Integrating Sexual and Reproductive Health/Rights and HIV/AIDS services in Tanzania – the way is the goal?

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Taking the example of Tanzania, I would like to point out two things:

1. There is a need for integrating and interlinking HIV and AIDS services with SRH services
2. The health sector does not stand in isolation, but has to link up with other sectors, "go multisectoral", in order to improve SRH, prevent HIV and better reach out to vulnerable and marginalized groups.

But let me start by telling you a bit about Tanzania to explain the two statements.

Tanzania

- A country in East Africa with a population of 39 Mio. (tripled in the last 40 years), projected to double over the next 30 years
- Women on average have 5 children (TFR 5.7), a quarter of women start childbearing early (15-19 years). This leads to adolescent pregnancy, expulsion from school (4000 girls terminate school due to pregnancy), and unsafe abortion.
- Approval of family planning is high, but use of contraceptives among young people (15-24 years) is still low (12% national level, 9% and 19% rural/urban areas).
- Maternal mortality still high (578/100000 live births) and no significant decline occurred over the last 10 years
- More than 30% of households are below the extreme poverty line. 24% of adolescents (10-17 years) are orphans or vulnerable children (OVC)
- Considering the HIV prevalence by sex, it reveals that in Tanzania more women of reproductive age than men are infected with HIV (6.6% of the 15-49 years old women and only 4.6% of men of the same age group are infected with HIV)

- Underlining these figures is the fact that knowledge about prevention methods is still low. Only 40% of the women and slightly more men (44%) have comprehensive knowledge about sexuality, HIV and ways of preventing it.

How does the government respond?

- Government faces huge challenges in the health sector:
  - Human resource crisis: health sector is understaffed, 65% of positions are vacant, 180 000 health professionals more are required to implement the PHC strategy
  - Health financing: GoT contribution to health only 10% of total government spending; large donor dependency
  - Quality of services and satisfaction of clients with these services low: lack of capacities, commodities and inequities in access
- But, makes a great effort in important areas:
  - Creates an enabling policy environment and legal framework: Poverty reduction plan, Health sector strategy, Adolescent Reproductive health strategy (show signs/provide basis for: comprehensive approach, gender sensitive, access to services, commodities and information)
  - Supports implementation and guidance on SRH services
  - Recognises the need to promote positive attitudes around sexuality, gender and rights (esp. for young people)
  - Coordinates and supports partnerships with all actors in the public and private sectors, NGOs, FBOs, and young people.
- NGOs and Civil society/private sector play a crucial role in this, in all areas, at all levels.

Towards comprehensive health care

- Health professionals have a positive attitude towards strengthening integration of services (e.g. HIV/AIDS and SRH), but often fail to understand the advantages for themselves and their clients

- Talking about integration, it is mainly HIV services (like VCT) being integrated into SRH/FP services. Not the other way around (e.g. offering family planning information in post test counselling)
- Talking about integration also implies that funding has to be redirected. Still more money is budgeted for AIDS than for RH (AIDS: focus on care&treatment with less emphasis on prevention)
- Health services are mostly offered in a vertical manner and there is a gender divide among service providers and clients: men are in HIV and AIDS (as service providers and clients), women are in RCH (as service providers and clients)
- However, a number of simple, inexpensive ways of creating linkages and improving health service delivery exist, such as:
  - Offering FP information to waiting clients
  - Locating RCH services in proximity to HIV services (e.g. ANC/ante-natal care linked to VCT/voluntary counseling and testing and PMTCT prevention of mother to child transmission) , and
  - Offering FP information in post test counselling
- In addition, important for comprehensive services is a multi-sectoral perspective: The health sector does not stand in isolation: it needs schools for sex education; it needs community development to address gender inequalities and reach out to the most vulnerable; it needs local government structures to budget for health related matters, also in the non-health sectors (for prevention or social security); it needs a judiciary to provide a legal frame and act on human rights violations;

Much can be achieved in the next years in Tanzania and elsewhere, if governments and civil society partner more strongly on improving access to information and services which are gender-sensitive, of good quality, inclusive, and respectful to the human rights of both men and women - regardless of their age, background or sexual orientation.

A move towards integrated and interlinked services in HIV and AIDS and SRH will be important to enhance coordination, partnership and more efficient use of resources.

Tanzania is moving into this direction. The process is not easy, but follows the slogan "the way is the goal".