Zanzibar National HIV/AIDS Policy

2004
CHAPTER ONE

1.0 BACKGROUND AND CONTEXT

1.1 Problem Statement

The HIV and AIDS epidemic has been raging globally for more than 20 years, and despite concerted efforts over the years by governments, organisations and individuals, the epidemic remains a major global challenge. HIV/AIDS has particularly affected Sub-Saharan Africa, with 25.4 million people estimated to be living with the virus in the region by 2004 (UNAIDS, 2004). This figure represents more than 60 per cent of all people living with HIV/AIDS. Globally approximately 76 per cent of all HIV-infected women and 79 per cent of all HIV/AIDS orphans live in sub-Saharan Africa. It is also estimated that more than half of all new infections occurring in this region are in the age group 15-24 years with teenage girls and young women being far more likely to be HIV-infected than teenage boys and young men.

Zanzibar is not as severely affected as her Sub-Saharan African neighbours but without designing and implementing appropriate control measures, the epidemic could escalate exponentially. The first three HIV/AIDS cases in Zanzibar were diagnosed in 1986 at Mnazi Mmoja Hospital. Since then, there has been a marked increase in reported cases cumulatively from three in 1986 to 2500 by the end of 2002. In 2002, the Ministry of Health and Social Welfare (MOHSW) with support from the UN system conducted an HIV population based survey in both Unguja and Pemba. This study established the HIV prevalence in the general population at 0.6% and that women show infection rates that are four to six times higher than their male counterparts. To date, it is estimated that more than 600 Zanzibaris have died of AIDS since the first case was identified in 1986. To date, 500 AIDS orphans have been registered by NGOs dealing with HIV/AIDS and around 6,000 adults and children are estimated to be living with HIV/AIDS.

1.2 Transmission routes

Sexual intercourse, especially heterosexual sex, accounts for more than 90% of HIV transmission in Zanzibar. HIV transmission through body fluids and blood products in hospital settings is controlled through standard screening and sterilization procedures of invasive equipments. HIV transmission through piercing and other surgical invasive equipment accounts for approximately 6% of all HIV transmission. Guidelines and directives to ensure aseptic techniques are now in use in all health facilities. Data from Zanzibar AIDS Control Programme (ZACP) estimates that about 4% of HIV transmission is of vertical nature [mother to child transmission] inclusive of breast-feeding period.

1.3 HIV infection patterns in the general population

Available data on HIV infections shows that around 86% of transmissions take place in people aged between 20-49 years, peaking in the 35-39 year age category. Women in the age range of 15-29 years are infected at a much higher rate compared to males in the same age group. The infection trends reveal a high female male ratio of 5:1. Annually, around 180 people are diagnosed HIV positive. Results from the population based survey [2002] reveal the vulnerability of women who are house servants [HIV prevalence 3.8%] and housewives [HIV prevalence 0.8%] and note them to be among the most highly affected categories.
1.4 HIV infection trends among pregnant women
Regular annual monitoring of trends in HIV infection using pregnant women as a proxy indicator of the general population started in 1987. Sentinel sites representing both islands have been identified and the protocol for conducting an HIV sentinel survey was reviewed and standardised in 1998. The general HIV trend in this population has been fluctuating from 3.8% in 1995 to 1% in 2002. In June 2002 an exercise to validate the HIV prevalence and its generalisation to the public prevalence rates revealed that in Zanzibar ANC data could still be used as proxy to the general HIV transmission pattern in the whole population.

1.5 HIV infection among blood donors
HIV screening among blood donors revealed fluctuating HIV rates. The rates ranged from 0.7% in 1996 to 1.4% in 1999 being highest in 1998 [1.5%]. The HIV rates observed among blood donors in 2000 were 0.4%. However, the blood donor system in Zanzibar is that of replacement donor system whose donors are predominantly men.

1.6 HIV infection among TB patients
A survey to determine the magnitude of HIV among the TB patients was done in 2000 revealed an HIV prevalence of 25.5%. The majority of those infected are in the age group 25-29 years, with males accounting for 76% and females 24%. Similar high HIV levels of infection among this category were also documented in 1994 [18.7%]; 1995 [17.7%] and in 1996 [23.4%].

1.7 HIV infection among STD clinic attendees
The monitoring of STD clinic attendees is based on the fact that the attendees have a higher risk of acquiring HIV especially if the STD is untreated. The majority of attendees in these clinics are women. The major forms of STD syndromes reported in Zanzibar are genital discharge [78.3%]; pelvic inflammatory disease [10%] and genital ulcer [6.5%]. The majority of STDs are reported in urban and peri-urban areas or in towns namely Urban district-30.2%, South–17.6% and Chake Chake–23%. In this category, 4.6% of STD clinic attendees were diagnosed to be HIV positive.

1.8 HIV as a Burden of Disease in Zanzibar
A hospital based cross sectional study completed in November, 2002 on HIV prevalence among hospital admitted patients and other clients who attended seven main health care facilities in Zanzibar has revealed that 3.1% of children under fives and 6.5% of clients aged 30-34 years were HIV positive. Similarly, about 7.3% and 8.3% of admitted patients in medical and TB wards respectively were HIV positive. Furthermore, HIV was diagnosed in 4.6% of STD clinic attendees.

In general, irrespective of the nature of hospitalisation, 4.02% [42 out of the admitted 1,044 patients in various wards in Zanzibar] of hospital beds were being occupied and utilised by HIV infected patients [based on bed capacity per hospital].

With the current documented HIV prevalence of 4.02% in admitting clinics [apart from outpatient departments (OPD) and other clinics] at any given point in time in Zanzibar, around 33 beds in all major public hospitals are being utilised or occupied by HIV infected persons. This situation has implications in the areas of cost, care and medicament requirements. If no effective interventions are introduced in the near future, and with the upsurge of HIV prevalence in the general population, the number of hospital beds occupied...
by HIV subjects will increase and be similar to those documented in the neighbouring countries.

1.9 The socio-economic implication of HIV/AIDS:
The HIV/AIDS pandemic has been accompanied by significant social, cultural, political and economic implications. Besides the cost in terms of loss of life, HIV/AIDS has profound effects on Tanzania’s economic development. HIV/AIDS affects the most reproductive and productive group decreasing the labour supply at household and sectors through HIV/AIDS related mortalities and morbidities. High rates of work absenteeism due to sickness or attending the sick relative and funerals; total years of experience lost, paid sick leaves and premature death of professionals are among the documented loss of labour productivity.

HIV/AIDS depletes household financial resources due to medical treatment and other preventive services. HIV/AIDS pandemic has negatively affected the performance of agricultural activities. Decreased agricultural productivity and aggravated food insecurity point to a deepening of poverty situation to households affected by HIV/AIDS especially in high HIV/AIDS prevalence areas. The epidemic has also wiped the labour force and reduced the life expectancy. The pandemic has markedly weakened the household’s ability to cope with economic shocks, resulting in increased borrowing and selling of assets with increased chances of becoming chronically poor. This is particularly so in the Zanzibari settings where social capital is the main form of social security.

1.10 Vision, Mission, Goals and Guiding Principles
1.10.1 Vision
To institutionalise a policy that will lead to a Zanzibar population which is free from the HIV/AIDS threat and which has a sense of caring and supporting all those citizens infected and affected by HIV/AIDS.

1.10.2 Mission
To provide coordination leadership to a national multi-sectoral response to HIV/AIDS, leading to the reduction of HIV infections and its consequential socio-economic impact as well as to the reduction of unfavourable socio-economic factors that fuel the epidemic.

1.10.3 The Goals of the Policy
The goals of the Zanzibar HIV/AIDS Policy are to:
Prevent new HIV infections in the population
Treat care for and support those who are infected; and
Mitigate the impact of HIV and AIDS on the social and economic status of individuals, families, communities of all those living in Zanzibar.
Enhance the institutional capacity/key implementers’ capacity to develop/implement HIV/AIDS interventions with gender and human rights approaches

1.11 Guiding Principles of the Zanzibar National HIV/AIDS Policy
The HIV/AIDS epidemic by its nature is very complex. Several challenges have been identified in addressing the epidemic and others will be uncovered in the future. These challenges need to be addressed by all stakeholders as HIV/AIDS issues relate to socio-economic, good governance, legal, ethical, and human rights issues. In order to adequately address these issues, there is need for partnership and involvement of all relevant sectors. All organizations, agencies (public and private), individuals, including those directly affected by
the epidemic, have an essential role to play in the efforts to mitigate the spread of HIV in Zanzibar.

The preparation of this policy is guided by the following principles:

The epidemic is complex and it affects all sections of society, individuals, families, institutions and social behaviour, and transcends far beyond the health sector. Therefore an effective national response must be multi-level and multi-sector.

As a sub-component of multi-sector approach and political commitment, meaningful involvement of civil society and Faith based Organisations (FBO) are central to the response, in particular groups of people living with HIV and AIDS (PLHA) and women organisations need to be involved in policy and programme discussions and also in implementation.

The adverse effects of stigma and discrimination are increasingly recognised as barriers to combating the HIV epidemic. A commitment to reduce stigma and discrimination is central to turning the tide of the epidemic.

Creation of enabling environment through political leadership and commitment is very critical for the expanded and scaled up response.

The promotion of universal declaration of human rights based approach to combat the HIV/AIDS epidemic is critical to assure access to health care, information, and gender equity and to reduce vulnerability of all people to HIV infection.

Adherence to international declarations on gender and HIV/AIDS which Tanzania has ratified. These include:
The 2004 Addis solemn declaration on gender equality in article 4 of the constitutive act of the African union as well as other existing commitments and principles.
Convention on the Rights of Children.
Education for All.
Millennium development goals [MDG].
ILO Code of Practice on HIV/AIDS in the World of Work.
SADC Code of Conduct on HIV/AIDS and Employment.
The Abuja Declaration.

Greater involvement of People Living with HIV/AIDS at all levels and in as many sectors as possible will greatly enhance the response to HIV/AIDS and support all efforts at eliminating stigma and discrimination.
A truly robust response to HIV and AIDS encompasses all mutually reinforcing elements of prevention, treatment care and support, and impact mitigation. Noted by the UNGASS “care, support and treatment can contribute to effective prevention through increased acceptance of voluntary and confidential counselling and testing by keeping PLHA and vulnerable groups in close contact with health care systems and facilitating their access to information, counselling and preventive supplies”.

The constitutions of Zanzibar and that of the United Republic of Tanzania have been also used for guidance in the formulation of this policy.

Different sectoral policies that are currently in use have been used for guidance in the formulation of this policy.

Traditional values, norms, culture and religious beliefs have been strongly considered in the formulation of this policy.

