

Tanzania Service Provision Assessment Survey 2006 (TSPA)



Key Findings on HIV/AIDS

This report summarises the HIV/AIDS findings of the 2006 Tanzania Service Provision Assessment Survey (TSPA), carried out by the National Bureau of Statistics of the United Republic of Tanzania and the Ministry of Health and Social Welfare of the United Republic of Tanzania. Macro International Inc. provided technical assistance. The 2006 TSPA is part of the worldwide Measure DHS project which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programmes. Funding for technical assistance was provided by the United States Agency for International Development (USAID). Local costs of the survey were financed entirely by the pooled fund of the Poverty Eradication Division (PED) in the Ministry of Planning, Economy and Empowerment.

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Tanzania: Zones and Regions



Introduction

The HIV/AIDS component of the 2006 Tanzania Service Provision Assessment (TSPA) Survey provides a comprehensive picture of the availability and quality of HIV/AIDS health services nationwide. The survey looked closely at the strengths and weaknesses of facility-based services related to HIV/AIDS, such as counselling and testing (CT), preventing mother-to-child-transmission (PMTCT) of HIV, and care and support services (CSS).

The 2006 TSPA was carried out by the National Bureau of Statistics (NBS) and the Ministry of Health and Social Welfare (MOHSW). Local costs of the survey were financed entirely by the pooled fund of the Poverty Eradication Division (PED) in the Ministry of Planning, Economy and Empowerment. Macro International Inc. provided technical assistance through the MEASURE DHS project, which is funded by the U.S. Agency for International Development (USAID).

The primary objectives of the survey are to:

- determine the level of preparedness of health facilities for providing quality services;
- provide comprehensive information on the performance of the full range of public and private health care facilities that provide reproductive, child health and HIV/AIDS services;
- identify strengths and weaknesses in the delivery of reproductive, child health and HIV/AIDS services at health care facilities;
- describe the processes used in providing child, maternal and reproductive health services and the extent to which accepted standards for quality service provision are followed;
- provide information for periodically monitoring progress in improving the delivery of reproductive, child health and HIV/AIDS services at Tanzania health facilities;
- provide input into the evolution of a system of accreditation of health facilities; and
- provide baseline information on the capacity of health facilities to provide basic and advanced level HIV/AIDS care and support services, and on the record keeping systems in place for monitoring HIV/AIDS preventive, diagnostic, care and support services.

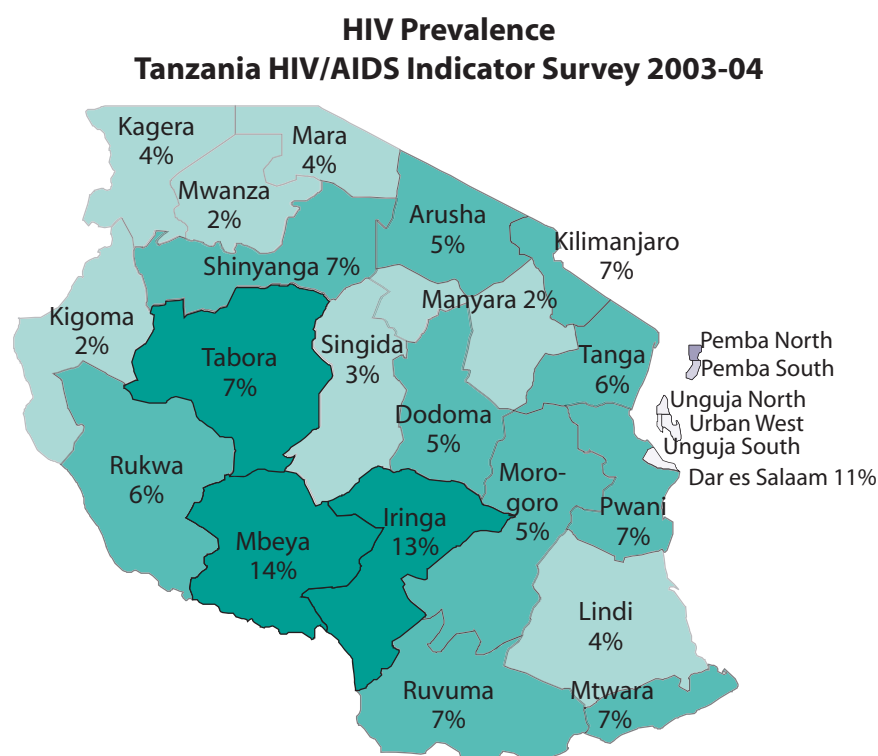
The 2006 TSPA involved a nationally representative sample of 611 facilities, including: 1) all national referral hospitals, regional hospitals, specialized hospitals, district hospitals, and district-designated hospitals throughout Tanzania; and (2) a sample of other hospitals, health centres, dispensaries, and stand-alone Voluntary Counselling and Testing (VCT) facilities. The sample also included facilities managed by the Government of Tanzania, private for-profit groups, parastatal organizations, and faith-based organizations (FBO). Trained interviewers collected the data between April and August 2006. The results are presented for each of the 8 zones (Northern, Central, Southern Highlands, Western, Lake, Southern, Eastern and Zanzibar). Each zone contains several regions. (See map in the Introduction section).

