



The Revolutionary Government of Zanzibar

National HIV and AIDS Policy

First Vice President's Office

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List of acronyms

ABCZ	:	AIDS Business Coalition for Zanzibar
AIDS	:	Acquired Immunodeficiency Syndrome
ANC	:	Ante-Natal Care
ANGOZA	:	Association of NGOs in Zanzibar
ART	:	Anti-Retroviral Therapy
ARV	:	Anti-Retroviral
CCTs	:	Convicted Criminal Trainees
CHBC	:	Community Home based Care
CITC	:	Client Initiated HIV Testing and Counselling
CMO	:	Chief Minister's Office
CSO	:	Civil Society Organisation
CTC	:	Care and Treatment Clinic
BCC	:	Behavioural Change Communication
DACCOMs	:	District AIDS Coordinating Committee
DRI	:	District Response Initiative
EAC	:	East African Cooperation
EID	:	Early Infant Diagnosis
FBO	:	Faith Based Organisation
FSW	:	Female Sex Worker
GFCCM	:	Global Fund Country Coordinating Mechanism
HAART	:	High Active Anti-Retroviral Therapy
HBC	:	Home based Care
HBV	:	Hepatitis B Virus
HTC	:	HIV Testing and Counselling
HITC	:	Home based Initiated HIV Testing and Counselling
HIV	:	Human Immunodeficiency Virus
HMIS	:	HIV and Malaria Indicator survey
HSV-2	:	Herpes Simplex Virus 2
IBSS	:	Integrated Biological and Behavioural Surveillance Survey
IDUs	:	Injecting Drug Users
IEO	:	Institute of Education for Offenders
IFF	:	Interfaith Forum
JKU	:	Jeshi la Kujenga Uchumi
KMKM	:	Kikosi Maalum Cha Kuzuia Magendo
M&E	:	Monitoring and Evaluation
MIPA	:	Meaningful Involvement of Key Populations
MoHSW	:	Ministry of Health and Social Welfare
MoT	:	Modes of Transmission
MoU	:	Memorandum of Understanding
MKUZA	:	Mkakati wa Kukuza Uchumi Zanzibar
MSMs	:	Men having Sex with Men
MVC	:	Most Vulnerable Children
NGOs	:	Non-Governmental Organisations
OCGS	:	Office of the Commissioner General for Statistics
OI	:	Opportunistic Infections
PCR	:	Polymerase Chain Reaction

PEP	:	Post Exposure Prophylaxis
PITC	:	Provider Initiated HIV Testing and Counselling
PLHIV	:	People Living with HIV
PMTCT	:	Prevention of Mother to Child Transmission
RGoZ	:	Revolutionary Government of Zanzibar
SADC	:	South African Development Cooperation
SHACCOMs	:	Shehia AIDS Coordinating Committee
SRH	:	Sexual and Reproductive Health
STD	:	Sexually Transmitted Disease
STI	:	Sexually Transmitted Infections
SU-HISP	:	Substance User-HIV Strategic Plan
TACs	:	Technical AIDS Committees
TASP	:	Treatment as Prevention
TB	:	Tuberculosis
THMIS	:	Tanzania HIV and Malaria Indicator survey
TPDF	:	Tanzania People's Defence Forces
UN	:	United Nations
UNAIDS	:	Joint United Nations Programme on AIDS
UNGASS	:	United Nations General Assembly Special Session
VCT	:	Voluntary Counselling and Testing
WHO	:	World Health Organisation
ZAC	:	Zanzibar AIDS Commission
ZACP	:	Zanzibar AIDS Control Programme
ZAPHA+	:	Zanzibar Association of People Living with HIV and AIDS
ZNSP	:	Zanzibar National HIV and AIDS Strategic Plan
ZPRP	:	Zanzibar Poverty Reduction Plan
ZSGRP	:	Zanzibar Strategy for Growth and Reduction of Poverty

Foreword

The Revolutionary Government of Zanzibar with support from HIV response partners have collectively initiated and implemented interventions towards averting the impact of the HIV and AIDS scourge which has remained a social, economic and political concern nationally. This has been made possible by the guidance from the broad framework as laid out by the 2004 National HIV and AIDS policy. It has been possible to stabilize the HIV prevalence in the general population to below 1 per cent through these efforts. However, new evidence has uncovered the high HIV prevalence rates amongst the key populations that are way above that of the general population. This is the highest risk that Zanzibar is facing as there is a higher chance that due to the high risk behaviour of the key populations the transmission of HIV will affect the general population. These calls for new and concerted efforts in the national HIV response necessitating a new policy framework vide the 2012 National HIV and AIDS Policy.

Globally it has been observed that investments towards HIV and AIDS have reduced significantly. In this response countries have been called upon to adopt a strategic approach to investments. This calls for enhanced political leadership to leverage economic development while at the same time marshal internal resources to prioritize and implement the most effective HIV and AIDS programmatic interventions. This policy takes cognizance of these observations and reiterates the government's commitment to the fight against HIV and AIDS in Zanzibar.

The process of formulating this policy was a culmination of profound efforts invested through the leadership of the Zanzibar AIDS Commission (ZAC) with meaningful participation of Development Partners, HIV response implementing partners and the Zanzibari community. The stakeholders who participated in this process came from all sectors and representing a wide range of organisations. It is my conviction that with the level of participation exemplified in this process, all stakeholders shall individually and collectively assume their roles in ensuring the successful implementation of this policy to make Zanzibar free from new HIV infections, free from discrimination and free from AIDS related death.

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Zanzibar AIDS Commission

Acknowledgement

Work of such magnitude could not have succeeded without collective effort and support from a range of individuals, organisations and communities. While it might not be possible to mention all those who meaningfully supported this process, some deserve special mention.

The leadership of Zanzibar AIDS Commission (ZAC) would like to compliment members of the Policy Technical Committee for their direction and technical guidance offered throughout the process of formulating the policy. Members of the Zanzibari community who participated in the consultation process where they provided valuable insights and input that informed this policy.

The Commission is also indebted to the team of independent consultants who supported and facilitated the development of the policy. Special thanks go to Francis Omondi and Frederick Ananga whose role was invaluable in this exercise.

Last but not least special appreciation goes to the Joint UN team for providing financial, technical and strategic support that facilitated the successful development of this policy.

Definition of Terms

AIDS Orphans: Implies children aged less than eighteen years of age who have lost either a single parent (mother or father) or both parents from HIV and AIDS infection.

Client initiated HIV testing and counselling (CITC): Refers to a process whereby the client seeks out HIV testing and counselling services. Knowledge of one's status and the accompanied counselling can be a powerful tool for behaviour change more so for HIV+ and discordant couples.

Correctional Criminal trainees: Implies people who have committed criminal offences and convicted in a legal court to serve in correctional institution for a defined period of time.

Flash blood: This is an extremely risky technique practiced by drug users whereby an addict injects into their veins blood extracted from another drug user's body with the intention to elicit a rapid experience of substance intoxication.

HIV surveillance: The gathering of information with sufficient accuracy and completeness regarding the distribution and spread of infection to be pertinent to the design, implementation or monitoring of prevention and control programmes and activities.

HIV Testing and Counseling (HTC): Refers to a service that allows persons to learn their HIV status and make informed decisions about their health, based on their HIV status. This is a confidential dialogue between an HTC provider and an individual, couple or family.

Home based HIV testing and Counseling (HITC): Involves initiating HIV testing in the homes. HTC providers may visit homes and encourage specific persons to voluntarily consent to get tested. This seeks to improve uptake of this service.

Key populations (KPs): Refers to populations that are critical to the epidemic and response based on their epidemiological and social context.

Provider initiated HIV testing and Counseling (PITC): This refers to HIV testing that is offered to all patients as a part of routine health care services. This process can improve diagnosis and identify persons with HIV early thus leading to saving lives.

Transactional Sex: Implies trading sexual favors for cash, products or services with casual or long-term "secret" partners.

CHAPTER ONE

1.0 BACKGROUND AND CONTEXT

1.1 Introduction

The first three AIDS cases in Zanzibar were officially reported in 1986 at Mnazi Mmoja Hospital. Since then, there has been a marked increase in reported cases cumulatively from three in 1986 to 3,907 in 2011 (Zanzibar AIDS Control Programme (ZACP), 2011). Both mainland Tanzania and Zanzibar have experienced varied manifestations in the character and pattern of the HIV/AIDS epidemic. The HIV prevalence in Tanzania mainland is of generalized type mainly driven by heterosexual transmission. Following a series of HIV surveillance surveys at national and ANC service levels and subsequent assessments of some sub-populations Zanzibar HIV epidemic has evidence of concentrated type. Zanzibar's HIV epidemic is characterised by: i) a concentrated epidemic driven by the key populations and who often share some overlapping risk factors (risk sexual behaviour and drug abuse); and ii) low prevalence in the general population (driven by heterosexual HIV transmission). The key populations in Zanzibar include: injecting drug users (IDUs), female sex workers (FSWs), students in the Institute of Education for Offenders (correctional facilities), and men having sex with men (MSMs). This in effect means that while intervention efforts should be channeled towards the key populations the general population should also be equally targeted (RGoZ, 2011).

