Forward

Dear Reader,

The year 2012 was a good and busy one for the Tanzania program and team. We closed out our previous awards with the Centers for Disease Control and Prevention (CDC) and U.S. Agency for International Development (USAID) and started full swing with the implementation of our new awards that will allow us to continue to support the Ministry of Health and Social Welfare to expand and continuously improve integrated RCH/PMTCT and HIV care and treatment services within a strengthened health system and help the Government of Tanzania achieve its national goals for the elimination of pediatric AIDS. These awards not only are crucial for the continuation of EGPAF’s programs during the next four to five years but also will allow for an expansion in geographical coverage as well as in scope of our programs.

With CDC funding, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Tanzania is currently supporting more than 220 care and treatment sites in four regions (Arusha, Kilimanjaro, Tabora, and Lindi) with 41,894 people current on antiretroviral therapy (ART), including 3,805 children below 15 years of age. Our local affiliate, the Ariel Glaser Pediatric AIDS Healthcare Initiative (AGPAHI), which had been established only one year before, successfully took over support to the Shinyanga region. AGPAHI receives direct funding from CDC for care and treatment and receives a sub-grant from EGPAF for prevention of mother-to-child transmission (PMTCT). AGPAHI also secured an award from USAID for the implementation of a family planning program.

The newly USAID-funded Linking Initiatives for the Elimination of Pediatric HIV (LIFE) program guaranteed the continuation of EGPAF Tanzania’s current PMTCT program in Arusha, Kilimanjaro, Tabora, Shinyanga, and Mtwara, now with a broader scope including comprehensive reproductive and child health services, and with the inclusion of a sixth region: Lindi. EGPAF Tanzania currently supports more than 1,300 PMTCT sites, representing 30% of the national program. Under LIFE, we are also implementing a comprehensive home-based care program in consortium with Pathfinder International in Mwanza, Tabora, Coast, and Zanzibar.

One of the key challenges of this year has been the prolonged national shortage of HIV test kits, which has caused a dramatic decrease in the numbers of women receiving counseling and testing in our PMTCT program: a truly dramatic and sad situation that emphasized that there is still much work to do to strengthen the Tanzanian health care systems.

Rapid and tangible results are in general more easily achieved through a vertical approach, and surely tremendous progress has been made under U.S. President’s Emergency Plan for AIDS Relief support so far. EGPAF has been working through and developing the capacity of existing health authorities and health systems. To ensure that the capacity of the health system to provide quality services is sustained one needs to use a holistic approach with a realistic timeline. While keeping an eye on our mission and vision, we have to ensure that our programs are broad enough and well integrated. EGPAF might not be known yet particularly as a health system strengthening partner, but this is a perception that we have to change, as this always has been and is a core philosophy in our approach.

With kind regards,

Jeroen Van’t Pad Bosch
Country Director, Elizabeth Glaser Pediatric AIDS Foundation Tanzania
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Cover Photo: James Pursey
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<tr>
<td>AGPAHI</td>
<td>Ariel Glaser Pediatric AIDS Healthcare Initiative</td>
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<td>ART</td>
<td>antiretroviral therapy</td>
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<td>ARV</td>
<td>antiretroviral</td>
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<td>CDC</td>
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<td>CTC</td>
<td>care and treatment center</td>
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<td>DBS</td>
<td>Dried Blood Spot</td>
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<td>EGPAF</td>
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<td>EID</td>
<td>Early Infant Diagnosis</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HEART</td>
<td>Help Expand Access to Antiretroviral Treatment</td>
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<td>LIFE</td>
<td>Linking Initiatives for the Elimination of Pediatric HIV</td>
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<td>MOHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<td>NBS</td>
<td>National Bureau of Statistics</td>
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<td>OCGS</td>
<td>Office of the Chief Government Statistician</td>
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<td>PEPFAR</td>
<td>U.S. President’s Emergency Plan for AIDS Relief</td>
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<td>PMTCT</td>
<td>prevention of mother-to-child transmission</td>
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<td>RCH</td>
<td>reproductive and child health</td>
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<td>SMS</td>
<td>short message service</td>
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<td>TACAIDS</td>
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<td>USAID</td>
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<td>ZAC</td>
<td>Zanzibar AIDS Council</td>
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About the Tanzania Program