This report summarises the major TSPA findings on HIV/AIDS health services throughout Tanzania. To put the results of the 2006 TSPA into context, this report also includes findings from the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS) and the 2004-05 Tanzania Demographic and Health Survey (TDHS). Each survey had an independent sample of about 13,000 Tanzanians.

HIV/AIDS in Tanzania

According to the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS), the national HIV prevalence is 7 percent for women and men ages 15 to 49 on Mainland Tanzania. Women are more likely to be HIV-positive than men (8 percent and 6 percent, respectively). In 2003, an estimated 1,820,000 Tanzanian adults were living with HIV on the Mainland. The THIS did not collect HIV prevalence information for Zanzibar.

HIV prevalence in Tanzania varies widely by region. Regions with the highest HIV prevalence are Mbeya (14 percent), Iringa (13 percent) and Dar es Salaam (11 percent). Areas with the lowest prevalence include Kigoma and Manyara (2 percent each) and Singida (3 percent). HIV prevalence is more than twice as high in urban areas as in rural areas. HIV infection is highest among women ages 30 to 34 years and men ages 40 to 44 years.



Availability of HIV/AIDS Services in Tanzania

The availability of HIV/AIDS services varies widely throughout Tanzania without following any clear pattern. Almost 85 percent of health care facilities in Tanzania provide some care and support services (CSS) for HIV. Far fewer facilities, however, provide HIV testing and prevention services. Only one fourth (26 percent) of all health facilities in Tanzania have an HIV testing system.

Basic CSS are widely available in 84 percent of all facilities in Tanzania. Other HIV-related health services, however, are offered by very few facilities nationwide. Less than 5 percent of facilities offer post-exposure prophylaxis or antiretroviral therapy. Only 13 percent of facilities provide any services to prevent mother-to-child transmission (PMTCT) of HIV. Overall, HIV/AIDS services are more likely to be available in hospitals than in other facility types.

Overview of HIV-Related Health Care Services in Tanzania: Percent of Facilities Offering Services (N=611)

	Counselling and Testing (CT)	Care and Support Services (CSS)	Anti-Retroviral Therapy (ART)	Preventing Mother-to- Child-Trans- mission (PMTCT)	Post- Exposure Prophylaxis (PEP)	Youth-Friendly CT Services (YFS)
Northern	41	80	5	21	10	14
Central	7	93	2	5	1	1
S.Highlands	24	100	2	5	3	5
Western	30	90	3	16	2	2
Lake	18	85	3	6	2	2
Southern	14	70	7	8	1	0
Eastern	33	82	6	24	6	5
Zanzibar	28	42	1	1	4	5
TOTAL	26	84	4	13	4	5

Counselling and Testing

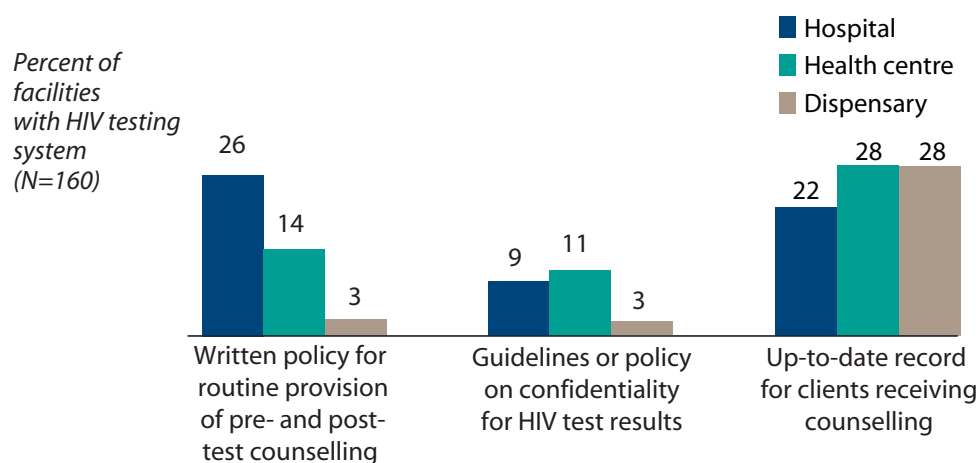
Generally accepted definitions for HIV counselling and testing (CT) services, which can include VCT, consist of several key elements. Counselling must be given before testing. Prior to testing, the counsellor must ensure that the client is undertaking the test voluntarily and understands that he/she can interrupt or stop the process at any point. When HIV testing involves a person who is unable to provide consent, a close relative should be given information and asked to provide consent. Clients must be assured that test results are confidential. Giving results on the same day as the test is encouraged. Finally, both HIV-positive and HIV-negative clients should receive post-test counselling on preventive measures as well as treatment and follow-up.

For the purposes of the TSPA, a facility is defined as any health service establishment where services related to HIV/AIDS are offered. Within one facility, for example, there may be several locations where the same service is offered. Each of these locations is defined as a service site. A facility is considered to have an HIV testing system if it conducts the test in the facility or in an affiliated external laboratory, or has a system for receiving results of tests conducted in a non-affiliated testing site in order to provide post-test services.

