

EHPSA Case Study series:
Included! How change happened
for key populations and HIV prevention

From prohibition to harm reduction

**HIV-prevention policy for
people who inject drugs in Tanzania**



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1. Introduction

This case study focuses on the development by Tanzania of the first national framework and HIV-prevention plan for people who inject drugs (PWID) in sub-Saharan Africa.

The aim of the 2010 Tanzanian policy document, the *National Strategic Framework for HIV/AIDS Prevention for Injecting Drug Users (2011–2015)*, was 'to develop a comprehensive, integrated and effective system of strategies for reducing HIV transmission in injecting drug using populations including the full range of treatment options (notably medically assisted treatment of opioid dependence), access to primary health care, and access to antiretroviral therapy'.¹

Implementation of the framework resulted in the launch of a medication-assisted treatment (MAT) programme² for PWID, using methadone, at the Muhimbili National Hospital in Dar es Salaam in February 2011.

In recent years, injecting drug-use has emerged in sub-Saharan Africa as a driver of HIV transmission. HIV prevalence among PWID is up to six times higher than in the general population. Injecting drug-use has been on the increase in Tanzania since the late 1990s; the dual epidemics – HIV and substance abuse – have become a serious public health problem.

Tanzania was one of the first countries in sub-Saharan Africa to offer public methadone services and one of few African countries to acknowledge the severity of HIV prevalence amongst PWID. Tanzania began implementing comprehensive harm-reduction services in 2011 and is regarded as a lead country in sub-Saharan Africa in terms of addressing HIV in PWID. Harm reduction refers to a range of services that ameliorate the adverse effects of drug use. It includes needles and syringe programmes, opioid-replacement therapy (including MAT), peer support and community and educational programmes.

This case study attempts to understand the main events, actors and processes that led to the development of Tanzania's policy to prevent HIV among PWID and the role of civil society organisations in this complex process.

About this paper

This paper is part of a series, *Included! How change happened for key populations for HIV prevention*, commissioned by EHPSA to Nordic Consulting Group. The full series of nine case studies and discussion paper are available on the EHPSA website at <http://www.ehpsa.org/critical-reviews/included>.

The series was based on both literature research and interviews with key actors and focuses on examples from eastern and southern Africa. In-depth interviews for this case study were conducted with representatives of research organisations, civil society, government and funders working on drug and HIV-related issues. The full list of interviewees is given in Annexure 1 on page 11.

About EHPSA

Evidence for HIV Prevention in eastern and southern Africa (EHPSA) is a catalytic intervention, contributing to national, regional and global processes on HIV prevention for adolescents, men who have sex with men (MSM) and people in prison, through generating evidence of what works and why, and developing strategies to inform policymaking processes. It is a five-year programme funded by DFID and managed by Mott MacDonald.

1 Tanzania Drug Control Commission, 2010. *The national strategic framework for HIV/AIDS prevention for injecting drug users (2011–2015)*. Dar es Salaam, Tanzania, p. xii.

2 MAT is recognised as an essential element of comprehensive services for injection drug users (IDUs). It contributes to the reduction of HIV incidence among PWID and has been established as an effective treatment for opioid dependence. MAT replaces opioids with alternative medications (such as methadone) and is used in combination with counselling and behaviour-change programmes.

2. Context

2.1 Drug supply and use in Tanzania

East Africa is a major transshipment zone for drug traffickers entering African markets.³ Its unprotected coastline, major seaports and airports, and porous land borders offer multiple entry and exit points. The inadequate customs controls and cross-border co-operation, and weak criminal justice systems are also attractive to drug syndicates.