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) began supporting efforts to prevent, care for, and treat pediatric HIV and AIDS in Tanzania in 2003 and established a country office in 2004. Working with the Ministry of Health and Social Welfare (MOHSW), EGPAF is implementing critical programs and research and advocacy initiatives to eliminate HIV infection in infants and children and supporting care and treatment services for HIV-positive pregnant women, children, and their families in Tanzania. As of December 31, 2012, EGPAF supported prevention of mother-to-child transmission (PMTCT) of HIV services at 1,318 health facilities and care and treatment services at 211 health facilities across the supported regions in Tanzania (see Figure 1).

FIGURE 1. Foundation-supported regions in Tanzania

RCH/PMTCT = reproductive and child health/prevention of mother-to-child transmission; USAID = U.S. Agency for International Development; CDC = Centers for Disease Control and Prevention; AGPAHI = Ariel Glaser Pediatric AIDS Healthcare Initiative; EGPAF = Elizabeth Glaser Pediatric AIDS Foundation
HIV in Tanzania

With a national HIV prevalence of 5.1% among adults, Tanzania faces a generalized HIV epidemic; 1.4 million people are living with HIV in Tanzania, 10%–14% of whom are children. It is estimated that around 97,000 women living with HIV gave birth in 2012 and that there were 15,000 new infections among children. To achieve the elimination of mother-to-child transmission in Tanzania, improving access to antiretroviral (ARV) prophylaxis and HIV treatment services as well as family planning and other maternal and child health services to improve maternal health are crucial. Currently around 80% of pregnant women living with HIV receive ARVs to prevent mother-to-child transmission while only 53% of eligible pregnant women receive ARV treatment for their own health (see note 1). Free HIV care and ARV treatment have been available since 2005, and HIV prevention, care, and treatment services have been promoted and scaled up nationwide. As of December 2012, about 1,100,000 people were enrolled in care, of whom close to 440,000 started ARV treatment. While this includes 32,000 children, it is estimated that this is only 30% of the children in need of ARV treatment.

EGPAF’s Approach

To achieve the Foundation’s mission, EGPAF’s programs are implemented using a district-focused approach, a systems-strengthening implementation model that promotes the long-term sustainability of services through the integration of activities into existing government structures and systems and whereby EGPAF actively builds the technical, organizational, and financial capabilities of district and health facility staff. Sub-awards provided to individual districts, faith-based organizations, and private hospitals to implement a broad range of HIV/AIDS services are an integral element of the district approach and allow local authorities and council health management teams to implement, manage, and own their local HIV programs. Technical assistance for service provision, program monitoring, program management and operations, and financial management is provided to the council health management teams and health care providers to increase their capacity and ownership of the programs. In 2012, EGPAF provided support to more than 70 sub-grantees. EGPAF also supports MOHSW at the national and regional levels and contributes to the development of policies and guidelines through participation in various technical working groups.

In addition, EGPAF Tanzania promotes sustainability and local ownership of HIV/AIDS programs by building the capacity of its affiliate organization, the Ariel Glaser Pediatric AIDS Healthcare Initiative (AGPAHI), which currently supports HIV care and treatment programs in the Shinyanga region.

Our Programs in Tanzania

Project HEART
The Foundation launched Project HEART (Help Expand Antiretroviral Therapy to children and families) in 2004 in Côte d’Ivoire, South Africa, Tanzania, and Zambia and in 2006 in Mozambique. From 2004 through February 2012, Project HEART assisted Tanzania’s MOHSW to enroll more than 143,000 people into care and treatment programs, of whom about 78,000 started antiretroviral therapy (ART), including 7,000 children younger than 15, in the Arusha, Kilimanjaro, Lindi, Tabora, and Shinyanga regions. Project HEART was closed out in March 2012.

