follow closely and collaborate in HIV vaccine development initiatives.

**(f) Legislation and Legal Issues**

To create a legal framework by enacting a law on HIV/AIDS with a view to establishing multisectoral response to HIV/AIDS and to address legal and ethical issues in HIV/AIDS and to revise the legal situation of families affected by HIV/AIDS in order to give them access to family property after the death of their parent(s).

**(g) Other Objectives**

- (i) To monitor the efforts towards community mobilization for living positively with HIV/AIDS in order to cope with the impact of the epidemic while safeguarding the rights of those infected or affected directly by HIV/AIDS in the community.
- (ii) To identify Human Rights abuses in HIV/AIDS and to protect PLHAs and everyone else in society against all forms of discrimination and social injustice.
- (iii) To provide appropriate effective treatment for opportunistic infections at all levels of the health care system
- (iv) To work closely with the Ministry of Home Affairs, NGOs and Faith Groups in the fight against drug substance abuse that increases the risk of HIV transmission.
- (v) To prohibit misleading advertisements of drugs and other products for HIV/AIDS prevention, treatment and care.

## CHAPTER 4

### 4.0 RIGHTS OF PERSONS LIVING WITH HIV/AIDS

#### 4.1. Objective

The main objective is to safeguard the rights of People Living with HIV/AIDS (PLHAS) so as to improve the quality of their lives and minimize stigma. In this regard Tanzania shall work closely with the International Community and the United Nations in reviewing and updating guidelines on Human rights and HIV/AIDS.

- (a) People living with HIV/AIDS are entitled to all basic needs and all civil, legal, and human rights without any discrimination based on gender differences or sero-status.
- (b) Persons seeking HIV/AIDS information or counselling, treatment and care are entitled to the same rights as any other person seeking other health/social services.
- (c) HIV infection shall not be ground for discrimination in relation to education, employment, health and any other social services. Pre-employment HIV screening shall not be required. For persons already employed, HIV/AIDS screening, whether direct or indirect, shall not be required. HIV infection alone does not limit fitness to work or provide grounds for termination. HIV/AIDS patients shall be entitled to the social welfare benefits like other patients among the employees.
- (d) HIV/AIDS information and education targeting the behavior and attitudes of employees and employers alike shall be part of HIV/AIDS intervention in the workplace.
- (e) Measures to protect the public from transmission of HIV/AIDS at work place shall be instituted by the respective organizations.
- (f) Adolescents have the same rights to confidentiality and privacy as well as informed consent, so they shall be involved in counselling

- (g) The public **has** the right of accountability on the part of PLHAs with **regard** to prevention of HIV/AIDS.
- (h) Prison inmates have the right to basic HIV/AIDS information, voluntary counselling and testing, and care, including treatment of STIs.
- (i) To ensure that Human Rights issues on HIV/AIDS are adhered to, **these** include:
- The rights to, non-discrimination, equal protection and equality before the law.
  - The right to seek and enjoy asylum;
  - The right to liberty and security of person
  - The right to highest attainable standard of physical and mental health
  - The right to privacy;
  - The right to freedom of association;
  - The right to freedom of opinion and expression and the right to freely receive and impart information.
  - The right to marry and to found a family;
  - The right to work,
  - The right to equal access to education;
  - The right to and adequate standard of living;
  - The right to social security, assistance and welfare
  - The right to share in scientific advancement and its benefits;
  - The right to be free from torture and cruel, inhuman or degrading treatment or punishment.

## CHAPTER 5

### 5.0. PREVENTION OF HIV SEXUAL TRANSMISSION

#### 5.1. Objective

HIV infection is preventable. As over 80% of HIV infection is through sexual intercourse, prevention of sexual transmission is the key in the control of the HIV/AIDS epidemic. Therefore the main objective is to raise public awareness of the risk and change of behaviour that put individuals at the risk of contracting or transmission of HIV and other sexually transmitted diseases in order to reduce the spread of the epidemic. Transmission of HIV is greatly increased for those who have multiple sex partners and engage in unprotected sex. All sectors will be involved in enhancing public awareness at all levels and particularly at the community level and empower the community to develop appropriate approaches in prevention of HIV transmission. These include being faithful to the same partner, practicing abstinence, correct and consistent use of condoms, voluntary counselling and testing, delaying engagement in sexual practices according to well informed individual decision.

