



MINISTRY OF HEALTH



National Programmatic Updates on Adolescents & HIV(Policies, Strategies & Guidelines)

PRESENTATION OUTLINE

- Background of Adolescents programme in Tanzania
- Status of the implementation(HIV, STI, early pregnancy)
- Country response Policies, Guidelines and Strategies
- Achievement and challenges
- Recommendation

INTRODUCTION

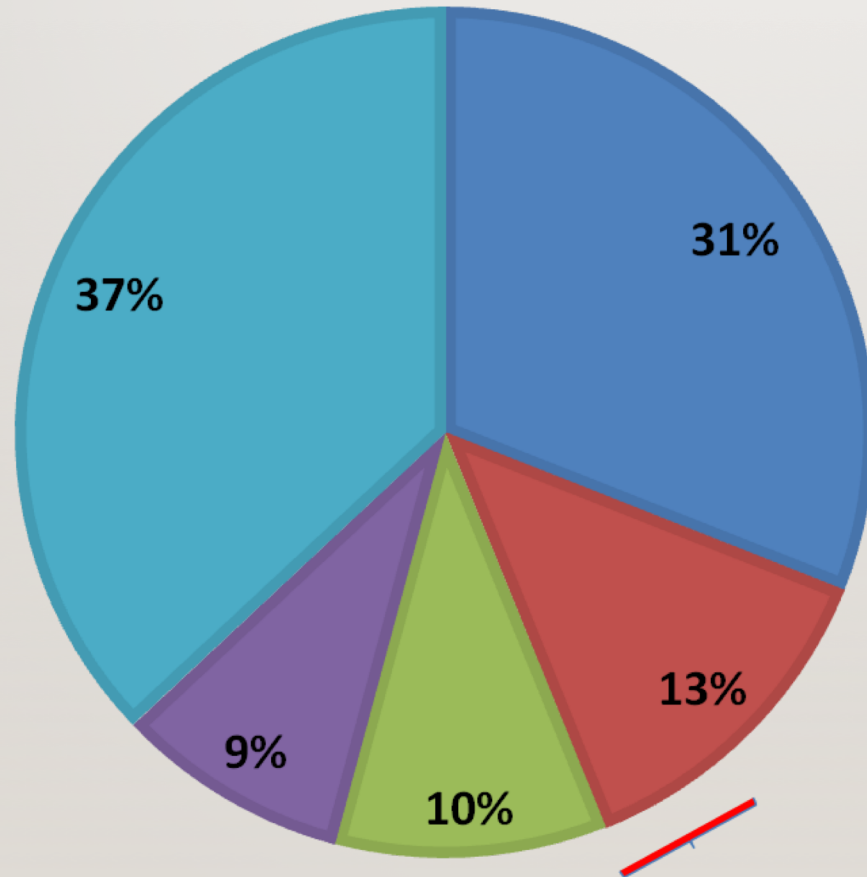
- Tanzania is committed to achieving Gender Equality and Equity, guided by the Global Convention on eliminating all forms of discrimination against Women and Children (CEDAW).
- Tanzania collaborates with Africa regional bodies and member states in ensuring effective implementation of the revised Maputo Plan of Action 2016-2030 on sexual and reproductive health, which is in line with Africa Agenda 2063 that calls for inclusive growth and sustainable development for prosperous Africa

DEFINITIONS

- Adolescent = those aged 10 – 19 years.
- Youth = 15 – 24 years.
- Young People = 10 – 24 years.

Tanzania has adopted these definitions from the WHO.

TANZANIA POPULATION PROFILE



- Age below 10 years
- Age 10 to 14 years
- Age 15 to 19 years
- Age 20 to 24 years

Census, 2022

ADOLESCENT POPULATION

- An estimate of 1.3 billion adolescents between the ages of 10 and 19 years make up the global population, with more than 90% of them living in low and middle-income nations.
- Compared to other regions, Sub-Saharan Africa is expected to have more adolescents by 2050 making it an important area for adolescent health research and interventions.
- As of 2020, Tanzania's population included over 14 million adolescents. The number of Tanzanians between 10 and 19 years kept an upward trend in the last decade. In comparison to 2010, the adolescent population increased nearly 40 percent, jumping from some 10.2 million individuals that year.

ADOLESCENT NEEDS

- Adolescents in Tanzania face myriad risks as they grow up, and too often these risks are associated with household and community- level poverty.
- These risks range from nutritional deficiencies, sexually transmitted infections to HIV, violence, early marriage.

