

Tanzania AIDS Week in Review



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90 organisations join hands against nutrition shortages

As more than One hundred and twenty Tanzanian children below five die every day due to malnutrition related diseases ninety civil society organisations have joined hands to advocating for promising future of nutrition in the country.

Speaking at the launch of the Partnership for Nutrition in Tanzania (PANITA), the Minister of Agriculture, Food and Cooperatives, Professor Jumanne Maghembe, expressed the government support to the coalition.

He said the government was ready to support PANITA in their advocacy to nutrition because the problem the country face currently was not shortage of food, but rather the nutrition.

Nutrition, (also called nourishment or aliment) is in most cases referred to in relation to provision, to cells and organisms, of the materials necessary (in the form of food) to support life.

Scientists say many common health problems could be prevented or alleviated with just a healthy diet.

The link between HIV and nutritional status run both ways. It has long been known that weight loss strongly predicts illness or death among people



Food shortages can lead to such young girls to contract HIV as they struggle to make hands meet as she was spotted carrying heap of Irish potatoes from one of the Makete hills

with HIV.

More recently it has been found that weight loss and its associated illness also applies even to people taking antiretroviral treatment. Losing as little as 3-5% of body weight significantly increases the risk of death.

A Zambian study involving nearly 30,000 patients

has shown that failure to gain weight six months after the start of antiretroviral treatment increases the chance of death ten fold when compared with those who gain over 10 kilograms.

“As you see even the big regions with potential harvest of food such as Ruvuma, Morogoro, Rukwa, Mbeya, Kagera

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SWAZILAND: HIV prevalence among factory workers “50 percent”

A new government study has found that more than half of workers in Swaziland’s garment industry are living with HIV, and officials are realizing that the once-hailed promise of manufacturing employment has become a financial and medical nightmare for tens of thousands of Swazi women.

“HIV prevalence among factory workers is 50.3 percent,” said Nhlahlhla Nhlabatsi, an epidemiologist with the Ministry of Health. Nhlabatsi presented the data last week as preliminary findings for Swaziland’s first Behaviour Sentinel Surveillance Report to be released in its entirety later in the year.

About 30,000 Swazis, mostly women, are employed in garment factories financed by Taiwanese investors and operated by managers from mainland China.

The survey also found that most factory workers were well informed about HIV/AIDS, and 90 percent of workers interviewed were aware of the female condom and other methods of preventing HIV.

Government officials will now begin investigating the gap between knowledge of HIV/AIDS prevention and workers’ susceptibility to HIV. The prevalence rate for textile industry employees is significantly higher than

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Our Vision: A recognized strong media association in and out the country that can bring about enhanced and effective HIV and AIDS media coverage and contribute to a reduction of the spread of HIV in Tanzania

SWAZILAND: HIV prevalence among factory workers “50 per cent”

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the 26 percent rate among sexually active adult Swazis.

“Women comprise the largest number of workers at the garment industry plants. They work long hours at wages so low some of them are known to turn to prostitution to support themselves and their families,” said Alicia Simelane, an HIV testing and counselling officer at the Matsapha Industrial Estate, where Swaziland’s industry is concentrated outside the commercial hub of Manzini.

The link between “sweatshop” wages and the risk of HIV has been known for years, but the statistical impact of the risk is only becoming apparent now.

The garment factories began renting government-built factory shells in the late 1990s and early 2000s to take advantage of Swaziland’s trade agreement with the United States, which under the African Growth and Opportunities Act (AGOA), allows textile goods made in the country to enter the US without import taxes.

According to the US Depart-

The activity that causes AIDS is not done at the workplace. We are not responsible for the private lives of our employees

ment of Commerce, the value of Swaziland’s AGOA exports increased nearly threefold, from US\$65 million in 2001 to a peak of \$199 million in 2005. Now the country’s fortunes have declined: by 2007 Swaziland’s AGOA exports were only \$141 million, and by 2009 had almost halved to \$101 million.

A strengthening of the local currency - the Lilangeni, which is pegged to the South African rand - combined with the global economic slowdown, resulted in a steep decline in orders. Factories, some of which were built at government expense and rented at very low cost to encourage businesses to set up in the country, have closed.

Poor conditions

Matsapha-based garment factories contacted would not comment on the record, but indicated that they complied with health and safety standards.

“The activity that causes AIDS is not done at the workplace. We are not responsible for the private lives of our employees,” said the manager of one firm.

AIDS activists acknowledged that the factories had cooperated with HIV prevention campaigns, allowing NGOs to interact with the workers and distribute educational material at factories.

Although most of the workers knew how to prevent HIV, their circumstances did not allow them to practise this. Wages for part-time workers can be as low as \$56 a month, and rarely top \$223

a month for factory-floor workers.

“My dates do not like to use condoms, so I cannot make them,” said Thabsile Dlamini, a 28-year-old mother of two. She describes her relationships with men as informal, and says she accepts money and gifts from them.

“It helps me buy food for the little ones. They are old enough to enter school. They need to have their fees paid.”

Another worker who is married would not give her name for fear her husband would learn of her activities, although he provides no financial support for her and their two-year old daughter.

“Men come to Matsapha and find commercial prostitutes. But some prefer the working women because we are seen as ‘clean’. I have gone out with some men because I had to eat. I have gone for counselling. I have taken the HIV test. I am HIV negative now, but they told me it is only a matter of time before I become infected if I have [unprotected] sex. But I know this without anyone telling me,” she said.

Source: PlusNews

90 organisations join hands against nutrition shortages

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and Iringa have very high prevalence of stunting as a sign of lack of nutrition,” the Prof. Maghembe emphasised.

The World Health Organization (WHO), regards stunting as ‘very high’ if it is greater than 40% in a population.

