

**REACHING NEEDY
COMMUNITIES AND WOMEN
WITH HIV/AIDS PREVENTION
AND SRH**

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AREAS COVERED

- SSA as a hard to reach community (H2RC)
- Opportunities
- Improving coverage of less reached populations
- Lay Observation (but not addressed):
It is not cheap to reach H2R sections of community

SUB-SAHARA AFRICA REMAINS A HARD TO REACH COMMUNITY

- With a CPR of about 15%
- Contributing to almost three quarters of global HIV infections &
- Two thirds of maternal mortality burden

SSA qualifies as a hard to reach community requiring **urgent and strategic efforts** to increase access to SRH, prevent new HIV infections and dignified survival of infected and affected.

BASICS ...

- Investing in identification of H2R at Regional, District and sub-district levels National HH surveys, PRSP poverty diagnostics as an opportunity, used to apportion District block grants; **more is needed** - studies e.g. disabled SRH and HIV issues.
- **Can be** IDUs, CSWs, men (MSM) and female anal sex, jobs away from home, selected populations of rural and urban men and women, married and unmarried adolescents and young people, prisons, specific occupations and others

BASICS...

- Professionally designed public information and advocacy on RH/HIV, re-designed to suit immediate and long-term needs of a particular cohort/community for policy and funding level, program and disaggregated target groups.

BASICS ...

- Building incremental HIV/SRH skills from village/community level upstream
- Consistently full and functioning RH and HIV commodity pipeline focusing on Central and District to family level
- Involvement of target group, especially at planning stage/needs identification and identifying members with qualifications and interest to participate in service provision, M&E, supply

BASICS ...

- Scaling up access to services and information and ?do away with *patchy good practices* - to sustain funding for scaling up of what works - which interestingly is often no mystery.
- Accessing/leveraging dependable funds (with strategies for support towards proposal development for GF, new PEPFAR Partnership Program, GBS - UNFPA's proactivity and Technical Assistance is key

BASICS ...

- Evidence-linked and proactive championing of SRH at the Global, Regional, National and sub-national levels - Post ICPD environment has been disappointing
- Systems to protect exemption of cost-sharing strategies for SRH and HIV/AIDS and known and implemented at community level
- Councils/Districts building partnership with private sector and CSOs - for provision of mutually agreed services **especially** social marketing up to rural areas for HIV and SRH commodities and services (Coca-Cola/Gates/GF)

BASICS ...

- **Community-based services** - contraceptive distribution, community counseling **but only** if **extension workers** are formally remunerated, recognized and are part of logistics, M&E and quality assurance systems
- **Target groups involved in planning and managing services** (Maasai/pastoralists, mining, disabled in Arusha)
- In Decentralized systems, negotiate for ring fencing SRH/HIV portion of block grants sent to Districts as part of budget guidelines

OPPORTUNITIES

- International, Regional and National strategies are supportive of the natural link between HIV and AIDS and SRH - Maputo, African Union and Southern African Strategic plan (2007-11); national intents.
- Linking FP to the persistently high maternal mortality in the Region and at national and sub-national levels; high abortion rate, delivery complications, VCT, PMTCT, provider initiated counseling and testing (PICT)
- What services to integrate some are known, little available for others e.g. PAC and HIV

OPPORTUNITIES

- PRSP - strategic inclusion of FP, P&D in Poverty reduction strategies - leverages resources for FP - both during development and review stages - focus on inclusion of relevant but available indicators.
- UNFPA CO and relevant national partners participation in national MDG reviews
- Linking FP to the persistently high maternal mortality in the Region, at national and sub-national levels

UPSTREAM OPPORTUNITIES

- HIV and AIDS National Health and Multi-sectoral Strategic Plans (NMSFs) with specific sub-strategies for linking RH in HIV prevention, treatment and care especially for MARPs, PMTCT, Positive men, women and adolescents.
- Population policy having clear links with SRH and HIV and AIDS prevention as well as strategies for unpacking the link with indicators for both.

OPPORTUNITIES

- Addressing HRH shortage - either through task shifting, deployment of community-based agents, emergency hiring plan, increased uptake of health trainees and targeted incentives for hard to reach communities - options for HIV and SRH should be included.
- CBD has provided acceptable, FP service, linking to provider initiated counseling and testing. **MUST** be with remuneration

PREVENTION OF MOTHER TO CHILD INFECTION (PMTCT)

- Supervision and monitoring for recommended PMTCT (Primary prevention of infection, Prevent unwanted pregnancies, Treat the eligible mother, Prevent infection to baby, manage RH needs of the mother/family).
- PMTCT program within RH Depts/Units and not National AIDS Control programs is seen as a positive move (experience from Tanzania where 8.7% of ANC attendees are HIV positive).

PMTCT...

- Swaziland and Lesotho 39.6% and 25.7% positive ANC attendees respectively - alarming, but an opportunity for promoting RH/FP with 74% of Swazi women delivering in health facilities.
- HIV protection during pregnancy, esp in high prevalence countries. Botswana 4.7% of pregnant women seen to be acquiring infection during pregnancy (Lu L. et al 2008)

RH AND HIV PROG. MANAGEMENT

- Identification and deployment of strategic sectors for promoting RH and HIV prevention (Agric, Educ., Comm. Dev., Water, Environ., etc). These sectors already have HIV program for their workers and clients
- Building skills of selected CSOs, FBOs, women and youth groups - also present up to the village levels, as part of their routine work; they have access to a wide range of population groups.

RH for Positive adults&adol.

- PLHIVs people now live longer and healthier lives and are increasingly facing choices on fertility, sexuality and therefore needs of SRH.
- Stigma remains a major barrier to integration and accessing available services

RH for Positive adults &adol

- Skills for managing SRH needs of adolescents with peri-natally acquired infections are lacking - many are orphans
- Couple counseling as an opportunity for promoting SRH
- Work-based SRH/HIV programs
- The power of the cellphones, mobile cinema vans and radio-soap operas linked to services and info

THANK YOU