1.2 Modes of Transmission

As indicated above the Zanzibar HIV epidemic is characterized as being of concentrated type. Therefore a national Mode of Transmission (MoT) of study is required so that the HIV epidemic can be fully understood in Zanzibar. This would involve carrying out an in-depth assessment of the risk factors or drivers of the epidemic in the country. Some other areas that require further research include HIV infections among sexual partners, infection patterns among clients of sex workers and/ or partners of MSMs. This information would greatly help in better planning and designing effective HIV interventions in Zanzibar (RGoZ, 2011).

1.3 HIV infection patterns in Zanzibar

The *HIV validation survey* and *Tanzania HIV/Malaria Indicator Survey (THMIS-II)* have put the HIV prevalence in Zanzibar at 0.6 percent in the sexually active general population. It is further estimated that the number of people living with HIV (PLHIV) in Zanzibar is

7,200(RGoZ, 2011).Data from the ante-natal clinic (ANC), from 1999 to 2010, indicated that the HIVprevalence in Zanzibar on average was below one percent. The HIV prevalence was 16.0 percent among intravenousdrug users (IDUs), 12.3 percent among men having-sex-with men (MSMs) and 10.8percent among female sex workers (FSWs). The high drug risk behaviour among students inthe Institute of Education for Offenders (IEO) includes syringe sharing (40 per cent) as well as *Flashblood* practises (22 per cent)among those identifying themselves as IDUs. The incidence and prevalence of STIs,and substance abuse among students at these facilities are estimated to be high:HIV, 2.8 percent; Hepatitis B, 7.1 percent; Hepatitis C, 4.8 percent; and Syphilis,3.8 percent. Some of the factors that increase the risk of HIV transmission from high risk groups, tothe general population include: higher HIV prevalence among students in IEO as a result of risky behaviour, high HIV prevalence among cohabiting partners and recent history of STI.

1.4 Drivers of the HIV epidemic in Zanzibar

Based on limited programmatic information and inference from neighboring countries having similar HIV context the following drivers can be reliably assumed to contribute towards HIV transmission in Zanzibar; i) unequal gender relations and gender based violence; ii) high risk behaviors (sexual and drug related) among key populations; iii) stigma and discrimination among PLHIV and key populations; iv) poverty and transactional sex; v) mismatch between high levels of HIV knowledge and high risk practices; vi) and high mobility and migration.

1.5 HIV related mortality in Zanzibar

Generally data on AIDS related deaths in Zanzibar is very limited and unreliable, and couldlead to under or overstatement of the real situation. As reported in the 2011 ZACP Annual Report, from 2005 to 2011,a total of 274 deaths were recorded among PLHIV receiving care and treatmentservices. This translates to approximately 8.6 percent of reported AIDS relatedmortality in the past 4 years (cumulative). There is need to gather data on HIVrelated morbidity and/ or mortality among key populations in Zanzibar.

1.6 The Socio-economic Impact of HIV in Zanzibar

The HIVepidemic has had a negative impact on Zanzibar,as is the case in other neighbouring Sub-Saharan African countries. To reduce the impact of HIV on thecountry and its people, Zanzibar has designed and implemented effective strategiesguided by the 2004 National HIV and AIDS policy. Many challenges however remain due to the natureand type of the epidemic in Zanzibar, and in part, as a result of limited reliabledata. Few assessments have been done to establish the impact of HIV epidemic onZanzibar, and especially on the

household and at the national level. The Revolutionary Government of Zanzibar (RGoZ) has, acknowledged effects the HIV epidemic has had on the economy, and made it a key issue in the *Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP)* document. Though data remains limited, it can be reliably estimated that presently, the greatest impact of the HIV epidemic is at the micro-economic level (households). Household incomes have declined for those infected and affected due to ill-health related absenteeism from work by the PLHIV or the relative who has to stay at home provide to the infected individual. Further, the cost of caring for the PLHIV and the orphans reduces the family's ability to procure goods and services.

1.7 The 2004 National HIV and AIDS Policy

The policy sought to prevent HIV infections, treat, care and support for those infected, mitigate the impact of HIV and AIDS in the society as well as enhance the capacity of HIV response partners. The policy mainly focused on the general population. To operationalize the policy the First Zanzibar National HIV and AIDS Strategic plan was developed for the period 2004/5 to 2009/10. Among the notable achievements of the HIV response during that period are summarised below.

- Development of HIV response guiding tools such as strategic plan, M&E framework, Advocacy and Communication strategy. M&E tools developed and stakeholders oriented and partnerships with stakeholders and development partners enhanced.
- The AIDS Business Coalition in Zanzibar (ABCZ) established to stimulate private sector involvement and participation in HIV response. Workplace programs have been initiated as a result.
- Greater and meaningful involvement of PLHIVs enhanced through representation in ZAC's board, GFCCM and SHACCOMs, involvement in program design and implementation.
- Mainstreaming of HIV and AIDS in the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP).
- A number of studies conducted to gather information for evidence-informed policy decisions and planning. The studies included substance use and HIV, impact studies and size estimation of key populations.
- The district response expanded where 69 Shehias were reached with support from DRI.

- The capacity of ZAC and other implementing partners was strengthened during that period.
- Advocacy on HIV and AIDS issues intensified to make HIV and AIDS a national agenda.
- Premarital testing as a contribution from the faith based community to HIV prevention developed.
- Prevention efforts in the community have increased, and the messages communicated are partially relevant because they focus primarily on creating awareness and on the sexual transmission of HIV.
- HIV prevention services are implemented at some scale in health facilities in Zanzibar. These include PMTCT, STI treatment, HTC, condom distribution, safe blood supply and universal precautions. There is still room for scaling up the programmes.
- Opportunistic Infection (OI) treatment and some OI prophylaxis are available but there are drug shortages. ARV treatment is reaching and exceeding its estimated goals, but TB and HIV services are not yet linked and integrated. It is noted that the dual challenge of scale up whilst ensuring sustainability is essential since ARV is a lifelong commitment.
- Impact mitigation services exist in the community in some form not commensurate to the national scale, the services are delivered ad hoc, not well coordinated and there is no quality assurance.
- In terms of enabling environment some good progress has been noted. This includes increase in capacity for HIV service planning, implementation, monitoring and evaluation; advocacy to counter stigma, discrimination and denial stepped up through the National HIV and AIDS Advocacy and Communication Strategy. In addition internal and external resources have been mobilised for the HIV response; the involvement and commitment of private and public sectors has also improved significantly.

Despite the impressive HIV response achievements recorded during the 2004/5 to 2009/10 period there were some gaps and challenges that necessitated a review of the policy. It is expected that the reviewed and updated policy will take on board these gaps and challenges.

a) HIV Prevention

It is observed that HIV prevention efforts have not resulted in commensurate behaviour change in the general population and inadequate information known about the higher risk behaviour amongst the key populations. Secondly, HIV prevention messages were targeted mainly at the general population in urban areas, did not provide practical information and

were delivered through too narrow communication channels. There was inadequate regular supply of male and female condoms. Efforts to reach youth were not comprehensive, not well coordinated and not linked with income generating activities for youth. HIV workplace programs have not been implemented in all sectors, and do not focus on the informal sector and only address internal mainstreaming. IDUs cannot access the equipment that they need to prevent HIV infection. This means that integrated supply, demand and harm reduction efforts have not been implemented. Gender imbalances in the society limit women's access to HIV prevention services that they need or negotiate safer sex practices.

b) Care, treatment and support

As for HIV care and treatment the inadequacies were observed in infrastructure related issues such as space, aging and dilapidated facilities. There is still inadequate number and inequitable distribution of qualified staff. In addition the donor-driven vertical interventions affect the establishment of integrated and comprehensive services that go beyond the HIV service centres. Comprehensive Care and treatment centres (CTCs) have not been fully decentralised to cover all districts in the country. There is limited deployed polymerase chain reaction (PCR) capacity to undertake early infant diagnosis (EID) and there is no laboratory in Zanzibar with capacity to carry out ART resistance monitoring.

c) Impact Mitigation

Under impact mitigation there is still HIV related stigma and discrimination as well as inadequate coordination, collaboration, partnership building and networking in the design and /or implementation of strategies and/or policies to reduce impact of the epidemic on the Zanzibari society. There are inadequate standards on minimum package of services per household in the country and this affects resource mobilisation. In addition to this the key populations are inadequately engaged in the effective implementation of the impact mitigation strategies.

d) Creating an enabling environment

In the area of enabling environment retention of trained institutional staff and high staff turnover and mobility within and between the civil society organisations remains a challenge. In addition inadequate institutional capacity for non-state actors coupled with the nature and legality of some civil society organisations limit their quest to solicit for funds. The delays in the enactment of the HIV Bill 2011 also hindered effective HIV and AIDS response.