In Tanzania, five regions with highest stunting include Iringa (52%), Rukwa (50%) and Mbeya (50%) which are also areas with high food production belt.

Prof. Maghembe said the Government will support all the measures taken by the civil society organisations to joint efforts in nutrition promotion including to provide lunch

to students at schools. “Poor nutrition leads to malnutrition which causes child stunting, leading to poor education to students,” he said.

Under the support from UNICEF and Save the Children, the initiative brought together more than 90 different organizations that deal with nutrition related issues.

“PANITA’s ambition is to contribute to implementation of a coherent and comprehensive strategy, scaling up nutrition interventions at district, regional and national level and improving the nutritional and food security practices in the country,” Joseph Mugyabuso, Nutrition Partnership Manager said.

He said about 130 Tanzanian children from

0- 5 yrs old who die every day due to malnutrition and 42 percent of children aged 0- 5 years experienced stunted growth.

“Malnutrition is endemic with 42 percent of children aged 5 years stunted. Nutrition has not yet featured strongly in development agenda especially at local authority levels,” said Mugyabuso. He said PANITA aimed at mobilizing civil society organizations working in nutrition and nutrition sensitive interventions to actively participate in planning and policy process at all levels with view to raising the profile of nutrition in the country.

PANITA plan to play an important role in promotion and implementation of the National Nutrition Strategy and Tanzania Food Security Implementation Plan, by contributing to the government’s efforts that targets to improve the nutritional status of Tanzanian children.

Source: AJAAT, Benedict Sichelwe

Wadhania kumshitaki 'Babu'

Baadhi ya wagonjwa wanaoishi na Virusi vya UKIMWI walio-kunywa kikombe cha Mchungaji Ambilikikile Masapile mwaka huu katika kijiji cha Samunge, Loliondo mkoani Arusha hatimaye wanakusudia kumburuza mahakamani kiongozi huyo kwa madai kwamba dawa yake haitibu kabisa na amewadanganywa.

Wakizungumzia swala hilo kwa nyakatii tofauti kwa sharti la kutoandikwa majina yao, watu waliopo katika Muungano wa Vyama vya wanaoishi na Virusi vya UKIMWI Tanzania (TANOPHA) walisema kwamba wao ni kati ya waathirika walioplekwa na chama chao Samunge kupata tiba.

Wamesema, cha ajabu ni kwamba tangu wanywe dawa hiyo wamekuwa wakipimwa hospitalini na kuonekana kuwa bado wana virusi vya ugonjwa huo.

Waliendelea kusema kwamba kila wakienenda kupima ili waone kama wamepona, wamekuwa wakielezwa na daktari kwamba hakuna mabadiliko na kikombe hakijawasaidia lolote lile, hivyo wameona ni udanganyifu na utapeli mkubwa, na kuamua kumfikisha mahakamani wakati wowote.

“Hawezi kupoteza muda na fedha zetu kwa kwenda kunywa dawa ambayo haitibu, hii ni kuwarubuni wananchi, wengi wameuza mali zao, wengine kutumia akiba ya fedha walizokuwanazo kwenda Loliondo wakijua kwamba wangepona lakini cha kushangaza ni kwamba baadhi yetu wanakufa”

“Wengine wako mahututi baada ya kupewa kikombe, tulikuwa na matumaini ya kupona hadi tuliacha kutumia vidonge vya kurefusha maisha vya ARV, hatuna mengi zaidi ilitunaomba umtafute mwenyekiti wetu akueleze zaidi,” alisema mmoja wa wanachama hao.

Kwa upande wake, Mwenyekiti wa TANOPHA, Julius Kaaya alisema kwamba ni kweli waliwapeleka watu 14 kwenda kunywa dawa Loliondo lakini hakuna hata mmoja aliyepona kwani kila wanapopimwa hospitalini wanaonekana bado wana virusi.

“Nakumbuka kwamba kipindi tunaenda Loliondo Machi, 19 mwaka huu tulifanya mkutano na waandishi wa habari, tulifika Samunge Machi 22, ambapo Machi 24 walikunywa dawa hiyo kila mmoja akiwa na matumaini ya kupona baada ya siku 20 tangu wanywe dawa hiyo walienda hospitali kuangalia kama wamepona, daktari aliwaambia hakuna hata mmoja aliyepona,” alisema Kaaya.



Mwenyekiti wa TANOPHA, Julius Kaaya

Aidha, aliendelea kusema kwamba wanachama hao hawakukata tamaa, baada ya siku 90 walirudi tena hospitalini kuangalia kama kuna hauweni, daktari aliwapima na kuwaambia hakuna mabadiliko hata kwa mtu mmoja.

Aliendelea kusema kwamba wanachama hao baada ya kuelezwa hivyo walikata tamaa na kuamua kuendelea na kutumia ARV.

“Wengi ambao tunajua kwamba wana HIV na walikunywa kikombe wanapuputika na hata juzi tulihudhuria mazishi ya mmoja wao, hii dawa haitibu kwani kuna wagonjwa wa kisukari ambao walikunywa hawajapona” alisema.

TANOPHA ina vyama 230 vilivyosajiliwa na mimi ndiye mwenyekiti wao, nimekuwa nikipokea taarifa za baadhi ya wanachama wetu waliokwenda Samunge ambao waliacha kutumia ARV wakijua kwamba wamepona, wengi wamefariki.

“Babu wa Loliondo amedanganywa na shetani na siyo kwamba alielezwa na Mungu, nashangaa viongozi wa dini wanaompi debe wakati wao siyo wataalamu wa kujua kama dawa hiyo inaponya au la, ni ushabiki wa kidini usiokuwa na maana, lengo lao ni kuchuma fedha kwa magonjwa.