CT services vary significantly by zone, type of facility, and managing authority. One-fourth (26 percent) of all facilities in Tanzania have an HIV testing system. Almost all hospitals (98 percent) and all stand-alone facilities have an HIV testing system. Health centres (64 percent) and dispensaries (19 percent) are less likely to have CT. The availability of testing varies from 7 percent in Central Zone to 41 percent in Northern Zone. Half of all parastatal facilities have an HIV testing system compared with 33 percent of private for-profit facilities, 32 percent of faith-based ones, and 22 percent of government-managed facilities.

The availability of written policies on HIV counselling and testing, guidelines on confidentiality, and up-to-date records on clients receiving counselling are indicators of quality services. Few facilities in Tanzania have all of these components. The quality of HIV testing services vary by type of facility. For example, informed consent policies for HIV testing are available at all relevant sites in only about half of facilities that have an HIV testing system. Hospitals are the most likely to have a written policy for routine provision of pre- and post-test counselling (26 percent), and a small proportion of facilities (6 percent) have confidentiality guidelines for HIV test results at all sites in the facility. Less than a third have up-to-date records for clients who have received pre- and post-test counselling. None of the stand-alone facilities had any of these three quality components (not shown below).

Capacity to Deliver Quality HIV Counselling and Testing Services



HIV Care and Support Services

Care and support services (CSS) include any health services that support and improve the life of an HIV-infected person. CSS may include the treatment of opportunistic infections (OIs), palliative care and social and psychological support services. Since HIV-infected persons are at higher risk of developing opportunistic infections (such as TB) as a result of their suppressed immune system, one of the most important CSS strategies is the immediate treatment of OIs, such as sexually transmitted infections, and malaria. Basic CSS are relatively well-developed in Tanzania; 84 percent of facilities provide CSS. Eighty percent or more of health care facilities provide CSS in all zones except Southern Zone and Zanzibar (42 percent).



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Tuberculosis and Malaria

Tuberculosis

Tuberculosis (TB) is a leading cause of death among people infected with HIV. Overall, 64 percent of facilities offering any CSS provide TB diagnosis or treatment and/or follow-up services or both. The World Health Organization recommends directly observed treatment short-course (DOTS) to treat TB. Among facilities offering any CSS, only 39 percent report that they are part of the national DOTS programme. However, 54 percent of facilities say they follow the DOTS strategy.

DOTS ensures that patients take their drugs regularly and complete their treatment. This process not only cures patients but also helps prevent drug resistance. However, a substantial percentage of facilities do not have all of the elements needed for proper TB treatment. All first-line TB medicines (any combination of isoniazid, rifampicin, ethambutol, and Pyrazinamide) are available in 60 percent of facilities offering CSS and following the DOTS treatment strategy. Of these facilities, only 52 percent have observed client registers for DOTS and only 55 percent have treatment protocols. The availability of TB treatment and/or follow-up using DOTS varies by zone, ranging from a low of 45 percent in Central to a high of 68 percent in Southern Zone.

Malaria

Malaria is one of the most serious health challenges in Tanzania. There are about 16 million cases of malaria each year, resulting in about 100,000 deaths. Patients with HIV tend to have more severe forms of malaria. Virtually all facilities offering CSS for HIV/AIDS also provide diagnosis and treatment of malaria (99 percent). Treatment protocols for malaria are available at all relevant sites in 33 percent of facilities offering CSS and malaria services. Hospitals have an average of nearly 4 sites. No hospital has malaria treatment guidelines/protocols at all sites. Treatment protocols are more common in government facilities (38 percent) than in other types of facilities. First-line antimalarials are available in 95 percent of all facilities offering CSS for HIV/AIDS and malaria services.

TB Treatment and/or Follow-up Using DOTS Among Facilities Offering CSS (N=513)

	Any TB diagnostic or treatment services	Report they are part of national DOTS programme	Follow DOTS strategy*
Northern	62	47	51
Central	48	23	45
S.Highlands	61	38	55
Western	75	54	60
Lake	64	25	57
Southern	71	46	68
Eastern	65	37	47
Zanzibar	55	52	49
TOTAL	64	39	54

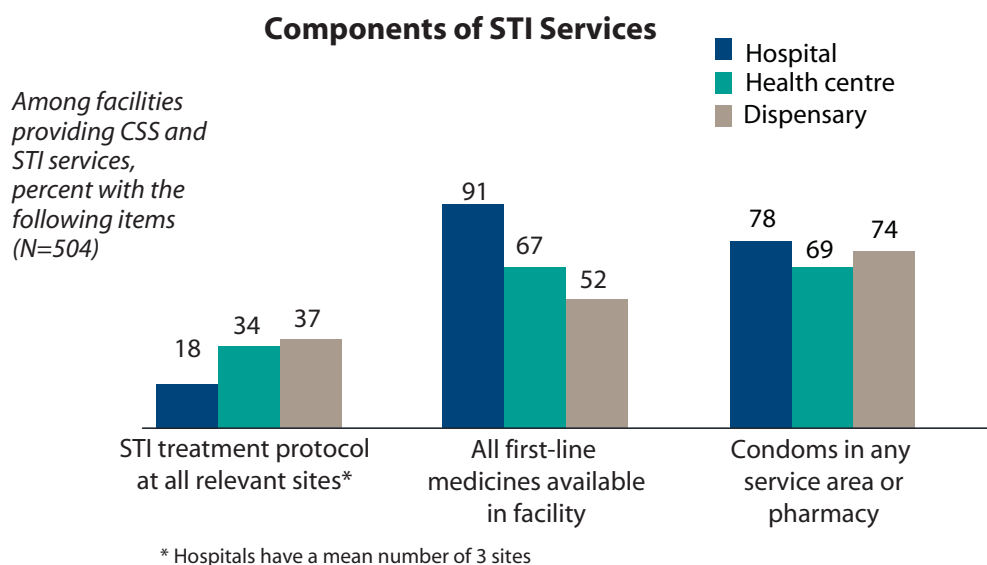
* Treatment strategy followed is either direct observed for two months with six months of follow-up treatment, or direct observed for six months.