12. The vision 2020 and the ZANZIBAR POVERTY REDUCTION PLAN (ZPRP) have been also used as guiding tools in the formulation of this important document.
CHAPTER TWO
2.0 PREVENTION AND BEHAVIOR CHANGE

2.1 Rationale
Over the last 17 years Zanzibar has achieved almost universal awareness on HIV/AIDS. However, there is marked gap on the knowledge of HIV especially on prevention and transmission of this deadly disease. These gaps constitute the main challenges for translating knowledge into behaviour change. Modifying and changing risky cultural practices that accelerate the transmission of HIV among Zanzibaris remains a daunting task. Factors that militate against behaviour change, and hence continue to fuel the epidemic include poverty, gender inequality and ineffective implementation of legal protection of women and girls even with the presence of laws and regulations. All these predisposing factors are in place. This policy has harnessed and galvanised efforts that aim to translate HIV awareness into behaviour change that do not reinforce disempowerment processes for women and young ones.

2.2.1 Policy Statement
The Government in collaboration with other non-public partners shall coordinate and ensure access by all people to accurate, relevant and up-to-date HIV/AIDS information, education and communication in support of sustainable behaviour change.

2.2.2 Operational Guidelines
In addressing the above, the following operational approaches shall be applied:
- Develop specific interventions for targeting women, girls, men and boys on values of mutual faithfulness and abstinence
- Strengthen the teaching and assessment of life skills education in primary, secondary and tertiary level education institutions nationwide
- Develop multi-media communication materials, videos, film and for effective HIV prevention interventions
- Develop targeted and specific communication, advocacy and social mobilisation materials that address area specific cultural challenges
- Develop education and communication materials targeting parents to reduce the cultural social distance with children.
- Support traditional leaders and other community own resource persons (CORPS) to disseminate information that strengthens community involvement and promotion of progressive public debates.
- Develop specific interventions and directed discussions on HIV/AIDS targeting women and young girls through outreach work and the use of informal channels.

2.3.1 Policy Statement
Government shall collaborate with faith organizations, families and community leaders to promote programmes and interventions that instil values of abstinence and sexual responsibility among the unmarried, young people and married spouses.

2.3.2 Operational Guidelines
In addressing the above, the following operational approaches shall be applied:
- Develop Zanzibar Abstinence Guidelines
- Undertake regular action research studies into challenges associated with sexual abstinence among youths, young people and other unmarried adults.
Intensify and expand activities life skills training for boys and girls in-school and out-of-school
Develop specific communication, advocacy and mobilization materials on abstinence for young people and unmarried young adults
Develop communication and education materials on abstinence for parents, traditional leaders and religious leaders
Develop the capacities of faith organizations and traditional institutions to teach and enforce abstinence among young people and unmarried young adults.
Develop capacity of Faith organisations to advocate and promote faithful relationship among people already committed in marriage.
Develop IEC materials and advocate against extra-marital relationship including the phenomena of co-habitation
Support institutions to develop/ implement programmes that are workable in communities, especially young women and key stakeholders, to bring about a context that supports the rights of women/girls in relation to issues of fidelity, abstinence and celibacy.

2.4.1 Policy Statement
Government shall facilitate the formulation of appropriate interventions that reduce the vulnerability of Zanzibaris to HIV infection, targeting girls, boys and women.

2.4.2 Operational Guidelines
In addressing the above, the following operational strategies shall be applied:
Promote and increase opportunities for skills development in income generation activities for women and girls.
Formulate policies and practical support strategies to increase enrolment, retention and attainment of girls in schools and colleges.
Develop HIV/AIDS/STI curricula that will address HIV/AIDS/STI prevention to include Abstinence, Faithfulness and effective condom use.
Develop mechanisms to increase access to soft loans for income generation services for women and young people, especially girls
Develop multi-media communication materials that address the situation of women and girls including materials on legal issues, rights of women and girls.
Develop policies and practical strategies that equip faith organizations, traditional institutions and the education system to empower women and girls on matters of sex and sexuality
Support initiatives for training market personnel and small scale traders organizations and groups to give messages on HIV/AIDS
Develop infrastructure for providing HIV prevention services at major market places and in places of entertainment.
Establish and support opportunities for skills development for youth.

2.5.1 Policy Statement
Government shall identify and strengthen the Zanzibari socio-cultural values and practices that prevent the spread of HIV

2.5.2 Operational Guidelines
Includes to:
Identify and document positive cultural practices that support the prevention of HIV infection
Develop the capacities of faith leaders, traditional leaders and organizations responsible for culture to transmit cultural values that support prevention of HIV transmission
Develop and promote target specific communication and advocacy materials that address area specific cultural challenges to prevention of HIV transmission. Strengthen use of folklore, traditional music and dance, drama and festivals to communicate positive cultural values that protect Zanzibaris from HIV infection. Develop strategies targeting men for raising a discussion around issues of masculinity, femininity and HIV/AIDS issues.

2.6.1 Policy Statement
Government in collaboration with various partners shall promote safer sex practices among the general population and the high-risk sub-groups.

2.6.2 Operational Guidelines
In addressing the above, the following operational approaches shall be applied:
Develop public educational campaigns on HIV transmission and prevention as well as mitigating the underlying predisposing factors.
Enhance the capacity of stakeholders to implement behaviour change communication (BCC) interventions focusing especially on mutual faithfulness.
Develop multi-media communication materials, including videos, films and print on options for safer sex practices.
Support skills training for groups of married women to learn how to negotiate safer sex within families while maintaining family values.
Promote and ensure access and proper utilisation of preventive technological advancement (condoms; microbicides etc.).
Strengthen the national procurement and distribution system to ensure universal access to free and affordable condoms and vaginal microbicides.
Develop programs for empowering people engaged in transactional sex with skills to help those that abandon the trade settle into normal income generating activities.
Increase facilities for high-risk sub-groups to access information and user friendly medical services for (sexual Transmitted infections) STIs.
Expand and strengthen the Voluntary Counselling and testing services.
CHAPTER THREE

3.0. HIV testing:

3.1. Rationale
The availability and accessibility of HIV testing through laboratories and Voluntary Counselling and Testing (VCT) services creates platforms for individuals to know their health status and plan for their future. The main objective of institutionalising HIV testing services is to encourage the 99% of the Zanzibari population who are not infected to take definitive steps of protecting themselves from HIV infection. HIV testing provides opportunities for HIV positive individuals to access support through effective pre-and post counselling services which equip them with skills to cope with their status, lead responsible lives and inculcate a spirit of protecting others, avoiding super-infection; accessing treatment, care and support services including treatment of opportunistic infections, accessing antiretroviral therapy and Prevention of Mother to Child HIV Transmission (PMTCT).

3.1.1. Overall Testing Policy Statement
The government in collaboration with partners shall institutionalize ethically sound environment for HIV testing for screening of blood; blood products and transplants; epidemiological surveillance in defined populations such as TB patients, blood donors and Ante-natal clinic attendees; diagnosis of symptomatic infection among clinical AIDS suspects and for early diagnosis of HIV infection among a-symptomatic individuals.

3.1.2. General Guidelines Principles for HIV Testing in Zanzibar
Government shall ensure that in respecting the right of individuals as well as in complying with the medical ethics no person shall have their blood taken for HIV testing without their prior informed consent.
HIV testing shall be confidential or anonymous.
Unlinked (or blinded) testing, where all names and identifiers are removed from the blood specimens, is the optimal method of testing for surveillance purposes. If unlinked testing is not feasible, anonymous testing (e.g. coding) shall be institutionalized with informed consent.
No person should be notified of test results if such a person does not want to know the results.
All tested subjects with positive results should be notified about their sero status.
National authorities should cooperate with private insurance companies to elaborate a code of practice with a view of ensuring:
Respect for the dignity and privacy of the individual;
The seeking informed consent with counselling for any form of testing;
Protection of health-related data and any other confidential information affecting the privacy of the individual;
The adoption of unequivocal policies concerning HIV infection.

3.2. Voluntary Counselling and Testing (VCT) Services

3.2.1. Rationale:
Voluntary confidential counselling and testing is an important milestone in the prevention of HIV as well as the scaling up of care and support services and in mitigating stigma and discrimination of PLHAs. The current VCT services are not comprehensive neither are they user friendly. Based on this, scaling up of user-friendly VCT services to all is paramount for successful HIV/AIDS interventions in Zanzibar.

3.2.2. Policy Statement
Government shall coordinate and support the development of comprehensive user-friendly voluntary confidential HIV testing with pre- and post- test counselling services in all districts in Zanzibar.

3.2.3. Operational Guidelines
The government in collaboration with partners shall:
Educate the public on the importance of VCT and provide accurate information on services available to the people.
Develop and apply appropriate procedures, guidelines, and standards for quality assurance of HIV testing in the operation monitoring and evaluation of VCT services.
Promote and provide high quality, cost effective, confidential and user friendly VCT services that are accessible, attractive and appropriate to young people as well as to other vulnerable groups.
Ensure that VCT is carried out with the informed consent of the person seeking testing, who is provided with adequate information about the nature of an HIV test, including the potential consequences of a positive and negative result, in order to take an informed decision as to whether or not to take the test.
Promote and encourage couple counselling and partner notification or disclosure of HIV test results.
VCT shall be anonymous except where referral to other HIV/AIDS related services is mutually agreed on between the VCT provide and the person seeking the test.

3.3. HIV Testing for Diagnostic Purposes
3.3.1. Rationale:
The clinical diagnosis of AIDS needs to be supported by a laboratory test. The diagnoses of HIV infections in children may be more difficult because maternal antibodies might persist for up to 15-18 months of age. Furthermore, there may be conditions where to know the underlying disease aetiology is important to delivering effective diseases management. In such instances and where HIV infection is suspected, HIV testing should be part of the diagnostic process. As with all tests, the patient has the right to “opt out” and refuse the test.

3.3.2. Policy Statement
The government shall establish, coordinate and monitor quality HIV diagnostic testing in all Health care delivery facilities in Zanzibar.

3.3.3. Operational Guidelines
In addressing the above, the following operational approaches shall be applied:
Ensure that HIV testing for diagnostic purposes is available in all health facilities, with the option for the client to give informed consent.
Ensure that adequate facilities and staff for HIV diagnostic testing are available in all hospitals and clinics.
Permit testing without consent for diagnosis of an unconscious or semi-conscious patient as well as to people with mental Health problems in the absence of a parent; guardian; next of kin or close relative, where the same is necessary for purposes of optimal treatment.
Develop the capacity of Health Sector and institutionalise HIV testing guidelines for children who are below 18 months of age.