Brown heroin, which users smoked, was introduced in the capital, Dar es Salaam, in the 1980s and spread to other parts of the country. In the late 1990s, users began injecting white heroin, which carries a high HIV-infection risk.⁴

Although data on the number of heroin users is limited, heroin use appears to have rapidly increased from the early 2000s. The most recent estimates suggest that there are 30 000 injecting drug-users on Tanzania's mainland.⁵

Injecting drug-use in Dar es Salaam, as in many cities in other parts of the world, is concentrated in impoverished areas and in population sectors that have experienced adversity.⁶ People living in urban slums or informal settlements are more likely to use illicit substances, more likely to suffer from infectious disease and chronic illness, and more likely to lack access to health services than people of similar means living in other areas of the city or in a rural environment.⁷

2.2 HIV and people who inject drugs

The association of injecting drug-use with HIV transmission, particularly by sharing needles and injection equipment,⁸ is well established. Several studies have demonstrated that injecting drug-use has been a key driver of HIV epidemics in eastern Europe, Russia,⁹ and is a growing problem in Tanzania.¹⁰

HIV prevalence in the general population in Tanzania is comparatively low for the region, at 4.7% of the adult population in 2016.¹¹ The little data available on injecting drug-use suggest that HIV prevalence among PWID is much higher, with national prevalence estimated at 35%.¹² There are profound geographical and gender differences within this figure: a study in Dar es Salaam¹³ found that prevalence among women who inject drugs (62%) was more than double than that of men (28%). This difference may be attributable to gendered risk-taking behaviour, with many women relying on sex work as a primary form of income to fund their drug use.

Participation in sex work to fund drug use raises the possibility that PWID could become a bridge population that contributes to an increase in national incidence of HIV. Reaching people who use and inject drugs with comprehensive care and providing a policy and legal environment that promotes service utilisation, are regarded as essential to stemming HIV transmission and promoting the health of a marginalised population.¹⁴

3 Drugs are transhipped from South Asia via East Africa to West Africa and Europe

4 Ratliff, E.A., et al., 2016. Harm reduction as a complex adaptive system: A dynamic framework for analyzing Tanzanian policies concerning heroin use. *International Journal of Drug Policy*, 30, pp.7-16.

5 UNAIDS Country factsheet. <http://www.unaids.org/en/regionscountries/countries/unitedrepublicoftanzania>

6 McCurdy, S.A., et al., 2006. HIV/AIDS and injection drug use in the neighborhoods of Dar es Salaam, Tanzania. *Drug & Alcohol Dependence*, 82, pp.S23-S27.

7 Riley, L.W., et al., 2007. Slum health: diseases of neglected populations. *BMC international health and human rights*, 7(1), p.2.

8 AVERT. <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/people-inject-drugs>

9 Jolley, E., et al., 2012. HIV among people who inject drugs in Central and Eastern Europe and Central Asia: a systematic review with implications for policy. *BMJ open*, 2(5), p.e001465.

10 Tan, A.X., et al., 2015. Epidemiology of drug use and HIV-related risk behaviors among people who inject drugs in Mwanza, Tanzania. *PLoS One*, 10(12), p.e0145578.

11 UNAIDS, op cit

12 Tanzania National AIDS Programme, 2014. Consensus estimates on key population size and HIV prevalence in Tanzania.

13 Williams, M.L., et al., 2007. Differences in HIV risk behaviors by gender in a sample of Tanzanian injection drug users. *AIDS and Behavior*, 11(1), pp.137-144.

14 Strathdee, S.A., et al., 2010. HIV and risk environment for injecting drug users: the past, present, and future. *The Lancet*, 376(9737), pp.268-284.

2.3 Policy context

Before the development of the PWID policy framework in 2010, there were no specific policies in place to address PWID and HIV prevention in Tanzania, although the second national strategic framework on HIV and AIDS (2008–12)¹⁵ had called for interventions to prevent HIV transmission through injecting drug-use.

