THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF INDUSTRY AND TRADE

TANZANIA BUREAU OF STANDARDS (TBS)

HIV, AIDS AND NON-COMMUNICABLE DISEASES (NCDs) POLICY

REVISION 2

TBS/DHRA/HR/P/01

AUGUST, 2023

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LIST OF ACRONYMS

AIDS	–	Acquired Immunodeficiency Syndrome
ART	–	Antiretroviral therapy
BMI	–	Body Mass Index
COVID	–	Corona Virus Disease
DHRA	-	Director of Human Resource and Administration
HIV	–	Human Immunodeficiency Virus
ILO	–	International Labor Organization
NCDs	–	Non-Communicable Diseases
PHIA	–	Population-based HIV Impact Assessment
PLHIV	–	People Living with Human Immunodeficiency Virus
PEP	–	Post Exposure Prophylaxis
PMTCT	–	Prevention of Mother to Child Transmission
PrEP	–	Pre-exposure Prophylaxis
TACAIDS	–	Tanzania Commission for AIDS
TBS	–	Tanzania Bureau of Standards
UNAIDS	–	United Nations Programme on HIV and AIDS
VCT	–	Voluntary Counseling and Testing
WHO	–	World Health Organization

DEFINITIONS

In this Policy, unless the context requires otherwise, the following definitions shall apply:

"**Act**" means the Standards Act Cap. 130.

"**Antiretroviral therapy**" means treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs.

"**Bureau**" means the Tanzania Bureau of Standards as established under the Act.

"**Non-communicable disease**" means a medical condition or disease that is not caused by infectious agents (non-infectious or non-transmissible), including but not limited to cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma), diabetes and mental health.

"**Director General**" means the Director General of the Bureau appointed under the Act.

"**Employee**" means a person who has entered into a contract of employment with the Bureau serving on permanent and pensionable terms.

"**Family**" means the employee, employee's spouse and up to four (4) children.

"**Management**" means the Director General, Directors, Managers, Chief Accountant and Chief Internal Auditor.

"**Peer Educator**" means an employee particularly appointed and assigned to convey educational messages and provide necessary information and help on HIV, AIDS and NCDs to a target group, mostly his/her age group.

"**Policy**" means the Tanzania Bureau of Standards HIV, AIDS and NCDs Policy.

PREFACE

This TBS HIV, AIDS and NCDs Policy serves as a guide for the Bureau's action to protect employees against HIV, AIDS and NCDs; and to manage their impact at the workplace. It outlines the Bureau's obligation in protecting its employees against HIV, AIDS and NCDs, employees' rights and responsibilities in protecting themselves and others, and the expected employees' behaviour at the workplace towards enhanced efficiency in service delivery.

Various reasons necessitated the review of the TBS HIV, AIDS and CNCDs Policy of 2017. The main ones were the need to address the challenges encountered during the implementation of the Policy, the growth of the Bureau in terms of employees, services and customers, and the need to align it with the TBS Organization Structure of December 2021. Other reasons were the need to adhere to national policies, laws, circulars and directives, the need to be consistent with current national and international best practice in policy presentation; and the need to be in harmony with current practice in the Public Service.

This third edition of the Policy reflects lessons learnt from the implementation of the previous Policy as well as the best practices currently promoted in Public Service. The Policy provides the framework for action to reduce the infection of HIV, ease the burden of AIDS and NCDs and manage their impact. It lays down a standard of behaviour for all employees and gives guidance to Management on handling matters related to HIV, AIDS and NCDs including but not limited to abiding by the principles of confidentiality of information.