3.4. Routine Testing
3.4.1. Rationale
Routine testing is necessary for tracking HIV and AIDS and informing the nation on the progression of the epidemic as well as to ensure safety of blood, blood products and transplanted tissues.

3.4.2 Policy Statement
The Government shall develop HIV/AIDS testing guidelines and protocols for:
- Screening of pregnant women through anonymous unlinked testing for surveillance.
- Testing of blood, body fluids and other body tissues for transfusion and transplants.
- Ensuring and set standards for quality assurance and control in both public and non-public HIV testing sites

3.5. Partner Notification
3.5.1. Rationale
Positively tested individuals retain the right to disclose their sero-status to their married couples or sexual partners. Refusal or failure to do so can result in fuelling the transmission of HIV infection to those who have committed themselves in faithful relationships. Failure of the properly counselled positive individual to disclose his or her status to sexual partners shall compel the healthcare provider to notify those partners without the consent of the source client. This decision shall based on the individual right to protection as outlined in the constitution without undermining the values and rights of other members of the society.

3.5.2. Policy Statement
The government in collaboration with various partners shall strongly focus to promote and encourage HIV positive individuals to disclose their sero-status to their sexual partners.

3.5.3. Operational Guidelines
In addressing the above, the following operational approaches shall be applied:
- Encourage individuals through counselling to voluntarily disclose their HIV status to those who are morally bound and have the right to know.
- Ensure that voluntary disclosure of HIV status by the infected person himself or herself to his or her sexual partner is explained and encouraged during counselling;
- Properly counsel a sexual spouse prior to receiving the information about the sero-status of his/her partner.
- Ensure that professional and lay counsellors are trained on how to recommend and assist people living with HIV in how best to disclose their HIV status to their partner.
- Develop guidelines outlining how, when and to whom beneficial disclosure by a health care worker may be made.
- Develop a by-law that shall protect a health care worker implementing section v above.

3.6. Mandatory Testing
3.6.1. Rationale
Mandatory HIV testing is essential when human and legal rights issues have been violated. Premises that determine such conditions include sexual violence, rape and malicious infections from an HIV positive non-responsible individual to innocent members of the society.

3.6.2. Policy Statement
The government shall protect the public from acquiring intentional HIV transmission.

3.6.3. Operational Guidelines
In addressing the above the government shall:
Develop guidelines to conduct mandatory HIV testing to individuals who have raped and or sexually molested people.
Amend and enact a penal code against such malicious and intentional HIV infections.
Develop supportive schemes for sexually harassed or raped individuals and ensure access to counselling services and post exposure prophylaxis (PEP) the cost of which shall be met by the government.

3.7. Pre-marital HIV Testing
3.7.1. Rationale
Promotion of abstinence and faithfulness is still the main thrust in preventing HIV transmission to the larger segment of the Zanzibari population. The expectations of larger segment of the Zanzibari community are based on sexual chaste (purity) of the un-wedded couples. Moreover, these traditionally based values are embedded in religious as well as cultural pillars which promote and advocates for delays in sexual debut. These values can be strongly promoted through HIV testing prior to the bridal night.

3.7.2. Policy Statement
The government in collaboration with Civil Societies and Community Based Organisations shall ensure access to effective and appropriate public education on the utilisation of pre-marital HIV testing services.

3.7.3. Operational Guidelines
The government in collaboration with partners shall:
Develop HIV pre-marital IEC materials for the general public.
Ensure that user-friendly HIV testing and counselling facilities are made available and accessible to all people.
Develop advocacy strategies for Post marriage testing of couples and family members.
Develop user friendly marriage HIV handbook/guidelines for religious leaders.

3.8. HIV Testing in Epidemiological Surveillance
3.8.1. Rationale
The surveillance of AIDS cases and sero-prevalence of HIV infection are critically important public health tools for both monitoring the course of the HIV epidemic and in planning for appropriate public health interventions.

The objectives of HIV/AIDS surveillance include:
Detect and describe the geographic, demographic and risk factor distribution of HIV infection;
Monitor the patterns and trends of the HIV and AIDS epidemic;
Plan prevention activities and health and social services for persons with AIDS and HIV infection based on hard statistical and qualitative data
Evaluate the impact of specific elements of the national AIDS programme with the adoption of gender approaches;
Estimate the present and future impact of the epidemic to specifically defined targeted groups.

3.8.2. Policy Statement
Government in collaboration with various partners shall build the capacity of the Zanzibar AIDS Control Programme (ZACP) to institutionalise effective surveillance mechanism to monitor HIV/AIDS in Zanzibar.

3.8.3. Operational Guidelines
The government shall:
Strengthen the current sentinel surveillance in order to monitor the trends of HIV infection and assess the impact of prevention and control interventions in the highly risk groups.
Introduce second generation surveillance system to obtain supporting behavioural data and information
Use one highly sensitive test for screening followed by a highly specific test for confirming the HIV sero-status.
Monitor the current position on notification regularly and review it with regard to new developments.
Ensure that surveillance and research institutions have appropriate equipment, systems, supplies and human resources to undertake quality work
Evaluate the appropriateness and ethical implications of anonymous HIV testing.
Develop effective institutional capacity building/skills development on gender and empowering approaches for the key actors/implementers.

3.9. HIV testing in pregnant mothers
3.9.1. Rationale
Women of child bearing age (15-49 years) forms significant proportion of the Zanzibari population. Pregnant women reflect the segment of population who have been involved in unprotected sex. Based on this, they serve as a proxy indicator of population who might be HIV infected. Furthermore, knowing the sero-status of pregnant women might reduce the vertical HIV transmission hence protect the newborn babies from acquiring HIV infections (PMTCT).

3.9.2. Policy Statement
The government in collaboration with partners shall increase and promote public awareness and education on the importance of HIV testing during pregnancy.

3.9.3. Operational Guidelines
The Government in collaboration with partners shall promote and make available to the general public:
Information and education services on maternal HIV transmission so that couples should plan for their future.
Encourage women and couples considering pregnancy to seek voluntary testing and counselling for HIV.
Introduce services that shall assist and support HIV positively diagnosed pregnant mothers.
Promote strategies for opening up adequate drop-in centres where people/women in need of counselling/testing services can meet for supporting each other.

3.10. Cost for HIV Testing
In order to promote access to VCT services, Government shall ensure that HIV testing in public facilities is affordable for every Zanzibar requiring such a service. The government shall also work in collaboration with the private sector to ensure that HIV testing in private facilities is of good quality and is provided at an affordable cost.
CHAPTER FOUR

4.0. TREATMENT, CARE AND SUPPORT

4.1. Prevention of Mother to Child Transmission (PMTCT) of HIV

4.1.1. Rationale
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. Mothers and pregnant women need to know that there is a 30-35% risk of HIV infection from infected mothers to newborns. It is also important to provide infected mothers and spouses accurate information on the survival rates of such children so that appropriate decisions are made at an early stage. Counselling services and other support services are vital should couples decide to continue with the pregnancy. Educational campaigns to pregnant mothers on maternal transmission shall be made available in all settings.

4.1.2. Policy Statement
Government in collaboration with various partners shall scale up programmes that reduce HIV transmission from mother to child during intra-uterine life, delivery or while breast-feeding.

4.1.3. Operational Guidelines
In facilitating the above, the following operational approaches shall be applied:
P ut forward voluntary counselling and testing for couples planning to have a child and early couple attendance of antenatal care.
Provide access to accurate and accessible information on prevention of mother to child transmission (PMTCT) and infant feeding options to all pregnant mothers and their partners.
Adopt interventions to reduce the risk of mother-to-child transmission of HIV based on research and considering acceptability, affordability, and sustainability of such initiatives.
Provide access to affordable antiretroviral treatment to prevent HIV transmission from mother to child.
Provide access to anti-retroviral care and treatment services for both parents and affected children (PMTCT plus).
Develop communication and advocacy systems that will provide families and communities with education and information in order to reduce stigmatisation of women who decide not to breastfeed because of their HIV status.
Ensure availability of quality infrastructure, skilled staff and supplies for Maternal and Child Health (MCH) services and ensure proper and safe management of pregnancies and deliveries.
Educate the communities on alternative nutritional supplements, specifically for infants who are not being breastfed.
Support the promotion of gender sensitive and empowering public debates/discussions on issues of Maternal to Child Transmission, without providing for stereotyping.

4.2. Management of Sexual Transmitted Infections (STI)

4.2.1. Rationale
Various studies have documented the significant association and contributory role that sexually transmitted infections play in fuelling HIV transmission. The current STI services cannot comprehensively meet the client’s demands. Based on this, the government shall
promote early and effective diagnosis and treatment and undertake prevention activities at community level.

4.2.2 Policy Statement
The government in collaboration with partners shall increase access to appropriate STI education and to high quality and affordable diagnostic and treatment STI services.

4.2.3 Operational Guidelines
In executing the above, the following operational approaches shall be applied:
Educate the community and especially young people on STI prevention, early health seeking behaviour coupled by partner notification.
Strengthen the quality of STI management through capacity building and ensure that essential drugs and supplies are widely accessible.
Scale up and promote utilization of user-friendly and gender responsive STI clinics to all: sex workers (SW), prisoners, Men having Sex with Men (MSM), mobile populations and the general community.
Strengthen integration of STI management skills into training curriculum of health personnel in medical and Para-medical training institutions.
Ensure that STI services are rendered at affordable cost or through cost sharing mechanisms.
Develop appropriate monitoring systems for STI interventions including action and policy research.
Provide education on effective and persistent condom use to all STI clients and their sexual partners.

4.3. Blood, Organ and Tissue Safety
4.3.1. Rationale
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. Routine screening of blood donors have revealed comparatively high HIV rates compared to the HIV rates in general population. Moreover, studies have documented transmission of other blood borne infections (such as hepatitis and STI). Transfusion of infected blood or tissues carries a 100% risk of transmitting blood borne diseases including HIV, hepatitis and syphilis. These diseases can also be transmitted through infected tissue transplants and other blood products.

4.3.2. Policy Statement
Government shall ensure that all transplanted or transfused tissues, organs and blood products have zero risk of transmitting HIV and other blood borne infections.

4.3.3. Operational Guidelines
Government shall:
Establish the Zanzibar National Blood Transfusion Services, which shall mobilise blood from non-remunerated donors.
Ensure that all transfused blood, blood products, tissues and organs undergo comprehensive screening in all health care delivery points and only those non-infected tissues or organs shall be transplanted.
Develop legislative instruments that make transfusion or transplanting of HIV positive tissues or organs unlawful.
Train and encourage medical practitioners to avoid unnecessary transfusions and adopt strict criteria for undertaking blood transfusions.
Encourage patients awaiting non-emergency surgery to “bank” their own blood for use during surgery and promote autologous blood transfusion.
Conduct research on blood borne and other related risks to HIV transmission in Zanzibar.
Ensure availability of required diagnostic and laboratory supplies.