#### 5.2. For Youth in Schools and Institutions of Higher Learning

The education sector is among the sectors that have been seriously affected by the HIV/AIDS epidemic. The epidemic has led to decline in the quality of education as the epidemic takes its toll among teachers and students. The increasing trend of HIV/AIDS related absenteeism and deaths of school-teachers and school drop outs is a serious threat to education development. School children, adolescents and young adults are particularly vulnerable to HIV infection. The Ministries responsible for education and other public and private institutions of higher learning in collaboration with TACAIDS and NGOs shall develop appropriate intervention strategies to accelerate AIDS information in schools. These include provision of non examinable HIV/AIDS information in primary and secondary schools. HIV/AIDS information should be introduced early enough so as to protect the children who are not yet sexually active before they are exposed to sexual practices so as to equip the youth with knowledge and skills to protect themselves and others from HIV transmission. Reproductive and sexual health should be incorporated in the school curricula.



**5.3. For Out of School Youth**

The ministries responsible for youth development affairs, in collaboration with Local Government Councils, NGOs and Faith Groups shall develop participatory HIV/AIDS, sexual and reproductive health education programmes for the out of school youth. The youth should be given correct information including prevention strategies and promotion of correct and consistent use of condoms, abstinence and fidelity, and voluntary counselling and testing. Girls should also be encouraged to avoid unwanted pregnancies. Having been empowered with information, the youth should be encouraged and supported in developing their own strategies.

**5.4. For Adults**

The Government, Local Government Councils, NGOs, CBOs and Faith Groups shall develop IEC programmes to promote safer sex practices including fidelity, abstinence, correct and consistent use of condoms according to well informed individual decision.

**5.5. For People with Multiple Partners and Commercial Sex Workers.**

IEC and counselling services shall be made accessible and acceptable to people with multiple sexual partners including commercial sex workers in order to enable them to adopt safer sexual practices.

**5.6. For drug substance abusers**

Government agencies dealing with drug substance abuse in collaboration with TACAIDS, NGOs and Faith groups shall strengthen their preventive activities and implement targeted IEC and counselling services for drug substance abusers.

**5.7. For PLHAs**

PLHAs shall be encouraged to adopt healthy behaviour which enables them to live positively with HIV/AIDS. Facilities and services shall be made available to make it easy for them to make such health behaviour changes.

**5.8. Media Institutions**

Sustained public information and creation of awareness is paramount in the control of the epidemic. Therefore the role of the media is very important. The media including folk media, in

collaboration with other relevant organizations shall play a leading role in educating the public on HIV/AIDS. The media should be actively involved in investigating the practical challenges in the control of HIV and the responses by different sectors in the society, including the private sector. Scientific publications regarding trends in epidemiological surveillance and research intervention activities to promote safe practices shall be disseminated in professional journals and through the mass media.

#### **5.9. Community Involvement**

The community is the key in curbing the HIV/AIDS epidemic. The community should be fully informed about HIV/AIDS and the real life challenges in its prevention and care. The communities shall be encouraged and supported to develop appropriate approaches to reduce HIV infection and care for the PLHAs and orphans in their localities. TACAIDS will encourage all sectors, local government councils, faith groups, NGOs and CBOs to mobilize communities to plan and implement their community based HIV/AIDS control activities.

#### **5.10 Condoms**

There is overwhelming evidence about the efficacy and effectiveness of condoms when used correctly and consistently in the prevention of HIV transmission. Good quality condoms shall be procured and made easily available and affordable. The private sector shall be encouraged to procure and market good quality condoms so that they are easily accessible in urban and rural areas.