Kwa nini wasiachie walaamu kushughulikia suala hilo? Wanasisia waliokunywa dawa hiyo na kupigwa picha na vyombo vya habari wakihamasisha wenanchi kwenda huko kunywa dawa, hawakupaswa kufanya hivyo, wao kama viongozi wangesubiri kwanza wapate matokeo ya jutafiti wa Wizara ya

Afya.

Wizara inasema bado wanaendelea kufanyia uchunguzi hiyo dawa ya Masapile, mpaka lini? wamefariki wengine wako hoi, wameshauriwa wasiache kutumia ARV.

“Wanaoishi na virusi wasione aibu wajiamini watumie ARV watambue kwamba ni tazizo limeshawapata na wakifanya hivyo bila kuwa na hofu wanaweza kuishi miaka mingi,” alisema Kaaya.

Alipoelezwa kuwa kuna watu waliokunywa kikombe wanataka kumfikisha mahakamani Mchungaji Masapile, Kaaya alisema hata yeye yupo tayari endapo atampata mtu wa kumsaidia kufungua kesi.

“Masapile ameharibu taifa, ingekuwa kesi inafunguliwa bure kwakweli ningeshamfanyia hivyo na kama wanachama wangu wameamua kumfikisha kortini, nawaunga mkono,” alisema Kaaya.

Mchungaji mtikila

Naye mchungaji wa kanisa la Full Salvation, Christopher Mtikila kwa upande wake anasema kwamba dawa hiyo haitibu na analishughulikia suala hilo ili kumfikisha mahakamani pamoja na mawaziri, wabunge na viongozi wa juu waliokunywa kikombe.

Mawaziri hao wamewahamasisha wananchi kwenda Loliondo kunywa dawa, wazima tuwashitaki pamoja na viongozi wa dini waliopiga debe,” alisema Mtikila.

Viongozi wa dini wanaoshutumwa kuhamasisha watu ni Askofu Thomas Laizer na Martine Shayo. Baadhi ya Mawaziri waliopata kikombe ni Waziri wa Nchi Ofisi ya Rais (Sera na Utaratibu wa Bunge), William Lukuvi, Waziri wa Nchi Ofisi ya Rais (Uhusiano na Uratibu), Steven Wassira, Waziri wa Ujenzi, John Magufuli.

Kwa upande wa Wabunge, ni Augustine Mrema, Edward Lowassa na mkuu wa mkoa ni Yohana Balele na Abbas Kandoro.

Majibu kwa babu kwa wasiopona

Mwandishi wetu wa Arusha wiki iliyopita alizungumza na msaidizi wa Mchungaji Masapile kwa njia ya simu, Paulina Lucas na kuuliza kuhusu malalamiko haya akasema wasiopona ni wale ambao hawakuwa na imani.

“Kama hawajapona siyo makosa yetu. Tuliwaambia kabla kuwa katika tiba hii kigezo cha kwanza ni kuwa na imani. Tuna uthibitisho wa kutosha wa watu walioponywa na maajabu ya dawa hii wakiwemo wagonjwa wenye UKIMWI,” alisema Paulina.

Alidai kuwa kuna baadhi ya watu wanaoishi na UKIMWI wasiokuwa wakweli kwani kuna uwwezekano kuwa wamepona lakini wanashindwa kuweka wazi kwa kuogopa kukosa fedha wanazopewa na wafadhili.

Chanzo: uwazi

AMRF kutumia Dola 830 Milioni kupambana na VVU Tarime

Kamati za UKIMWI za kata saba katika Tarafa ya Ingwe wilayani Tarime

mkoani Mara zitanufaika na msaada kutoka shirika la utafiti wa Tiba na madawa Afrika (AMREF) katika kuwajengea uwezo kamati hizo kwa kipindi cha mwaka 2011/2014.

Mratibu wa AMREF wilayani Tarime Bw. Gilbert Simbila amesema kuwa

utekelezaji huo ni sehemu ya mradi wa 'Tuimarisha wilayani Tarime' utakaogharimu jumla ya dola za Marekani 830 milioni katika kata saba za Kemambo, Matongo, Nyarukoba, Nyamwaga, Ititro, Nyanugu na Muriba wilayani humo.

Alisema mradi huo utakotekelezwa kwa kipindi cha miaka mitatu umeanza June mosi mwaka huu na unatarajiwa kukamilika Mei 2014 ambapo pamoja na kazi zingine ni kujengea uwezo kamati za afya na kamati ya UKIMWI ya wilaya.

Bw. Simbila alifafanua kuwa katika mradi huo jumla ya waelimishaji rika 40 kuhusu UKIMWI watawezesha, kamati saba za UKIMWI katika kata saba na kamati 20 za vijiji zitanufaika na uwezesho huo. "pia tutaimarisha uwezo wa mfumo katika jamii na mashirika ili waweze kukabiliana na UKIMWI, malaria, uonevu wa Kijinsia, ukeketaji, afya

ya uzazi na afya ya watoto ifikapo mwaka 2014" alifafanua Bw. Simbila.

Alisema wataongeza utambuzi wa haki za msingi na uwezo wa kufikia

huduma za uzazi salama kuzuia maambuzi ya mama kwenda kwa mtoto na utambuzi wa akina mama na wasichana wanaoishi na VVU wilayani humo.

Kaya 19,078 zenye watoto chini ya umri wa miaka 5, akina mama 32,377, akina baba 29,647 na watoto 12,400 watanufaika chini ya mradi wa

'Tuimarisha' katika Tarafa ya Inchungu wilayani Tarime.