4.4. Prevention of HIV transmission through invasive (piercing) and non-sterile equipment

4.4.1. Rationale
Use of non-sterile piercing and other surgical equipment (medical, dental or cosmetic such as ear and nose piercing) increases the risk of transmitting HIV infection to the general public. Moreover, poor adherence to universal precautions against infections control (such as personal protection through the use of gloves or goggles) increases the risk of exposure to blood borne infections inclusive of HIV and other related diseases. These risks can be reduced by adhering to universal precautions as well as through the effective utilisation of sterile instruments and equipments.

4.4.2. Policy Statement
Government in collaboration with various partners shall enforce universal protection and utilisation of sterile (aseptic) instruments while providing health, customary or cosmetic care.

4.4.3. Operational Guidelines
In addressing the above, the following operational approaches shall be applied:
Ensure that health care providers in health care facilities, in community services such as Home Based Care (HBC) and traditional health practitioners are adequately trained in the prevention of blood borne infections inclusive of HIV.
Prepare guidelines for effective implementation of aseptic procedures and promote the utilization of disposable materials (where applicable) as well as the sterilization of non-disposable instruments and equipment in all public and private health delivery points.
Undertake educational campaigns to health care practitioners as well as to the general public on adherence to universal precautions.
Equip communities, families and individuals with appropriate knowledge demand the use of sterile skin-piercing equipment and protective gear and empower them to report malpractice in accordance to the existing laws.
Develop guidelines as well as by-laws to ensure effective and appropriate management of medical waste.
Educate and encourage traditional healers, traditional birth attendants and cosmetic saloon operators (barbers as well as ear and nose piercing saloon-jewellers) to use sterile procedures and establish monitoring guidelines to ensure adherence to universal precautions.

4.5. Post –HIV Exposure Prophylaxis

4.5.1. Rationale
The 0.3% 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.

4.5.2. Policy Statement
Government shall institutionalise effective PEP in identified health care facilities in each district in Zanzibar.

4.5.3. Operational Guidelines
Government in collaboration with various partners shall
Ensure that health care workers and other cadres have access to information and policy guidelines on personal protection and on availability of PEP services in both public and private settings.
Develop and disseminate PEP guidelines to all relevant institutions
Institutionalise PEP and routinely provide free short-term antiretroviral prophylaxis to any persons that are exposure to HIV in the course of work, through rape or other situations
Institutionalise counselling and testing services for the affected workers.
Develop compensation and or supportive schemes health care and other workers or patients who sero-convert after exposure

4.6. Community Home Based Care (CHBC) Services

4.6.1. Rationale
Community Home Based Care (CHBC) services have been acknowledged as an important base in ensuring a continuum of care. CHBC creates a conducive environment for mitigating stigma and discrimination against PLHAs and ensures that hospital based services are not overburdened. Active involvement of families and community members increases community commitment and lays down a strong foundation for providing support to affected individuals and families. Conducive environments to meet the needs of affected families at community level are paramount to successful HIV/AIDS interventions.

4.6.2. Policy Statement
Government in association with stakeholders shall Increase the capacity and coverage of comprehensive quality CHBC support rendered to PLHAs.

4.6.3. Operational Guidelines
In addressing the above, the following operational approaches shall be applied:
Develop National HBC Guidelines to set standards of services, define the institutional framework, and clarify the relationship between home care and formal health service establishment.
Develop appropriate systems to provide counselling and other psychosocial services to affected individuals and families.
Ensure effective coordination and integration of services by health care providers traditional healers, traditional birth attendants, spiritual healers
Build the capacity of communities and households to provide home care and support services that respond to the needs of people living with HIV and AIDS
Promote greater involvement of people living with HIV and AIDS policy dialogue, programme planning and implementation of treatment care and support services
Develop community-based systems for monitoring and evaluation of home care and support services

4.7. Protection and greater involvement of people living with HIV/AIDS

4.7.1. Rationale
Stigma and discrimination is one major problem that not only violates the rights of people living with HIV and AIDS but also undermines efforts to expand HIV testing and disclosure. Stigma affects the involvement of PLHAs and aggravates public vulnerability to HIV infection. Effective participation of people living with HIV/AIDS in the design and
implementation of HIV/AIDS programmes is essential to an effective national response and in containing the epidemic. In addressing this, the government of Zanzibar shall adhere to international Human rights declarations and respect individual freedom and humanity as an essential component in addressing HIV and AIDS effectively.

4.7.2. Policy Statement
Government in collaboration with partners shall educate the public to support and protect the rights and humanity of people living with HIV/AIDS against stigma and discrimination to enable them to lead quality and productive lives.

4.7.3. Operational Guidelines
Government shall in collaboration with partners shall:
Strengthen education and advocacy activities that support the rights and freedoms of people living with HIV and AIDS.
Provide legal, political, economic, social and cultural environment in which the rights and freedoms of people living with and affected by HIV/AIDS are respected, protected and fulfilled.
Promote effective participation of people living with HIV/AIDS in decision making for designing, implementation, monitoring and the evaluation of HIV/AIDS related policies and programmes.
Ensure that access to basic rights such as education; employment, promotion and highest quality of medical care are made available to all PLHAs without stigma and discrimination in accordance to the medical ethics and the laws and regulations of the country. HIV/AIDS alone does not warrant stigma and discrimination for one to attain the above mentioned basic human rights.
Institute effective mechanisms that ensure that people living with HIV/AIDS, whose rights have been infringed, have access to independent, speedy and effective legal and/or administrative procedures for seeking redress.
Empower and encourage individuals to make decisions concerning his or her own life in as far as such decisions do not conflict with the rights of others, and that each individual should be protected from unjustified interference by others.
Ensure that orphans living with HIV are not discriminated against in accessing health care, education, fostering or placement in institutions.
Promote/advocate and ensure protection to people living with HIV and AIDS on their entitlement to enjoy their fundamental human rights and freedom without any unjustified restrictions. These include:
Respect for the rights of every person to life,
Liberty and security of person;
Freedom from inhuman or degrading treatment or punishment;
Equality before the law without discrimination;
Freedom from arbitrary interference with privacy or family life,
Freedom of movement;
The right to seek or to enjoy in other countries asylum from persecution;
The right to contract a marriage and found a family;
The rights to work and to a standard of living adequate for health and well-being including housing, food and clothing;
The right to the highest attainable standard of physical and mental health;
The right to security in case of livelihood caused by employment, sickness, disability, widowhood or old age;
The right to education and the right to information
The right to participate in the cultural life of the community and to share in scientific advancement and its benefit.

4.8. Management of Opportunistic Infections (including TB) and access to Highly Active Antiretroviral Therapy

4.8.1. Rationale
Progression of HIV infection results in serious medical, emotional, psychological, social and economic effects to the affected individual and family. To date, there is no effective cure nor is there a vaccine to control HIV transmission. However, recent technological advancement has revealed that Highly Active Antiretroviral Therapy (HAART) prolongs and improves the quality of life of people living with HIV/AIDS. HAART reduces the virus potential to reduce immunity resulting in minimal occurrence of opportunistic infections. Increased access to generic ARVs have scaled up the opportunity to ensure the availability of ARVs to all those in need. This becomes more effective when coupled with nutrition and psycho-social and counselling services. Wide access to HAART has been documented to significantly minimise the eruption of opportunistic infections inclusive of Tuberculosis (TB).

4.8.2. Policy Statement
The government shall increase coverage and access to adequate quality medical services for opportunistic infections as well as in accessing HAART to people living with HIV/AIDS.

4.8.3. Operational Guidelines
The government in collaboration with partners shall:
- Ensure access to accurate educational information on HIV/AIDS treatment options and on where and how to access treatment, care and support.
- Ensure free access to ARVs in public health care facilities and shall meet the cost for counselling and testing services. Cost sharing schemes for HIV monitoring such as laboratory cost shall be met by the affected individual or family.
- Ensure the accessibility and affordability of quality care for preventive and supportive care and treatment of opportunistic infections including TB and AIDS conditions in the public and private settings. This shall include scaling up of holistic counselling services to include adherence to ARVs regimens and HBC services.
- Strengthen health system capacity [human resource development through training or deployment together with the procurement of vital equipment and supplies] to be able to provide optimal services and to monitor the quality of treatment and support services as well as to be able to conduct operational research.
- Institutionalize effective regulation and adherence to rational use of ARVs drugs to minimize the risk of resistance development.
- Encourage co-operation and collaboration between orthodox and traditional medical practitioners in order to strengthen HIV/AIDS control and care.
- Set up an integrated disease surveillance mechanism that will track down HIV and TB as well as resistance development to various treatment regimes in place.
- Establish a functional reporting and referral systems at all levels.
- Promote ethically sound research and research application to the clinical management of AIDS patients.
- Ensure that the management of drugs and medical supplies including the procurement, storage and distribution of essential and antiretroviral drugs is constantly monitored and improved as necessary.
Develop a user-friendly national policy guideline [comprehensive] for drug/ARVs and care to PLHA/AIDS patients that will address both the public and private settings including traditional healers. 
Promote utilisation of management services to include co-trimoxazole prophylaxis cover.

4.9. AIDS Orphans and Children in difficult circumstances [most vulnerable children]

4.9.1. Rationale
Caring for AIDS orphan in Zanzibar is done through an extended family system with women being the major caretakers. Majority of female caretakers are single with no formal employment resulting in significant shortage of basic support such as education, food and clothing. Current interventions are mostly ad hoc with no defined strategy.

CSOs and CBOs are the main supporters of AIDS orphans with minimal to no assurance on the sustainability of the services rendered. Furthermore, some of these AIDS orphans are also infected and these compound the magnitude of the problem especially in stigma and discrimination as well as in accessing Health care. Young siblings who take care of their younger brothers and sisters (miniature adults) have also been documented here in Zanzibar. This further raise the question of household food security as well as the capacity of AIDS orphans to meet and afford the day to day basic needs. The inability or failure to meet basic needs such as school materials, food or clothes predisposes them to sex in exchange of gifts or material gains or indulge in worst forms of child labour. This situation increases the likelihood of acquiring STI in early ages.

4.9.2. Policy Statement
The government in collaboration with partners shall establish an effective and sustainable system of supporting and caring AIDS orphans who are in most vulnerable conditions.