This Policy was prepared in accordance with the National Guidelines on HIV, AIDS and NCDs (Mwongozo wa Kudhibiti VVU, UKIMWI na Magonjwa Sugu Yasiyoambukizwa Mahali pa Kazi katika Utumishi wa Umma, Februari 2014) in the workplace, the Public Service Circular (No. 2) of 2014 on Public Servants living with HIV, AIDS (Waraka wa Watumishi wa Umma Na. 2 wa Mwaka 2014 Kuhusu Huduma kwa Watumishi wa Umma Wanaoishi na Virusi vya Ukimwi na wenye Ukimwi) and the National HIV & AIDS Policy (2001).

The Policy will be used alongside other relevant policies, laws, regulations and directives on matters relating to HIV, AIDS, NCDs and employment. It is subject to review/amendment after three years and when need arises to align it with the prevailing environment.

When this Policy is in conflict with the National HIV, AIDS and NCDs Policy and any such other policies, laws, regulations and directives, the national policies, laws, regulations and directives shall prevail.

Dar es Salaam
August, 2023

Ngenya, A. Y. (PhD)
DIRECTOR GENERAL
TANZANIA BUREAU OF STANDARDS

CHAPTER ONE
INTRODUCTION

1.1 Background

The most important resource in any organization is the human resource. Any threat to the human resources calls for immediate and decisive actions. One such threat is the prevalence of Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS), Non-Communicable Diseases (NCDs) and mental health at the workplace.

HIV, AIDS, NCDs and mental health affect individuals, families, institutions, organizations and every business whether big or small, formal or informal. Beyond the suffering they impose on individuals and their families, HIV, AIDS, NCDs and mental health profoundly affect the social and economic fabric of the society. HIV, AIDS, NCDs and mental health are a major threat to the world of work as they affect the most productive segment of the labour force, thus reducing earnings and imposing huge costs on enterprises in all sectors.

This third edition of the TBS HIV, AIDS and NCDs Policy intends to effectively and decisively deal with the threat posed by HIV, AIDS and NCDs. The Policy will help the Bureau to raise awareness on HIV, AIDS, NCDs and mental health prevention and treatment, build positive attitude towards those affected and promote health and safety amongst the employees. This, in turn, will assist in bringing about higher productivity and efficiency in the Bureau's operations.

1.2 Situation analysis

1.2.1 General

The Global AIDS Progress Report 2022, states that approximately 1.5 million new HIV infections occurred in 2021 worldwide, which is 1 million above the global target. Every day, 4 000 people, including 1 100 young people (aged 15 to 24 years), become infected with HIV. If current trends continue, 1.2 million people will be newly infected with HIV in 2025, which is three times more than the 2025 target of 370 000 new infections. In 2021, 650 000 (500 000–860 000) people died of AIDS-related causes — one every minute, despite effective HIV treatment and tools to prevent, detect and treat opportunistic infections.

According to the Report, the number of people on HIV treatment grew more slowly in 2021 than it has in over a decade: while three quarters of all people living with HIV had access to antiretroviral treatment, approximately 10 million people did not. Only half (52%) of children living with HIV had access to life-saving medicine, and the inequality in HIV treatment coverage between children and adults was increasing rather than narrowing. However, the Report shows that global progress against HIV is slowing rather than accelerating; with the latest data collected by UNAIDS showing that while new HIV infections fell globally in 2021, the drop was only 3.6% compared to 2020 — the smallest annual reduction since 2016. As a result, many regions,

countries and communities are left to address rising HIV infections alongside other ongoing crises.

In Tanzania, according to the Global AIDS Monitoring, Country Progress Report, 2020, HIV prevalence is characterized by significant heterogeneity across age, gender, social-economic status and geographical location, implying differentials in the risk of transmission of infection. HIV prevalence has steadily declined over the past decades from 7% in 2003 to 5% in 2020 in adults 15 – 49 years. The HIV burden is higher in urban areas than in rural areas — 7.5% versus 4.5% respectively. Njombe Region has the highest prevalence estimate (11.4%) followed by Iringa (11.3%) and Mbeya (9.3%). Lindi Region has the lowest HIV prevalence of less than 1%.