HIV Care, Support, and Treatment: Implementation of Programs
(CDC/PEPFAR: 2011–2016)
With CDC funding EGPAF supports the expansion of HIV care, support, and treatment programs in four regions by addressing critical gaps in service delivery and strengthening the health systems at the district and regional levels.

Linking Initiatives for the Elimination of Pediatric HIV (LIFE) Program
Through this USAID-funded program EGPAF supports PMTCT and reproductive and child health (RCH) services in six regions and home-based care in three regions on mainland Tanzania and on Zanzibar in consortium with Pathfinder International.

Scaling up Integration of Family Planning and HIV Care and Treatment Services
EGPAF receives funding from the United Nations Population Fund to support the integration of family planning services into care and treatment services. In 2012, EGPAF conducted operations research to measure the effect and acceptability of integrating family planning services into care and treatment services in the Shinyanga Region.

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2 UNAIDS | 2013 Progress Report on the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive
2012 Progress Toward Achieving Goals in Tanzania

**AS OF DECEMBER 31, 2012, EGPAF-SUPPORTED PROGRAMS IN TANZANIA HAD:**

- EGPAF and its local affiliate (the Ariel Glaser Pediatric AIDS Healthcare Initiative) were supporting prevention of mother-to-child transmission (PMTCT) services at nearly 1,400 sites and care and treatment services at 280 sites throughout the regions in which EGPAF works in Tanzania;
- Provided more than 2.5 million women with PMTCT services.
- Enrolled more than 206,000 individuals into HIV care and support programs, including more than 17,000 children under the age of 15.
- Started more than 105,000 individuals on antiretroviral therapy (ART) for HIV, including more than 10,000 children under the age of 15.

To achieve its overall goal of virtually eliminating pediatric HIV in Tanzania EGPAF’s program focused on five strategic objectives.

**GOAL: To virtually eliminate pediatric HIV in Tanzania through building sustainable, comprehensive, efficient, high-quality health services**

1. Reducing primary HIV infection by increasing HIV awareness and access to preventive services
2. Reducing unwanted pregnancies by increasing access to family planning services and supporting gender equality
3. Increasing uptake of maternal and infant ARV prophylaxis
4. Increasing access to HIV care and treatment services
5. Retain all clients in a continuum of care of comprehensive HIV services

**Reducing Primary HIV Infection**

- 267,159 pregnant women were tested and counseled for HIV
- 67,146 couples were tested
- 87,771 male partners were tested

Comprehensive HIV prevention, care, treatment, and support services play an important role in protecting the health of all women and children, regardless of HIV status. PMTCT services are the main entry point into care and treatment services for HIV-positive pregnant women; however, HIV counseling, testing, and prevention also help ensure that HIV-negative women of reproductive age remain uninfected. In 2012, PMTCT services were further expanded, and currently EGPAF supports PMTCT services in 1,318 health facilities in Arusha, Kilimanjaro, Lindi, Mtwara, and Tabora as well as in Shinyanga through an agreement with its local affiliate, AGPAHI. HIV testing and counseling were received by 267,159 pregnant women. Of great concern in 2012 was the erratic supply of HIV test kits that continued to affect the country and because of which fewer than anticipated numbers of pregnant women and other individuals were tested. See Figure 2.
FIGURE 2.
Number of pregnant women tested and number of sites offering prevention of mother-to-child transmission services at Elizabeth Glaser Pediatric AIDS Foundation–supported sites in Tanzania

Working with key partners and the government of Tanzania, EGPAF is striving to increase awareness of HIV, pediatric AIDS, and HIV preventive services in a variety of ways. In 2012, EGPAF worked with key opinion leaders and decision makers, including the first lady, members of Parliament, and community leaders.

- On World AIDS Day EGPAF supported the National Council for People Living with HIV and AIDS to train facilitators to conduct community sensitization in three wards in the Lindi region. The guest of honor in Lindi was the president of the United Republic of Tanzania, honorable Dr. Jakaya Mrisho Kikwete.