4.9.3. Operational Guidelines
The government in collaboration with partners shall:
Develop policy guideline on AIDS orphan care and support that shall clearly outline free access to education, health including access to ARVs to those infected, food and clothing
Advocate against any form of discrimination against children infected or affected by HIV/AIDS.
Promote extended family system of providing care and support to AIDS orphans.
Strengthen the capacity of CSO in providing care and support to the Most Vulnerable children.
Ensure that children and young people, regardless of their HIV status, enjoy all their rights as enshrined in the African Charter, UN Convention on the rights of the Child.
Support and counsel children and young people to help them to cope with the situation of HIV infection and/or living in a family with someone infected by HIV/AIDS.
Introduce peer educator among orphans and MVC.
Promote monitoring on the needs of AIDS orphans through anthropological and other forms of studies.
CHAPTER FIVE
5.0 PROTECTION, PARTICIPATION AND EMPOWERMENT OF VULNERABLE POPULATIONS

Rationale
HIV/AIDS has infected and affected some groups in the population more than others. Groups that are particularly vulnerable include women, especially those in marital relationships and in old age, female-headed households, children, young people (especially girls), the poor, persons involved in transactional sex, Convicted Criminal Trainees (CCTs), mobile populations, and people living with disabilities. People in these categories are vulnerable because of several reasons that include the tendency to be socially, traditionally, culturally and economically underprivileged. As such, their underprivileged and unequal position may make them more prone to situations of HIV infection or may place them in a position of not being able to adequately access health care, social services and education in order to enhance prevention options. The main thrust of the policy is to provide guidelines that target these vulnerable groups while implementing measures that prevent a generalised epidemic.

5.1. Women and Girls
5.1.1. Rationale
Women of all ages form the majority of the population. They are highly involved in many day-to-day economic, political and social and economic activities which include caring for the sick in the family. The majority of persons working as housemaids are teenage girls who are often placed in positions of being sexually exploited. There are numerous reports that indicate that these girls are being sexually exploited by their male employers or elder male children within the households. Some are unable to refuse sex due to favours shown by their male employers as well as due to fear of being sacked from work. Sexual exposure such as these increases the likelihood of contracting STD/HIV infections. The recently finalised population based validation survey [2002] has revealed that 0.8% and 3.8% of married women and house girls respectively to be infected with HIV. Furthermore, the study also revealed that 3.6% and 9.1% of women and house girls respectively have been involved in sex with non-regular partners. The greater proportion of these non-regular sexual encounters did not involve the use of condom, due to several reasons that include not having accurate information on protection, and having less decision making in sexual relations against their partners.

5.1.2. Policy Statement
Government in collaboration with other partners shall ensure that women, girls and youths have access to accurate and suitable information on HIV/AIDS/STI and that they are protected from sexual exploitation.

5.1.3 Operational Guidelines
Government shall:
Develop institutional mechanisms to ensure that women and girls and other disempowered groups, regardless of their marital status, have access to appropriate HIV-related information and education programmes.
Develop community based initiatives that introduce information about couple/partners communication, voluntary counselling and testing, sexual health, safer marriage, pre-and post marriage/partnership negotiations.
Develop community based public discussions/debates that identify harmful sexual behaviour regarding men masculinity in marriage.
Develop and implement gender-sensitive HIV/AIDS care programmes that ensure continuity of care among hospital, clinic, community care, family and hospice.

Empower women, especially girls, to be able to make appropriate decisions regarding their sexual behaviour.

Develop specific and gender sensitive strategy of educating and holding employers and husbands accountable on protections of their spouses and house servants.

Support development of HIV/AIDS interventions in Trade Unions and Employers Groups to provide legal protection for house maids and hotel workers from HIV infection.

Enforce the legal Act on sexual harassment and abuse.

Develop behavioural change communication interventions involving and focusing on the need for male responsibility for their own behaviour and caring for their partners health and well being, as a fundamental part of the HIV/AIDS prevention campaign.

5.2 Protection of Children, Youth and Young People

5.2.1 Rationale

Sexual abuse of children has been documented in Zanzibar. Mistreatment of children and other forms of harassment are among the risk factors that fuel the epidemic on the part of children. Children who were sexually abused or mistreated in their early ages are prone to risky sexual behaviour as well as being unable to negotiate for safer sex. This not only affects the future lives of children but also increases their vulnerability. Furthermore, early marriages and early sexual debut affects more girls than boys. This is due to the fact that girls are married off to men or have sex with men who are older than them and who already have had several sexual partners. This situation increases the risk of infection. In addition, there is a growing trend of child labour through which children and youths could become involved with groups of various backgrounds and behaviours that predispose the children to risky sexual activities.

5.2.2 Policy Statement

Government in collaboration with various actors shall ensure that both male and female children are protected from sexual abuse and early sexual contacts.

5.2.3 Operational Guidelines

In executing the above, the following operational approaches shall be applied:

Enforce the laws that protect the rights, interests and well being of children with adoption of gender sensitive approaches.

Develop critical community awareness on child sexual abuse in families, communities, schools and other institutions and settings.


Promote and educate the public on the roles and responsibility of individuals in mitigating child abuse.

Institute accountability mechanisms for the elimination of worst forms of child labour from Shehia to national level.

Promote and educate parents, elderly population, religious leaders, policy makers, teachers and children in schools on the health and other related, social and economic effects of early marriages for girls.

Develop strategies for parents, pre-school teachers, Madrassa, NGO and FBO that institute comprehensive programmes that not only develop IEC materials and guidelines that enable them cope and avoid being sexually abused but also enable them to access relevant skills of dealing with their abusers.
Implement community development policies that revive community responsibility in the protecting and upbringing of children in their respective areas.
Create conducive environment for children, especially the girl-child, to complete their basic education and pursue higher learning and professional training.
Develop research agenda and innovative interventions to guide programmes that prevent coercion,
Educate and provide counselling and treatment to those who are victims of coercion and gender based violence
Involv young people/children in national agenda setting in relation to HIV/AIDS situation etc;
Strengthen collaboration with government and non-governmental institutions dealing the well being of children including women organisations.
Ensure that perpetrators of sexual abuses are punished.

5.3. HIV/AIDS/STD in Educational Institutions
5.3.1. Rationale
It is necessary that all levels of educational institutions have HIV/AIDS/STD education in their curriculum. Teachers should provide information to their students about the modes of prevention and can create general awareness and understanding of the epidemic among students. For the schools such information should start from standard three of primary school. Special attention should be given to the non-formal education system, which if not given special attention, has great potential in fuelling up the epidemic. This policy acknowledges the need of ensuring equal emphasis in accessing appropriate HIV/AIDS education to both, the formal and non-formal systems.

5.3.2 Policy Statement
Government shall ensure that educational institutions at all levels have sufficient capacity to address HIV/AIDS/STI education for both the needs of teachers and learners.

5.3.3 Operational Guidelines
In executing the above, the following operational approaches shall be applied:
Develop an HIV/AIDS/STI education curriculum based national traditions, beliefs and values, and involving both teachers and learners in its development and implementation
Formulate appropriate Operational Guidelines for the design, instruction and assessment of learning for the HIV/AIDS/STI curriculum
Ensure that all levels of educational institutions have well trained teachers to address HIV/AIDS/STI effectively.
Provide adequate educational materials and related supplies that support HIV/AIDS STI instruction in schools and colleges.
Ensure that by the time they leave school all students should have received the best possible education on HIV/AIDS/STI and are able to avoid infection as well as to contribute to the care and support of those Zanzibaris who are infected and affected.
Develop an HIV/AIDS educational and advocacy materials that will target the out-of school youths and children

5.4. Convicted Criminal Trainees (Prisoners)
5.4.1 Rationale
Convicted criminal trainees (prisoners) do not have access to sexual relationships with their normal regular partners. Moreover, the environment in which they live renders them vulnerable to sexual exploitation and abuse. There is a need to empower them to make informed decisions.

5.4.2 Policy Statement
Government shall provide an environment that protects all convicted criminal trainees from sexual exploitation and abuse.

5.4.3 Operational Guidelines
Ensure that all convicted criminal trainees (CCT) and prison officers have access to HIV-related prevention information, treatment, care and support.
Institute accountability mechanisms for ensuring that prison authorities take necessary measures to protect CCTs from rape, sexual violence and coercion by fellow CCTs and or wardens.
Ensure that juveniles are segregated from adult CCT to protect them from abuse.
Ensure that CCT are not segregated, quarantined or isolated/stigmatised or discriminated on the basis of HIV status.
Ensure that there is an effective complaint mechanism and procedures for CCTs who have been victims of rape, sexual violence or coercion.

5.5. People Engaged in Transactional Sex
5.5.1 Rationale
There is a tendency to stigmatise and discriminate against people involved in transactional sex. Generally, most of those involved in transactional sex are economically vulnerable with limited alternatives for survival or sometimes coerced into this activity through sexual abuse. At the same time they run the risk of infection, especially as the majority of these are women who are often powerless over the authoritative character of men-clients.

5.5.2 Policy Statements
Government shall coordinate various partners in public and non-public to ensure that people who engaged in transactional sex have access to accurate and up-to-date information about HIV/AIDS/STIs for them to make informed decisions about protection.

5.5.3 Operational Guidelines
In executing the above policy statement the Government shall:
Ensure that there is specific behavioural change communication materials targeting those engaged in transactional sex.
Promote alternative livelihoods for women/transactional sex workers including expansion of income generating schemes for people involved in transactional sex, especially sex workers (SW).
Institute mechanisms for ensuring that that people engaged in transactional sex have access to confidential and respectful health care, especially sexual and reproductive health services, including preventive materials such as female and male condoms
Strengthen existing laws and regulations and educate SW to adherence to moral principles and discourage their involvement in transactional sex.
Ensure that periodic qualitative and quantitative research is conducted targeting people engaged in transactional sex to understand behavioural determinants.

5.6 Substance Abusers
5.6.1 Rationale
Substance abuse in Zanzibar has been increasing with time. This has affected mostly the young generation. All forms of substance abuse are accessible in Zanzibar. Recent trends show that the prevalence of Intravenous Drug Users [IDU] has been increasing. Needle sharing between IDUs is a common phenomenon as well as periodic unprotected penetrative sex. With such risks there is need to reduce demand for drugs and the harm that these drugs cause to individuals.

5.6.2 Policy Statement
The Government shall coordinate and monitor the introduction of capacity building schemes for substance abusers on knowledge and prevention of harmful consequences of substance abuse on the transmission of STD/HIV with special focus on IDUs.