Sexually Transmitted Infections Services

Sexually transmitted infections (STIs) are a known risk factor for contracting HIV. Thus, facilities where HIV/AIDS services are offered are prime locations for the counselling, diagnosis, treatment, and prevention of STIs. In Tanzania, 98 percent facilities offering CSS for HIV/AIDS also treat STIs. However, only 36 percent of these health care facilities have STI treatment protocols in all relevant sites. Hospitals are least likely to have treatment protocols at all sites; only 18 percent of hospitals have protocols at all sites.

Medications for treating common STIs, such as syphilis and gonorrhoea, are available in about half (55 percent) of facilities offering CSS for HIV/AIDS and STI services. Medicines are more likely to be available in hospitals (91 percent) than in health centres (67 percent) or dispensaries (52 percent). Condoms are available in 3 out of 4 facilities in Tanzania. They are more available in hospitals (78 percent) than in other types of facilities. Less than half of private for-profit and faith-based facilities offer condoms.

The quality of STI services is uneven, however. Only 15 percent of facilities offering CSS and STI services have all three elements for quality STI services: treatment protocols at all sites; medicines for treating common STIs; and condoms.



Putting the TSPA into Context: STI Incidence and Treatment in Tanzania

The 2004-05 TDHS asked sexually active men and women if they had an STI or STI symptom, such as a genital sore/ulcer or discharge, in the previous year. Overall, 5 percent of women and 6 percent of men reported having either an STI, abnormal discharge or genital sore/ulcer. These results, however, may underestimate the rate of STIs because many infections, especially in women, cause no symptoms. Of these adults, about 6 in 10 sought care for their STI or STI symptoms from a health facility or a health professional.

Treatment of Opportunistic Infections

Correct treatment of opportunistic infections (OIs) improves the quality and extends the life span of people with HIV. In addition to TB, common OIs include topical fungal infections, chronic diarrhoea, and bacterial pneumonia. Overall, 80 percent of all health facilities in Tanzania provide treatment for OIs.

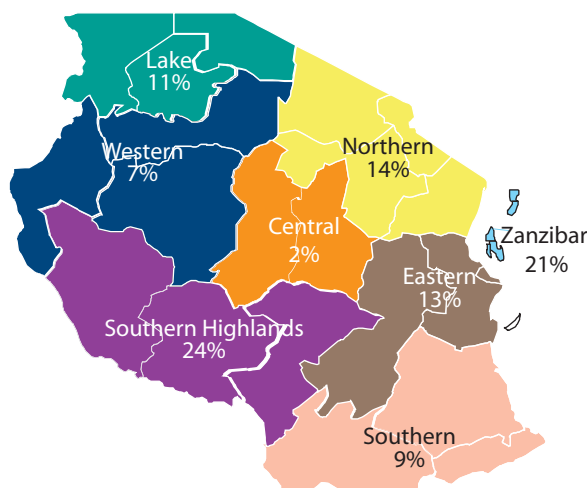
Most facilities offering clinical CSS for HIV/AIDS can provide treatment for bacterial infections. Ninety percent have at least one medicine for managing bacterial pneumonia, and 96 percent have at least one medicine to manage other bacterial infections. About half (56 percent) have intravenous fluid with infusion sets for rehydration; 81 percent have oral rehydration salts. Only 11 percent, however, have at least one medicine for chronic diarrhoea.

The quality of OI treatment is not clear, however. Few facilities have providers trained to treat OIs. Overall, only 13 percent of facilities that offer CSS have at least one provider who received OI training in the past three years and only 5 percent of facilities have a provider trained to treat AIDS in children. Not surprisingly, dispensaries and stand-alone facilities are the least likely to have a trained provider. Among the zones, Southern Highlands is most likely to have a trained provider on site. Still, only 24 percent of facilities in this zone have at least one provider trained to treat OIs and only 9 percent have a provider trained to treat AIDS in children.

The lack of training is all the more serious since only a quarter (26 percent) of facilities offering clinical CSS for HIV/AIDS have guidelines or protocols for treating OIs at *all* relevant sites. This percentage increases slightly to 34 percent if the facilities are assessed for availability of guidelines/protocols at *any* relevant site.

