Innovative Approaches to Maintain Postnatal Testing and Early Infant Diagnosis

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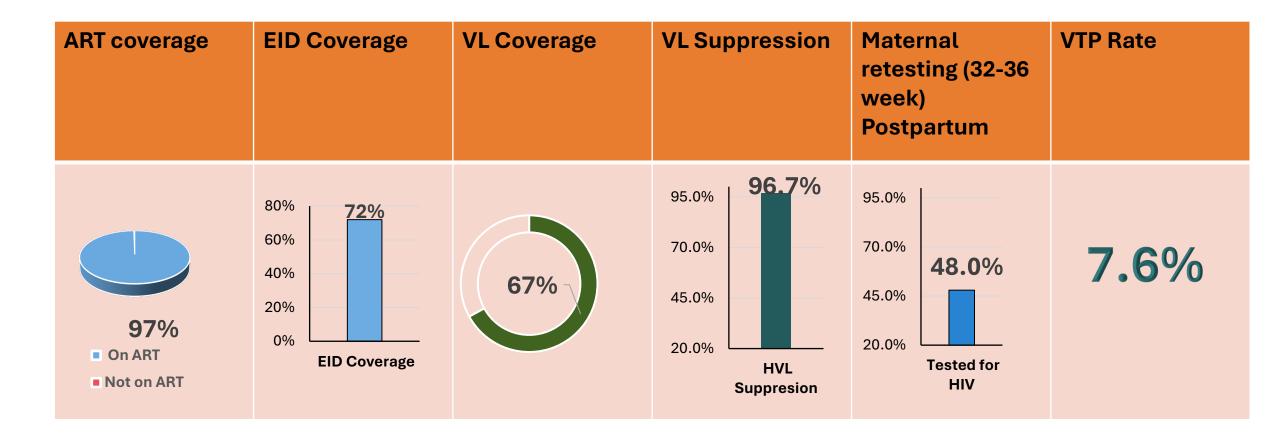




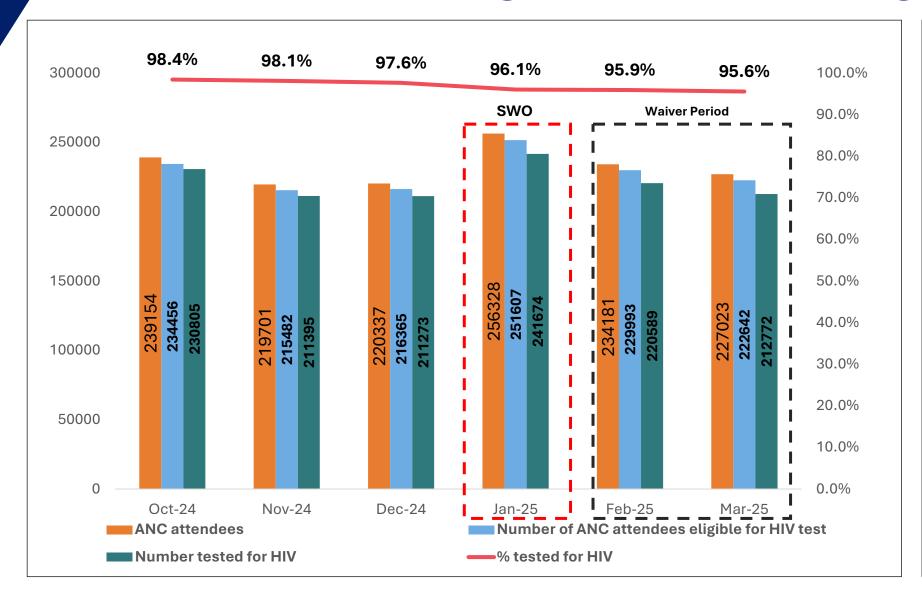


Background of VTP Services in Tanzania

- VTP programme started in year 2000, currently available in 8,450 (98%) health facilities
- The VTP Programme is domiciled in the Reproductive Maternal Health section of the Directorate of Maternal and Child Health