#### **5.11 Prevention and Management of STIs**

STIs shall be targeted for early diagnosis, treatment, prevention and control because of their role in facilitating HIV/AIDS transmission. This shall include partner notification, counseling, and validating syndromic management of STIs on regular basis.

- (a) Public information and awareness on STIs shall be enhanced so that people take measures to avoid STI and seek early treatment.
- (b) Health care providers of all cadres shall be trained in order to acquire the necessary knowledge and skills for prevention, early diagnosis and case management of STIs.

- (c) Counselling and partner notification shall be part of care in accordance with the guidelines for the management of STIs.
- (d) The Government shall advocate for accessible STIs services and ensure that where treatment for STIs is not free; it shall be made affordable in accordance with the existing cost sharing policy.

#### **5.12 Transmission through blood and blood products, donated organs, tissues and body fluids**

Studies conducted in Tanzania have shown high prevalence of HIV infection in donated blood and blood products. Data indicate that, one out of ten donors, would transmit HIV through transfused blood and blood products. Besides HIV/AIDS, other diseases like Hepatitis B and C, syphilis and other STIs can be transmitted through blood and blood products.

The Government has established guidelines for the reduction of HIV transmission through blood transfusion. All blood transfusing centers have to comply with these guidelines:

- (a) The government shall establish a national blood transfusion service to supply screened blood to all health facilities that transfuse blood.
- (b) The approved screening centres shall offer pre- and post test-counselling services to all blood donors.
- (c) Transfusion of unscreened blood by medical practitioners shall constitute a punishable offence.
- (d) Centres providing services for infertility, organ transplant and transplant of other body tissues shall ensure that such live materials are obtained from non-HIV infected donors.
- (e) Communities shall be sensitized to appreciate that blood transfusion will only be the last resort in medical care, and where possible autologous blood shall be used. Early treatment of infectious diseases and improved nutrition shall be encouraged to spare more mothers and children from the risk of blood transfusion.

**5.13 Transmission through Invasive and non Invasive Skin Penetration Surgical, Dental and Cosmetic Procedures**

The risk of HIV transmission through routine use of surgical, dental, and skin piercing instruments exists. Unsterilised dental surgical and cosmetic instruments and equipment pose a very definite risk, which can be reduced by proper sterilization.

**(a) Use of Sterile disposable re-usable Equipment and Accidental injuries**

- (i) In order to minimize the risk of infection, disposable supplies including needles and syringes will be used in all health facilities. In the event disposable skin piercing equipment is not available, re-usable equipment will be used after thorough sterilization.
- (ii) The Government shall ensure that health-care providers have adequate training in the procedures for sterilization and its importance. They will have sterilization facilities and adequate supply of re-usable equipment for sterilization.
- (iii) The Government shall provide supervision and organize inspection to ensure compliance by and cooperation of service providers in hospitals, homes and cosmetic salons.
- (iv) The Government will continue with the community based campaign against Female Genital Mutilation
- (v) The government shall prepare guidelines to stipulate clearly steps to be taken when a health worker is accidentally injured and/or exposed to HIV infection using the WHO emergency post-exposure (PEP) approach.
- (vi) A mechanism for compensation of, and medical insurance for health workers whose HIV sero status is known to have been negative shall be instituted to cover accidental exposure to HIV infection in the course of carrying out their duties.

- (vii) The plight of patients who may get infected accidentally with HIV in the course of receiving care shall be addressed in the same way as that of service providers.
- (viii) The guidelines on the management, handling of patients with infectious diseases and disposal of infectious materials shall be adhered to.

**(b) Education for Users of Cosmetic and Health services**

- (i) Public education shall be provided to ensure that users or consumers of health services, home care and cosmetic services know about and demand use of sterile skin-piercing equipment and other materials like gloves. The public shall be informed about the structure of the reporting system for reporting their complaints and suggestions for improving the system.
- (ii) In case of transmission of HIV/STIs or other diseases to patients and clients of cosmetic services due to the negligence of service providers the patient or client shall take steps according to the existing laws.