CHAPTER TWO

2.0 RATIONALE, VISION, MISSION AND GUIDING PRINCIPLES

2.1 Rationale

Since the formulation of the 2004 National HIV and AIDS policy a number of developments and challenges have taken place globally, regionally and nationally that necessitate the need to review and update the policy. These include technological changes that brought in ARVs which have contributed towards reducing the number of deaths due to AIDS. It has also now been possible to define the epidemic type in various countries including Zanzibar which is of concentrated type. It is also widely acknowledged that there are certain high risk behaviours exhibited by key populations whose HIV prevalence is higher than that of the general population. This in effect calls for a shift in the HIV response strategy that should now focus on key populations while not neglecting the general population. In addition the experiences, challenges and gaps noted during the implementation of the national HIV response under the guidance of the 2004 National policy also need to be acknowledged and taken on board moving forward (RGoZ, 2007; Swasti, 2009). It is thus observed that the 2012 National HIV and AIDS policy springs up from a rich background of global, regional and national response catapulted by the current global vision of preventing new HIV infections, ensuring that no discrimination of PLHIV occurs and that no deaths related to AIDS take place.

2.2 Vision

A Zanzibar population that is free from new HIV infection, no stigma and discrimination and those infected and affected receive quality care and support.

2.3 Mission

To provide leadership in controlling HIV and AIDS epidemic and mitigate its impacts by ensuring access to HIV prevention, treatment, care and support services through multi-sectoral collaboration and intensified community mobilization and empowerment,

2.4 Guiding Principles of the policy

The following guiding principles form the basis of the 2012 HIV and AIDS Policy. There should be:

Multi-sectoralism: The HIV and AIDS epidemic is posing a big challenge to the development of all sectors. Therefore responding effectively to the behavioral, social, cultural, and economic factors that make individuals and communities vulnerable to HIV infection and mitigating the associated crises of AIDS require organized and concerted efforts from all actors in the public sectors, the private sector, NGOs, FBOs, PLHIV and communities at large.

Greater involvement of People Living with HIV and AIDS including key populations: Greater involvement of people living with HIV and key populations should be ensured in all programs of HIV and AIDS prevention and control at all levels. PLHIV can share their personal life and social experience by educating the public on HIV programs, promoting treatment literacy and adherence, promoting others to disclose their HIV status to their beloved ones and by providing care support including home and community based care services.

Empowerment: Reversing and halting the spread of HIV and mitigating its impacts will be boosted if there is a means of empowerment of individuals, families, key population groups, PLHIV, institutions and the community at large. This will boost their efforts and contributions towards fighting HIV and AIDS.

Partnership: To reverse the spread of HIV and to respond to the growing demands of the epidemic the need for a coordinated response has long been recognized. National, regional and international partnership based response to HIV and AIDS need to be owned solidly and sustained by all partners. This includes regional and international collaborative efforts initiated within SADCC, EAC and UNGASS among others.

Gender sensitivity: In Zanzibar Women are more affected by HIV than men; the social, cultural, and economic status of women in our society makes them more vulnerable to HIV and AIDS. Gender inequality, gender based violence, early sexual debut, intergenerational sex and harmful traditional practices make women at greater risk to HIV. Hence, the fight against HIV and AIDS cannot be successful unless it effectively addresses the social, cultural, and economic causes of gender inequality in our society.

Prioritization of key populations as a means to curb the further spread of HIV and AIDS: HIV prevention and control programs should mostly focus on key population groups as well as HIV prevention needs of the general population

Result Oriented: The investment on HIV and AIDS prevention and control programs should yield the expected results in averting new infections and improving quality of life of the infected and affected population. Resources mobilized from external development partners, the government and communities should be utilized in an effective and efficient manner. The response should be led by evidence based planning and programming. The epidemic, its driving factors, and the effectiveness of interventions should be monitored and evaluated.

Supportive Leadership: The HIV and AIDS policy should be driven by Zanzibar political leadership with the support of leaders from all sectors to leverage economic growth and adopt new funding opportunities in the advent of dwindling international investments for HIV.

Implementation of the response within the “Principle of Three Ones” One HIV and AIDS Action Framework, One National AIDS Coordinating Authority, and One Monitoring and Evaluation System

CHAPTER THREE

3.0 OVERALL AND SPECIFIC OBJECTIVES

3.1 Overall Objective

The overall objective of this policy is to provide a framework to ensure comprehensive and effective actions towards preventing new HIV infections treat care for and support those infected as well as mitigate impact of HIV and AIDS through a collaborative effort of HIV response partners. This objective reaffirms the need for a meaningful multi-sectoral approach that takes cognizance of the need to harness the comparative advantages of the various partners in responding to HIV and AIDS in Zanzibar.

3.2 Specific Objectives

The specific objectives of the HIV and AIDS policy have been developed around the following five thematic areas:

- HIV Prevention
- Treatment, Care and Support
- Impact Mitigation
- Creating an enabling environment
- Monitoring, Evaluation and Research

The following are the specific objectives of the policy guidelines:

HIV Prevention

1. Prevent Sexual Transmission of HIV
2. Enhance SRH and HIV linkages
3. Prevent Mother to Child Transmission of HIV
4. Prevent HIV transmission to IDUs
5. Blood supply safety
6. Prevention of HIV transmission in health setting
7. HIV Testing and Counselling
8. HIV information and Education
9. HIV prevention among young people

10. Eliminate Stigma and discrimination
11. Community resource persons and structures
12. Culturally appropriate condom programming

Care, Treatment and Support

13. Management of Opportunistic Infections
14. Access to ART
15. Treatment as prevention
16. Friendly HIV/STIs services to key populations
17. Services to IDUs
18. Home Based Care (HBC) Services

Impact Mitigation

19. Meaningful involvement of key populations and PLHIV
20. Impact mitigation support services
21. Unequal gender relations and gender violence
22. Community systems strengthening

Enabling Environment

23. Harmonisation of ZACØ leadership role
24. Effective Multi-sectoral HIV and AIDS response
25. HIV policies and legislation
26. Sustainable financing of HIV and AIDS response
27. Access to HIV related services

Monitoring, Evaluation and Research

28. HIV Strategic information generation
29. HIV Strategic Information dissemination and use

CHAPTER FOUR

4.0 HIV PREVENTION

4.1 Rationale

In Zanzibar HIV and AIDS awareness at all levels in the general population are high. However, the transfer of this knowledge to behaviour change still remains a challenge. It is further observed that there are still risky cultural practices and behaviour that accelerate the spread of HIV and AIDS in Zanzibar. The mismatch between high knowledge of HIV and AIDS and high risk sexual practices continue to hamper prevention efforts in Zanzibar. In addition due to the fact that the Zanzibar epidemic is of concentrated type based on high risk behaviours exhibited by key populations it calls for a deliberate attention to promote risk reduction amongst this group. The risky behaviour of the key populations has the potential of transmitting new infections to the general population. It is also important that appropriate and effective mechanisms be put in place for Zanzibaris to protect themselves against new HIV infection. There is need to increase information and education on HIV and AIDS to service providers.

4.2 Specific Objective one: Prevent Sexual Transmission of HIV

To promote and implement efforts that prevents sexual transmission of HIV among the key and general populations in Zanzibar

The key populations have exhibited high risk behavior both sexual and drug related. The Integrated behavioral and biological surveillance surveys (IBBSS)¹ reported that about 58 per cent of IDUs injected themselves with previously used needles in the month preceding the study and 63 per cent had two or more partners. Among MSMs it was observed that transactional sex was common with multiple partners and 63.3 to 77.2 per cent did not use condoms with non-regular sexual partners. 58 per cent of FSWs reported not using condoms the last time they had sex.

Policy Statement

¹ Integrated behavioural and biological surveillance surveys for MARPS-2008 (ZACP)

The ministry responsible for HIV and AIDS response coordination in collaboration with all partners shall ensure that the people of Zanzibar are provided with relevant information through appropriate media and mechanisms to protect themselves against new HIV infections.

Strategies

- Implement programmes that encourage risk reduction and prevent HIV transmission to the key populations and their clients to inhibit the potential of HIV transmission from the key populations to the general population.
- Coordinate and ensure enhanced universal access by all people to accurate, relevant and up-to-date information on HIV and related services in urban and rural Unguja and Pemba.
- Ensure that effective behavioral change and communication (BCC) models are promoted.
- Promote and support the design and implementation of a culturally sensitive condom programming strategy in Zanzibar.
- Provide economic and psychological support to key populations.