Akizungumza na mwandishi wa habari hizi, Mratibu wa UKIMWI wa halmashuri ya wilaya ya Tarime Bw. Adam Mutasigwa alisema maambukizo ya HIV wilayani Tarime kwa sasa ni asilimia 6 na kwamba ni wilaya ya nne kwa maambukizo ikitanguliwa na wilaya ya Rorya (13), Musoma mjini (10), Musoma vijiji (6.4) huku ikiwa juu ya wilaya ya Serengeti (4.8) na Bunda (4).

Bw. Mutasigwa alisema kwa mwaka 2010/2011 jumla ya watu 9522 walipima wanaume wakiwa 4877 na wanawake 4645 ambapo waliopatikana wameambukizwa VVU ni 431 kati yao wanaume wakiwa 172 na wanawake 259.

Aliongeza kuwa jumla ya wajawazito 9652 walip-

ima afya zao ambapo 162 wameambukizwa, kati yao 29 walipata dawa ya kuzuia maambukizo kwa watoto wakati wa ujuzito na walio-baki kupewa dawa ya kuzuia maambukizo wakati wa kujifungua.

Hata hivyo mratibu huyo ameeleza kuwa licha ya wilaya ya Tarime kuongoza kwa vitendo vya ukatili dhidi ya wanawake vinavyoweza kuchangia maambukizo ya VVU ikiwa ni pamoja na mitala, ukeketaji, uoaji wa 'Nyambandhobu na nyumbambhoke', uhamiaji mipakani, tohara ya kienyeji na wapenzi wengi lakini bado maambukizo sio juu kama ambavyo ingetarajiwa.

Bw. Mutasigwa alisema hiyo ni kutokana na asilimia kubwa ya wakazi wa Tarime kujishughulisha muda mrefu na shughuli za uchumi na upunguza muda mwingi wa starehe, kutokuwa na usiri katika suala zima la ukimwi tofauti na wilaya zingine Mkoani humo na kwamba wilaya hiyo ndio inayongoza kwa uchumi mkoani Mara.

Alisema niwa wazi kuwa Maambukizo ya HIV kwa asimilia kubwa pamoja na vitendo vingine lakini pato ni duni na usiri hasa kwa akina mama ni chanzo kikubwa cha maambukizo na kwamba utafiti uneonesha kuwa maeneo ambayo bado yanatawaliwa na usiri mkubwa juu ya HIV na umaskini ndio zinazoongoza kwa VVU.

Chanzo: Raphael Okello, Tarime

Highlights of HIV/AIDS situation in Tanzania Mainland

- The national prevalence stands at 5.7% down from 7% in 2004
- Epidemic has stabilized around 6% among those aged 15-49 years (Generalized Epidemic)
- Wide regional variation of HIV prevalence between 0.9%-15%
- Drivers of the epidemic include transactional sex; low condom use; trans-generational sex and gender inequalities.
- National VCT campaign spear-headed by the Head of State has increased uptake to 37%
- National HIV prevention budget is 17% of the total HIV and AIDS budget (PER 2007)

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Weekly quotable quotes!!

Children who have lost parents to HIV/AIDS are not only just as deserving of an education as any other children, but they may need that education even more. Being part of a school environment

will prepare them for the future, while helping to remove the stigma and discrimination unfortunately associated with AIDS."— Harry Belafonte

NGO launches petition against IAS' transparency and accountability

Pamoja-Together has Challenged the International AIDS Society to address theft, fraud and Human Rights abuses in HIV-AIDS Care at AIDS 2012

The NGO which supports grassroots organizations of people living with HIV-AIDS (PLWHA) fighting for human rights and for access to medical treatment is demanding the International AIDS Society (IAS) to make service delivery to PLWHA transparent and with accountability.

Pamoja-Together wants the IAS to make its service delivery transparent and adhere to accountability principles in line with the agreed theme of AIDS 2012 in Washington, D.C.

"International efforts against HIV and AIDS have made significant progress in recent years," reads part of the petition.

"But that progress is threatened ... People are dying because of corruption and criminality in the international fight against AIDS."

Representatives of Pamoja-Together and its Tanzanian partner NGO, PIUMA met with the then incoming president of the IAS, Dr. Elly Katabira, at AIDS 2010 in Vienna.

They were encouraged by the IAS's reaction to their concerns and their demands for greater accountability.

"Intensive planning for AIDS 2012 is just getting underway," explains Pamoja-Together president Fabian Wirmsperger, adding:

"We need to show the IAS that there is wide support for ensuring that the money that is made available for HIV-AIDS by international donors is accounted for in a transparent manner. Theft, fraud, and human rights abuses in

governments, faith-based organizations, NGOs, and international donors involved in the provision of HIV-AIDS care and support services go unchallenged and unpunished. We believe that by making 'Accountability on Delivery' the theme of AIDS 2012, the IAS can make a major contribution to changing this unacceptable situation." the petition reads in part.

Pamoja-Together works with a grassroots HIV+ patient group in Makete District, Tanzania called PIUMA. They have been fighting criminality and human rights abuses in the health care system there for several years.

The quality of care being received by PIUMA's members is shockingly inadequate. The lack of accountability for this injustice extends from local hospital officials all the way up the fund-

ing chain, including Tanzanian government departments, faith-based organizations, implementing NGOs, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

"It is particularly distressing that international funding agencies like the Global Fund and implementing NGOs have refused to report or address examples of theft, intimidation, and other criminality in the provision of HIV-AIDS care and services in Makete District," says Fabian Wirmsperger of Pamoja-Together.

"We believe that these human rights abuses exist in many places, not just Makete District. Only an intense focus on these issues by an organization with the credibility and moral authority of the IAS will end this regrettable situation."