**5.14 Prevention of Mother to Child Transmission (PMTCT) of HIV**

Mother-to-Child Transmission is by far the commonest source of HIV infection in children. The chance for survival of the child who acquires HIV infection through mother-to-child transmission is poor. About 25 - 35% of HIV positive pregnant women will transmit the infection to their newborns. Also there is a 15 - 20% chance that infection will be transmitted to babies during breast-feeding. Voluntary counselling and testing of pregnant women, and as far as possible, their husbands or partners shall be promoted at all levels.

**(a) Prenatal Transmission**

- (i) Education on the risks of mother-to-child transmission to all women of childbearing age and their partners.
- (ii) Counselling and appropriate contraception for HIV infected women and their partners.

- (iii) Information and education on alternative technological options including anti-retroviral therapy for infected pregnant women.

**(b) Intra-partum transmission**

Health professionals shall apply current techniques, treatments and methods to manage pregnancy and deliveries. They shall choose methods that minimize the risk of HIV transmission to the baby.

**(c) Postnatal Transmission**

In order to prevent HIV transmission through breast-feeding the following services should be offered: -

- (i) Individually tailored counselling on breast-feeding.
- (ii) Counselling of husbands, partners and other relatives on breast-feeding and HIV transmission, and to provide material and moral support to the mother and/or the family.
- (iii) Sensitize the community on the support needs of HIV positive mother in her own care and prevention of transmission of the infection to the child.
- (iv) Counselling on healthy baby feeding options or practices for infected mothers.
- (v) Economic empowerment of women to enable mothers to provide nutrition supplements for their children.

**5.15 Gender Issues in Relation to HIV/AIDS**

In Tanzania, the main mode of HIV transmission is through heterosexual intercourse. Therefore, addressing issues of gender equity and promoting equal participation of men and women in negotiating safer sexual practices is highly desirable, and women have the right and should be encouraged to say NO to unsafe sex. Men and women should be accorded equal status, equal opportunities for education, access to reproductive health education, and access to health care services, leadership and advancement in all spheres. Although policy exists in this regard, HIV/AIDS demands more vigorous translation of the policy to practical activities at all levels.

- (a) Power relations in traditional and customary practices that inhibit equal participation of men and women in preventing the spread of HIV/AIDS shall be addressed by all sectors.
- (b) Customary practices and cultural institutions that provide opportunities for public awareness shall be utilized as fora for empowerment and dissemination of IEC on reproductive health, HIV/AIDS.
- (c) Community programmes shall address the issues of multiple sex partnership and the issues of gender and reproductive rights in relation to the spread and transmission of HIV/AIDS.
- (d) Integrated, quality and user-friendly reproductive health services shall be made accessible to men, women and the youth.
- (e) Existing inheritance laws shall be reviewed and harmonized. Efforts shall be made to influence customary laws and practices to become gender sensitive.

## CHAPTER 6

### 6.0 HIV TESTING

#### 6.1. Objective

The main objective is to outline the ethical conditions in testing for HIV for surveillance of the epidemic, diagnosis, voluntary testing and research.

#### 6.2. Testing for HIV/AIDS

- (i) For voluntary HIV testing, pre-and-post test counselling shall be done to enable test results to be communicated to the person tested or, in the case of minors, to parents or guardians. The main aim is to reassure and encourage the 85 - 90% of the population who are HIV negative to take definitive steps not to be infected, and those who are HIV positive to receive the necessary support in counselling and care to cope with their status, prolong their lives and not to infect others.
- (ii) For unlinked HIV testing, no pre and post-test counselling shall be required. For blood donors who wish to know their test results, provision shall be made for follow up voluntary HIV testing with pre- and post test counselling.

