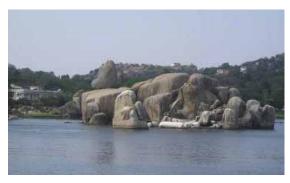


Tanzania TB/HIV Project

Launched in October 2005 with funding from the US Government, PATH's TB/HIV Project in Tanzania is spearheading the scale-up of TB/HIV services in four different regions of the country: Arusha, Dar es Salaam, Mwanza, and Pwani.

The Project works in collaboration with the National TB and Leprosy Programme (NTLP), the National AIDS Control Programme (NACP), the Association of Private Health Facilities in Tanzania (APHFTA), the US Agency for International Development (USAID), US Centers for Disease Control and



Prevention (CDC), and other stakeholders. The Project has seconded TB/HIV Coordinators to District Councils at the district level where they work closely with Council Health Management Teams (CHMTs) and other players in coordinating collaborative TB/HIV services. PATH-seconded Regional and Zonal TB/HIV Coordinators facilitate TB/HIV services at the regional and zonal levels, respectively. The PATH Project Director is supported by technical and administrative staff at the national level.

During 2007, PATH extended its support to cover 18 districts in the four regions, with a total population of more than



seven million. By September 2007, PATH had established 121 service delivery outlets in the 18 districts that provide collaborative TB/HIV services, which include HIV counseling and testing for all newly diagnosed people with TB, testing for TB in people living with HIV (PLHIV), provision of health education on TB/HIV, Co-trimoxazole Preventive Therapy (CPT), condoms, and referral for Anti-Retroviral Therapy (ART) in both the public and private health care sectors. Between October 2006 and September 2007, PATH trained a total of 301 health care providers on TB and TB/HIV, including 13 on AFB microscopy, and provided collaborative TB/HIV services to more than 9,000 people with TB disease.

Between October 2007 and September 2008, the Project will scale up services in eight more districts: five in the Islands of Zanzibar, two in Arusha, and one in Pwani. With USAID support, the Project will also focus on TB-specific activities to

optimize smear microscopy, increase the availability of TB diagnostic services, and enhance DOTS implementation according to the Stop TB Strategy. Patient and community participation in TB care; advocacy, communication, and social mobilization (ACSM); public-private mix (PPM), and health system strengthening are other areas on which the Project will continue to focus.

About PATH

PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act. PATH's work improves global health and well-being.

For more information, please visit www.path.org.

PATH TANZANIA TB/HIV PROJECT SNAPSHOT

Goal:

To support the launch of a coordinated response to TB/HIV through the public and private sectors in close collaboration with the Ministry of Health and Social Welfare/National TB and Leprosy Programme (NTLP), the National AIDS Control Programme (NACP) and the Association of Private Health Facilities in Tanzania (APHFTA).

Objective One: Scale-up TB/HIV integrated activities and increase availability of services in initial Project districts by:

- Sensitizing District Councils, Council Health Management Teams, and the private health sector on TB/HIV
- Conducting rapid assessments of public and private health facilities for capacity to provide collaborative TB/HIV services
- Coordinating collaborative TB/HIV services at district and zonal/regional level
- Developing TB/HIV data collection and reporting tools including TB/HIV manual and TB/HIV training materials
- Establishing Regional and District TB/HIV Committees

Objective Two: Strengthen Public-Public and Public-Private Mix (PPM) by:

- Supporting the development of a national Private Health Sector TB and TB/HIV Strategy
- Scaling-up collaborative TB/HIV services in army, prisons and parastatal health services, as well as within the private health sector (private for- and not-for profit)

Objective Three: Increase availability of human resources and strengthen their capacity to provide DOTS and TB/HIV integrated services by:

- Recruiting and deploying Zonal and District TB/HIV Coordinators
- Training health care providers on collaborative TB/HIV services (includes Diagnostic Counseling and Testing for HIV)
- Training health care providers on an Electronic TB Register (ETR)

Objective Four: Optimize smear microscopy and availability of TB diagnostic services by:

- Training health care providers on AFB microscopy
- Renovating laboratories
- Recruiting 'smear fixers' to bring services closer to communities

Objective Five: Enhance the quality of DOTS services by:

- Establishing an AFB quality control system
- Training health care providers on DOTS

Objective Six: Strengthen community awareness of TB and TB/HIV and mobilize communities to reduce stigma and promote HIV testing and care-seeking by:

- Developing a TB/HIV ACSM strategy
- Establishing community-based TB/HIV IEC committees and volunteer health educators
- Developing patient and community IEC materials
- Introducing 'Photovoice' to allow affected communities to tell their own stories and advocate for resources

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