Opportunistic Infections-Related Training for Providers

Tanzania average: 13%



Among facilities offering CSS (N=513), percent with at least one provider of OI services who received related training in the past 3 years

Advanced Clinical Care and Support Services

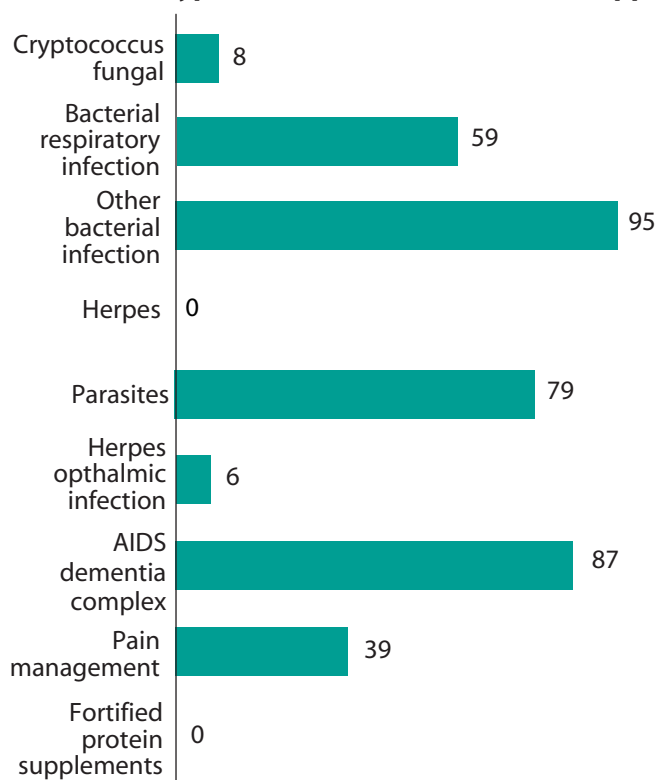
In Tanzania, advanced health services for HIV/AIDS are in the early stages of development. These types of services include: capacity of laboratories to diagnose severe OIs and availability of more than one type of medication to treat them; availability of services or a formal referral system for psychosocial and socioeconomic care and support; links to home-based care; antiretroviral therapy; and post-exposure prophylaxis.

Laboratory capacity to monitor HIV/AIDS patients is available in only a small percentage of facilities that offer clinical CSS. For example, only 6 percent of facilities can do a white cell count and only 28 percent can check haemoglobin or hematocrit, important indicators for anaemia. These services are much more common in hospitals than other types of facilities and more common in private for-profit facilities than in government, parastatal or faith-based facilities. The presence of treatment guidelines varies by type of facility and zone. Also of concern is few facilities have record-keeping systems.

As expected, medicines are more available in hospitals than in health centres or other types of facilities. The medicines that are most commonly available include those for treating bacterial infections, AIDS dementia complex, and parasites. By contrast, medicines to treat more common ailments, such as herpes and pain management, are not widely available. No facilities offer fortified protein supplements.

Only 31 percent of health care facilities treating people with HIV have any outreach or links with home-based care programmes. This varies among zones, and is more common in health care facilities in Zanzibar (50 percent), Northern Zone (35 percent), and Southern Highlands and Lake zones (34 percent). Government facilities are more linked to home-based care programmes than non-governmental ones.

At Least Two Types of Medicines to Treat Each Opportunistic Infection



Among facilities offering CSS (N=506)

Antiretroviral Therapy

Antiretroviral drugs can significantly prolong and improve the quality of life for people living with HIV. Not all HIV/AIDS clients, however, are eligible for these medicines. According to national guidelines, antiretroviral therapy (ART) should be prescribed only to a person with clinical AIDS and/or a CD4+ cell count below 200. The Government of Tanzania started providing free ART services in October 2004.

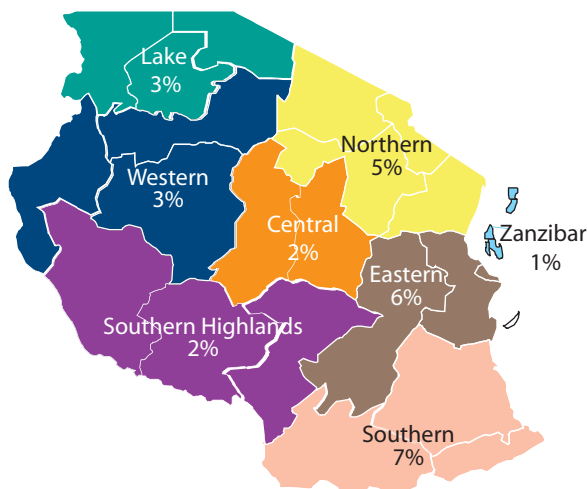
Quality ART services include the following:

- trained staff;
- protocols and guidelines for care and support services;
- consistent supply of antiretroviral (ARV) medicines;
- good storage practices for ARVs;
- a system for client appointments and follow-up services;
- individual client records for continuity of care; and
- record-keeping systems to ensure ARV compliance.

Nationwide, only 4 percent of all health facilities prescribe ART. In Southern Highlands, where HIV infection is most prevalent, only 2 percent of facilities offer ART. ART services are mostly available at hospitals. Seventy percent of hospitals prescribe ART compared to only 9 percent of health centres.

The quality of ART services varies among health care facilities offering ART. Only 76 percent of facilities offering ART had the first-line regimen available on the day of the survey. ARV stock-outs are common. A third of hospitals and three-quarters of health centres that prescribe ART had stock-outs of ARVs within six months of the survey. Irregular use of ARVs can compromise patient treatment and also lead to the development of drug-resistant strains of HIV. National guidelines for managing ART are available in 91 percent of hospitals and more than half of the health centres offering ART.