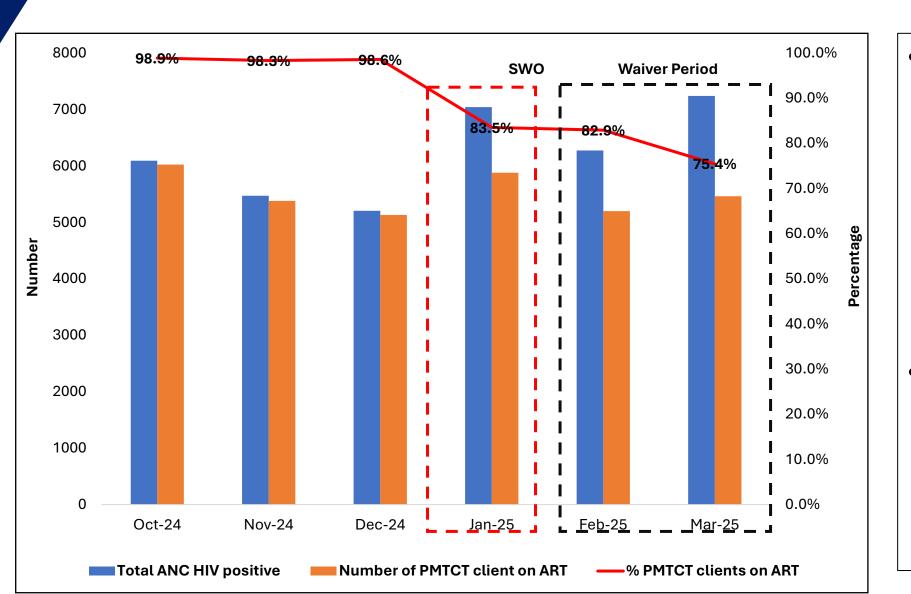


Trend in HIV Testing Services for Pregnant Women



- Slight decline in HIV testing attributed to challenges in report preparations and submission in DHIS2 during SWO and waiver period
- No impact in service delivery as VTP services are integrated with reproductive and child health (RCH) services

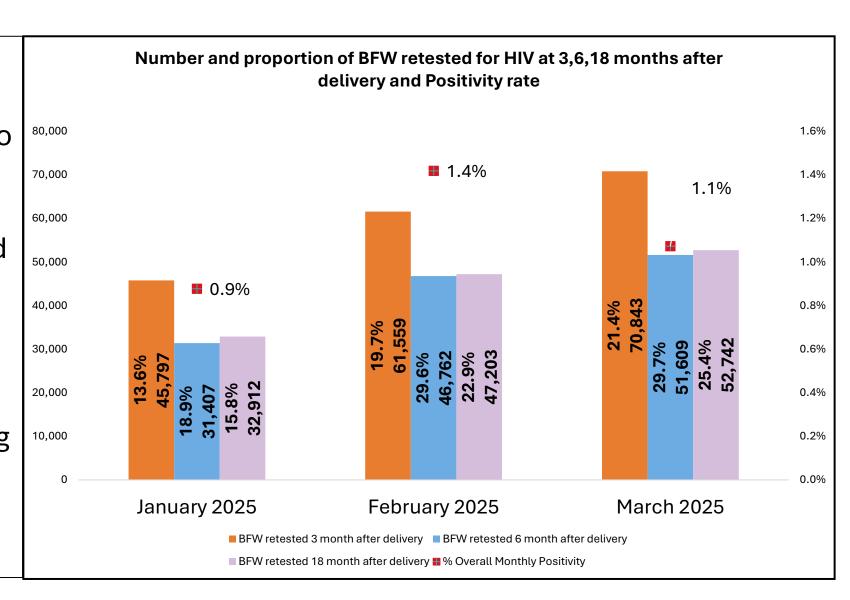
Trend in Antiretroviral Treatment for PBFW



- The observed decrease in ART coverage among PBFW during SWO and waiver period was deeply related to data entry gap not necessarily service delivery gap
- Data entry staff
 supported by IPs were
 dropped during the
 SWO