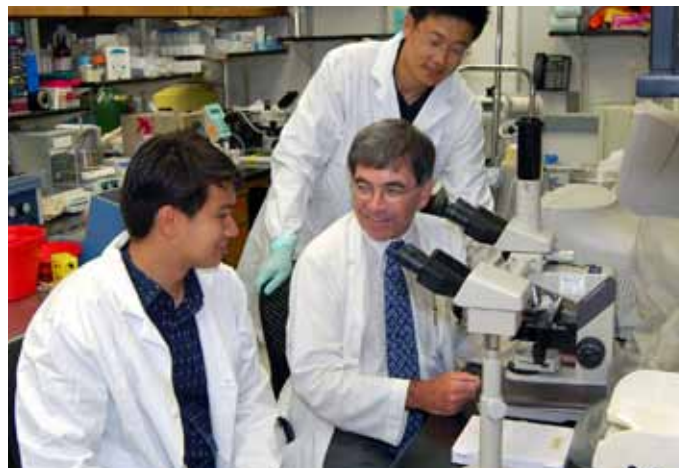
Source: Web

Wanasayansi watamba kuhusu tiba ya Ukimwi

WATAALAMU wa afya wa kimataifa wamesema yapo matumaini ya kupata tiba na chanjo ya Ukimwi ya uhakika miaka michache ijayo. Walisema hayo kwenye mkutano wa 18 wa Kimataifa wa Kujadili Ukimwi na Jamii (IAS) uliofanyika mjini Rome, Italia, hivi karibuni na kuhudhuriwa na watafiti wa ugonjwa huo zaidi ya 5,000.

Taarifa ya IAS inasema kuwa ni jambo la kujivunia kwamba hivi sasa wanaweza kutamka kwa kujiamini kuhusu matarajio chanya ya dawa ya Ukimwi, suala ambalo walikuwa hawathubutu kulinena hadharani miaka 15 iliyopita. "Miaka 15 iliyopita, hata watafiti waandamizi walikuwa hawathubutu kutamka juu ya matarajio ya tiba au chanjo ya Ukimwi," alisema Mwenyekiti wa mkutano huo ambaye pia ni Rais wa IAS, Profesa Elly Katabira.

Alisema hivi sasa wanasayansi wanathubutu kunena hadharani



Wanasayansi wakiwa katika harakati za kutafuta tiba ya UKIMWI katika maabara

kuhusu tiba kutokana na maendeleo mazuri yaliyofikiwa kwenye tafti mbalimbali zilizopo kwenye majaribio.

Profesa Katabira alisema mafanikio ya tafti za tiba ya Ukimwi, yalianza kujitokeza mwaka jana na IAS imeendelea kutoa ushirikiano kwa watafiti hao sehemu mbalimbali duniani na yamekuwa ya kutia matumaini.

Kwa kuwa bado tafti mbalim-

bali zinaendelea duniani, alisema anaamini wataushangaza ulimwengu kwa kuweka wazi mambo yote kwenye mkutano wa 19 wa IAS, utakaofanyika mwakani Washington, Marekani.

Taarifa hiyo ilieleza kuwa wataalamu waandamizi waliohudhuria mkutano huo walisema nguvu kubwa wamezielekeza kupata tiba na chanjo ya kuzuia kuenea kwa Virusi Vya Ukimwi

(VVU).

Mkurugenzi wa Taasisi ya Utafiti wa Magonjwa ya Kuambukiza na Mzizio (Niaid), Profesa Anthony Fauci, aliwahi kunukuliwa na gazeti hili akisema dunia imeingia mapinduzi makubwa ya kuelekea kwenye teknolojia ya kuzuia na kutibu Ukimwi.

Alisema mafanikio hayo yalianzia miaka michache iliyopita wakati walipogundua dawa za Kurefusha Maisha kwa Wagonjwa wa Ukimwi (ARV), lakini sasa wanapiga hatua mbele zaidi kulikabili gonjwa hilo ambalo katika nchi nyingi zinazoendelea limegeuka janga la uchumi kwa sababu wataalamu wanapoteza maisha.

Profesa Fauci anasema: "Dawa hii iliyogunduliwa na wanasayansi nchini Cambodia inaokoa maisha ya mwathirika mwenye hali mbaya. Hii inatokana na dawa hiyo kuweza kutumika wiki mbili baada ya mgonjwa kuanza kutumia dawa za kifua kikuu badala ya kusubiri mpaka zipite wiki nane."

Chanzo: Mwananchi

Arusha firm to manufacture ARVs

A new pharmaceutical plant to produce life-prolonging anti-retroviral drugs (ARVs) has been installed in Arusha and set to start operations soon.

Ramadhan Madabida, Chief Executive Officer of the Tanzania Pharmaceutical Industries Limited (TPI) told journalists who attended a training seminar on reporting regional integration issues.

According to the CEO, the plant has been installed at the cost of euros 6 million, which is equivalent to over 13bn/-, to which European Union (EU) contributed euros 5 million and TPI proprietors parted with euro-1million. The plant is set employ more than 140 people upon starting operations.

Madabida said mass production of the drugs is expected to start next month and its official launch will be on December 01, this year - during the World Aids Day. The plant has been established under the Trade Related Aspects of Intellectual Property Rights (TRIPS) agreement, which allows Least Developed Countries (LDCs) like Tanzania to produce essential drugs without introducing pharmaceutical product patents until 2016.

“Our target is ensure that Tanzania and East African countries are self sufficient in the supply of the ARVs and other essential



One of the ARVs manufacturing facilities in Africa

drugs in the region,” he said, adding that Tanzania will be the first market before extending to the rests of the EAC market.

Trial production of the drug started in 2003 and once official production starts, the generic drug will cost local people living with HIV/ Aids about US \$10 less for their monthly dosages.