4.3 Specific Objective two: Enhance SRH and HIV linkages

To promote Sexual and Reproductive Health (SRH) and HIV linkages for the effective prevention of HIV transmission

UNAIDS acknowledges that the majority of HIV infections are sexually transmitted or are associated with pregnancy, childbirth and breastfeeding; and the risk of HIV transmission and acquisition can be further increased due to the presence of certain sexually transmitted infections (STIs). Moreover, sexual and reproductive ill-health and HIV share root causes, including economic inequality, limited access to appropriate information, gender inequality, harmful cultural norms and social marginalisation of the most vulnerable populations (UNAIDS, 2010).

Policy Statement

The ministry responsible for health and that coordinating HIV and AIDS response shall ensure that an appropriate and effective framework is instituted to promote sexual and reproductive health (SRH) and HIV linkages.

Strategies

- Develop a mechanism that ensures a coordinated and coherent approach in SRH priorities and HIV response within the three ones principle.
- Improve equitable access to SRH and HIV related services as well as access to information and education opportunities.
- Enhance sexual and reproductive health and human rights for all including people living with HIV (PLHIV) and key populations.

4.4 Specific Objective three: Prevent Mother to Child Transmission of HIV

To design and support efforts that prevent mother to child transmission of HIV

Maternal transmission of HIV has been documented to be the major mode of HIV transmission in children. Transmission can occur during pregnancy, delivery and through breast-feeding. Gaps and challenges noted during a joint review included: lack of a communication strategy to deal with new WHO statement on exclusive breastfeeding; lack of post natal follow up (almost 95 per cent of pregnant women receive no post natal follow up); lack of referrals between PMTCT and pediatric ARV treatment; the low male partner involvement in PMTCT; lack of universal coverage of PMTCT services and (resultant high number of women who deliver with unknown HIV status) and research to assess whether or not PMTCT, in a country with low prevalence amongst pregnant women is an efficient resource use.

Policy Statement

The Ministry responsible for health related aspects in the HIV and AIDS response shall ensure that an appropriate framework is in place for effective delivery of PMTCT services including exclusive breastfeeding guidelines, post natal follow up and pediatric ARV treatment.

Strategies

- Scale up programmes to rural and urban Unguja and Pemba that reduce HIV transmission from mother to child during intra-uterine life, delivery or while breast-feeding.
- Ensure adherence to national guidelines on prevention of mother to child transmission of HIV by all service providers.
- Enhance maternal and child health status by including nutritional support as part of treatment package for pregnant and lactating women living with HIV and their infants.
- Improve the capacity of public and private health care facilities to provide comprehensive and integrated PMTCT services and support.

- Design, produce and disseminate effective information, education and communication (IEC) materials on PMTCT.
- Strengthen PMTCT linkages with other HIV services (CTC, HBC, Early Infant Diagnosis, TB and Reproductive and Child Health services) to ensure effective delivery of services
- Promote meaningful male involvement in PMTCT services
- Strengthen follow up of HIV+ mothers and exposed infants to ensure treatment compliance.

4.5 Specific Objective four: Prevent HIV transmission to IDUs

To support initiatives that prevents HIV transmission through IDU and harm reduction measures.

IDUs have been reported² to exhibit risk sexual and drug related behaviors. 58 per cent of them were reported using previously used needles and 63 per cent had two or more partners.

Policy Statement

The Ministry responsible for HIV and AIDS coordination response in collaboration with partners shall ensure that IDUs are encouraged to embrace risk reduction behavior to prevent them from HIV transmission.

Strategies

- Support the development and operationalization of a strategy/ program on needle exchange for IDUs
- Strengthen the operationalization of substance abuse and HIV strategic plan
- Establish comprehensive detoxification and rehabilitation network/centers that include opiates substitution with methadone
- Promote HBV immunization among IDUs and key populations in congregate settings.
- Institute mechanisms to effectively support sober houses as a route out of drugs.

4.6 Specific Objective five: Blood supply safety

To provide a framework that will ensure safety of blood supply

Generally, HIV transmission through blood and blood products in hospital settings are controlled through routine screening prior to transfusion and by ensuring that aseptic techniques are in place. In a joint review of HIV response in Zanzibar it was revealed that certain challenges and gaps existed in this aspect. There was lack of an effective distribution system for donated blood from Mnazi Mmoja hospital to other health facilities; there was lack of an incentive scheme for voluntary blood donors; stigma surrounding blood donations; limited access to the blood bank, given that it is centrally located and the lack of regular and

² IBBSS 2008 (ZACP).

predictable supply of reagents for HIV tests and the lack of skilled human resources to carry out services associated with managing the blood bank.

Policy Statement

The Ministry responsible for health ensures that an effective blood supply and safety framework is instituted to prevent HIV transmission within health care facilities in Zanzibar.

Strategies

- Develop and implement a safe blood and infection control action plan including the capacity building of health providers at the health facilities to take appropriate action
- Strengthen the capacity of health facilities to undertake infection control and screening of donated blood (in line with national screening and quality assurance standards) through the provision of necessary equipment and consumables.
- Institute an effective distribution system for blood supply from Mnazi Mmoja Hospital to other health facilities.
- Ensure that there is enough blood supply to meet the demand in Zanzibar including instituting incentives to encourage voluntary blood donors.

4.7 Specific Objective six: Prevention of HIV transmission in health setting

To support mechanisms that prevents transmission of HIV in health care setting

The 0.3 per cent exposure risk potential to HIV infection through needle stick injuries has been documented to be among the main occupational hazards faced by health workers. Antiretroviral treatment could prevent HIV infection after occupational exposure; such as needle stick injury; through Post-Exposure Prophylaxis (PEP). In defined circumstances, PEP could also be used to offer protection to rape victims as well as traditional health practitioners. PEP guidelines have already been developed and need to be rolled out to health facilities (including universal precautions, PEP for accidental exposure, PEP for sexual assault and appropriate waste disposal).

Policy Statement

The ministry responsible for health shall ensure that all health care providers are not exposed to HIV transmission by facilitating the provision of post exposure prophylaxis (PEP) in all health facilities in Zanzibar.

Strategies

- Develop and implement an effective national protocol on PEP for those exposed to potentially HIV infected material/body fluids
- Ensure that employers put in place measures (following the national protocol) to protect employees from work related exposure to HIV infected material/body fluids.

4.8 Specific Objective seven: HIV Testing and Counseling

To promote greater access to HIV Testing and Counseling (HTC) and promote confidentiality and consent

The availability and accessibility of HIV testing through laboratories and Voluntary Counseling and Testing (VCT) services creates platforms for individuals to know their health status and plan for their future. Some of the gaps noted under this area included: need for a study to assess effectiveness of VCT services in Zanzibar, Inadequate key population VCT friendly services, Inadequate couple/partner testing to locate and protect discordant couples, low uptake of VCT services, managing premarital testing ethically and confidentially, strategy for provider initiated testing, stigma associated with standalone VCT centers and accommodating the needs of people with disabilities.

Policy Statement

The ministry responsible for coordinating HIV and AIDS response in collaboration with partners shall promote and encourage greater access to HTC for individuals to know their health status and plan for their future.

Strategies

- Develop and implement a HTC advocacy strategy to create demand for services
- Ensure adherence to the national guidelines for HIV Testing and Counseling by all service providers.
- Enhance access and availability of non-discriminatory HIV Testing and Counseling services at the integrated, standalone sites and mobile/outreach Zanzibar

4.9 Specific Objective eight: HIV information and Education

To provide guidance in establishing HIV related information and education to enable individuals to protect themselves from infection.

According to the joint HIV response review messages about abstinence and being faithful were more prominent than messages about condom use. Different faiths in Zanzibar have always promoted abstinence-until marriage as a moral imperative and not necessarily a method of HIV prevention. Recently the religious leaders included the prevention of HIV transmission as an additional reason for adhering to the abstinence until marriage lifestyle. The review further observed that the main challenge was that HIV messages were too general and not focused on specific education messages, messages were not communicated using all possible communication channels and messages did not reach all persons who needed it.

Policy Statement

The ministry responsible for the coordination of HIV and AIDS response in collaboration with partners shall enhance an effective framework for promoting accurate and relevant HIV information so that individuals can make informed decisions on behavior change.

Strategies

- Facilitate and promote the design of effective HIV prevention messages to be communicated using all appropriate media channels and target all persons who need it.
- Ensure that young people are encouraged to abstain from sex or delay sexual debut.
- Ensure that young people are provided with evidence-based sex education, youth-friendly sexual and reproductive health services
- Facilitate young people to initiate peer mechanisms through which they can educate themselves on HIV prevention.
- Meaningfully involve target audience in the design and development of HIV prevention messages.

4.10 Specific Objective nine: HIV prevention among young people

To promote and implement initiatives that focus on HIV prevention among young people

While young people are considered vulnerable to HIV transmission due to their age, mechanisms to reach them were one-dimensional and not well coordinated. The efforts were not comprehensive, not well coordinated and not linked with income generating activities for youth.