#### 6.3. Confidentiality

All HIV Testing shall be confidential. Nevertheless, public health legislation shall be made to authorize health care professionals to decide on the basis of each individual case and ethical considerations, to inform their patients or sexual partners of the HIV status of their patients. Such a decision shall only be made in accordance with the following criteria:

- (i) The HIV-positive person in question has been thoroughly counseled.
- (ii) Counselling of the HIV-positive person has failed to achieve appropriate behavioural change.
- (iii) The HIV-positive person has refused to notify, or consent to the notification of his/her partner.
- (iv) A real risk of HIV transmission to the partner(s) exists.
- (v) The HIV-positive person is given reasonable advance notice.



- (vi) Follow-up is provided to ensure support to those involved, as necessary.

**6.4. Informed Consent**

- (i) Informed consent following adequate counselling shall be obtained from the person before HIV testing can be done.
- (ii) Hospitalized patients or ambulatory patients in semi-conscious states and those deemed to be of unsound mind, may not be able to give informed consent. Counselling shall involve a close relative or the next of kin in order to obtain the consent before proceeding with diagnostic testing, treatment, and clinical care.

**6.5. Partner Notification**

Physicians and other health workers are not allowed to notify or inform any person other than the individual tested of the test results without his or her consent. Counselling shall emphasize the duty to inform sexual partners and married couples will be encouraged to be tested together. In the event of refusal of the person tested to inform any other person, the decision to inform the third party shall adhere to the conditions laid down in section 3.2(b) on **Confidentiality**. Partners who cannot be involved in the same counselling session with the tested person, shall be persuaded to go for counselling before they can be notified of the tested person's HIV test results.

**6.6. Criminalization of willful spread of HIV infection**

Given the high rate of HIV infection in the society, the Penal Code shall be amended to uphold criminal penalties against those who deliberately infect others.

**6.7. Pre-marital HIV Testing**

Pre-marital testing shall be promoted and made accessible and affordable all over the country. Like all other testing it should be voluntary with pre- and post-test counselling

**6.8. Research Involving HIV Testing**

All research proposals shall seek ethical clearance from the Research and Ethics Committee of the hosting institution or sector. TACAIDS shall be informed of such research findings

for the record and/or dissemination. Approved research proposals shall be registered with TACAIDS. Research involving international collaborators shall obtain ethical clearance from the institutions from which the foreign collaborators are based and also from the relevant national research institutions and sectors. All authors shall give consent, in writing, to the publication of the research report.

**6.9. Surveillance for HIV**

For the purpose of surveillance, one highly sensitive and specific test will be recommended depending on the accuracy of desired results. However, confirmation may be applied according to research needs and such other needs as referral for early diagnostic testing and early treatment for opportunistic infections.

**6.10. Cost of HIV Testing**

Individuals requesting voluntary HIV testing may be required to contribute to the cost of counselling and testing. The cost of HIV testing in hospitals and other testing centres shall depend on the policy of that particular hospital or testing centre.

**6.11. HIV testing during pregnancy**

Voluntary counselling and HIV testing services shall be promoted and made available to pregnant mothers for the purpose of prevention of mother to child transmission of HIV infection.

## CHAPTER 7

### 7.0. CARE FOR PEOPLE LIVING WITH HIV/AIDS

#### 7.1. Objective

The main objective is to promote appropriate nutritional, social and moral support to PLHAs to enable them to enjoy a good quality of life, remain productive and live much longer with the HIV/AIDS. It is a challenging area considering the absence of established modalities and mechanisms to provide such support. The community, NGOs, CBOs, private sector and faith groups are critical in facilitating this intervention. As VCT momentum increases there will be hundreds of thousands of PLHAs who will need support.

- (a) PLHAs shall have access to holistic health care. This includes clinical, medical care, counselling and social welfare services. Health care shall extend beyond the hospital precincts to include planned discharge and back up for home based care.
- (b) PLHAs shall have access to counselling as well as access to information on how to live positively with HIV/AIDS while protecting themselves and others from further transmission.
- (c) PLHAs shall have the responsibility to participate fully in the activities of the community.
- (d) Institutional and community care providers have a duty to care for people infected with HIV without discrimination on the basis of their HIV sero-status.
- (e) Institutions shall provide quality care following existing institutional care guidelines and treatment guidelines issued by the Government.
- (f) Home care and hospital care complement each other. There shall be a strategic plan articulating this complementary relationship with a budget for each component in the local government councils.