Currently, imported ARVs costs over 30,000/-, whereas the generic ARVs will cost 20,000/- for a monthly dosage of two pills a day. The drug has already been certified by the Tanzania Food and Drugs Authority, he said.

Introduction of the local ARVs’ manufacturing plant which is located in Njiro suburb here will make Tanzania one of the few developing countries in the world capable of producing the life-prolonging tablets.

With a population of 35 million, Tanzania had an HIV/Aids prevalence rate of 7.8 percent among adults in 2001.

The impacts of HIV/Aids pandemic on the socio-economic situation in the country has not only strained individual families but encroached upon the governmental and budgetary resources

as well.

Commenting on the move, Dr Stanley Sonoiya of the EAC/GIZ, called on EAC partner states, to chip in and assist the private sector to produce enough drugs for the more than 130million people in the region.

“Governments should support the private sector with either loans or grants so that the sector grows rapidly and meet people’s demand in the region,” he suggested, citing countries like Korea who have managed to develop the sector under the same approach.

SOURCE: THE GUARDIAN

Mahakama yamnusuru mbunge kupimwa UKIMWI

Jaji wa mahakama kuu wa Zimbabwe, amesema kuwa mahakama hiyo haiwezi kushurutisha watu kufanyiwa vipimo vya UKIMWI, hivyo ikatupilia mbali mashtaka yaliyokuwa yakimkabili mbunge wa chama cha upinzania nchini humo.

Bw. Siyabonga Ncube, ku-

toka chama kidogo cha upinzani cha Movement for Democratic Change (MDC) alikamatwa mwezi uliopita akishutumiwa kumwambukiza virusi vya UKIMWI mwandishi wa habari wa gazeti la serikali.

Wawili hao walikuwa kwenye mahusiano kuanzia Agosti 2009 hadi Julai 2010 na mwandishi huyo anadai kuwa aliambukizwa

virusi hivyo vinavyosababisha ugonjwa wa UKIMWI ndani ya kipindi hicho cha mahusiano yao.

Uamuzi huo wa Mahakama Kuu umekuja baada ya awali mahakama moja nchini humo kuamuru, Bw. Ncube kwenda kufanyiwa vipimo hivyo, lakini mbunge huyo akakata rufaa katika mahakama hiyo akipinga uamuzi huo.

Akitupilia mbali mashtaka hayo juzi, Jaji Maphios Cheda alisema kuwa anakubaliana na upande wa utetezi kuwa malalamiko hayo hayana msingi. Kabla ya kutolewa maamuzi hayo, Bw. Ncube ambaye alikuwa akikana mashtaka hayo alikuwa akikabiliwa na kifungo cha miaka 20 jela.

chanzo: Majira

HIV prevention runs through rough patch

Now it's up to the donors and the policymakers, with the World Health Organization backup, to grab this epidemic by the horns and finally turn it around

Rome. Scientists' midlast month wrapped up their biggest forum in the 30-year history of AIDS, unveiling stunning weapons to prevent the spread of HIV.

But getting these impressive prototypes to the battlefield will take time. Not all may be suitable. And deploying them will need massive funding at a time of AIDS fatigue "Not it's up the donors and the policymakers, with WHO (World Health Organization) backup, to grab this epidemic by the horns and finally turn it around," said Mr Eric Goemaere of Medecins Sans Frontieres (Doctors without Borders).

The four-day conference in Rome will be remembered for these findings

Treatment as prevention

Experts have long suspected that giving antiretroviral drugs to an HIV-infected person not only saves them from the death sentence of AIDS.

More info: Research Fund top \$2.4BN Data collected for the first time on global investments in HIV treatment relat-

ed research and development showed that at least \$2.46 billion was available in 2009.

A report issued at the International AIDS Society's 6th Conference on HIV Pathogenesis, Prevention, and Treatment in Rome last Month found that 48 funders worldwide (of 144 surveyed) reported investing \$2.46 billion across six HIV related research categories- basic science, drugs discovery and development, operation and implementation, applied /infrastructure and HIV diagnostics.

It also ratchets down the virus to such low levels that the patient becomes a far smaller risk for infecting others with the human immunodeficiency virus (HIV). This hunch has been dazzlingly proved, at least for heterosexual.

HIV prevention: Now what?

Intercourse, in a trial among 1,763 couples where one partner was infected with HIV while the other was HIV-free. When starts on HIV drugs this slashed the risk of infecting the partner by 96 per cent. "The message going out from scientists to politicians is that treatment as prevention works. The problem now is financial," said France's 2008 Nobel laureate Françoise Barre-Sinoussi.

Pre-exposure prophylaxis

Known by its acronym as PrEP, this means giving anti-

retrovirals protectively to the infected partner. The risk of HIV transmission falls by up to 73 per cent, according to new trials reported in Rome.

But PrEP is likely to remain a niche rather than mainstream strategy, at least for now. It will be more cost-effective to treat someone who is infected – and there are ethical questions about giving powerful drugs to people who do not have a disease.

Around 6.6 million people in poorer countries have now grasped the daily drugs lifeline but another nine million badly – infected people are still in need.

Circumcision

Efforts in Africa to promote male circumcision, which reduces the risk of HIV infection for men by 60 per cent, were given a powerful boost by three studies. New cases of HIV among men plunged by 76 per cent after a circumcision programme was launched in a South Africa township. Had no circumcision been carried out, new infections among the overall population would have been 58 per cent greater.

"This study is a fantastic result for a simple intervention which costs 40 euros (56 dollars), takes 20 minutes and has to be done only once in a lifetime," said Mr David Lewis of the University of the Witwatersrand.

Quest of cure

This once-unimaginable goal is now firmly on the scientific agenda. The idea is to attack the virus in "reservoirs," where it retreats after being suppressed by drugs.