Availability of Antiretroviral Therapy
Percentage of facilities offering ART in each zone (N=611)



Preventing Mother to Child Transmission of HIV

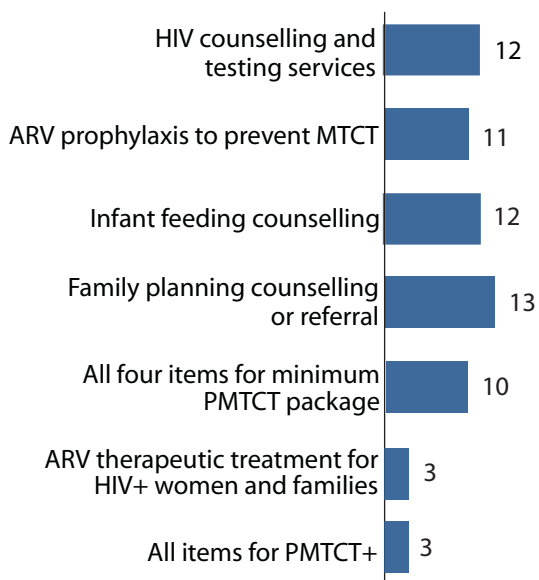
Mother-to-child transmission (MTCT) of HIV occurs when the virus is passed from an HIV-infected mother to her baby during pregnancy, delivery, or breastfeeding. The prevention of mother-to-child transmission (PMTCT) programme aims to reduce the risk of HIV transmission. PMTCT services are most often offered in conjunction with antenatal and delivery services. Generally accepted components of PMTCT are:

- counselling and testing (CT) pregnant women for HIV infection;
- providing HIV-positive women with information on infant feeding practices;
- providing family planning counselling or referral; and
- providing prophylactic ARV to HIV-positive women and their newborns within 72 hours of birth.

The Government of Tanzania introduced PMTCT services in 2002. The package of services varies greatly from facility to facility. As of 2006, only 13 percent of all facilities nationwide offer *any* component of PMTCT services, and only 10 percent offer *all four* components for the minimum PMTCT package. PMTCT services are most likely to be found in hospitals and health centres. There is a wide zonal variation, ranging from one percent in Zanzibar to 5 in Central and Southern Highlands zones to a high of 21 percent in Northern and 24 percent in Eastern zones.

PMTCT+, an enhanced programme that includes ART for HIV-positive pregnant women and their families, is far less available. Only 3 percent of *all* health care facilities provide PMTCT+ services.

Availability of Specific PMTCT Services Among All Facilities (N=611)



Putting the TSPA into Context: Knowledge of Mother-to-Child Transmission

According to the 2004-05 TDHS, most women (79 percent) and men (74 percent) know that HIV can be transmitted during breastfeeding. Less than half of these adults, however, know that antiretroviral drugs can reduce the risk of MTCT. Only 29 percent of women and 36 percent of men know *both* that HIV can be transmitted through breastfeeding and ARVs taken during pregnancy can reduce the risk of HIV transmission. Among women, this knowledge is lowest in Central (17 percent), Western (22 percent), and Southern Highlands (23 percent) zones. It is highest among women in Eastern Zone (52 percent).

Youth-Friendly Counselling and Testing Services

Youth-friendly services (YFS) help young adults overcome barriers to accessing HIV/AIDS services. Ideally, YFS involve young people in all aspects of the programme's planning, operations, and evaluation. The services should include staff who are sensitive to youth culture and ethnic cultures as well as to issues of gender, sexual orientation, and HIV status. YFS usually have flexible hours, convenient locations, and walk-in appointments.

The TSPA assessed the availability of youth-friendly counselling and testing (CT) services in Tanzanian health care facilities. Overall, only 5 percent of all health care facilities in Tanzania offer youth-friendly HIV CT services. Most of these facilities (85 percent) have at least one provider trained for YFS. Far fewer (13 percent) facilities have appropriate guidelines on site. Among facilities with an HIV testing system, 17 percent offer youth-friendly testing services. Stand-alone facilities are more likely than other types to provide YFS for HIV/AIDS. The largest proportion of facilities offering YFS are in Northern Zone.

Putting the TSPA into Context: Youth-Friendly Services in Tanzania

Knowledge of how HIV is transmitted is crucial to helping people avoid being infected with HIV. The 2004-05 TDHS asked young men and women ages 15-24 about their knowledge of HIV. Comprehensive knowledge is defined as: knowing that using condoms and having just one uninfected, faithful partner can reduce the chance of getting HIV; knowing that a healthy looking person can have HIV; and rejecting the two most common myths about HIV transmission: "People get HIV from mosquito bites" and "People can be infected with HIV by sharing food with someone sick with AIDS."

Overall, 45 percent of women and 40 percent of men ages 15-24 had comprehensive knowledge of AIDS. Women on the Mainland (45 percent) and Zanzibar (44 percent) are equally knowledgeable. Men on the Mainland (41 percent), however, are twice as likely as men on Zanzibar (20 percent) to have comprehensive knowledge.