## **7.2. Community Based Care and Support Services**

Comprehensive response to HIV/AIDS has been shown to be effective in the control of the epidemic. This includes prevention, care and support to patients with HIV/AIDS in the communities including home based care. However, it must be appreciated that at the household level, caring for an AIDS patient is very costly in human, time and financial terms. The need for support from the community is paramount.

- (a) The Government shall establish cooperation and collaboration with interested individuals, organizations, agencies or bodies in promoting community based care for AIDS patients and orphans.
- (b) The Government shall encourage the collaboration of religious communities in providing spiritual care and material support for PLHAs. Spiritual care is a component of holistic care.
- (c) All public claims of cures for HIV/AIDS by traditional and faith healers or other care providers shall be discouraged until such claims are authenticated and approved by Government agencies.
- (d) All importation and manufacture of modern and traditional remedies for HIV/AIDS shall be promoted and approved by relevant government agencies.
- (e) The Government shall expedite rapid drug trials and registration of efficacious modern and traditional remedies.
- (f) Modalities for establishing a special Trust Fund for complementing community initiatives in supporting and caring for those infected and affected by HIV/AIDS shall be developed.

## **7.3. Protection of Healthcare Workers and Traditional Birth Attendants**

Given the high prevalence of HIV/AIDS in the society, health care workers and traditional birth attendants are in very high risk of contracting HIV infection from patients in course of their work. The main objective is therefore to empower health

workers and traditional birth attendants to avoid the risk of infection and to ensure that institutions that provide health care services provide the necessary protective gear to the workers in accordance with the principles of universal safety precautions against infectious diseases and substances.

- (a) Health workers shall be given training in self-protection against, and prevention of HIV transmission occurring during handling of blood, body fluids, organs and tissues. Training on self-protection shall be given to traditional birth attendants.
- (b) All health care institutions shall provide protective gear to all health care providers in the health facilities as well as in home care and to traditional birth attendants.
- (c) Counselling and support services necessary for managing affected cases shall be established for care providers.

#### **7.4. Support services**

HIV/AIDS is a community based social, cultural and economic problem that has brought into the open far reaching social, cultural, legal, gender and human rights implications in relation to the welfare of the larger numbers of widows and orphans due to AIDS related deaths. The main objective of support services is to provide the legal and social framework for the promotion of care and support for those affected by the HIV/AIDS particularly widows and orphans in mitigating the impact of HIV/AIDS. Multisectoral efforts shall be sustained in promoting positive attitude on HIV/AIDS in the communities. The Local Government Councils and local communities shall be supported to facilitate and sustain support services to PLHAs, widows and orphans in their communities.

- a) The Government shall encourage and promote multi-sectoral involvement in community sensitization on prevailing laws, which protect the rights of surviving dependants, and shall ensure their right to inherit the land and property of the deceased. The community shall be involved in ensuring care and support to the PLHAs, widows and orphans.

- (b) The Government shall ensure that the policies of all sectors address the rights of surviving dependants.
- (c) The necessary support and protection from HIV/AIDS shall be given to orphans and children in special institutions including street children and those with disabilities that are at risk of HIV infection.
- (d) Orphans in sibling headed households shall need support from both the Central Government and Local Councils and the community to minimize the impact of HIV/AIDS on their lives. Such support shall address the rights of children
- (e) The definition of an orphan, within the context of a Tanzania society as far as the AIDS epidemic is concerned, is a child between the age of 0 - 15 years who has lost both parents.