But identifying these lairs, flushing out the virus and devising drugs to kill is the big task. Even those who believe it attainable say it would be a "functional cure," in the same way that cancer goes into remission and its rebound cannot be ruled out.

Those boost for prevention, said campaigners, would half and eventually reverse the tragic rise in new infections. In 2009, more than 33 million people were living with HIV and 2.6 million people because newly infected.

Financial help is flagging

In 2010, resources drifted downwards to \$15.9 billion as Western countries tightened their belts. Just to get 15 million badly-infected people on AIDS drugs by 2015, in line with the newly stated goal by UN members, will require between \$22 billion and \$24 billion annually.

Even more will be needed if the WHO's guidelines are revised to recommend immediate treatment rather than wait for infection levels to reach specific thresholds.

Source: The citizen

Medics want double testing for HIV stopped

Health experts in Shinyanga Region have said people who took a cup of the miracle cure administered by pastor Ambilikile Mwasapila, for HIV/AIDS cure were disturbing correct statistics of the pan-

demic in Kahama District.

Dr Ayamery Mlay claimed at a meeting of individuals and institutions involved in the fight against AIDS that those who had taken the 'cup' have repeatedly gone for fresh tests, a situation statistics on new infections.

Dr Mlay said after taking the

popular 'Kikombe cha Babu' in Samunge village, Loliondo District, Arusha Region, some people have been going to various HIV testing centres where they openly admit they had already tested at other centres.

She said the unregulated testing has the effect indicating

that there was a rising number of new infections in the district. The doctor said if the situation was not checked the area will be regarded to have a big number of people living with HIV/AIDS because of double testing.

Source: The citizen



HIV/AIDS care and treatment centers are essential in curbing HIV prevalence in the country

US launches new care and treatment center in Tanga District

Government officials, hospital staff, and community members gathered to formally launch the new HIV/AIDS Care and Treatment Center (CTC) located at Bombo Regional Hospital in Tanga Municipality, Tanga Region.

This modern CTC will provide HIV testing, counseling, and treatment services to more than 1.6 million residents of Tanga.

The guest of honor, Minister of Health and Social Welfare, Honorable Dr. Haji Mponda, welcomed representatives from the governments of Tanzania and the United States and formally inaugurated the building. Dr. Stefan Wiktor, acting Country Director of the U.S. Centers for Disease Control and Prevention (CDC) in Tanzania represented

This new Care and Treatment Center, built with support from the American people, represents a strong partnership between our two nations

the American people.

In his remarks, he encouraged people of Tanga to take advantage of the new facility. He stated, "This new Care and Treatment Center, built with support from the American people, represents a strong partnership between our two nations.

Now more than 1.6 million people have more convenient and high quality access to HIV care

and treatment. This is a victory for Tanga."

Service provision will include free access to Anti-Retroviral Drugs (ARV) throughout the week as well as counseling and support from a well-trained and skilled medical staff.

Over 9,473 people have been enrolled in HIV care and treatment at the center since 2005 and will continue to benefit from these

services in the new clinic.

The construction of Bombo CTC is a gift from the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), in collaboration with the Government of the United Republic of Tanzania.

Direct support for the clinic is based on a partnership between the U.S. Centers for Disease Control and Prevention (CDC) and AIDS Relief.

The United States of America is a global leader in combating HIV/AIDS worldwide through PEPFAR, the U.S. President's Emergency Plan for AIDS Relief.

This 10-year program is the largest initiative in history to combat a single disease. Since 2004, the American people have provided over \$1.5 billion to combat HIV/AIDS throughout Tanzania.

SOURCE: US EMBASSY

AJAAT TOWARDS WORLD AIDS DAY

MEDIA COMPETITION ON UNIVERSAL ACCESS TO HIV SERVICES FOR MARGINALIZED/MOST AT RISK GROUPS IN TANZANIA



1.0 CONCEPT: The Association of Journalists Against AIDS in Tanzania (AJAAT), through the support from Tanzania Commission for AIDS (TACAIDS) is announcing a three-month media writing competition on UNIVERSAL ACCESS TO HIV SERVICES FOR MARGINALIZED/MOST AT RISK GROUPS IN TANZANIA. The climax of the competition to involve journalists from local Newspapers, Magazines, Televisions, Radio and Bloggers will be during the World AIDS Day (WAD)—December 1st, 2011. Winners of the competition will be awarded with cash, trophies and certificates of participation.

2.0 BACKGROUND INFORMATION: The Joint United Nations Programme on HIV and AIDS (UNAIDS) defines universal access as a global commitment to scale up access to HIV treatment, prevention, care and support. It entails a society where everyone has access to HIV correct information and health care services. Many challenges still exist in Tanzania's effort to achieve reduction in new HIV infection. It is estimated by UNAIDS that about 130,000 Tanzanians between 15-49 years are infected with HIV each year (UNAIDS Estimates, July 2009)

But does everyone in our societies have access to health care services? Does everyone have access to educational material on HIV presented in the media and as such are empowered to make informed decisions about their wellbeing? Unfortunately the answer to those series of questions is negative. While a host of health care services may exist, not everyone in our society has equal access to these services

even though they may need and want to.

In Tanzania, for instance, most at risk populations (MARPS) include commercial sex workers and their clients, injecting drug users (IDUs), people with disabilities, street beggars, prisoners and men who have sex with other men (MSM), feel stigmatized and may face discrimination on a daily basis due to negative attitudes that may exist towards members of these communities. This may be further compounded by HIV-related stigma particularly for persons living with HIV and AIDS, making it difficult for members of these groups to exercise their basic human rights, which include accessing quality health services.