Postnatal HIV Testing Services among Breastfeeding Women (3,6 and 18 month after delivery)

- **Timing:** 3, 6, and 18 months after delivery
- Approach: Integrated into routine under-five clinic visits
- Alignment: Synchronized with national schedules for infant immunizations and Vitamin A supplementation
- Mother-infant pair tracking facilitated both maternal retesting and infant follow up schedule



Impact of Funding Shift on Postnatal Testing and Adaptations

Challenges

Reducing funding has impact on stock level of HIV test commodities

Adaptations

- Reduced frequency of testing for PBFW from 5 to 3 times
 - 1st ANC
 - 32 36 weeks GA
 - One test only during the postnatal period at 3 months postdelivery
- Capacity building of HCWs to manage multiple service points
- Utilized national M&E systems to reduce dependence on IP led data entry
 - Data captured via DHIS2 and Unified Community System (UCS)
- Transitioned logistics management to regional-level oversight with ad-hoc redistribution (HIV commodities including test kits)
- Task-shifting to RCH nurses to sustain services

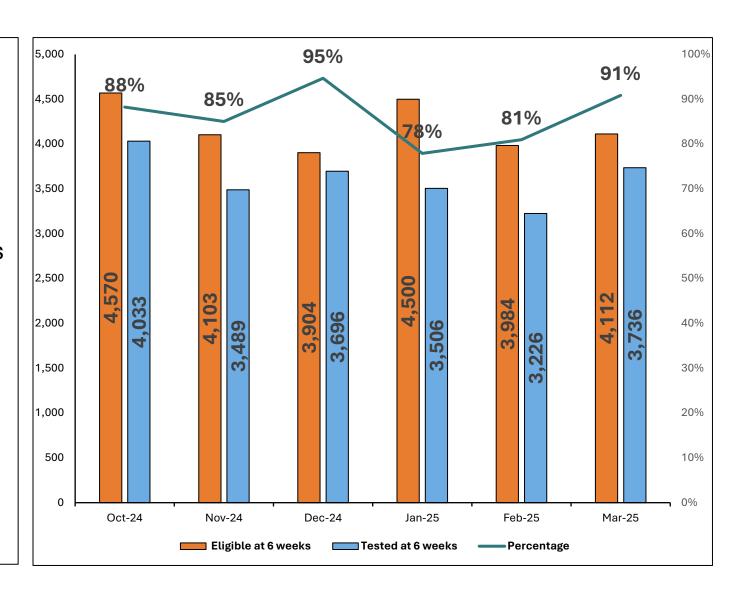
EID Uptake Oct 2024 – March 2025

- Hub-and-Spoke Model
 Samples are collected from peripheral health facilities and routed to hubs before being transferred to regional laboratories for testing.
- POC Testing

 128 facilities have POC allowing samples
 to be tested on-site

Logistics Support by Implementing

- Partners
 IPs manage dedicated transportation networks, ensuring consistent sample transportation.
- Electronic Sample Tracking Systems
 Tanzania has deployed the system to improve TAT



Impact of Funding Shift on EID sample Transportation and adaptations

Impact

- Before the USG Stop Work Order (SWO), samples were transported through a well-established courier system (private companies) under the support of PEPFAR IPs
- During SWO, major disruptions to sample transportation occurred leading to pooling of samples, and decreased collection at facilities in some regions

Adaptations

- MoH coordinated the use of government vehicles at regional level to ensure smooth movement of samples
 - Some regions adapted by integrating sample transportation within routine supervision and immunization delivery routes
- Tanzania Post Corporation (TPC) took over sample transportation responsibility
 - TPC became the mandated courier for sample transportation working closely with IPs
- Regional level oversight of redistribution of HIV commodities including EID test kits
- Data captured in Unified Community System (UCS) and electronic sample referral system (Government tools)

Conclusion

- Tanzania's success in maintaining VTP services amid funding challenges was enabled by strong integration of VTP services in RCH services, decentralised logistics and strategic use of immunization visits
- The adopted sample transportation model is a new approach; we are using a learn-by-doing strategy to identify and address challenges during implementation

Thank You!