- EGPAF strategically increased the visibility of HIV counseling and testing services at public events such as clinic openings and the World AIDS Day commemoration. In the Lindi region EGPAF joined other national stakeholders in marking World AIDS Day, providing health talks and testimonies on adherence to PMTCT and care and treatment services.

- EGPAF supported MOHSW and the Pediatric Association of Tanzania to organize the third National Pediatric Conference in June with the theme Creating Hope for Children—Eliminating Pediatric HIV. This two-day conference provided a unique opportunity to create awareness of pediatric HIV and focus on the national strategy for the elimination of pediatric HIV. More than 230 national, regional, and district health managers and service providers convened at the event.

- To heighten awareness of pediatric AIDS issues though the media EGPAF traveled with journalists to communities in Tabora, which is among the regions with highest HIV prevalence and has more difficult access to health care, to collect stories highlighting the importance of and to promote male involvement in maternal and child health issues, including early infant diagnosis and hospital delivery.
Reducing Unwanted Pregnancies

- Provided family planning counseling and methods to 6,502 individuals/couples

Integration of PMTCT services into RCH services and improvement of the quality of RCH services for all women and children will help retain HIV-positive mothers and their infants in services along the continuum of care and improve HIV-free survival and maternal and child health outcomes overall. Through the USAID-funded LIFE Program EGPAF works to strengthen RCH/PMTCT in six regions: Arusha, Kilimanjaro, Lindi, Shinyanga, Mtwara, and Tabora. While expanding and strengthening integrated RCH and PMTCT services, the program focuses on strengthening selected components of the national package of RCH services, including focused antenatal care, basic emergency obstetric care, family planning, baby-friendly hospital initiative, integrated management of childhood illness, youth-friendly services, nutritional support, and cervical cancer prevention.

A key component of the “Global Plan towards the Elimination of new HIV infections among children by 2015 and keeping their mothers alive” is to reduce the unmet needs for family planning among HIV-positive women. Contraceptive prevalence is low, and it is estimated that around 25% of women of reproductive age do not want to become pregnant but are not using contraception (see note 2). To prevent pediatric HIV and protect maternal and child health, it is critical that men and women have access to HIV services and voluntary family planning services. One way to ensure that people are able to access and effectively use services is to provide integrated HIV and family planning services. In 2012, with support from the United Nations Population Fund, EGPAF implemented and evaluated the collocation of family planning and HIV care and treatment services at care and treatment centers (CTCs). This research builds on national-level momentum and supports national policy changes in Tanzania to integrate family planning and HIV services. Health care providers in CTCs were trained to provide family planning screening, counseling, short-term methods and implants, and referral for long-term and permanent methods to CTC clients. Community volunteers were trained to create awareness about the availability of family planning methods in CTCs and promote family planning. Health workers were positive about the integration of family planning services into care and treatment services. With integrated services more clients received family planning counseling, and knowledge about safe family planning methods increased. While there was no increase in the overall use of family planning, more clients used long-term methods. Currently 52 facilities provide integrated family planning and HIV services; the model will be expanded to additional regions.

In November 2012, MOHSW launched the national Wazazi Nipendeni (Parents, Love Me) Healthy Pregnancy and Safe Motherhood multimedia campaign. This campaign promotes women’s and their caretakers’ registering for free short message service (SMS) messages about safe motherhood; messages also include information about PMTCT and family planning. EGPAF supported this campaign as a key partner to develop PMTCT messages and support the registration assistance of pregnant women at health facilities. In collaboration with MOHSW and other key partners including the CDC Foundation and Johns Hopkins University Center for Communication Program, an orientation guide for service providers and information, education, and communication materials were developed. The program was introduced in four districts in the Tabora and Lindi regions and will be further expanded.

Increasing Access to ARVs for PMTCT

- Provided ARVs for PMTCT to 9,123 HIV-positive pregnant women
- Provided ARVs for PMTCT to 7,495 HIV-exposed infants

EGPAF has worked closely with MOHSW and other partners to expand the coverage and effectiveness of the PMTCT program and increase access to care and treatment for HIV-positive pregnant women and HIV-exposed and -infected infants by improving the quality of services along the continuum of care.