5.6.3 Operational Guidelines
In addressing the above, the following operational approaches shall be applied:
Establish comprehensive rehabilitation centres, including vocational training schemes to reform and rebuild substance abusers.
Strengthen existing legal and policy framework for the design and implementation of harm and demand reduction and enforcing the laws against illicit importation of drugs.
Scale up peer-education training and programming using ex-drug addicts as peer educators, facilitators and counsellors.
Develop specific education and communication materials addressing the unique needs and situations of substance abusers.
Develop integrated VCT/STI services scheme incorporating harm reduction based education.
Conduct periodic qualitative and quantitative research and monitoring activities on substance abusers regarding STI and HIV infection rates.
Strengthen capacity of governmental institutions involved in the control of substance abuse on issues related to HIV/AIDS.

5.7. Mobile Populations
5.7.1 Rationale
There are various kinds of mobile populations in Zanzibar. These include traders, fishermen and passengers especially on ferries. Mobility is a major factor in the spread of the HIV infection, particularly where sexually active people stay away from their regular partners.

5.7.2 Policy Statement
The Government in collaboration with other partners shall ensure that mobile populations such as those engaged in trade, fishing and vending have access to appropriate information on HIV/STI prevention to reduce the risk of infection.

5.7.3 Operational Guidelines
In facilitating the above, the following operational approaches shall be applied
Develop behavioural change communication programmes targeting specific needs of the various mobile populations.
Promote early diagnosis and treatment sexually transmitted infections and a positive health seeking behaviour.
Conduct periodic outreach HIV/AIDS education campaigns through various frontline workers, namely teachers, agricultural extension workers, SHACCOMS members etc.
Promote education on accessing preventive equipment and supplies through SHACCOMs and Community Based distribution mechanisms.
Train adequate numbers of peer educators among the population
Provide a conducive legal and policy environment that adequately protects workers and their rights based on International Labour Organization recommendations.
Provide for relevant support to vulnerable groups (e.g. children) within the context of mobile populations.
Educate and advocate for responsible sexual behaviour change among transport operators (such as dala dala operators) and mitigate against sexual relationship with their clients including the students and youths.

5.8 People with Disabilities

5.8.1 Rationale
Persons with disabilities are disadvantaged mainly because of their inability to access formal education as well as effective and appropriate HIV/AIDS information. Because of lack of education, they are vulnerable to abuse, which may be physical, psychological or sexual. Moreover persons with disabilities, especially the mentally disabled, are unable to negotiate sex. This increases their vulnerability to sexually transmitted infections. People with disabilities need to be protected in order to minimize infection.

5.8.2 Policy Statement
Government in collaboration with various stake holders shall ensure that the rights of people with disabilities to access appropriate HIV/AIDS /STI are institutionalised and made user friendly corresponding to the disability categories.

5.8.3 Operational Guidelines
In addressing the above, the following operational approaches shall be applied:
Ensure that adequate and varied behavioural change communication materials are developed targeting those persons with disabilities.
Reinforce the laws that protect the rights, interest and well being of persons living with disabilities against sexual harassment.
Ensure that there is active participation of people with disabilities in decision-making fora and structures on HIV/AIDS/STI and general health development.
Adopt innovative initiatives for empowering people with disability especially women on HIV/AIDS prevention and in providing them with assertion skills for their own use.
Ensure that the planning and implementation of HIV/AIDS responses takes into account the implications for persons with disabilities.
Develop special supportive social welfare schemes for the affected HIV families within the categories of people with disabilities.
CHAPTER SIX
6.0 NATIONAL POLICY COORDINATION AND PROGRAM PLANNING

6.1. Rationale
In response to the HIV/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/AIDS response in Zanzibar. Since its establishment, ZAC has become a strong 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.

6.2.1 Policy Statement
Government shall ensure that Zanzibar has adequate mechanisms that support a government-led coordination framework for the national response.

6.2.2 Operational Guidelines
Government shall:
- Strengthen the role of the Board of Commissioners of Zanzibar AIDS Commission in building and managing partnerships and facilitating the relationship between Government and donors in HIV/AIDS.
- Promote and support development of partnerships among coordination organizations, implementing agencies, research institutions and other key players in HIV and AIDS
- Review the Act establishing Zanzibar AIDS Commission to ensure that the Commission is the sole leadership and coordination structure
- Strengthen existing coordination, policy development and strategic planning structures and create mechanisms for cross fertilization of knowledge, skills and experience
- Develop district-level coordination systems in line with the Local Government Reform Programme

6.3.1 Policy Statement
Government shall ensure that the National Multisectoral in HIV/AIDS Policy is effectively implemented at all the levels of the national response.

6.3.2 Operational Guidelines
In addressing the above, the following operational approaches shall be applied:
- Undertake key activities that support wide availability, appropriate interpretation and effective application of the HIV/AIDS Policy at all levels.
- Ensure that management and leadership bodies in key organizations receive appropriate induction into the ideals and expectations of the National Multisectoral HIV/AIDS Policy.
- Develop and implement appropriate tools and systems for monitoring and application of National Multisectoral HIV/AIDS Policy at all levels of the response.
- Develop a mechanism for a consultative preparation of an HIV/AIDS Annual Work Plan that reflects the interests of all sectors and sources of funding.
- Establish a monitoring and evaluation participatory platform that will involve various partners namely the Bilaterals, Multilaterals, CSO and CBOs.
6.4.1 Policy Statement
Government shall coordinate and institutionalise an effective National Multisectoral Monitoring and Evaluation Systems

6.4.2 Operational Guidelines
In addressing the above, the following operational approaches shall be applied:
Ensure that there are nationally-led efforts to establish a single, functional M&E system at country level which links various data collection and analysis efforts to meet the needs of both donors and Programme implementers.
Support the capacity of national institutions to track, monitor, and evaluate programme results and contribute to the policy dialogue on HIV/AIDS.
Review individual agency programmes to harmonize the M&E indicators with internationally accepted HIV/AIDS indicators.

The above policy statements and operational guidelines are in the spirit of “Three Ones” which are:
One agreed AIDS action framework that provides the basis for coordinating the work of all partners
One national AIDS coordinating authority with a broad-based multisectoral mandate
One agreed country level monitoring and evaluation system.
CHAPTER SEVEN
7.0 POLICY IMPLEMENTATION FRAMEWORK
7.1 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/AIDS interventions. The policy calls for multisectoral concerted efforts involving both the public and non-public sectors. The full participation of all actors and sectors shall be co-ordinated by the Office of the Chief Ministers through the Zanzibar AIDS Commission. This entails clarification of roles and responsibilities, definition of relationships and communication lines. The principal actors are:
Government Ministries
Local Authorities
Civil Society Organisations
Faith Based Organisations
Academic and Research Institutions
Media and other communication organizations
Donors and International Development Partners

7.2. The Role of Various Actors (stakeholders)
7.3. Governmental Ministries and Agencies
Rationale
The public sectors; namely the Ministries and other agencies; constitutes important stakeholders in the fight against HIV/AIDS. These sectors shall be responsible for the formulation of various HIV/AIDS sectoral policies and policy guidelines; sectoral plans for workplace interventions; development of resource mobilisation strategies; develop human and infrastructural capacity to meet the HIV/AIDS demands as well as institutionalising monitoring and evaluation tools. Each sector shall design interventions based on areas of comparative advantage and shall ensure that HIV/AIDS mainstreaming becomes institutionalised.

7.3.0 Overall Policy Statement for Government Ministries and Agencies
The government in collaboration with partners shall increase the capacities of line ministries to mainstream and introduce HIV/AIDS workplace interventions to provide prevention, treatment, care and support, and mitigation services to the sectors.

7.3.1. The Chief Minister’s Office
The Chief Minister’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 mobilised for the HIV/AIDS response. With the support of the Chief Minister’s Office, ZAC shall ensure that all sectors develop specific plans and interventions within the framework of the National Policy on HIV/AIDS in Zanzibar.

Through ZAC’s technical expertise, the Chief Minister’s office shall:
Ensure that the policy is formalised, and adopted as a National Policy on HIV/AIDS for Zanzibar.
Ensure that policy-makers at various government levels put in place HIV/AIDS strategies, and also co-ordinate and monitor their implementation.
Ensure that ZAC receives all the political support to play the co-ordination role.
Mobilise and advocate for the provision of resources from both local and international development partners for HIV/AIDS prevention, care and support, and impact mitigation.
Set up a system that recognises individuals and organizations that make exemplary contribution towards the HIV/AIDS struggle.
Ensure that all HIV/AIDS related legal issues are adopted and implemented.
The Directorate of Information and Broadcasting under the Chief ministers Office shall play an active role in implementation of the policy by broadcasting and packaging messages on HIV/AIDS and STDs emanating from other sectors or in collaboration with other agencies and partners.

7.3.2. Ministry of Finance and Economic Affairs shall
Ensure that HIV/AIDS is mainstreamed in national instruments such as the ZPRP and ensure that resources are mobilised and are available for national HIV/AIDS activities to all ministries.
Ensure that each line ministry allocate 5% of the annual budget for HIV/AIDS workplace interventions
Ensure and supervise smooth implementation of (2) above.
Ensure that line ministries use the approved budget for HIV/AIDS activities.
Ensure that human resource planning (based on epidemiological data) is undertaken to meet the human resource gaps.
Ensure that each line ministry has Human resource development plans and policy that explicitly meets sectoral HIV/AIDS needs and demands.
Ensure the material and financial support from development partners is coordinated and shall integrate HIV/AIDS components.
Ensure that regular impact studies of HIV/AIDS on human resources and the economy are undertaken.

7.3.3. The president’s office- Civil service Commission:
In collaboration with other governmental agencies, facilitate the formulation of a workplace HIV/AIDS policy for the public sector to be implemented by all Ministries.
Review existing human resource needs in public service taking in consideration the context of impacts of HIV/AIDS.
Ensure that all sectors (public and private) develop HIV/AIDS prevention interventions at work places.
Ensure that human resource demands for each sector are met.