Policy Statement

The HIV and AIDS coordinating ministry in collaboration with partners shall ensure a comprehensive framework to support HIV prevention programmes to the youth linked to income generating activities.

Strategies

- Ensure that young people are encouraged to abstain from sex or delay sexual debut.
- Ensure that young people are provided with evidence-based sex education, youth-friendly sexual and reproductive health services
- Integrate income generating activities with youth HIV and AIDS programming.

4.11 Specific Objective ten: Eliminate Stigma and discrimination

To support the design and implementation of effective initiatives that confront and mitigate HIV related stigma and discrimination towards PLHIV and key populations.

There is a high level of stigma directed at the key populations in Zanzibar. 50.2 per cent of MSMs, 37.2 per cent of the FSWs, 70 per cent of the IDUs reported being beaten by family members and/or not being respected by the community. It should further be noted that stigma and discrimination directed towards the PLHIV does significantly hamper their ability to access most of the HIV related services provided (prevention, care, treatment and support). The negative attitudes of some service providers also contribute to the inability of individuals among the key populations not accessing services.

Policy Statement

The ministry responsible for HIV and AIDS response coordination and other partners shall promote the development of interventions that discourage and eliminate stigma and discrimination towards key populations and PLHIV with a view of enhancing HIV prevention.

Strategies

- Develop and implement a training program for health providers that address the special needs of key populations.
- Promote advocacy campaigns that improve tolerance on issues related to HIV epidemic and key populations.

4.12 Specific Objective eleven: Community resource persons and structures

To strengthen community resource persons and structures (civil society organizations, political leaders, peer educators) to participate effectively in HIV and AIDS response

For HIV and AIDS response programming the community needs to be involved meaningfully and their capacity continually strengthened. The participation of community leaders, civil society organizations including peer educators has proved to be beneficial to the success of intervention programmes.

Policy Statement

The ministry responsible for HIV and AIDS response coordination in collaboration with partners shall ensure that the community resource persons and structures are periodically strengthened and involved in the HIV response for effective results.

Strategies

- Develop the skills of community resource persons and structures to undertake HIV/STI prevention programmes at the community level
- Facilitate community resource persons and structures with requisite skills to undertake HIV/STI prevention programmes at the community level.

4.13 Specific Objective twelve: Culturally appropriate condom programming

To facilitate the development of a comprehensive condom programming framework incorporating promotion, procurement, storage, distribution, use, disposal and quality control aspects.

The UNAIDS observes that the proper use of condoms is one of the effective ways of guarding against HIV transmission. In Zanzibar condom use has been a bone of contention as there is perception that it is bound to encourage promiscuity especially among the youth. It is only recently that the faith based organizations (FBOs) allowed condom use for sero

discordant couples. However, now that the programmatic shift is taking place towards targeting key populations who exhibit risky sexual behaviors it is a high time an appropriate and culturally sensitive condom programming framework is developed.

Policy Statement

The ministry responsible for HIV and AIDS response coordination and partners shall promote and support the design and implementation of a culturally sensitive condom programming strategy in Zanzibar and ensure that individuals, institutions and organizations, including the media, are provided with correct, scientific and evidence-based messages on the safety of condoms to the public particularly for discordant couples and key population

Strategy

- Develop and implement an effective national condom programming strategy that ensures availability of condoms.

CHAPTER FIVE

5.0 CARE, TREATMENT AND SUPPORT

5.1 Rationale

It is widely acknowledged that care, treatment and support of the PLHIV and the affected individuals entail an important part of mitigating effects of the HIV epidemic. The following advantages can be accrued by institutionalizing an effective quality care and treatment: decreased morbidity and mortality among the PLHIV; prevention of secondary re-infection with HIV (prevention with positives); decreased HIV associated stigma emanating from service providers and mitigation of the impact of AIDS at household level. In addition, certain specific challenges and gaps were noted during the joint review of the HIV responses on the provision of care, treatment and support in Zanzibar. Existence of structural and institutional challenges in the treatment of opportunistic Infections (OI), ARV provision sustainability due to funding challenges as drugs and reagents are donor funded, laboratory capability is inadequate in district hospitals for monitoring ART, drug adverse effects and opportunistic infections diagnosis and harm reduction among substance users and injecting drug users.

5.2 Specific Objective thirteen: Management of Opportunistic Infections

To facilitate roll out of quality Opportunistic Infections (OI) prophylaxis and to all people living with HIV (PLHIV) in Zanzibar.

A review of the status of OI management revealed some notable gaps in services delivery. These were supply of some OI drugs being erratic; not all health care workers have been trained on OIs; patients allergic to cotrimoxazole cannot access dapsones provided for leprosy treatment by the TB and leprosy programme, because the TB and HIV programmes have not been integrated. In addition, there is a high prevalence of co-infection of Tuberculosis and HIV in Zanzibar, so TB patients should be screened for HIV and vice versa.

Policy Statement

The ministry responsible for health shall ensure that there is an increase in coverage and access to adequate quality medical services for opportunistic infections as well as increase capacity of health facilities to deliver free OI prophylaxis and management services.

Strategies

- Increase the number of health facilities offering OIs management services in areas known to have high HIV prevalence, and expand the catchment areas through strengthened outreach programmes with special emphasis to rural areas.
- Improve the capacity of health providers to provide comprehensive OIs diagnosis and treatment services for PLHIV
- Strengthen the infrastructure at health facilities to support the diagnosis and effective treatment of OIs
- Scale up the procurement and provision of health commodities necessary for OIs diagnosis and management.
- Mobilise adequate financial resources to facilitate the diagnosis and management of OIs.
- Provide education to the community through outreach programmes on opportunistic infections (OIs).
- Strengthen TB and HIV prevention linkages as per the national TB and HIV policy.

5.3 Specific Objective fourteen: Access to ART

To facilitate access to appropriate care and treatment by all PLHIV in Zanzibar

On the ARV treatment the review noted the following gaps in ARV roll-out; Geographical inaccessibility; financial inaccessibility (patients need to pay for treatment of most OIs except for diflucan and nutrition for ARV patients is essential but expensive; acceptability of services for key populations; sustainability of funding for ARV drugs and reagents; ART literacy in the community is low and inability to diagnose infants due to the absence of the necessary equipment.

Policy Statement

The ministry responsible for health shall ensure that PLHIV are identified and enrolled into care and treatment, and that all those PLHIV who are enrolled and eligible for treatment readily receive ART.

Strategies

- Scale up access to VCT through outreach programs and mobile services to identify PLHIV

- Expand interventions that encourage PLHIV to enrol for early care and treatment services
- Improve the capacity of staff at CTCs to undertake effective treatment adherence counselling and to provide ART to PLHIV on both public and private health facilities.
- Improve the national ART commodity security to ensure those enrolled on treatment are maintained for life.
- Strengthen the ART adherence and defaulters tracing mechanisms
- Strengthen the capacity of laboratories to undertake treatment monitoring and early infant diagnosis (EID).
- Promote the provision of nutrition services as part of ART package.

5.4 Specific Objective fifteen: Treatment as Prevention

To support the design and integration of HIV prevention into AIDS treatment services

Treatment as prevention (TASP) is a term increasingly used to describe HIV prevention methods that use antiretroviral treatment to decrease the chance of HIV transmission. Williams et al, 2010³ note that People living with HIV often take treatment for their own health; ARVs decrease the amount of the virus in a person's bodily fluids, known as the "viral load", thereby reducing the likelihood of AIDS-related illnesses. WHO⁴ further states that an HIV-positive person's viral load is the single biggest risk factor in the transmission of HIV. Therefore, taking treatment has the additional benefit of significantly decreasing this risk. The idea of "treatment as prevention" is to use treatment as a prevention strategy that individuals could use to protect their sexual partners, or, on a large scale, to reduce HIV transmission among a population.

Policy Statement

The Ministry responsible for health to formulate and implement an appropriate framework that supports treatment as prevention based on internationally agreed guidelines and standards.

Strategies

- Develop a national guideline and protocol on treatment as prevention

³Williams B. et al (2010) "Treatment as prevention: preparing the way" *Journal of the International AIDS Society*, 14 (1)

⁴WHO (2012, July) "antiretroviral treatment as prevention (TASP) of HIV and TB" Programmatic update.

- Enhance the capacity of health service providers to administer treatment as prevention regimen.
- Roll out treatment as prevention into all health service providing centers in Zanzibar.

5.5 Specific Objective sixteen: Friendly HIV/STIs services to key populations

To promote the integration of key population friendly and comprehensive STI services to all district hospitals and other health facilities.