Young people were also asked if they knew where to buy or get condoms. Most men (87 percent) and women (77 percent) know of at least one source for male condoms. Among young men and women, those on the Mainland are more likely than those on Zanzibar to know a source for condoms. Knowledge of a source is highest in Southern Zone (more than nine out of ten). The greatest gender gap is in the Southern Highlands Zone, with 66 percent of young women compared to 92 percent of young men knowing where to obtain a condom.

Post-Exposure Prophylaxis

Post-exposure prophylaxis (PEP) is the prophylactic treatment with antiretrovirals for persons who may have been exposed to HIV. Given the high prevalence of HIV in Tanzania (7 percent), the risk of contracting HIV infection on the job is a real threat to everyone working in health care facilities. PEP should also be available for patients at high risk due to inadvertent exposure to HIV (for example, rape victims).

Only 4 percent of all health care facilities in Tanzania offer PEP services to their staff. Moreover, among facilities reporting PEP services, only 19 percent have ARVs for PEP. Thus, protection for health care providers exposed to HIV on the job is very limited.

As expected, most PEP services are located in hospitals (61 percent). PEP services are available in 10 percent of Northern Zone facilities and one percent of Eastern and Central zone facilities. Guidelines are available at most PEP service sites in facilities that offer PEP services (58 percent), but only 4 percent of these have records for monitoring full compliance with the PEP regimen.



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Infection Prevention in Health Care Facilities

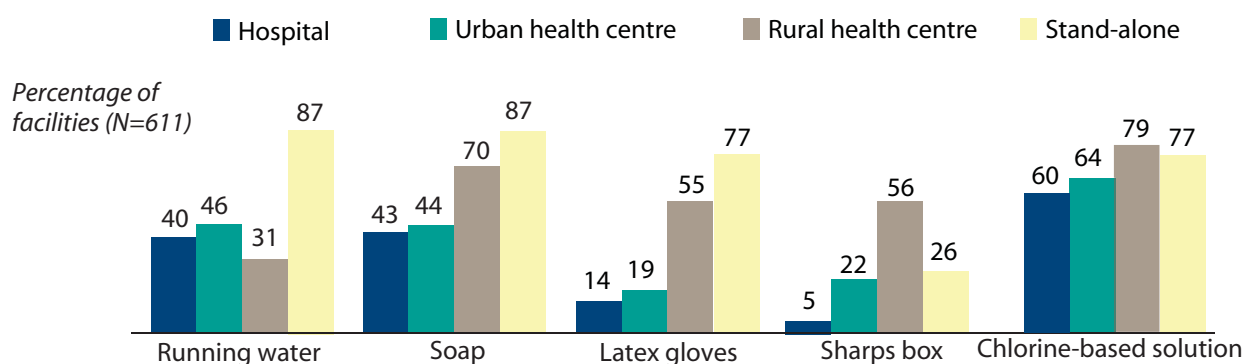
Infection prevention practices should be implemented in all health care facilities to protect both clients and providers. The items needed to prevent infections include:

- running water and soap for hand washing;
- chlorine-based solution for decontaminating equipment;
- latex gloves;
- “sharps” container for the immediate and safe disposal of needles and blades; and
- written guidelines to enforce infection prevention practices.

Running water, which is essential for infection prevention, is not widely available in health care facilities in Tanzania. Overall, running water is available in only a third (33 percent) of all facilities, and in less than half of all hospitals (40 percent) and health centres (46 percent). In Central Zone, only 5 percent of facilities have running water compared to 54 percent of facilities in Southern Highlands Zone.

Soap is more widely available than running water. Soap is found in 67 percent of health care facilities. About half of all health care facilities have sharps boxes (51 percent) and latex gloves (50 percent). Only 14 percent of all hospitals, which are most likely to treat patients with HIV, have latex gloves. Chlorine-based solution for decontaminating equipment is found in 76 percent of facilities. Overall, only 10 percent of health care facilities have all the specified items needed for infection prevention.

Availability of Stock Items for Infection Prevention



Conclusions and Recommendations

The first case of HIV/AIDS in Tanzania was clinically diagnosed and reported in 1983 in Kagera region. By 1986, all regions of Mainland Tanzania and Zanzibar had reported HIV/AIDS cases. In 1999, President Benjamin Mkapa declared HIV/AIDS a national disaster. In 2001, the Government of Tanzania adopted the National Policy of HIV/AIDS and authorized the creation of the Tanzania Commission for AIDS (TACAIDS). The Zanzibar AIDS Commission was created in 2002.

In 2003, the Government approved that National Multi-Sectoral Strategic Framework on HIV/AIDS 2003-2007 (NMSF) to implement the national policy. The vision expressed in the national policy is: "To have a Tanzanian society that is free from the threat of HIV and AIDS and that provides care and support for all those who are infected or otherwise affected by the epidemic."

To achieve that goal, the NMSF focuses on nine preventive areas: (1) sexually transmitted infections (STIs); (2) condom promotion and distribution; (3) voluntary HIV testing and counselling; (4) prevention of mother-to-child-transmission of HIV; (5) targeted health promotion and behaviour change communication; (6) school-based prevention; (7) health promotion for vulnerable groups; (8) workplace interventions; and (9) safe blood and blood products, and reducing traditional harmful practices.

The 2006 TSPA provides important information for measuring progress in many of these areas. The findings from the TSPA for HIV/AIDS will also serve to guide policy-makers and leaders as they evaluate existing programmes and craft new ones to best achieve national goals. Listed below are the main conclusions and key recommendations based on the TSPA results.