7.3.4 Ministry of Health and Social Welfare shall:
Ensure that guidelines on treatment and ARVs are developed, printed and disseminated.
Advocate and educate the public on issues related to care and treatment including promotion of Home Based Care.
Ensure that scale up plans for i) ARVs and Opportunistic Infections; ii) Prevention of Mother to Child Transmission of HIV (PMTCT) and HBC are developed printed and disseminated.
Provide technical support to other sectors in developing and implementing HIV/AIDS activities.
Develop interventions aimed at prevention and treatment of STDs.
Carry out HIV/AIDS surveillance and provide information to sectors for planning purposes.
coordinate the national HIV/AIDS health sector response

7.3.5 Ministry of Youth, Employment, Women and Children Development and the labour commission shall:
Develop policies for all sectors (public and private) on the rights of workers/employees living with HIV/AIDS to employment.
Ensure integration of gender concerns in the national as well sector specific HIV/AIDS interventions
Develop guidelines and strategies for enhancement of AIDS orphans welfare (including accessing basic needs) both in school and out of school.
Develop HIV/AIDS prevention interventions for out of school youths and those people living with disability.
Promote anti-poverty campaigns and support women (FHH widows and divorcees) through special schemes such as soft loans etc.
Ensure integration of HIV/AIDS curricula within the vocational training institutions.
Link with NGOs/Women organisations for adoption/advocating of innovative initiatives for empowering vulnerable groups such as women, youth and children

7.3.6 Ministry of Education, Culture and Sports shall:
Ensure integration of HIV/AIDS issues into the school curriculum at all levels
Develop teacher’s capacity in HIV/AIDS communication as well as counselling skills
Review and enforce laws on pupil/student sexual abuse by teachers
Promote teaching of abstinence
In collaboration with Ministry of Finance and Economic Affairs, monitor the impact of HIV/AIDS on education sector especially manpower depletion
Develop capacity (human and infrastructure) to map, promote and preserve the Zanzibari culture, traditions, norms and values.
Link with NGOs/Women’s organisations for adoption of empowering initiatives, including creation of public debates on gender and HIV/AIDS related issues for school girls and boys
Promote the institutionalisation as well as efficiency of Health clubs in schools.
Develop special HIV/AIDS/STI prevention curriculum for students who are in camps or sports to include effective use of prevention equipments and supplies (condoms) and early health care seeking behaviour for Sexual Transmission Infections (STI).

7.3.7 Ministry of Regional Administration and Special Departments shall:
Ensure the development and support of HIV/AIDS programmes at district and community levels.
Monitor impact of HIV/AIDS on local governance and delivery of services to district and community groups.
Advocate against stigma and discrimination.
Develop the capacity of DACCOM and SHACCOM to coordinate and monitor HIV/AIDS interventions implemented at district and shehia level.
Work closely with CSO and CBO in district HIV/AIDS interventions.
Set a management of strategic information and documentation of best practices
Work with all appropriate agencies to ensure that all the necessary actions are taken for the development and sustenance of HIV/AIDS programmes for special departments, especially:
The Tanzania Peoples Defence Force
The Police
Kikosi Maalum Cha Kuzuia Magendo (KMKM)
Jeshi la Kujenga Uchumi (JKU)

7.3.8 Ministry of Agriculture, Natural Resources, Environment and Cooperatives shall:
Provide support to IGA that are operated by women groups involved in agriculture.
Implement HIV/AIDS prevention interventions in various agricultural communities
Develop and implement HIV/AIDS interventions for farming communities that counteract the impact of HIV/AIDS on agricultural production.
Monitor the impact of HIV/AIDS on the agricultural sector.
Develop and implement capacity building on gender for key actors.

7.3.9. President’s Office, Constitutional Affairs and Good Governance shall:
Provide technical back-up to government sectors in formulating and ensuring the implementation of necessary HIV/AIDS legislation and policies in the country.
Spearhead the sensitisation of laws that are relevant to HIV/AIDS
Ensure that existing laws and policies are simplified for easy understanding and are enforced.
Link with NGOs/Women’s organisations for adoption of advocacy work on legal issues for women in relation to HIV/AIDS.

Trade sector:
Develop preventive strategies that would protect the employee from Contracting HIV and other sexual transmitted infections.
Provide support to infected employee and affected families.
Develop Business Coalition that will promote HIV/AIDS prevention strategies and protect the industry and the general public at large.
Mobilise resources to support the HIV/AIDS national Startegies.

Other Ministries Departments and Special Agencies
All other remaining government sectors and institutions shall:
Mainstream HIV/AIDS in sector plans and implement policy guidelines on prevention of HIV/AIDS at places of work, care and support of employees.

7.4. Roles of Other Societal Institutions
7.4.1 Culture, Traditional Values and Norms
7.4.1.1 Rationale
The Zanzibari community has adhered to traditional culture and in exercising social control using traditional values and norms. Zanzibarits have tried to protect traditional norms and cultural values that protect individuals from exposing themselves in uncontrolled sexual behaviour with success. However, external pressure and globalisation effects have started to undermine these long term invested efforts. Restoration of good and sound traditional Zanzibari culture, including collective responsibilities of upbringing of children, respect to traditional and community leaders and leading roles of community organizations in maintaining customary norms and order are important dimensions to influence positive culture that will help to address HIV transmission.

7.4.1.2 Policy statement
The government in collaboration with various partners shall educate the public on the roles and values traditional Zanzibari culture in the fight against HIV/AIDS infection and in supporting infected and affected population.

7.4.1.3 Operational Guidelines
In addressing the above, the following operational approaches shall be applied:
Advocate and set systems at Shehia levels that will be used to revive traditional values, customs and behaviour to prevent immoral practices in the community by fully involving community own resource persons (CORPS).
Promote family life education.
Promote and advocate for cultural sensitive HIV/AIDS and other educationally useful IEC messages.
Formulate a culturally sensitive information and technology policy backed up with laws and regulations.
Advocate for communal upbringing of children with monitoring check ups inclusive of sociological studies and surveys.
Promote the fight against stigma and discrimination and promote communal support of PLHAs and AIDS orphans.
Formulate a national policy on Zanzibari culture and accompanying laws and regulations.

7.4.2 Religious Practices and Services
7.4.2.1 Rationale
Religious institutions constitute the hub of the Zanzibari belief, culture and norms. Faith based institutions in Zanzibar play very important advocacy and educating roles the community on the prevention of disease transmission inclusive of HIV/AIDS. Religious leaders are among the respected leaders in the community who influence people’s way of life and behaviour at all levels. Acknowledging the great potential religious institutions can be effective in reshaping individuals and communities’ behaviour in fighting against HIV/AIDS in Zanzibar.

7.4.2.2. Policy Statement
The government shall increase the awareness and capacity of religious institutions in HIV/AIDS prevention and provision of care and support to PLHAs and entire public.

7.4.2.3 Operational Guidelines
The government shall in collaboration with partners and religious institutions shall:
Educate FBO leaders on the dynamics of HIV/AIDS.
Develop the capacity of FBO in advocacy; resource mobilisation and communication skills.
Promote abstinence and faithfulness to spouses as the primary prevention intervention strategy as well as advocate for adherence to family values and cohesiveness.
Promote the decentralisation of HIV/AIDS activities of faith based institutions to reach grass root level and be able to work with them effectively.
Revise and update the composition of the censor board to have representation of Faith based leaders this shall ensure media compliance to cultural sensitive programmes.
Advocate against opening of Bars and promotion of alcohol in public media or in residential areas. The government shall also prohibit illicit use of rest and guest house for short term occupancy or to un-married couples.
Promote religious institution to establish income generating activities especially to women groups.
Advocate against stigma and discrimination of PLHAs and shall provide care and support to PLHAs and AIDS orphans who are in most difficult circumstances.
Advocate for effective utilisation of VCT; PMTCT; HBC and provide family guidance and spiritual counselling services.
Ensure, as far as possible and as a priority consideration, that where both spouses are in employment, their places of work are proximate so as to facilitate cohabitation and the establishment of a stable family home.
Encourage couples planning marriage to routinely have HIV voluntary counselling and testing, and to present results to each other.

7.4.3. Civil Society – NGOs and CBOs

7.4.3.1. Rationale
NGOs and CBOs have been active partners in the prevention of HIV/AIDS, and more importantly in initiating care and support interventions for PLHA. They have strongly contributed in aspects of impact mitigation. Most of these are urban based and their activities at district and Shehia level are highly uncoordinated. In this regard, there is need for ZAC to effectively regulate and monitor the efficiency of these institutions.

7.4.3.2 Policy Statement
The government, in collaboration with stakeholders, shall develop the capacity of CSOs and CBOs to design HIV/AIDS prevention, care and support interventions.

7.4.3.3 Operational Guidelines
The government in collaboration with partners shall create conducive environment for NGOs and CBOs to:
Build capacity to develop and design HIV/AIDS intervention inclusive of educational campaigns.
M&E and set a reporting system to ZAC and DACCOM and to provide feedback mechanism
Facilitate capacity to conduct community based operational research and surveys and disseminate findings.
Sensitise and mobilise communities where they operate for HIV/AIDS prevention, care and support, and mitigation of the impact using appropriate and sustainable interventions. Lobby and advocate for inclusion of HIV/AIDS issues on local and national policy agenda.
Mobilise resources for implementation of HIV/AIDS activities
With the help of ZAC have an effective networking and co-ordinating mechanism to avoid duplication of activities, and sharing of experiences.
Support institutional building of CSOS/NGOS/Women’s organisations in coalition building, lobbying, fundraising and gender

7.4.4. The Private Sector
The role of the private sector in national development and services delivery is becoming more prominent. In the implementation of the National HIV/AIDS Policy, the private sector shall:
Develop and implement interventions for HIV/AIDS prevention at work places.
Ensure that people living with HIV/AIDS are not discriminated against at work place.
Mobilise resources to support HIV/AIDS programmes initiated by government and local communities.
7.4.5. International Development Partners
The role of development partners has been very instrumental in the fight against HIV/AIDS in Zanzibar. This policy therefore presupposes that development partners in collaboration with public and non-public sectors shall:
Continue supporting national and local HIV/AIDS interventions
Provide technical support where necessary
With government and other partners lobby and advocate for universal accessibility to anti-HIV/AIDS drugs for PLHA.

7.4.6. The Media (Print and electronic Media):

7.4.6.1. Rationale
The media plays a crucial role in educating and influencing positively or negatively the behaviours of the population especially young people. Uncontrolled or uncensored programmes have been documented to influence early exposure to sexual behaviours and also to negatively affect the positive values of culture and traditions.

7.4.6.2. Policy Statement
The government shall promote culturally sensitive media and programmes that would promote HIV/AIDS educational campaigns on prevention care and impact mitigation to the public.

7.4.6.3. Operational Guidelines
To protect the public and the youth population from engaging in risk sexual behaviour, the government in collaboration with partners shall:
Eliminate images which promote promiscuity and casual sex.
Encourage the mass media, video clubs, and films to show programmes that portray acceptable social and moral values, and promote fidelity and family values.
Ensure that the materials and messages reflect the needs of the target groups.
Mobilise the mass media to promote and support appropriate HIV/AIDS/STI prevention, control, care, and impact mitigation policies and interventions.
Promote and support operational research aimed at improving the quality and impact of information and education interventions.
Promote responsible reporting about HIV/AIDS/STI, observance of journalistic ethics and avoidance of negative stereotypes and sensationalism.
Utilize participatory methods to develop appropriate HIV/AIDS/STI education material and messages for different target group
Develop a culturally sensitive information and technology policy backed up by laws and regulations.
Educate the public on appropriate use of internets.
Develop penal code against unlawful viewing of pornographic images in public places such as internet cafes.