There is a significant association and contributory role that sexually transmitted infections play in fuelling HIV transmission. In a joint review of the HIV response in Zanzibar it was revealed that certain gaps exist in the control and treatment of STIs in Zanzibar. These gaps include incorporating research on HSV-2 infection into all STI treatment protocols; STI drugs stock outs at STI clinics, due to underfunding; how to integrate STI services into the four district hospitals and how to ensure the STI clinics are friendly to the key populations given that 26 per cent of IDUs had an STI compared with only 0.3 per cent of the general population.

Policy Statement

The ministry responsible for health in collaboration with the one coordinating HIV and AIDS response and partners shall increase access to appropriate STI education and to high quality and affordable diagnostic and treatment STI services to all populations including the key populations.

Strategies

- Facilitate the creation of conducive and supportive social, legal and policy environment for key populations to access comprehensive HIV/STI services
- Improve the attitude of health providers towards the key populations visiting health facilities for services
- Undertake advocacy among key populations to encourage them to access services available at the health facilities.
- Strengthen the involvement of key populations in the planning and implementation of services at the health facilities targeted at key populations.

5.6 Specific Objective seventeen: Services to IDUs

To ensure that IDUs are identified, counselled and provided with services including opiates substitution therapy

The high risk behaviour of IDUs especially for reusing needles makes them vulnerable to HIV infection. Special care is also needed for those already infected thus the need for opiate substitution therapy.

Policy Statement

The ministry responsible for health should ensure an effective framework for providing care and treatment for IDUs including opiate substitution therapy.

Strategies

- Develop and implement a comprehensive package of services for IDUs including opiate substitution therapy
- Improve the skills of health workers to effectively implement the comprehensive package of services for IDUs including opiate substitution therapy
- Mobilise and encourage IDUs to freely access the comprehensive package of services available at the health facilities and rehabilitation centres in the country.

5.7 Specific Objective eighteen: Home Based Care (HBC) Services

To institutionalise the Home Based Care (HBC) services with meaningful and effective community participation.

A review of Home Based Care services revealed a number of gaps that included: dire shortages in health facilities contribute to the inefficiency of facility based HBC services; HBC services are still primarily facility based and not community based; linkages and referrals between the community and the community are weak so there is significant loss to follow up; nutritional support for PLHIVs is unsustainable; economic, domestic and emotional support are not provided routinely to PLHIVs and their families.

Policy Statements

The ministry responsible for HIV and AIDS coordination in collaboration with partners shall ensure a comprehensive HBC framework that encompasses meaningful participation of the community and service delivery.

Strategies

- Scale up identification and enrolment of more PLHIV into home based care on account of the set eligibility criteria

- Ensure a sustainable access to home based care kits for all including basic medicine and food rations for eligible PLHIV.
- Strengthen community ownership of the home based care strategy including greater involvement of community based care providers
- Strengthen linkages and referrals between health facilities and the community to ensure PLHIV on home based care get the needed services.

CHAPTER SIX

6.0 IMPACT MITIGATION

6.1 Rationale

HIV/AIDS has infected and affected some groups in the population more than others. This may be in terms of legal, socio-economic, cultural and even psychological. In this regard the HIV and AIDS response initiatives need to reduce the burden of the epidemic on most affected and infected persons. This includes empowering individuals to cope with the challenges of the epidemic. It is further acknowledged that the burden of the disease has greatly affected the households due to loss of productive labour and attendant income.

6.2 Specific Objective nineteen: Meaningful involvement of key populations (MIPA) and PLHIV

To support and ensure meaningful participation of key populations and PLHIV in HIV and AIDS response initiatives

The meaningful involvement of key populations and PLHIV in HIV and AIDS response can lead to effective programming and implementation. For example health facilities have been seen as areas that can support effective implementation of stigma and discrimination initiatives therefore the participation of key populations as expert patients or outreach workers can enhance reduction of stigma and discrimination associated with health facilities.

Policy Statement

The ministry responsible for HIV and AIDS response coordination needs to develop institutional mechanisms to support the meaningful involvement of PLHIV and key populations in national HIV and AIDS response.

Strategies

- Promote meaningful involvement of PLHIV and key populations at all levels of the national response.
- Improve knowledge and skills of PLHIV and key populations to meaningfully participate and contribute to the national HIV response.

- Advocate against self and social stigma towards key populations and PLHIV to meaningfully participate and contribute to the national HIV response.

6.3 Specific Objective twenty: Impact mitigation support services

To enhance provision of impact mitigation support services and facilities to key populations, PLHIV and MVCs including financing to start IGAs, nutritional and psychosocial services.

While the HIV epidemic affects all members of the community its impact hits hard on the most vulnerable members of the society including key populations, MVCs and PLHIV. These groups need to be provided with impact mitigation support services.

Policy Statement

The ministry responsible for HIV and AIDS coordination efforts in collaboration with partners and other stakeholders shall establish comprehensive support mechanisms towards mitigating HIV and AIDS impact among key populations, PLHIV and MVC.

Strategies

- Link key populations with economic support strategies through the implementation of the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP).
- Determine the magnitude of social economic needs of key populations in Zanzibar
- Improve resource mobilisation and allocation strategies including the establishment and maintenance of civil society organisationsØ driven micro-finance institutions to increase employment opportunities for PLHIV and MVC caretakers.
- Establish budgetary support to HIV response partners to effectively complement government efforts in addressing HIV related impact.
- Strengthen the partnership and networking between government agencies, the civil society organisations and community to effectively support the key populations on Zanzibar.
- Develop and implement a nutrition support component for PLHIV.

6.4 Specific Objective twenty one: Unequal gender relations and gender violence

To address unequal gender relations and gender based violence to bridge the gap of womenØs vulnerability and risk to HIV infection in Zanzibar

In Zanzibar there is gender unevenness in various forms and levels. It is further observed that lack of parity in gender relations makes it hard for women to negotiate for safe sex with their male partners. The inability of women to negotiate for safe sex practices places them in a more vulnerable and risk situation to HIV infection.

Policy Statement

The ministry coordinating HIV and AIDS response shall lead the process in undertaking gender audit in existing national policies to comprehensively mainstream gender issues relating to HIV impact mitigation.

Strategies

- Define gender roles in HIV related impact mitigation; and comprehensively review national policies to ensure gender equity in implementation of planned activities.
- Facilitate gender auditing that promote gender mainstreaming which ensure equality and address gender norms, gender based violence and relations to reduce the vulnerability of Zanzibaris to HIV infection, targeting women and girls, involving men and boys in this effort.
- Encourage gender equity and equality in employment opportunities for men and women.

6.5 Specific Objective twenty two: Community systems strengthening

To strengthen a national community systems strategy with clear roles of civil society organizations in HIV related impact mitigation.

A well-coordinated community system is paramount for an effective HIV and AIDS response in Zanzibar. Thus the HIV and AIDS response partners ought to prioritize community systems strengthening strategy.

Policy Statement

The ministry in charge of HIV and AIDS response coordination shall ensure that an effective community systems strengthening strategy is instituted to meaningful harness community participation in HIV and AIDS response in Zanzibar.

Strategies

- Strengthen the coordination of the civil society organizations including partnerships and networking in the implementation of impact mitigation activities
- Develop a standardized package of support for key populations, PLHIV and MVCs to be implemented by civil society organizations.
- Strengthen monitoring and evaluation to track progress of indicators set for impact mitigation and use evidence to support scale up.

CHAPTER SEVEN

7.0 ENABLING ENVIRONMENT

7.1 Rationale

In response to the HIV and AIDS pandemic, the Revolutionary Government of Zanzibar established the Zanzibar AIDS Commission (ZAC) in June 2002 with the overall mandate to coordinate the national HIV and AIDS response in Zanzibar. Since its establishment, ZAC has become a strong leader in the fight against HIV and AIDS in Zanzibar as well as a rallying point for donors, development partners and implementing agencies. However, better and greater coordination is required at all levels. The coordination of district and community level responses that are in line with the proposed Local Government Reform is particularly important. Moreover, the relationship between ZAC and ZACP needs to be redefined in order to strengthen the leadership position of ZAC. The composition and membership of ZAC commissioners needs to be reviewed in order to strengthen the position of ZAC. All this calls for an immediate review and amendment of the Act that established ZAC.

7.2 Specific Objective twenty three: Harmonisation of ZAC's leadership role

To legally harmonise and update the leadership role of ZAC by reviewing and strengthening its decentralised coordination structures to support effective multi-sectoral HIV response in Zanzibar.

Policy Statement

The ministry responsible for HIV and AIDS response coordination shall ensure that Zanzibar has adequate mechanisms that support a government-led coordination and multi-sectoral framework for the national, regional, district and shehia HIV and AIDS response.

Strategy

- Review and strengthen the decentralised ZAC coordination structures to support effective implementation of the policy.
- Amend the ZAC Act to ensure that it effectively coordinates its decentralised function as well as strengthen its national coordination role while harmonising its role with ZACP.