During 2012, 9,123 (88%) identified HIV-positive pregnant women received ARVs to prevent the transmission of HIV to their infants. EGPAF supported the implementation of revised national PMTCT guidelines transitioning to more effective regimens. For PMTCT programs to be effective it is crucial that eligible HIV-positive pregnant women have access to ARV treatment; however, this is a challenge as women are lost between RCH/PMTCT services and care and treatment services. To address this, EGPAF has started integrating ARV treatment services into RCH services; 29 health facilities provided ARV treatment services integrated into RCH services.
Given the very rapid progression of HIV disease in infants, timely diagnosis and access to care and treatment services is crucial to reduce mortality among HIV-infected infants. EGPAF supported health facilities in improving the identification of HIV-exposed infants at all service entry points, in particular, immunization visits in the under-five clinic, ensuring that infants and children with unknown exposure status are identified and that HIV testing is offered. EGPAF provided support to MOHSW for the review and translation of the HIV module for the distance learning course on integrated management of childhood illnesses; improved understanding among health staff about the signs and symptoms of HIV infection in young children will contribute to the early identification and enrollment into care of HIV-infected infants and children.

EGPAF supported the expansion of early infant diagnosis services to 472 health facilities with PMTCT services. A total of 5,202 HIV-exposed infants were tested using dried blood spot DNA polymerase chain reaction (see Figure 3). To reduce the turnaround time of polymerase chain reaction tests results, SMS printers were provided to health facilities. Now 113 health facilities have SMS printers to receive test results (see Box 1).

FIGURE 3.
Number of Elizabeth Glaser Pediatric AIDS Foundation–supported sites with services for early infant diagnosis of HIV services and number of HIV-exposed infants receiving early infant diagnosis services
Increasing Access to Care and Treatment Services

- 13,875 new individuals were initiated on ARV treatment
- 1,307 infants and children started ARV treatment
- 61,823 patients are currently in care, and 45,218 patients are on ARV treatment
- 12,752 children were ever enrolled in care, and 7,669 children were ever on ARV treatment

HIV prevention, care, and treatment services have been promoted and scaled up nationwide since 2005; EGPAF has supported this expansion and currently supports HIV care, support, and treatment services in 211 hospitals and primary health facilities in the regions of Kilimanjaro, Arusha, Lindi, and Tabora. In 2012, 13,875 patients were initiated on ART, of whom 9% were children younger than 15. By the end of the year, 45,218 patients were actively on ART, including 4,034 children. A cumulative total of 144,066 patients including 12,752 (9%) children were ever enrolled in HIV care, of whom 78,605 (54%) started ART. See Figure 4.

Pediatric HIV services. EGPAF has made efforts to increase access to HIV care and treatment services for children, in particular the youngest, through effective linkages with existing RCH/PMTCT services, ensuring that HIV-infected infants and children are timely identified in these services and referred for HIV care and treatment. While in 2012, 1,307 children were enrolled on ART, the identification of infants in need of care and treatment services remains a challenge; a relatively small percentage of children starting ART are children younger than one. See Figure 5.

To support the expansion of care and treatment services while maintaining quality, the training and mentoring of service providers is crucial. Through partnerships with the Pediatric Association of Tanzania and Baylor Pediatric HIV/AIDS Initiative, EGPAF builds the capacity of service providers in pediatric care and treatment through onsite mentoring, supportive supervision, and training on pediatric HIV/AIDS in Tanzania. Forty-seven health providers were trained on pediatric HIV care and treatment.

HIV/TB integration. In Tanzania, TB is the leading cause of death among people with HIV. Because HIV infection weakens the immune system, people living with HIV are particularly susceptible to TB. Co-infected patients become sicker more quickly, and it is critical to identify them early; however, TB is more difficult to diagnose in people with HIV. To improve identification and treatment...
FIGURE 4.
Number of patients in care and on treatment and number of EGPAF supported care and treatment facilities in Tanzania

FIGURE 5.
Number of children on antiretroviral therapy, by age group, at EGPAF−supported sites in Tanzania
of co-infected patients EGPAF has supported the integration of TB/HIV services; integrated TB/HIV services are provided at 210 health facilities. Of all patients in HIV care, 88% were screened for TB, and 524 identified co-infected patients started TB treatment. The management of TB in children is particularly challenging. EGPAF has supported the implementation of the national training curriculum for pediatric TB case management, including the implementation of pediatric TB screening tools.