The Drugs and Prevention of Illicit Traffic in Drug Act of 1995 set the national policy on drug use. Its focus is on preventing and combating abuse of narcotic drugs, psychotropic substances and the illicit traffic thereof, and does not refer to the health of drug users. The act established Tanzania as part of a prohibitionist global system – supported by the United Nations Office on Drugs and Crime (UNODC) and other international agencies – which sought to reduce demand and supply of drugs, and criminalise users. This prohibitionist approach was not conducive to the development of harm-reduction policies and programmes.

Early HIV/AIDS policy in Tanzania did not recognise the relationship between injecting drug-use and HIV. For example, as recently as 2003, the National Strategic Framework on HIV/AIDS noted that ‘transmission routes like intravenous drug use are rare’.¹⁶ The omission is understandable given the slow emergence of injecting drug use in Tanzania.

Approaches to, and policy on PWID by global agencies such as UNAIDS and WHO, were a significant part of the policy context for development of the framework. Since the early 2000s, UNAIDS and WHO had urged countries to focus on the HIV needs of vulnerable, most-at-risk, or key populations. This shifting definition included PWID and other marginalised groups with high HIV prevalence. Donor agencies supported this focus with increased funding and support for PWID programming. This helped to catalyse the process of recognising PWID in Tanzania as a local population at risk.

3. The change process

The shift from no recognition or policy around HIV and PWID to the development of the 2010 framework was complex. It was influenced by a range of diverse factors that included changes in the global normative environment around drug use, the development of a burgeoning PWID epidemic, and support from the research community and international donors. The summary below describes the key phases in the unfolding process.

3.1 Development of a research community: the 1980s

The first cases of heroin addiction observed in Dar es Salaam health facilities in 1988 led to a range of small-scale studies by researchers at the Muhimbili University of Health and Allied Sciences (MUHAS).^{17,18,19}

In the 1990s, a research collaboration between the University of Texas School of Public Health (UT-Houston) and MUHAS focused on HIV prevalence among PWID. A collaborative study of the two institutions in 2003, sponsored by US National Institutes of Health (NIH), highlighted the danger of HIV transmission by injecting drug-use in Dar es Salaam. A MUHAS researcher remarked that the research on PWID was controversial and ‘created fear’ in his department because drug use and drug users had never been investigated and the researchers had never interacted with drug users.

The collaboration continued for about 20 years and has played a significant role in the policy development process.

15 Tanzania Commission for AIDS, 2007. The second national multi-sectorial strategic framework on HIV and AIDS (2008–2012). Dar es Salaam.

16 Ratliff, et al, 2016, op cit.

17 Kaaya, S.F., et al., 1992. Prevalence of substance abuse among secondary school students in Dar es Salaam. *Tanzania Medical Journal*, 7(1), pp.21-24.

18 Kilonzo, G.P. and Maselle, A.Y., 1986. Substance misuse in Tanzania. *Tanzania Med. J.*, 3, pp.21-22.

19 Mrango, Z.E., 1991. *Drug use among senior primary and junior secondary school children in Same District, Tanzania – a cross-sectional study*. Department of Community Medicine, Muhimbili University College of Health Sciences of the University of Dar es Salaam, Tanzania.

3.2 A confluence of factors, 2006

The interaction of a series of diverse events in 2006 highlighted the drug crisis in Tanzania and catalysed a new approach to PWID. These events included:

The war on drugs

In 2006, the newly elected president, Jakaya Kikwete, declared he would stop drug traffickers from using Tanzania's international airports. The success of this campaign caused traffickers to focus on land routes; ironically, this exposed more Tanzanians to the drug trade.

At the same time, Amina Chifupa, a popular member of parliament, highlighted corruption and called on her colleagues to reveal the names of drug barons.²⁰ Her accusations led to regular Tanzanian coverage of the government's 'war on drugs' and in December 2006, local news outlets reported that a list of more than 200 names of high-level business and government leaders involved in the drug trade was circulating through government ministries. Media reports indicated these individuals were being watched for their involvement in drug trafficking and that they could be blacklisted from government promotion and political participation.