ADOLESCENT NUTRITION

- Anemia among adolescents is common possibly due to limited access to fruits, vegetables, and animal-source foods as a consequence of food insecurity.
- Such nutritional deficiencies have serious consequences for the health and well-being of the adolescent population.
- In addition to nutritional causes, other causes of anemia include infections such as malaria and intestinal parasitic infection and chronic illness

TEENAGE PREGNANCY

- Teenage pregnancy and the subsequent dropout of girls from school has a negative implications in their health and development.
- In Tanzania Songwe, Lindi and Katavi, are the leading Regions in adolescent's pregnancy
- Average of teenage pregnancy in Tanzania 22% (TDHS 2022)

SEXUAL TRANSMITTED INFECTION AND HIV

- Over 98,000 adolescents aged 10 -19 years are currently living with HIV/AIDS. (UNICEF HIV Fact sheet 2017)
- Sexually transmitted infections including HIV pose serious health problems among adolescents
- Untreated STIs increases the risk of contracting and transmitting HIV and cause of infertility.



SEXUAL TRANSMITTED INFECTION AND HIV

- 40% of new infections occurred among young people under age 24 years and of these, 70% occurred among adolescent girls and young women (UNAIDS 2017).
- Adherence among HIV-positive young people continues to lag, contributing to lower than average rates of viral suppression, especially among both young men and women aged 10 – 19 (OGAC 2018).
- Among young men aged 15 – 24 uptake of VMMC services remains high across most regions but drops off dramatically for men after age 25 (OGAC 2018)

ADOLESCENT HEALTH SERVICES BARRIERS ASSESSMENT (AHSBA)

- To contribute to efforts to achieve the SDG 3 target of universal health coverage, the Country in collaboration with WHO in year 2018 did an assessment on barriers to effective coverage with health services.
- With funding from UK Aid, the existing WHO guidance for barriers assessments were adapted with a specific focus on adolescent health.

ADOLESCENT HEALTH SERVICES BARRIERS ASSESSMENT (AHSBA)

- To availability of skilled human resources
- Long distances to health facilities
- Negative Health-seeking behavior among adolescents
- Judgmental attitudes of staff
- Stigma and discrimination can necessitate adolescents living with HIV
- Unfriendly environment of HFs

POTENTIAL ACTIONS FOR PROGRAMMATIC AREAS

- Increase number (coverage) of health facilities providing adolescent-friendly SRH services.
- Increase flexibility of SRH clinics to accommodate schedules of in-school adolescents
- Sensitize health workers on need to pay attention to the reproductive needs of both young and older adolescents, as per national guidelines.

Potential actions for programmatic areas

- Build capacity of civil society organizations to scale up community sensitization activities that engage parents, religious and community leaders in adolescent SRH issues.
- Build capacity of teachers and schools to formulate and support adolescent SRH clubs for males and females in schools.
- Strengthen age-appropriate and context-specific reproductive health and family planning education in schools.

THE CONVENTION ON THE RIGHTS OF THE CHILD

- Article 2
- 1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- 2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

THE UN CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION (CEDAW)

- Adopted in 1979 by the UN General Assembly, is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.

THE ORGANIZATION OF AFRICAN UNITY CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD

- The African Charter on the Rights and Welfare of the Child (ACRWC/the Charter) was adopted by the Organisation of African Unity on 11 July 1990 and came into force on 29 November 1999. The Charter is a regional human rights instrument addressing issues of particular interest and importance to children in Africa.

THE NATIONAL HEALTH POLICY (2007)

- Policy statement

(i) The Government shall work with various stakeholders to improve reproductive health of women and men, people with disabilities, young and old.

(ii) The Government shall develop guidelines, strategies and coordinate targeted activities reproductive health of various groups as well as ensuring care family planning is implemented

(iii) The government in collaboration with various stakeholders will ensure the delivery of quality maternity services in health care facilities that appeals to women, men and young men.

THE NATIONAL POPULATION POLICY (2000)

On STIs, HIV and AIDS

Issue

- Poverty is another key factor that plays a key role in adolescent vulnerability to HIV, particularly the adolescent girl. High rates of HIV infection in this age-group will have a direct impact on the country's productivity and on the effort to combat poverty and to meet other national and global goals for a long time to come.

THE NATIONAL POPULATION POLICY (2000)

Policy Direction

- i. Promoting the implementation of sectoral HIV and AIDS plans
- ii. Supporting participation of the private sector, NGOs and Faith Based Organisations in the implementation of HIV and AIDS interventions
- iii. Increasing the proportion of PLH having access to the best available treatment and care, including anti-retroviral (ARV) drugs
- iv. Strengthening the health care system to provide and monitor services for STIs, HIV and AIDS, including ARVs
- v. Promoting measures that ensure proper care and services for orphan

NATIONAL ACCELERATED ACTION & INVESTMENTS AGENDA FOR ADOLESCENT HEALTH & WELL BEING 2021/22-2025/26

RATIONALE OF THE NAIA-AHW

- The NAIA-AHW has been developed to focus the country on gaps in adolescent health and wellbeing that need to be addressed in the near to immediate term.