**Strengthening laboratory services.** Quality laboratory services are key to improving access to care and treatment services and quality of care. EGPAF strengthened laboratory services in support of HIV care and treatment services.

- Access to CD4 testing was improved by procuring laboratory equipment and strengthening the sample referral networks. EGPAF trained staff at health facilities that had received CD4 point-of-care equipment from the National AIDS Control Program on the use of this new equipment. Currently more than 60% of supported health facilities with care and treatment services have point-of-care CD4 equipment.

- EGPAF supported the participation of five laboratories in the stepwise Strengthening Laboratory Management Towards Accreditation process, an alternative training approach in laboratory management and quality management systems to prepare laboratories for accreditation based on international clinical laboratory standards.

**Improving Continuum of Care**

Retention along the continuum of care is extremely important to increase health outcomes for women and children, and it becomes crucial for people living with HIV, resulting in improved individual health and reduced HIV transmission. High rates of loss to follow-up among patients enrolled in PMTCT and care and treatment services contribute to higher death rates, in particular in infants and children. Thus, retention in care presents an important challenge to achieving the pediatric HIV elimination goals. EGPAF worked in a variety of ways to improve continuum of care to ensure that HIV-positive patients are identified and that they access and adhere to the care, support, and treatment services they need. This includes the establishment of linkages between the various service delivery points within health facilities, referral systems between health facilities, and referral systems between health facilities and the community.

To promote access to comprehensive services along the continuum of care for HIV-infected women, their infants, and their families, EGPAF worked in a variety of ways to ensure there are strong linkages and functional referral networks between the various service delivery points within health facilities and referral systems between health facilities and between health facilities and the community, often in partnership with other nongovernmental and community-based organizations.

Psychosocial support activities are an integral part of comprehensive services for people living with HIV. EGPAF continued to support activities to ensure care, support, and follow-up of patients in the community. A total of 7,028 clients are active members of support groups. Support groups provide an opportunity for people living with HIV to discuss HIV-related issues with peers and promote retention, drug adherence, and healthy living with HIV. More than 2,500 children participated in EGPAF-supported Ariel Clubs for HIV-positive children (see Box 2). Training on psychosocial support for children has transitioned to MOHWS; EGPAF supported the review of training materials and the training of MOHWS staff as trainers.

- To ensure community follow-up with clients enrolled in care and treatment services, including HIV-positive pregnant women and HIV-exposed infants, EGPAF established collaboration and coordination with partners providing home-based care and support services in each of the four regions. Community liaison persons at the health facility provide lists to home-based care volunteers of clients recently diagnosed with HIV and clients who have missed scheduled appointments or are lost to follow-up services. Volunteers locate clients; provide additional education, counseling, and support; and refer clients to the health facility for needed services. More than 7,000 clients were reached. Partners include Pathfinder International and the Tanzania Red Cross Society, with whom EGPAF has a formal relationship through the USAID-funded LIFE Program as well as collaborative partners including Axios and CARE in Tabora.

- Home-based care services are a critical component in the continuum of care and can mitigate the burden of disease on health facilities and families. EGPAF support is funded through The Diana, Princess of Wales Memorial Fund and the Pediatric Palliative Care Initiative with the goal of providing comprehensive care to children, including the relief of suffering, to improve the quality of life of children with chronic conditions including HIV. In collaboration with Pastoral Activities and Services for people with AIDS, Dar es Salaam Archdiocese, in the Tabora region health facility staff members were trained to provide pediatric palliative care, and community volunteers and families were trained in identifying and managing conditions that require palliative care for children.
BOX 2. HIV-POSITIVE ADOLESCENTS CAMP IN ARUSHA

In late August EGPAF brought together 58 adolescents, along with their matrons and patrons, for seven days filled with education, fun, and friendship at the 2012 Ariel Camp in the Arusha region. The young participants were assembled from Ariel Clubs from the regions where EGPAF supports care and treatment programs.