## **CHAPTER 8**

### **8.0 RESEARCH**

#### **8.1 Objective**

The main objective is to provide the framework to promote and coordinate multisectoral and multidisciplinary research activities in HIV/AIDS and disseminate and use the research findings. This is in appreciating that the HIV/AIDS epidemic has raised many complex issues that demand extensive well funded and well coordinated research programmes

- (a) Research on HIV/AIDS based on scientific and ethical considerations and capable of generating new knowledge which is relevant, useful and utilizable by the community, shall be encouraged.
- (b) Existing research structures shall be utilized for HIV/AIDS research.
- (c) Research in HIV/AIDS involving human subjects, shall conform to Medical Practitioners and Dentists Ordinance and to the International Guidelines for Biomedical Research. Psychosocial and social science research shall abide by stipulated ethical guidelines.
- (d) The Government shall create a forum for sharing scientific information and ensure that research results are retrievable and easily accessible.

#### **8.2. Procedures for HIV/AIDS Research**

- (a) There shall be a National Research and Ethics Committee dealing with HIV/AIDS. This Committee shall include representatives from TACAIDS, AIDS Research Sectors, COSTECH, NIMR, Universities, Ministry of Justice, and NGOs.
- (b) Research on AIDS involving international researchers shall require approval by the National AIDS Research and Ethics Committee and shall have a senior national counterpart who will be responsible for the study in the country.

- (c) AIDS Research clearance shall be given by existing research and ethics clearance committees of institutions and approved by relevant authorities.
- (d) All HIV/AIDS researchers shall submit copies of their research protocols and clearance certificates to MoH for purposes of record keeping.

### **8.3. National HIV/AIDS Research Priorities**

- (a) Research Priorities shall be formulated to allow for rapid generation of knowledge, issues and information on HIV/AIDS.
- (b) The National AIDS Research and Ethics Committee shall review and up-date National AIDS research priorities regularly.

### **8.4. Dissemination of Research Findings**

- (a) All sectors shall maintain inventory of all on going and completed research projects on HIV/AIDS and TACAIDS shall compile and disseminate relevant research findings to respective stakeholders.
- (b) The researchers shall translate research finding into easily understandable language for public consumption.

### **8.5. Funding of AIDS Research**

- (a) TACAIDS shall mobilize funds for coordination and promotion of research activities, and dissemination of research findings.
- (b) Research Institutions and individual researchers shall look for their own research grants and any other kind of research related support.
- (c) Each sector shall strive to provide adequate funds for research activities on HIV/AIDS.



## CHAPTER 9

### 9.0 SECTORAL ROLES AND FINANCING

#### 9.1 Objective

HIV/AIDS is a major National crisis that affects all sectors at all levels. Therefore the main objective is to enhance a coordinated and effective multisectoral approach towards curbing this epidemic and to mobilize adequate financial resources for HIV/AIDS activities. The sectoral roles are outlined in the National Multisectoral Policy Guidelines on HIV/AIDS.

- (a) Central and Local governments, Parastatal Organizations, NGO/CBO, Religious Organizations and the Private Sector and Institutions shall design, and implement HIV/AIDS activities in their sectors.
- (b) TACAIDS shall play a leading role in the provision of multisectoral support in the design, implementation, and evaluation of prevention and control of HIV/AIDS and in mitigating its impact.
- (c) The various sectors in collaboration with the TACAIDS, shall draw up a National Strategic Plan for the control and prevention of HIV/AIDS within the framework of the multi-sectoral response to the epidemic.
- (d) Within the framework of the National AIDS Strategic Plan, every sector shall budget, raise funds and mobilize material and human resources for its own HIV/AIDS prevention and control activities.
- (e) TACAIDS shall assist in the mobilization of funds and it will be responsible for regular, evaluation to determine the impact of local and external donor funding on the HIV/AIDS prevention and control.
- (f) Within the framework of the strategic plan every sector shall identify, prioritize and implement HIV/AIDS prevention and control activities in line with its mandate and comparative advantage.

- (g) TACAIDS shall develop modalities for the establishment of the AIDS Trust Fund that will draw funds from the Government and other stakeholders and individuals for supporting community based interventions.