Conclusions:

1. The TSPA findings show a mixed picture of HIV-related health services in Tanzania. On the one hand, Tanzania has made progress in providing HIV counselling and testing (CT) services and offering basic care and support services (CSS) to people living with HIV. At the same time, only 10 percent of facilities offer services for preventing mother-to-child transmission (PMTCT) of HIV and 5 percent or fewer reach out to youth or provide antiretroviral therapy, post-exposure prophylaxis, and advanced care for people with advanced HIV infections. In addition, availability of HIV services is not consistent with the prevalence of infection. The Southern Highlands, which has the greatest HIV burden, has fewer facilities providing ART or PMTCT than the national average.

2. Tanzanian health care facilities do not meet international standards for infection prevention; this puts both clients and providers at risk for HIV infection and a host of other life-threatening illnesses. Overall, only 10 percent of all health facilities have all the items needed to prevent infection. Only a third of all health care facilities in Tanzania and less than half of all hospitals have running water. Latex gloves are also in short supply. Only 14 percent of hospitals and 19 percent of urban health centres have latex gloves in all service delivery sites.

3. Basic CSS services, such as treating STIs and TB, are available in 84 percent of all health care facilities. Across Tanzania, other HIV-related health services are lacking and there is significant disparity in their availability among the zones. For example, HIV Counselling and Testing services (CT) are found in a quarter of all facilities (26 percent), but availability ranges from 7 percent in Central Zone to 33 percent in Southern Zone.

4. Provider training is uneven. On the one hand, over two-thirds of facilities have at least one provider trained to treat TB, malaria and STIs. On the other hand, only 13 percent of facilities providing CSS have a provider trained to treat OIs.

5. Availability of medicines varies widely by condition, by managing authority, and by zones. For example, among facilities that provide CSS, more 90 percent or more have treatments on site for malaria;

about 50-60 percent of facilities have medicines for treating bacterial respiratory infections, TB and STIs, and only about 10 percent have medicines for managing chronic diarrhoea. Overall, about 64 percent of facilities have at least one medicine for treating topical fungal infections, including thrush, one of the more common opportunistic infections; among zones this ranges from 34 percent in Zanzibar to 74 percent in Northern Zone.

Recommendations:

1. The absence of running water and latex gloves in health care facilities puts everyone in the health care system at risk. High quality services must rest upon a solid infrastructure and safe conditions for clients and providers. All providers of health care—governmental and non-governmental agencies—need to place the highest priority on infection prevention. Supervisors should be held accountable for monitoring the presence of infection control materials in all relevant locations in a facility and ensuring that staff are adhering to expected practices. In addition, policies are needed to establish infection prevention committees in all health care facilities to ensure appropriate practices are carried out at all levels, and these practices should be reinforced through written guidelines and necessary equipment in all service sites within a facility.
2. Post-exposure prophylaxis should be made more widely available to both health staff and also to clients. Given the high prevalence of HIV in Tanzania, the risk of contracting HIV infection on the job is a real threat to everyone working in health care facilities. PEP should also be available for anyone at risk due to inadvertent exposure (such as rape victims). PEP is an essential practice to protect both health care workers and clients.
3. Multidrug resistant tuberculosis is a growing threat worldwide. All international agencies support the directly observed treatment short-course (DOTS) strategy for treating TB. In Tanzania only 39 percent of all health care facilities that provide care and support for HIV are part of the national DOTS system, although 54 percent say they follow the DOTS method. Not surprisingly, government-managed facilities are most likely to be part of the DOTS system. Bringing all facilities, governmental and nongovernmental, into the national DOTS system is critically important for controlling TB and increasing the life span of people with HIV.
4. More health professional training in critical areas, such as treating opportunistic infections, should be offered to the health care workers most likely to treat and interact with clients seeking HIV/AIDS-related health care services.
5. According to the most recent TDHS, 44 percent of all men have ever used condoms. Making condoms readily available is critically important for increasing use. Nationwide, just under three-quarters (73 percent) of health care facilities offering both HIV care and support and STI services have condoms available on site or in the pharmacy. Condom availability varies widely by type of managing authority, however. Almost 90 percent of government facilities have condoms on hand compared to only 43 percent of faith-based facilities and 48 percent of for-profit facilities. Condoms should be available and recommended to clients at every type of facility to protect against transmission of life-threatening illnesses.
6. Health care providers need easy access to treatment guidelines and protocols to treat clients correctly. This is especially true for life-threatening illnesses, like HIV/AIDS, and many of the associated opportunistic infections. Guidelines are not widely available in Tanzanian facilities, however, especially not in every service site in hospitals where most people with HIV seek treatment. Making guidelines and treatment protocols available in every health care facility and particularly every hospital is easy and inexpensive compared to other interventions.
7. More HIV/AIDS-related health services should be made available in high prevalence areas.
8. Health care providers are on the forefront of preventing and treating HIV/AIDS. They deserve the work under conditions that are safe and that allow them to offer clients the best possible health care services. To that end, all providers in all types of health care facilities should have access to clean water, soap, latex gloves, chlorine solution, and sharps boxes. Good infection prevention is critical to caring for staff and for patients.