A shift in global norms

An important reconfiguration was taking place in the international world of drugs and HIV. Concerns of the WHO, UNAIDS and the US Centres for Disease Control and Prevention (CDC) about the twin epidemics of HIV and drug use became more influential. This led to softening of the prohibitionist approach of the UNODC and other important organisations and opened the way for discourse on harm reduction for PWID. Increasingly, PWID were being recognised as 'vulnerable persons' who deserve treatment rather than punishment.²¹

The UN Political Declaration on HIV/AIDS in 2006 committed to harm-reduction services for injecting drug-users, indicating an alignment, at least in theory, of UN agencies and country leaders around this new approach.²²

Evidence into action

On World AIDS Day 2006, researchers from UT-Houston and MUHAS presented the results of their peer-reviewed research on injecting drug-use and HIV to the Tanzanian media in Dar es Salaam.^{23,24} Then deputy minister of labour, employment and youth development, Dr Emmanuel Nchimbi, opened the session. Members of parliament and representatives of interested civil society organisations and international donors attended a day-long workshop. Until MUHAS and UT presented these results, neither the state nor international agencies had a clear mandate to respond to the HIV crisis among PWID. Evidence showed that a significant percentage of PWID had a high HIV prevalence; the resulting media coverage challenged the status quo. Researchers noted that 'national press coverage of the event and of other anti-drug trafficking efforts presaged the Tanzanian government's 2007 request to direct some funds from the President's Emergency Funds for AIDS Relief (PEPFAR) toward HIV prevention outreach projects specifically targeting PWID'.²⁵

The entry into the drug discourse of HIV researchers and, subsequently, public-health officials marked an important turning point in Tanzania's approach to the issue. It forced the Tanzanian government to fully recognise that injecting drug-use and the sharing of needles and syringes threatened to unravel its success in reducing national HIV prevalence. The events of 2006 generated the political impetus needed to spur government action and support for harm reduction to prevent the spread of HIV among PWID.

20 Kulekana, J., 2006. Govt (sic) tightens noose on drug trafficking. *Daily News* [Tanzania] 15 November.

21 Ratliff et al, 2016, op cit

22 United Nations General Assembly, 2006. Resolution adopted by the General Assembly: 60/262. Political Declaration on HIV/AIDS, UN, New York, June 15. (http://www.unaids.org/sites/default/files/sub_landing/files/20060615_hlm_politicaldeclaration_ares60262_en_0.pdf).

23 McCurdy, S.A., et al., 2005. Heroin and HIV risk in Dar es Salaam, Tanzania: youth hangouts, mageto and injecting practices. *AIDS care*, 17(sup1), pp.65-76.

24 McCurdy et al., 2006: op cit

25 Ratliff, E.A., et al., 2013. An overview of HIV prevention interventions for people who inject drugs in Tanzania. *Advances in preventive medicine*, 2013.

3.3 Implementation begins: 2007

The Tanzanian government requested funds from CDC in 2007 for HIV-prevention programmes for PWID. Additional funds were quickly mobilised from PEPFAR, and the Tanzania AIDS Prevention Programme (TAPP) began implementing prevention and outreach activities among PWID.

TAPP also conducted educational workshops for physicians, the media and law enforcement officials. NGOs coordinated activities with local police to reduce harassment of their clients.

Since 2008, TAPP has focused on reducing HIV transmission among people who inject heroin, in Dar es Salaam. Through community outreach activities, TAPP provides education on reducing HIV risk through behaviour modification and offers risk-reduction materials such as condoms, and bleach to clean needles. It also provides referrals to social and medical services, including those at TAPP facilities.

3.4 Guidelines and TWG: 2009

Rapid progress in implementation of PWID programmes in 2009 was informed by international guidance and local planning.