OVERVIEW OF THE NAIA-AHW

- The NAIA-AHW anchors on six pillars:

(1) Preventing HIV;

(2) Preventing Teenage Pregnancies

(3) Preventing Sexual, Physical and Emotional Violence

(4) Improving Nutrition

(5) Keeping Boys and Girls in School

(6) Developing Soft Skills for Meaningful Economic Opportunities.

Targeting these pillars will help accelerate improvements in adolescent health and wellbeing.

The pillars outline priority areas where investments can be made to ensure that this cohort is productive and, ultimately, this nation is productive

THE ONE PLAN 'RMNCAH III' (2021-2025)

- One Plan II goal was to increase the coverage of AFSRHS from 30% to 80% by 2020 (MoHCDGEC, 2016)

IMPLEMENTATION STATUS

- National Accelerated Action & Investments Agenda for Adolescent Health (NAAIA) & Well being 2012/22-2025/26 has been developed
- Dissemination coverage of NAIA to policy / decision makers at Regional and 9 Regions; Iringa, Dodoma, Rukwa, Katavi, Simiyu, Kigoma, Geita and Arusha
- 69% of Health Facilities are providing adolescent Health Services(SARA Assessment)

IMPLEMENTATION STATUS

- Young people are increasingly aware of their reproductive health and rights and accessing services
- Established and functional National Technical Working group on ARH

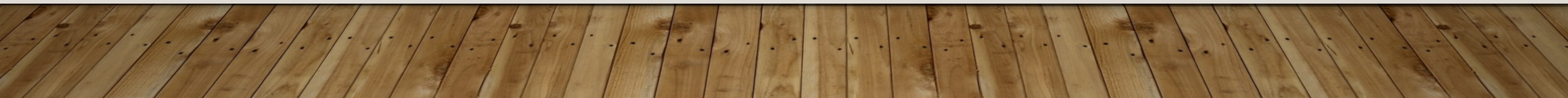
HIV

RISKS BEHAVIOUR FOR ACQUIRING HIV AMONG ADOLESCENTS

- Their likely engagement Cross generational Sex
- Early sex and child bearing
- Vulnerability to frequent STIs and the amplification of the effects of transmission co-factors
- Gender-based violence
- limited information about their health

COUNTRY RESPONSE TOWARD HIV SERVICES TO ADOLESCENTS

Strategies/Guidelines focused on Adolescents

- Tanzania National Multisectoral Strategic Framework for HIV and AIDS 2018/19 TO 2022/23
 - Health Sector HIV and AIDS Strategic Plan (HSHSP IV) 2017–2022 accelerated plan for HIV care, treatment retention and adherence for children, adolescents
 - Strategic Plan V 2021–2026 calls for the provision of Pediatrics, adolescents HIV friendly service and retaining more than 95% of them into HIV care
 - National comprehensive guideline for care and treatment
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COUNTRY RESPONSE TOWARD HIV SERVICES TO ADOLESCENTS

Amendment of HIV Act, 2008

- Lower age of consent from 18yrs and above
- HIV self testing for above 18yrs population
- Availability of training package, SOP and guideline targeting adolescents and youths interventions
- Adolescents friendly health services, combination prevention campaign guide.

Strategies(HSHSP IV)2017-2022

Identification

- Adolescent-targeted HIV Testing Services (HTS)
- Targeted outreach testing to schools, street children, and orphanages
- Strengthen HIV testing in entry points (health facilities) for children and adolescents
- Strengthen provision of comprehensive sexuality education/HIV at community and school levels (using peer educators)
- Extended hours for HTS at facility, accommodating school hours

Linkage

- Strengthen linkage mechanisms for facility and community-based services to increase retention in care and treatment services for adolescents and youth
- CHW/peers/CBHS-linkage
- Escort clients who test positive to CTC
- Unique identifier (Pilot)

Treatment & Retention

- Treatment for All
- Adaption of DSD models (ART group refill models)
- Establish special clinic days, teen clubs and camps to enhance retention and adherence among adolescents and youth
- Scale-up provision of adolescent friendly health services (trained health workers, communications (IEC) materials, SOP for establishing / strengthening AFHS)
- Community ART services(outreach)

HIV Viral Load

- Integrated and scale up of HIV viral load (HVL) services
- Expansion of HVL test to selected regional hospitals

CHALLENGES

- Low uptake of HTS
- Structural barriers prevent uptake of services (Prevention, testing, treatment and care)
- Inadequate integration of SRH, HIV services in school and health program
- Inadequate SBCC programmes focusing on ABC among adolescents

RECOMMENDATION

- Strengthening combination prevention approach
- Ensure same efforts to both Adolescents without leaving behind Adolescents boys
- Consideration of SBCC materials that will target Adolescents
- Expand more friendly services clinics-to increase no of adolescents utilizing Health services
- Strengthening social networks for adolescents' living with HIV

AKSANTENI SANA