Throughout the week, campers enjoyed a wide variety of activities—some of which taught important lessons about sexuality, personal care, and life skills. The children discussed how sexuality affects their adolescence; they addressed and shared many issues about how adolescents can overcome some negative behaviors that jeopardize their health.

When the time came to unwind and enjoy the company of old and new friends, many games and social events were held. A highlight of the week came when participants visited Tarangire National Park to learn about Tanzania’s natural resources and wildlife.

Lilian, a young girl from the Tabora region, echoed the sentiments of all of the campers when she was asked about her experiences at the 2012 Ariel Camp. “This was a very useful camp for me and my fellow adolescents, as we have learned a lot of helpful things, and I will share this with my fellow adolescents in Nzega district.”
Looking Ahead

While a lot was accomplished in 2012 and important progress was made, many challenges remain. EGPAF is committed to supporting MOHSH to make progress toward the goals outlined in the Tanzania Elimination of Mother-to-Child Transmission of HIV plan for 2012–2015. To do this, various challenges need to be addressed; priorities for 2013 include the following:

- Improving access to family planning services and expanding the integration of family planning services into care and treatment services
- Expanding access to ARV treatment services for HIV-positive pregnant women and supporting the gradual implementation of lifelong treatment for all HIV-positive pregnant and breastfeeding women (option B+)
- Improving the continuum of care and reducing attrition in PMTCT and care and treatment programs as a priority
- Improving identification of HIV-positive adults and children in need of care and treatment services by improving coverage of HIV testing of individuals, couples, and families and expansion of early infant diagnosis

EGPAF will continue to work to strengthen RCH services so that all mothers, regardless of HIV status, and their infants receive services along the continuum of care to improve HIV-free survival and maternal and child health outcomes overall.

EGPAF will continue to promote sustainability by focusing on a strengthened health system and through the transfer of capacity, management, and oversight of activities to the local government and other local institutions.

FINANCIAL OVERVIEW

CDC = Centers for Disease Control and Prevention; USAID = U.S. Agency for International Development; UNFPA = United Nations Population Fund
PARTNERSHIPS

Elizabeth Glaser Pediatric AIDS Foundation’s programs in Tanzania are implemented in collaboration with various partners.

The home-based care component of the LIFE Program is implemented in partnership with Pathfinder International. Pathfinder builds the capacity of local institutions, including the Tanzanian Red Cross Society and district governments, to manage and deliver HIV activities for people living with HIV, their families, and orphans and vulnerable children through community home-based care.

The Ariel Glaser Pediatric AIDS Healthcare Initiative (AGPAHI), the local affiliate organization established by EGPAF in 2011, receives funding and technical assistance for the implementation of prevention of mother-to-child transmission services in the Shinyanga region. In addition, EGPAF continues to build the capacity of AGPAHI to assume responsibility for the management and implementation of HIV care, support, and treatment program activities in the Shinyanga region under its own Centers for Disease Control and Prevention–funded cooperative agreement.

The Baylor College of Medicine International Pediatric AIDS Initiative supports EGPAF Tanzania with a Pediatric AIDS Corps physician at the Child Centered Family Care Center at Kilimanjaro Christian Medical Center. The Pediatric AIDS Corps physician trains health staff on pediatric HIV care.

The Pediatric Association of Tanzania received funding to provide capacity building of health staff in pediatric care and treatment through onsite mentoring, supportive supervision, and training on pediatric HIV/AIDS in Tanzania.

EGPAF’s primary partners are the Ministry of Health and Social Welfare, Regional Health Management Teams and Council Health Management Teams in each of the supported regions and districts, with whom EGPAF works to continuously improve the health services provided and achieve better health for mothers, children, and families.