- New guidelines: The World Health Organization (WHO) published technical guidelines in 2009 to support country targets for a complete spectrum of care services for PWID. Shortly thereafter, PEPFAR published a revised guide for HIV prevention among PWID that supports a broad range of drug treatment and prevention options.
- Technical working group: The Tanzanian Drug Control Commission (TDCC) established a technical working group in 2009 to enhance efforts to reduce HIV transmission among PWID. Members of the consortium included a broad range of actors such as NGOs, government ministries and researchers.²⁶ The group began developing the national framework through an extensive consultation process, led by the TDCC, with guidance from national and international consultants. As part of the framework, the consortium introduced the first MAT programme for opiate dependence in sub-Saharan Africa.^{27,28}

3.5 The outcome

The objective of the National Strategic Framework for HIV/AIDS Prevention for Injecting Drug Users (2011–2015) released by the TDCC in 2010 was to provide HIV prevention and treatment services to people who use and inject drugs. It aimed to guide the multi-sectoral planning, implementation and evaluation of a comprehensive evidence- and human rights- based approach to prevent the further spread of HIV and provide the best available care for drug users infected and affected by HIV. The strategy built on two thematic areas: an enabling environment for provision of HIV prevention services for injecting drug-users and comprehensive HIV-prevention services.

Prevention services consisted of a package of nine core interventions:²⁹

- Needle and syringe programmes (NSPs)
- Drug-dependence treatment (especially MAT) or opioid substitution therapy (OST)
- HIV testing and counselling
- Antiretroviral therapy for HIV-positive PWID
- Prevention and treatment of sexually transmitted infections (STIs)
- A condom programme for PWID and their sexual partners
- Targeted information, education and communication for PWID and their sexual partners
- Vaccination, diagnosis and treatment of viral hepatitis
- Prevention, diagnosis and treatment of tuberculosis

26 MoHSW, WHO, MNH, MUHAS, Mirembe Neuropsychiatry Hospital, TACAIDS, Ilala Municipal Council, NACP, Agha Khan Hospital, AMREF, ICAP, IOGT-NTO, KPE, TAYOHAG, Blue Cross Tanzania, FHI and PASADA.

27 Lambdin, B., 2012. Evaluating enrollment and retention of people who inject drugs in the medication assisted therapy cascade in Dar es Salaam. In: Proceedings of the 19th International AIDS Conference.

28 Lambdin, B.H., et al., 2013. Identifying programmatic gaps: inequities in harm reduction service utilization among male and female drug users in Dar es Salaam, Tanzania. *PLoS one*, 8(6), p.e67062.

29 Tanzania Drug Control Commission (TDCC), 2010. *The National Strategic Framework for HIV/AIDS Prevention for Injecting Drug Users (2011–2015)*. Dar es Salaam, Tanzania. p. 12.

3.6 Implementation of the framework

Following the release of the national framework, the government of Tanzania, with support from external agencies, established the MAT programme to address the dual epidemics of drug use and HIV. The MAT clinics provide methadone to patients and connect them to other care and treatment as part of a comprehensive package of services for PWID.

The first MAT clinic opened at the Muhimbili National Hospital in Dar es Salaam in February 2011. In September 2012, a second methadone clinic opened in Dar es Salaam at Mwananyamala Regional Hospital. In March 2014, a third clinic opened in Temeke District (also Dar es Salaam), and a fourth one opened in Zanzibar, September 2015. There were plans to establish additional clinics.

Availability of the rest of the nine core harm-reduction interventions varied; some were provided by the government of Tanzania and others by NGOs.

4. How change happened

This section summarises the key actors and the critical factors that brought about the policy change.