- Improve ZACØs board of commissioners and operations to effectively perform its coordination role.

7.3 Specific Objective twenty four: Effective Multi-sectoral HIV and AIDS response

To strengthen the capacity of all strategic partners including civil society organisations to align them with the proposed programmatic shift including health and community systems strengthening (economic, social, cultural and political) and a greater focus on key populations.

Policy Statement

Government shall ensure that the National Multi-sectoral in HIV and AIDS Policy is effectively implemented at all the levels of the national response taking cognizance of the programmatic shift with a greater focus on key populations.

Strategies

- Review and implement terms of reference which clearly define the roles and responsibilities of all including civil society organisations involved in the national HIV response elements targeted at key populations.
- Enhance the capacity of multi-sectoral response partners based on their comparative advantage to effectively carry out interventions towards the key populations.
- Ensure the meaningful and appropriate involvement of political parties in the HIV and AIDS response.
- To strengthen the role of DACCOMs and SHACCOMs in terms of coordination to keep pace with local government reform efforts, and their role is mandated, clarified, operationalized and funded.
- Strengthen the roles of other coordinating institutions including IFF, ABCZ, ZANGOC, ZAPHA+, ZACP, OCGS, HMIS and ANGOZA in the HIV and AIDS response.

7.4 Specific Objective twenty five: HIV policies and legislation

To review and strengthen HIV policies and legislation to ensure protection of the rights of key populations, PLHIV, MVCs and the uninfected.

Policy Statement

The ministry in charge of legal affairs shall facilitate the review and strengthening of HIV policies and legislation to ensure compliance with human rights especially in as far as protection of key populations, PLHIV is concerned.

Strategy

- Review and strengthen HIV policies and legislation to ensure protection of the rights of PLHIV, the uninfected and key populations.

7.5 Specific Objective twenty six: Sustainable financing of HIV and AIDS response

To ensure that planned HIV programme activities are sustainably financed for effective implementation

Policy Statement

The ministry responsible for finance ensures that sustainable funding is mobilised for effective implementation and better outcomes of planned HIV and AIDS response activities.

Strategies

- Develop and implement a funds mobilisation action plan to get resources to implement planned activities
- Develop and implement a national financial framework to support the allocation of funds to HIV implementers and their effective accounting.
- Develop and implement a system that encourages HIV and AIDS response partners to provide information regarding resources towards the response activities to the ministry responsible for finance.

7.6 Specific Objective twenty seven: Access to HIV related services

To ensure that PLHIV, key populations, MVCs and other vulnerable persons are accessing appropriate quality HIV related services at the health facilities and community level.

Policy Statement

The ministry responsible for the coordination of the national HIV and AIDS response shall institute a framework that ensures that PLHIV and key populations access quality HIV related services at health facilities and community level.

Strategies

- Develop and implement a relevant policy framework and package of HIV services for key populations in Zanzibar.

- Develop and implement a national advocacy campaign to create a supportive and tolerant environment for key populations to improve their access to appropriate HIV related services.
- Design and implement sustainable income generating activities for key populations, PLHIV and other vulnerable persons.

CHAPTER EIGHT

8.0 MONITORING, EVALUATION AND RESEARCH

8.1 Rationale

It is critical that Zanzibar has the capacity to assess the success of the national response to HIV and AIDS and also to obtain information to guide decisions on future strategies and interventions. It is particularly important that information be generated that helps to monitor the progression of the epidemic and inform new policies, strategies and plans. There is need to use all available tools in social and behavioral sciences to obtain data that provides information on the prevention of HIV infections; on improvement of delivery of prevention services, treatment care and support; strengthening of multisectoral and disciplinary institutional frameworks to coordinate and implement HIV and AIDS programmes in Zanzibar. Certain challenges and gaps were noted in the area of monitoring and evaluation. These included harmonising linkages with ZACP, HMIS, OCGS and MKUZA monitoring systems, operationalization of the HIV M& E system at the district level, lack of structures for various stakeholders to learn from each other and share information, capturing of strategic information (surveys, surveillance and routine data) not done in national HIV database and implementation of data auditing and supervision due to capacity gaps.

8.2 Specific Objective twenty eight: HIV Strategic information generation

To strengthen capacity of ZAC and implementing agencies to ensure that the policy is effectively implemented by collecting and reporting on HIV and AIDS data for use by policy makers, programme planners and implementers at all levels of national response

Policy Statement

The ministry responsible for coordinating the national HIV and AIDS response and partners shall facilitate a data gathering, analysis and feedback mechanism that provides relevant and timely information to make decisions to design appropriate policies, strategies and plans.

Strategies

- Review and implement a fully costed national HIV monitoring and Evaluation plan in Zanzibar to support the implementation of the policy.
- Strengthen the capacity of ZAC, other national agencies and multisectoral response partners to collect, analyze and report including data auditing and supervision on HIV related data in Zanzibar.
- Develop and implement a framework that captures data on agreed indicators at regional and international collaborative initiatives including but not limited to SADCC, EAC, UNGASS among others.

- Develop and implement a system that harmonizes the timely back and forth information flow between implementers and ZAC.
- Develop and implement a national HIV related Research Agenda and plan.
- Design and implement studies on the following aspects: modes of transmission, effectiveness of HTC in Zanzibar among others.
- Develop and implement a system that harmonizes HIV and AIDS information M&E with other national M&E systems for example MKUZA, ZACP, OCGS and HMIS.
- Strengthen the implementation of the mechanism through which various stakeholders share HIV and AIDS information as well as learn from each other.

8.3 Specific Objective twenty nine: HIV Strategic Information dissemination and use

To facilitate a user friendly HIV and AIDS data gathering, dissemination and utilization for decision making at the national, regional, district and shehia levels.

Policy Statement

The ministry responsible for HIV and AIDS response coordination shall ensure improved HIV and AIDS data collection, dissemination and utilization at national, regional, district and shehia levels including CSOs in the process.

Strategies

- Develop and implement a dissemination plan for national HIV related strategic information relevant to stakeholders
- Strengthen and monitor use of HIV strategic information by policy makers, programme planners and implementers involved in the national HIV and AIDS response.
- Enhance the capacity of all stakeholders in data dissemination and use.

CHAPTER NINE

9.0 POLICY IMPLEMENTATION FRAMEWORK

9.1 Policy Implementation

The implementation of this policy shall provide opportunities to formulate strategic plans at national and sectoral levels. In addition, the policy shall allow the review and update of laws that shall enhance HIV and AIDS interventions in Zanzibar. The policy calls for multi-sectoral concerted efforts involving both the public and non-public sectors. The full participation of all actors and sectors shall be coordinated by the Office of the First Vice President through the Zanzibar AIDS Commission. This entails clarification of roles and responsibilities, definition of relationships and communication lines.

9.2 Ministries, Department and Agencies

- **Ministry Responsible for HIV and AIDS response coordination**

The First Vice President's Office under which ZAC is situated shall continue to provide overall political leadership and coordinate the implementation of the policy and the HIV national response. It will be ZAC's responsibility to ensure that all sectors and partners are mobilized for the HIV and AIDS response. With the support of the First Vice President's Office, ZAC shall ensure that all sectors develop specific plans and interventions within the framework of the 2012 National Policy on HIV and AIDS in Zanzibar.

- **Zanzibar AIDS Commission**

It is the responsibility of ZAC to ensure that the policy is formalized, and adopted as Second National Policy on HIV and AIDS for Zanzibar. ZAC will also ensure that policy-makers at various government levels put in place HIV/AIDS strategies, and also co-ordinate and monitor their implementation. With leadership from the office of the first Vice President ZAC will mobilise and advocate for the provision of resources from both local and international development partners for HIV and AIDS prevention, care and support, and impact mitigation. It will also set up a system that recognizes individuals and organizations that make exemplary contribution towards the HIV and AIDS struggle. In addition the

organization will ensure that all HIV and AIDS related legal issues are adopted and implemented.

- **Ministry Responsible for Finance**

It is the responsibility of this ministry to ensure that HIV and AIDS is mainstreamed in national instruments such as the Zanzibar Poverty Reduction Plan (ZPRP) and ensure that resources are mobilised and are available for national HIV and AIDS activities to all ministries. In addition it will ensure that each line ministry allocate 5 per cent of the annual budget for HIV and AIDS workplace interventions and supervise the smooth implementation of the above. The ministry will also ensure that line ministries use the approved budget for HIV and AIDS activities as well as that human resource planning (based on epidemiological data) is undertaken to meet the human resource gaps. The ministry will be responsible for ensuring that each line ministry has Human resource development plans and policy that explicitly meets sectoral HIV and AIDS needs and demands. The coordination of material and financial support from development partners shall lie solely with this ministry. Regular impact studies of HIV and AIDS on human resources and the economy shall be undertaken under the supervision of this ministry.