## CHAPTER 10

### 10.0 INSTITUTIONAL AND ORGANIZATION STRUCTURE OF THE TANZANIA COMMISSION FOR AIDS (TACAIDS)

#### 10.1 Introduction

The organization and management of the National Multisectoral AIDS Programme will have to take into account the on going reforms in the country. It will also need to recognise the multifaceted and complex nature of the HIV/AIDS epidemic. The TACAIDS is responsible for implementing the policy as stated in Chapter I through 11.

#### 10.2 Vision

The Vision of the Tanzania Commission for AIDS is: -

To have a society in which our children can grow up free from the threat of HIV/AIDS and which cares for and support those who are still infected and affected by HIV/AIDS.

#### 10.3 Mission

The Mission of the Tanzania Commission for AIDS is: -

To provide strategic leadership for a national multi-sectoral response to HIV/AIDS leading to the reduction of further infections associated diseases and the adverse socio-economic effect of the epidemic.

#### 10.4 Goal

The Goal of the Tanzania Commission for AIDS is: -

To coordinate the implementation of national multi-sectoral response to the HIV/AIDS epidemic.

#### 10.5 Objectives

This mission is translated into eight main objectives: -

- (a) To develop strategic framework and national guidelines to support planning, coordination and implementation of the national multi-sectoral response at all levels.
- (b) To develop and facilitate implementation of the national strategy for mobilization and utilization of resources for HIV/AIDS.

- (c) To develop and facilitate **implementation** of national strategy for advocacy on HIV/AIDS epidemic.
- (d) To establish and strengthen partnerships for an expanded response among all stakeholders, i.e. Government Institutions, Development Partners, PLHA, Private Sector, NGOs, Faith Based Institutions, CBOs and Pos.
- (e) To promote research on HIV/AIDS and foster linkages with other research institutions.
- (f) To establish and maintain multi-sectoral HIV/AIDS information management system and facilitate information dissemination.
- (g) To develop an effective mechanism for monitoring trends of the epidemic and the impact of HIV/AIDS intervention nationwide.
- (h) To establish and sustainably maintain an efficient and effective management capacity at TACAIDS.

#### **10.6 Functions of the Commission**

The Commission will execute the following functions: -

- (a) Formulating policy guidelines for the response of HIV/AIDS epidemic and management of its consequences in mainland Tanzania.
- (b) Developing strategic framework for planning of all HIV/AIDS control programmes and activities within the overall national strategy.
- (c) Fostering national and international linkages among all stakeholders through proper coordination of all HIV/AIDS control programmes and activities within the overall national strategy.
- (d) Mobilizing, disbursing and monitoring resources and ensure their equitable distribution where applicable.
- (e) Disseminating information sharing on the HIV/AIDS epidemic and its consequences in Tanzania and on the programmes for its control.
- (f) Promoting research, information sharing and documentation on HIV/AIDS.

- (g) Promoting high level advocacy and education on HIV/AIDS prevention and control.
- (h) Monitoring and evaluating all on-going HIV/AIDS activities.
- (i) Coordinating all activities related to the management of the HIV/AIDS epidemic in Tanzania as per national strategy.
- (j) Facilitating efforts to find a cure, promote access to treatment and care, and develop vaccines.
- (k) Protecting Human Rights of people infected and affected with HIV/AIDS.
- (l) Promoting positive living among people living with HIV/AIDS.
- (m) Advising the government on all matters relating to HIV/AIDS control in the country.

### **10.7 Policy**

- (a) TACAIDS shall be given the appropriate mandate and statutory powers to discharge its roles and functions as stated above.
- (b) TACAIDS located under the Prime Minister's Office facilitates an effective multisectoral national response.
- (c) TACAIDS shall have effective mechanism and personnel for coordinating the multisectoral response at all levels.
- (d) The TACAIDS shall be duly empowered to promote collaboration and partnership in HIV/AIDS activities both nationally and globally.