4.1 Key Actors

Actor category	Actors	Role	Key actions
International Foundations	Pangaea Global Aids Foundation	Important role	Provision of technical support to Government of Tanzania including support to develop the Framework
Research institutions	University of Texas School of Public Health (UT-Houston) and MUHAS	Critical role in the change process, generation of evidence	Production of knowledge and dissemination of results. MUHAS also implemented the MAT programme.
National government	TGCC and ministry of health	Critical role in the change process	Took the lead to ensure proper policy framework in place and subsequently service provision for PWID
International actors	CDC and PEPFAR	Critical role throughout the change process	CDC (through PEPFAR) provided funding to the Government of Tanzania to develop the framework
Multilateral organisations	WHO, UNAIDS	Important role	Agencies set international norms around harm reduction and lobbied to have them included in mainstream drug policies
National NGOs and other civil society actors	Yovaribe, Kimara Peer Educators, Blue Cross Society of Tanzania and Centre for Human Rights Promotion	No active role in the change process, but active in implementation of programmes following the policy	CBOs engaged and sensitised PWID on the provision of services for PWID

4.2 Contributing factors

Several factors combined to bring about the policy shift regarding harm reduction for PWID. 2006 was a key year.

In identifying the factors critical to the achievements, a distinction is made between those that created an enabling environment for change and the tactics used to bring about change in this context. Inevitably there is some overlap between them.

Creating an enabling environment

Evidence available: A leading researcher on PWID and HIV in Tanzania writes:

To garner support from Tanzanian politicians in a prohibitionist policy environment, the proponents of harm reduction realized they would need to generate and disseminate facts to highlight the local public health implications of heroin use. With financial support from the U.S. National Institutes Drug Abuse, researchers conducted numerous studies of drug use practices in Dar es Salaam and on the island of Zanzibar between 2003 and 2007 to demonstrate the links between heroin injection and HIV transmission (Dahoma et al., 2006; McCurdy et al., 2005, 2006; Timpson et al., 2006; Williams et al., 2007). Results from these surveys indicated that the prevalence of HIV infection among those who injected heroin was between 26% and 42% in Dar es Salaam, compared to an overall national prevalence of 9% Williams et al., 2009).³⁰

So, the production of scientific knowledge about PWID, size estimates, HIV prevalence and health access challenges was key throughout the change process. MUHAS led the different studies; some aspects were carried out in collaboration with international researchers.

Evidence-based practice in government: Again, the researcher comments in his review of the change process:

Government officials could have ignored these actions as they have done in many other settings throughout the history of drug policy, but they allowed new actors, ideas, and interactions into the system.³¹

This was in the context of President Kikwete's 'war on drugs'. Although government pursued this line, it also committed to HIV-prevention programming for PWID.

Research institutions expected to engage on findings: As indicated above, researchers identified the need for facts to shift policy from a prohibitionist approach to one sympathetic to harm reduction. Research on PWID and HIV was designed to provide these. On World AIDS Day 2006 they used the opportunity to present the facts to a wide range of stakeholders, including policymakers, members of parliament and representatives of interested civil society organisations and international donors. The media coverage of this event was instrumental in catalysing change.

Catalytic event: The researchers reported that when they presented their data on HIV sero-positivity among PWID in Dar es Salaam at the World AIDS Day meeting, participants from government, NGOs and CBOs were shocked. It triggered an understanding that had until then been absent; in 2007, the Tanzanian government requested funding from the US government to implement HIV-prevention programmes for PWID. The TDCC also integrated treatment and prevention into national drug control policies.

External funding: Continuous funding by international agencies for research, policymaking, and interventions ensured that the change process could move ahead. In Tanzania, the national HIV response is financed predominantly by development partners; they accounted for over 98% of financing between 2011/12 and 2013/14. PEPFAR and the Global Fund are the two largest donors, together accounting for more than 90% of donor funding.

Global policies and guidelines for adoption: The availability of the evidence of the coincidence of drug injection and high levels of HIV in Tanzania came at a time when there was still international contention between advocates of prohibition and criminalisation and those who emphasised harm reduction. The UN

30 Ratliff et al, 2016, op cit. p11.

31 Ratliff et al, 2016, op cit. p14

Political Declaration on HIV/AIDS in 2006 committed to harm-reduction services for injecting drug-users, which indicated alignment, at least in theory, among UN agencies and country leaders.³² This transformation was also underway in Tanzania.