7.4.7. Political Parties

7.4.7.1. Rationale
The unequivocal influence of political parties in advocating and mitigating HIV/AIDS is paramount to successful interventions. Political parties have been influencing and championing social and economic events for many years.

7.4.7.2. Policy Statement
Promote the capacity of political parties and groups in promoting and advocating for effective HIV/AIDS programmes in Zanzibar.

7.4.7.3. **Operational Guidelines**
The government in collaboration with partner shall support political parties in:
Advocating and promote the enforcement of laws and regulations that protect the public against HIV/AIDS infections.
Supporting PLHAs and use them as peer educators and shall advocate for the concept of GIPA and on going public.
Advocate against stigma and discrimination.
Promoting abstinence and faithfulness and addressing all forms and types of misconceptions surrounding HIV/AIDS.
Addressing HIV/AIDS by advocating HIV education campaigns; mitigate against substance abuse; promote family values (collaborate closely with technocrats) at all levels; increase access to ARVs; community involvement in supporting PLHAs; resource mobilization inclusive of human capacity development; promote research activities in all forms and kinds; support to AIDS orphans; promote utilization of VCT sites; work closely with public and CSO in concerting HIV/AIDS interventions.

7.4.8. Professional Groups and Associations

7.4.8.1. **Rationale**
Professional groups and association provide support to the public in areas of care, legal back up and advocacy campaign especially in relation to HIV/AIDS.

7.4.8.2. **Policy Statement**
Scale up the active involvement of professional institutions in advocating and mitigating HIV/AIDS related issues.

7.4.8.3. **Operational Guidelines**
The government in collaboration with other stakeholder shall support and closely work with professional association in:
Promoting and advocating for the introduction of work place interventions and promotion of the rights of the employees and in promoting the concept of GIPA.
Strengthening the Professional Association capacity and knowledge in mitigating HIV/AIDS through effective advocacy campaigns using various media such as TV/radio and newspaper.
Coordinating various activities in professional groups; shared /experience learning and setting up a platform for coordination between various actors including documenting best practices.
Promoting and advocating legal and other human related rights such as the fight against stigma and discrimination; right of inheritance for AIDS orphans; the right to access care and treatment and shall mitigate against all forms of gender related insubordinations that aggravates HIV transmission.
Fighting against malicious infections through: Public educations, safer sex practices; positive living; promote BCC and shall take a proactive role in formulating the HIV/AIDS prevention and control bill.
Increasing the capacity of professional groups in Management of strategic information.
Promoting abstinence and faithfulness more than Condom as more education is required in institutionalising the effective and efficient use of condom by the general public

7.4.9. **The Academia**

7.4.9.1. **Rationale**
Establishment of various universities and institutions of higher learning have been among the national agenda. These contribute heavily in the development of human resource capacity of
the country as well as in conduction of both the scientific as well as anthropological studies that could help in planning HIV/AIDS interventions. The contributions played by these institutions are vital in successful HIV/AIDS interventions.

7.4.9.2. Policy Statement
The government in collaboration with partners shall increase the capacity and collaboration with the Academia in designing effective HIV/AIDS advocacy, prevention care and treatment researches and research based interventions.

7.4.9.3. Operational Guidelines
The government shall:
Establish a system that could coordinate universities and increase their capacities in formulating plans and university specific HIV/AIDS Policy.
Strengthen the capacities of universities (including the Open University) in designing and conducting biomedical and other related researches i.e. promote multi disciplinary researches.
Incorporate HIV/AIDS issues especially in orientation courses in subjects such as development studies (DS) or in human geography (in hazards and disaster).
Introduce universities workplace interventions.
Develop a platform for shared learning and research findings dissemination within and between universities and the general public.
Support with resource mobilisation both nationally and internationally.
Acknowledge and set a system of reward on prominence contribution (nationally) in the researches and in the fight against HIV/AIDS.

7.4.10. Workers and Employer Organisations
7.4.10.1 Rationale
Workers in the formal sectors constitute a significant proportion of the national productive force. Very little has been done to mitigate the effects of HIV/AIDS on workers. Employers associations have not been adequately sensitised and have not been able to institutionalise HIV/AIDS issues in employment places, neither have the trade unions been able to fight for the care and support of the affected workers.

7.4.10.2 Policy Statement
The government shall create an environment for tripartite mechanism that facilitate employer organisations and trade unions to develop capacity for HIV/AIDS workplace intervention

7.4.10.3 Operational Guidelines
Introduce HIV/AIDS education for workers/employees.
Promote the provision of employment contracts with health benefits.
Establish health care schemes that would provide medical care/aid and hospital charges.
Ensure access to essential services namely: STD clinics/VCT and condom or vaginal microbicides.
Create platforms for experience sharing between various workers institutions and trade unions both in private and public set ups both on the local and international fora.
Review policy/regulations that discriminate HIV/AIDS employee and ensure protection on this category/sector

7.4.11. The Tourist Commission
7.4.11.1 Rationale
In the past two decades, Zanzibar has witnessed the emergence of the tourist sector as among the strong economic pillar in mitigating poverty and improving the national economy. These good intentions have been accompanied by multitude of challenges, the majority of which
undermines the good gains realised by the Zanzibari culture and tradition. The major challenge is the emergence of various forms of sex laxity. **Based on current tourism trends in Zanzibar, there is potential for sex tourism to explode and amplify the magnitude of the HIV epidemic.**

7.4.11.2 **Policy Statement:**
The government shall increase the promotion and coverage of cultural sensitive tourism capable of mitigating further HIV/STI transmission in Zanzibar.

7.4.11.3 **Operational Guidelines**
The government in collaboration with partners shall:
- Educate all tourism investors (public and non-public) on the transmission, prevention and predisposing factors favouring STD/HIV spread in Zanzibar.
- Review investor’s laws and regulations to explicitly feature the need to protect employees in tourist industry against the threat of HIV among youths and young people.
- Educate the public on adhering to traditions and culture and the negative effects resulting from free intermingling between tourists and Zanzibaris.
- Revisit and update laws and regulations that mitigate the spread of sex tourism.
- Set a by-law ordering all guest houses and hotels to place HIV education messages to protect their clients against acquiring HIV infection and shall also advocate for each tourist leaflet to harbour HIV /AIDS message and shall provide preventive products.
- Ensure collaboration between drug control trafficking units and the tourist commission.
- Establish platforms between tourist commission and censor board to monitor and protect the culture.
- Promote periodic qualitative and quantitative surveillance to the people whose life depends upon the tourist sector and where possible monitor the sero status of their clients.
CHAPTER EIGHT
8.0 MONITORING AND EVALUATION

8.1. Rationale
Zanzibar needs to have the capacity to assess the success of the national response to HIV/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 behavioural 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 for coordinate and implement HIV/AIDS programmes in Zanzibar. Quantitative and qualitative tools based on predetermined environment shall be applied at quarterly, semi-annually and annual bases. Obtained findings shall be the guiding principle in designing for HIV/AIDS Interventions. Periodic evaluation of planned interventions shall be executed and these shall guide the process of policy review in the long run.

8.1.1. Policy Statement
To strengthen capacity of ZAC and implementing agencies to collect and report HIV/AIDS data based on the national M+E Plan

8.1.2. Operational Guidelines
Build and sustain capacity for M&E in ministries, districts and civil society
Allocate and or, advocate for allocation of funds for M&E at all levels of implementation of the response
Conduct consultations, workshops and meetings with all key stakeholders to participate in the development of fully budgeted operational plans for each program area at national and district levels;

8.2.1. Policy Statement
To improve HIV/AIDS data collection, dissemination and utilization at all levels.

8.2.2. Operational Guidelines
Support creation and maintenance of new databases at district level;
Support workshops/meetings to familiarize implementers including ministries on management and use of the core databases and other HIV/AIDS M&E data sources.
Establish a database for tracking program activity especially for those activities that benefit from finances provided through ZAC.
Train members of CBOs on M&E methodologies.
Train ministries and districts on HIV/AIDS M&E System
Disseminate results of M&E surveys and program monitoring results.

8.3.1. Policy Statement
To promote and strengthen capacity to manage strategic information for HIV/AIDS

8.3.2. Operational Guidelines
Support sero-prevalence survey
Expand the HIV surveillance system to ensure socio-demographic and district representation
Strengthen capacity to generate and disseminate timely national surveillance data/information
CHAPTER NINE

9.0. HIV and AIDS RESEARCH

9.1 Rationale
The national response should be based on a sound research agenda designed, driven and implemented by national institutions. Such a research agenda should aim at addressing gaps in existing knowledge about HIV/AIDS to inform policy, practice and interventions. Although a lot of research is being done in institutions all over the world, it is necessary that Zanzibar develop its own capacity for research that responds to local problems and challenges.

9.1.2 Policy Statement
Government shall promote both biomedical and social-scientific research as a platform for providing scientifically sound and reliable information to guide national policy practices and interventions in Zanzibar.

9.1.3 Operational Guidelines
Ensure that research involving human subjects satisfies ethical and human rights considerations according to international best practices whilst at the same time respecting national cultural sensitivities and norms.
Reconstitute the Office of the Chief Government Statistician to ensure strong representation of government academia, and community organizations.
Facilitate establishment of a national HIV and AIDS research database and an agenda for research in all critical areas that require inquiry.
Ensure that research outcomes and recommendations are widely disseminated to potential users and that new ideas are put into practical application to improve policy and interventions.
Ensure that international HIV/AIDS researchers in Zanzibar collaborate with and develop the research capacity of existing institutions.
Promote collaboration with traditional healers in the design and conduct of research in traditional medicine and healing methods.
Mobilize and ensure availability and allocation of adequate resources to support HIV and AIDS research
Link HIV/AIDS research data with the Zanzibar Poverty Monitoring system for use in policy planning and development programmes.
Glossary

**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/AIDS infection.

**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.

**HIV surveillance:** The collection of information of 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.

**Mandatory testing:** Implies HIV screening where testing is done under compulsory conditions based on the violation of legal and jeopardizing the health of other members in the society.

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

**Unlinked anonymous HIV testing:** The testing of specimens for makers of infection after elimination (unlinking) of all personal identifying information from each specimen.

**Voluntary Counseling and Testing:** Implies HIV screening to individuals which occurs after they have been fully educated on the outcome of HIV testing and the client must give his/her informed consent prior to testing.