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Center for Interdisciplinary Research on AIDS
at Yale University

International HIV Research Seminar Series

”Performance of a Prevention, Care and Treatment Program in Tanzania: 2016-2019”

Marina Njelekela, MD, MPH, PhD

Chief of Party

USAID Boresha Afya Program

Deloitte Consulting Limited, Tanzania



Monday, October 21, 2019

10:00 am-11:30 am

135 College Street, Suite 200

New Haven, CT

Light refreshments will be provided.

Contact dini.harsono@yale.edu for questions or if you will be joining by video/telephone conference.

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Dr. Marina Alois Njelekela is a CIRA International Visiting Fellow working with Donna Spiegelman, ScD, Susan Dwight Bliss Professor of Biostatistics, Yale School of Public Health. Dr. Njelekela is the Chief of Party of USAID Boresha Afya Southern Zone Program, managed by Deloitte Consulting Limited as the prime. This flagship program is a care and treatment program funded by PEPFAR through USAID and implemented in five regions of Southern Tanzania. Under her role as the program director for four years, Dr. Njelekela has successfully led the HIV/AIDS program to a great success through initiatives in testing, treatment and viral load suppression. Before assuming this position, Dr. Njelekela served as the first female Executive Director of the Muhimbili National Hospital (MNH) – the only national referral hospital in Tanzania for three years, and as a researcher and faculty member at Muhimbili University of Health and Allied Sciences (MUHAS) for over ten years. She has published over fifty papers in peer-reviewed journals. Currently, she holds an honorary faculty position at MUHAS in the Department of Physiology.

”Performance of a Prevention, Care and Treatment Program in Tanzania: 2016-2019”

Background: USAID Boresha Afya Southern Zone program was initiated on 1 October 2016 in five regions of Morogoro, Iringa, Njombe, Lindi and Mtwara. The program, funded by PEPFAR through USAID Tanzania is an integrated prevention, care and treatment program that enables the environment for HIV/AIDS service delivery, provides high quality integrated services to people with HIV at 516 health facilities and increases access to health services for people living with HIV (PLHIV) from the communities.

Objectives: To determine the performance of key program indicators from inception to three years of implementation.

Methods: Data were extracted from the USAID Database (DATIM) for the key HIV indicators and analyzed using Stata.

Results: The program showed modest growth over time with clients who are current on treatment increasing from 160,794 to 189,149, an increase of more than 28,000 new clients. The program managed to identify a total of 94,244 positive clients and 99,366 were the patients who were successfully initiated on treatment using ART. The overall linkage rate was good throughout the three years of program implementation as 108%, 90% and 126% respectively. There was an increase in testing of index clients from 10,068 to 40,383 by end of year two and to 30,971 by Q3 of year three. Likewise index positive increased from 522 in year one to 8,534 in Q3 of year 3 with index positive contribution to total positives reaching 34.5%. Viral load coverage improved tremendously from 33.9% in year one to 76.6% by end of Q3 of year three with suppression rate of 88% among adults. Overall performance of pediatrics cascade has been challenging over the past three years with testing more than 361,657 with only 4,176 found to be HIV positive and attained a viral suppression rate of 64%. The prevention of mother-to-child transmission (PMTCT) program performed very well with testing rates of more than 90% of annual targets and treatment rates of more than 100% of the annual target. The PMTCT-EID (early infant diagnosis) was as low as 65% of the annual target.

Conclusion: The findings shows that USAID Boresha Afya Southern Zone Program performed well in some of the indicators such as testing, new on treatment, index testing, viral load testing and suppression among adults, with challenges encounters in the pediatric cascade, viral load suppression and overall retention. It is important to capitalize on interventions and approaches utilized to achieve these results while exploring challenges and how to mitigate them especially so for the pediatrics cascade. More detailed analysis will be conducted.