Tactics used to bring about change

Competent and committed champions: The researchers who were determined to make their point over a long period, instigated funding and set up various epidemiological surveys. They also understood the need to put the facts before government, while exerting pressure through the media and parliamentarians. The 2006 World AIDS Day event was organised accordingly.

Framing the argument: Proponents based their argument to move to harm reduction on demonstrating the public-health costs of drug-use, including the potential transfer of HIV infection from a high concentration among PWID into the general population. They also successfully represented people who used heroin as 'vulnerable citizens' who deserve treatment rather than punishment.

Technical support: The roles of the Pangaea Global AIDS Foundation (PGAF), which provides clinical and technical support, and other international agencies were critical throughout the change process. Pangaea helped the government develop policies and guidelines for MAT delivery, which effectively established standards for operating MAT services. Pangaea also provided ongoing policy support toward establishing a national framework for monitoring and evaluation (M&E), developing M&E guidelines for service delivery outlets and implementing the comprehensive package of HIV prevention, treatment and care among PWID.

4.3 The role of civil society

Research institutions

Research institutions generated and disseminated the evidence that led the Tanzanian government to realise that the number of people who inject drugs and the HIV prevalence rate among them were alarmingly high. Based on this evidence, PWID policy and programming was scaled up. MUHAS also provided implementation support by hosting the first MAT clinic in Tanzania in 2010.

Civil society organisations

The contribution of civil society organisations to the change process was very limited because there was an absence of key population organisations or NGOs lobbying for PWID rights and services. However, as the policies and national framework took shape, CBOs and smaller NGOs became actively involved in implementation with, for example, outreach work and awareness raising among PWID ahead of the opening of the first MAT clinic.

5. Conclusions

The case of the development of Tanzania's framework for HIV prevention for PWID is an example of what theorists describe as a 'complex adaptive process' a non-linear process in which 'ambitions, values, facts, and technologies interact[ed] in the Tanzanian socio-political environment'.³³ A range of actors from different worlds (drugs, HIV, public health) collided, and policy evolved in tandem with shifting international norms.

This case study also demonstrates the importance of timing: where key catalytic events occurring in one year, 2006, were an important ingredient in the alchemy of change.

32 United Nations General Assembly, 2006. Resolution adopted by the General Assembly: 60/262. Political Declaration on HIV/AIDS, UN, New York, June 15. (http://www.unaids.org/sites/default/files/sub_landing/files/20060615_hlm_politicaldeclaration_ores60262_en_0.pdf).

33 Ratliff et al, 2016, op cit

Appendix 1: Concluding Note on Methodology – Interviewees

The case study draws on a document review and several interviews. The lead researcher was Julie Thaarup of Nordic Consulting Group, who also provided a first synthesis of findings and analysis.

Interviewees included:³⁴

- Melody Lalmuanpuii, Harm reduction programme coordinator, Médecins du Monde, Tanzania
- Prof. M.T. Leshabari, Researcher, Muhimbili University, Tanzania
- Neema Makyao, Key Populations Programme Director under the National AIDS Control Programme (NACP), Tanzania
- Fatma Mrisho, Executive Director, Tanzania Commission for AIDS (TACAIDS)
- Jessie Mbwambo, Psychiatrist, MAT Programme, Tanzania
- Zahra Nensi, Programme Coordinator, BOCAP / Rapid Funding Envelope, Tanzania
- Dr Cassian Leonard Nyandindi, Assistant Commissioner for Treatment, Rehabilitation and Research Drug Control and Enforcement Authority
- Brian Rettmann, Country Coordinator, PEPFAR, Tanzania

34 Positions at time of interview

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EVIDENCE FOR HIV PREVENTION IN SOUTHERN AFRICA