While HIV interventions in Tanzania and elsewhere are expanding in some settings, population groups at high risk of HIV infection continue to face technical, legal and socio-cultural barriers in accessing health care services.

Furthermore, there are issues related to confidentiality that are significant for HIV and AIDS health care services in small islands where "everyone knows everyone else." And this is reflected in the question most commonly asked by persons accessing care and treatment, 'If I access these services, will everyone know my business?'. Hence the challenge in achieving universal access is related not only to equal access to care and treatment, but also issues such as stigma, discrimination and confidentiality.

Therefore, the aim of the competition is to mobilize journalists in print and electronic media to write more articles or programmes that will enable people from this group have free and easy access to HIV and AIDS quality

services as well as enabling them enjoy and attain positive living which is their universal right like any other Tanzanian.

Basically the competition will not only require journalists to write, take photographs, produce TV and Radio Programmes about universal rights issues and how are they related to HIV and AIDS pandemic, but will also require them to highlight policy measures and programmes taken by the government and its agencies to address the problem. It will also ask the non-government sector how they do, or can potentially, address to the general public of Tanzania the fact that universal access to HIV and AIDS services for the most at risk population stands a better chance to providing an opportunity to reduce the further spread of HIV in Tanzania.

3.0 INTRODUCTION: Available statistics and information by the National Multisectoral HIV Prevention Strategy of 2009-2012 states clearly that the priority for intervention in an effort to prevent increase of HIV infection is to extend HIV services to the most at risk groups.

The groups such as sex workers, person living with HIV and AIDS, injecting drug users (IDUs), people with disabilities, street beggars, MSM, etc continue to face marginalization in accessing HIV services due to various reasons including lack of the services in some areas as well as stigma, discrimination and lack of confidentiality.

These therefore need to be frequently addressed through advocacy and correct information dissemination in order for the public to achieve universal

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access to HIV services for the marginalized and most at risk group.

4.0 THE COMPETITION: The aim of the competition is to mobilize journalists, photo-journalists, cartoonists, bloggers, columnists, feature writer/producers and presenters from both print and electronic media to critically analyze and produce well searched articles to highlight on the relationship between rights of accessing HIV and AIDS services and HIV infections. The journalists will also have to highlight policy as well as social implications in the event the marginalized groups were denied the HIV services, and suggest the right direction possible.

5.0 OBJECTIVES: The competition will also have the following objectives:

- i. Mobilize journalists from both print and electronic media to write intensively on the relationship between universal access to HIV services for marginalized groups and possible increase of HIV infections in case the services were denied.
- ii. Balancing of gender issues in their reporting with view to preventing/curbing further HIV infections in the Tanzania society.
- iii. To attempt and venture in legal, financial, policy as well as social cultural barriers that entail the marginalized group to access universally agreed HIV services and the solution there to.
- iv. Keep HIV and AIDS stories fresh by adopting a style of story reporting which promote universal access to HIV and AIDS in Tanzania.

6.0 OUTPUT: After the three month of the competition, electronic media-TV and radio stations; photographers; feature writers; bloggers and columnists will have produced abundant/sufficient articles on universal access of HIV services and the way it's related to

increment of HIV infections.

6.1 EXPECTED RESULTS: Reduction of new HIV infections among Tanzanian communities, and finally, attaining a Tanzania free from HIV and AIDS strategic ambition

7.0 THEMATIC GUIDELINES

The following questions may guide the journalists in their search for good and well articulated piece of article/programs/picture or cartoon:

- i. How poor access to universally agreed HIV services can increase HIV infections in the country.
- ii. What are problems facing marginalized or most at risk person to access universally agreed HIV services?
- iii. Who and how different government, non-governmental organizations/institutions is/are contributing to poor or better access to universally agreed HIV services.
- iv. What should an individual prudently do when he/she discovers being denied the universally agreed HIV services and avoid fueling new HIV infections?
- v. Is there any legal redress to curb denial of universal access to HIV services and how practical are these legal instruments, among others.
- vi. How can a nation benefit economically and socially if people from the most at risk group access freely all the services without stigma or discrimination?

8.0 TARGET GROUP: The competition will be open to every practicing local journalists/columnists from both print and electronic media. Only Tanzanian media organizations will be eligible, and journalists sending in their entries must be Tanzanian by nationality.

9.0 DURATION: The competition will run for three months from (August 18th to November 18th, 2011)

10.0 ELIGIBILITY AND CRITERIA: Following are the eligibilities and criterions of participation.

- i. Journalists wishing to participate in the competition must be currently living and practicing in Tanzania
- ii. The entries of features/news and programmes must only focus/target the most at risk groups of Tanzania
- iii. The entries must demonstrate originality, and not copied from other publications. They must have been published or aired within the three months period of the running of this competition that is (August 18th to November 18th, 2011)
- iv. They can be published or aired in Newsletters, Magazine, Newspaper, TV or Radio programmes
- v. They can be published or aired in either English or Kiswahili
- vi. Only original clippings/items will be accepted
- vii. Deadline for submission will be November 22nd, 2011
- viii. Different cash prizes ranging between 300,000/= and 700,000/= while covering up to the first 15 winners to be selected by a panel of judges drawn from various stakeholders will be offered during WAD. All the participated journalists will receive certificates of participation

11.0 SUBMISSION: Participants are allowed to submit up to three (3) different entries to the following addresses:

- i. AJAAT Media Writing Competition-2011, Bahari Motors Building, Plot No. 43, Kameroun Street, Kijitonyama, P O Box 33237, tel. 0713 640520/0786 300219, DAR ES SALAAM-TANZANIA
- ii. Ms Jovina Bujulu, MAELEZO/Information Auditorium Services Centre, Samora Avenue, DAR ES SALAAM, TANZANIA