Gloria Munthali, Centers for Disease Control and Prevention’s cooperative agreement specialist (on left-hand side) and the guest of honor, Fr. Fredrick Karoli, director of development department, Archdiocese of Arusha (on right-hand side), reading the plaques after opening the St. Elizabeth Hospital care and treatment center building.

Imani Bakari, Foundation ambassador, giving testimony to people at Elizabeth Glaser Pediatric AIDS Foundation’s booth during 2012 World AIDS Day.
STORY OF HOPE: TINA

Many people think that contracting HIV is the end of life. I am against this myth. I have HIV, and I live a very happy and productive life.

My name is Tina. I am 30 years old. I live in Karatu district in the Arusha region of Tanzania. In 2000, my husband and I got married. A year into our marriage I delivered my first child, a baby boy we named Arnold. We were a very happy family. Little did I know, everything would change for us.

Seven years later, I discovered that my husband was cheating on me with another woman. To make matters worse, the woman began telling people in our community that she had infected my husband and me with HIV. I asked my husband about the rumors. Were they true? Were we infected? Instead of answering, he left Arnold and me, abandoning us at a time when we were so uncertain about our future.

Soon after the terrible news and my husband’s departure, I realized that I was pregnant. I began visiting an antenatal care center at Karatu Health Center. The nurses at the clinic advised me to test for HIV, and at five months pregnant I finally agreed to take the test. The result was positive. The fear of bearing a sick child overwhelmed me. I was shocked, scared, and alone.

I am so thankful to the counselor at the clinic. She comforted me and gave me hope about my future and the future of my unborn child. She helped me accept my status and introduced me to lifesaving prevention of mother-to-child transmission (PMTCT) services.

The clinic offered the PMTCT services free of charge, so I immediately enrolled in the prevention program. I adhered to all of the recommendations given by the nurses and counselors. The counselors’ support, and the prevention services I received, helped me to safely deliver my baby, a boy named Joshua. After delivery, Joshua was also given medicine to further prevent HIV infection. I decided to exclusively breastfeed him for four months only, as recommended by the clinic.

When Joshua was two months old I took him back to the clinic for HIV testing. The results were negative. I repeated the test when he was six months old, and he was negative once again. Joshua is now 3 years old and healthy. Arnold is 10, and also healthy and HIV free.

A year and a half ago I remarried. My husband’s name is Jafari, and he is 25 years old. He supports our family by working at a car wash. Jafari is HIV negative; he has been tested three times. We play very safe. I have taught him about HIV, and now we are both aware. It shows that a couple can live life normally, even if one partner is infected with HIV.

Nine months ago Jafari and I had a baby girl named Miriam. We followed the PMTCT program, just as I did with Joshua. Miriam has been tested for HIV twice—once when she was one month old and once at four months—through the clinic’s early infant diagnosis program. Both tests were negative.

I now work as a counselor at Karatu Health Center. When I arrived here, the first thing I did was tell everyone face to face about my status and inform them that I am a counselor so I am educated about HIV. No one blinked an eye, and in fact they were very happy to have me and my knowledge around. I now counsel a few people at the clinic.

There is a good HIV support group in Karatu. It is called the Upendo na Matumaini Psychosocial Support Group. Upendo na Matumaini means Love and Hope. About 20 people are involved, 10 men and 10 women. Not everyone is HIV positive. This is good because when we do HIV sensitization in communities, the audience is reassured to know that HIV-negative people are not scared to be with us. My husband is one of the men involved in the group.

Because of the support we received at Karatu Health Center I believe that my family and I will live long, healthy lives. I am so grateful to have three HIV-negative children, a supportive husband, and a happy life.
WHY IT MATTERS

IN 2012

35 MILLION
people in the world
LIVE WITH HIV

3.2 MILLION
of those infected
ARE CHILDREN

CHILDREN are INFECTED with
HIV EVERY DAY

700
MONDAY

Almost 50% DIE BEFORE
their 2ND BIRTHDAYS
without diagnosis and treatment

90% of child infections are from
MOTHER → CHILD
transmission

nearly 100% of these infections
are preventable

UNAIDS report on the global AIDS epidemic 2013
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