- **Civil Service Commission**

This is a key organ in coordinating civil service aspects one of which will be in collaboration with other governmental agencies; facilitate the formulation of a workplace HIV and AIDS policy for the public sector to be implemented by all Ministries. It will also review existing human resource needs in public service taking in consideration the context of impacts of HIV and AIDS. The function of this entity will include ensuring that all sectors (public and private) develop HIV and AIDS prevention interventions at work places as well as making sure that human resource demands for each sector are met.

- **Ministry Responsible for Health and the Zanzibar AIDS Control Programme (ZACP).**

Through its specialized unit, ZACP, this ministry shall be responsible for ensuring that guidelines on treatment and ARVs are developed, printed and disseminated. It will also advocate and educate the public on issues related to care and treatment including promotion of Home Based Care. It will also be responsible for scale up plans for i) ARVs and Opportunistic Infections; ii) Prevention of Mother to Child Transmission of HIV (PMTCT)

and HBC. The ministry will provide technical support to other sectors in developing and implementing HIV and AIDS activities as well as developing interventions aimed at prevention and treatment of STDs. In addition the ministry will coordinate the carrying out of HIV and AIDS surveillance and provide information to sectors for planning purposes and coordinate the national HIV and AIDS health sector response.

- **Ministry Responsible for Social Welfare**

Through its Department of Social Welfare, the Ministry will support implementation of impact mitigation activities focusing PLHIV, MVCs and other vulnerable persons in the society. The Ministry will develop systems to support the orphaned and vulnerable children in school and out of school through a sustainable family centred approach.

- **The Ministry Responsible for Employment**

This Ministry will give directives on the code of conduct at workplaces and especially to reduce and eventually eliminate stigma and discrimination targeted at the PLHIV. The rights of the PLHIV have to be respected. The ministry will also provide guidelines on the establishment or integration of HIV Programs in workplaces.

- **The Ministry Responsible for Youth, Women and Children Development**

The Ministry will also spearhead life skills development programmes for out-of-school youth and to mainstream HIV related interventions into development activities focusing young people, women and children.

- **Ministry Responsible for Education**

This ministry is responsible for ensuring the integration of HIV and AIDS issues into the school curriculum at all levels and the development of teachers' capacity in HIV and AIDS communication as well as counseling skills. It is the responsibility of the ministry to ensure that HIV issues are effectively mainstreamed within school curricula at all levels.

- **Ministry Responsible for Regional Administration and Special Departments**

It is the responsibility of this ministry to ensure the development and support of HIV and AIDS programmes at district and community levels and monitor impact of HIV and AIDS on local governance and delivery of services to district and community groups. The ministry also advocates against stigma and discrimination in addition to developing the capacity of

DACCOM and SHACCOM to coordinate and monitor HIV and AIDS interventions implemented at district and shehia level. It works closely with CSO and CBO in district HIV and AIDS interventions and set a management of strategic information and documentation of best practices. This ministry also shall work with all appropriate agencies to ensure that all the necessary actions are taken for the development and sustenance of HIV and AIDS programmes for special departments, especially: The Tanzania Peoples Defense Force (TPDF), The Police, Kikosi Maalum Cha Kuzuia Magendo (KMKM) and Jeshi la Kujenga Uchumi (JKU).

- **Ministry Responsible for Agriculture, Natural Resources, Environment and Cooperatives**

The ministry is responsible for providing sustainable support to IGA that are operated by women groups involved in agriculture and implementation of HIV and AIDS prevention interventions in various agricultural communities. It also develops and implements HIV and AIDS interventions for farming communities that counteract the impact of HIV and AIDS on agricultural production. The ministry is responsible for monitoring the impact of HIV and AIDS on the agricultural sector as well as the development and implementation of capacity building on gender for key actors.

- **Ministry Responsible for Legal Affairs and Governance**

The ministry shall be responsible for providing technical back-up to government sectors in formulating and ensuring the implementation of necessary HIV and AIDS legislation and policies in the country. It shall spearhead the sensitization of laws that are relevant to HIV and AIDS and ensure that existing laws and policies are simplified for easy understanding and are enforced. The ministry shall link with NGOs, Women's organizations for adoption of advocacy work on legal issues for women in relation to HIV and AIDS.

- **Political Parties**

Political parties will keep the HIV epidemic on their agenda and provide the necessary leadership within their structures and constituencies as well as support the RGOZ in their multi-sectoral response to the HIV challenge. The House of Representatives has three main committees which provide oversight to the national HIV response, and these are: i) *The Social and Welfare Committee*; ii) *Public Accounting Committee and Constitution*; and iii) *Laws and Good Governance Committee*. These committees will get reports from ZAC and the key

Ministries, and review them in line with their strategic mandate to support the effective implementation of national HIV response.

- **The House of Representatives**

The House of Representatives through its committees will get HIV reports from the Zanzibar AIDS Commission and Government Ministries (Public Sectors); and assess them in accordance with the mandate of the House of Representatives in order to support an effective implementation of the National AIDS Response. The Outstanding Committees of the House of Representatives will have to mainstream HIV issues in their daily routine works and ensure the implementation of HIV Programs and accountability of public sectors in the allocation and the use of funds planned for HIV and AIDS activities.

- **UWAKUZA**

The House of Representatives Coalition on HIV and AIDS in Zanzibar (UWAKUZA) will act as a catalyst to ensure the Representatives in the House are reminded of their role in support of the national HIV response both within the House, their Constituencies and community at large. UWAKUZA will essentially work with ZAC to ensure HIV related policies are in place to provide the necessary support for effective implementation of the HIV response.

- **The Zanzibar ZGFCCM**

The Zanzibar Global Fund Country Coordinating Mechanism (ZGFCCM) is another important multisectoral forum for the coordination and sharing of information. ZAC will work with ZGFCCM to expand its role beyond the Global Fund.

- **Trade sector**

The trade sector shall develop preventive strategies that would protect the employee from contracting HIV and other sexual transmitted infections and provide support to infected employee and affected families. It will also develop Business Coalition that will promote HIV and AIDS prevention strategies and protect the industry and the general public at large as well as mobilize resources to support the HIV and AIDS national Strategies.

- **Other Ministries, Departments and Agencies**

All other ministries will have to formulate or update and implement their sectoral HIV and AIDS Strategic plans with emphasis on mainstreaming HIV issues into their core functions and implement workplace programmes as appropriate. They will have to submit their regular reports to ZAC and also to ensure that TACs are fully functional. They will ensure that their annual planning process allocate funds in the MTEF for HIV interventions within their respective sectors.

9.3 Other Societal Institutions

- **Civil Society Organizations**

The Civil Society Organizations will play a leading role in the implementation of the national HIV response especially in the community settings. The CSOs will complement public sector efforts to deliver services to the community. The CSOs implementing HIV activities will report on performance through SHACCOMs and DACCOMs upstream to the national level and further monitor and hold the government accountable on its commitments to the HIV and AIDS national response.

- **The formal Business Sector**

The AIDS Business Coalition in Zanzibar (ABCZ) shall mobilize resources and coordinate private sector workplace HIV programmes. In addition ABCZ shall be encouraged to actively support public sector HIV and AIDS response initiatives through sponsorship and financial support. It will also facilitate sharing of lessons learned and best practices identified during the implementation of programmes by its members. The role of ABCZ will be strengthened to a key role in the implementation of the HIV and AIDS response in Zanzibar.

- **The Informal Sector**

The informal sector is a key employer in Zanzibar. The workforce in the sector has significant vulnerability to HIV. The sector lacks both the requisite resources and a structured approach to effectively implement workplace HIV interventions. In order for this important sector to make its contribution to the national HIV response, capacity building will be undertaken and resources provided to support the design and implementation of evidence informed workplace HIV programmes.

- **The Development Partners' Group on AIDS**

The group will build on achievement realized in the harmonization and alignment of national response elements. The government will engage them on a common financing framework and sustainability of HIV and AIDS response initiatives. An MOU shall be developed and signed between the government and DPs to ensure resources are provided, utilized and accounted for appropriately. The principal role of DPs is to provide technical and financial support for the implementation of the policy based on the three ones principle.

- **The Media**

Culturally sensitive and appropriate programmes addressing issues related to HIV prevention, stigma reduction and access to care and treatment for eligible PLHIV will be developed and aired widely in Zanzibar. This will be done bot at the national and local levels. The media houses will be engaged and supported to play a role in the national HIV and AIDS response.

- **People Living with HIV (PLHIV) and Key Populations**

Greater and meaningful involvement of people living with HIV (PLHIV) and key populations in the national response is paramount to the success of the policy. The ZAPHA+ will be supported, under this policy to scale up its HIV related activities in all regions of the country. The capacity of the PLHIV will be enhanced to ensure they make their contributions to the HIV response. Among other activities the PLHIV who have publicly announced their status will be supported to become expert patients to mentor those on care and treatment.

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