The Report further indicates that among 15 – 49 years old in 2019, HIV prevalence was 4.6%, with 58 000 new HIV infections and that there were 6 500 new infections among children below 15 years old in that year. Moreover, the Report indicates that about 100% of pregnant women living with HIV received ART for PMTCT, and 78% of children living with HIV are on ART. It is important to note that about 50% of all new infections are from the 15 – 29 years old age group.

The Government of Tanzania made full commitment in 2018 to scale-up PrEP for key populations and discordant couples as well as initial roll out of self-testing. PrEP for the targeted population groups has been on the immediate scale-up nationwide, including expanding eligibility criteria to adolescent girls and young women. Moreover, condoms distributed annually increased to 29 037 100 in 2019 from 28 589 379 in 2018. The National Condom Strategy for 2019 – 2023 is expected to galvanize the total market approach agenda to facilitate the distribution of condoms beyond the health system structures to the community level.

Concerning NCDs, WHO Reports of 2022 communicates that the diseases kill 41 million people each year, equivalent to 74% of all deaths globally. According to the Report, cardiovascular diseases account for most NCD deaths, or 17.9 million people annually, followed by cancers (9.3 million), chronic respiratory diseases (4.1 million), and diabetes (2 million including kidney disease deaths caused by diabetes). These four groups of diseases account for over 80% of all premature NCD deaths. Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from an NCD. Detection, screening and treatment of NCDs, as well as palliative care, are key components of the response to NCDs.

NCDs are often associated with older age groups, but evidence shows that people of all age groups, regions and countries are affected by NCDs. According to the WHO Report, 17 million NCD deaths occur before the age of 70 years. Of these deaths, 86% are estimated to occur in low- and middle-income countries. Children, adults and the elderly are all vulnerable to the risk factors contributing to NCDs, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the harmful use of alcohol. The COVID 19 pandemic has further highlighted that actions on NCDs is urgent and critical to protect people from the death and disability brought by NCDs.

In Tanzania, the National Non-Communicable Diseases Research Agenda, 2022 shows that 33% equal to 409 000 deaths that occurred from the year 2000 to the year 2016 were caused by NCDs. The information states that the Non-Communicable Diseases that cause death on a large scale are heart diseases at 13 %, cancer at 7 %, respiratory system diseases at 2 %, diabetes at 2 % and other non-communicable diseases at 10 %. In addition, it is estimated that by the year 2025 there will be an increase of 21 600 deaths from NCDs in Tanzania.

Tanzania Bureau of Standards, like any other communities in the country, is also exposed to the risks posed by HIV, AIDS and NCDs. HIV testing organized by the Bureau in February 2023 showed that out of the 132 employees tested, none were HIV positive. The number of employees who showed up for HIV testing is equivalent to 17% of all employees. Out of over 600 employees, only one employee has voluntarily disclosed his/her sero status.

The Bureau also has been organizing medical examinations and seminars for its employees on NCDs whereby cervical cancer, breast cancer, blood pressure, diabetes and mental health issues are addressed. The Bureau provides appropriate care and support for all employees found to be affected.

Moreover, in order to reduce the spread of HIV, AIDS and NCDs and mitigate their impact on TBS employees and their families, various HIV, AIDS and NCDs interventions have been carried out. These include HIV, AIDS and NCDs awareness creation and sensitization seminars conducted once every quarter, which involve voluntary counseling and testing for HIV, distribution of condoms and sponsorship of training for peer educators on various occasions. Most of these activities are organized by the office of the DHRA in collaboration with the HIV, AIDS and NCDs Committee, established with the aim of facilitating the realization of the Bureau's objective in addressing HIV, AIDS and NCDs. Further, the Bureau has been paying an allowance to employees declaring to be HIV positive to cater for special dietary needs.

1.2.2 SWOC analysis

The following Strengths, Weaknesses, Opportunities and Challenges (SWOC) highlight the TBS context in respect to HIV, AIDS and NCDs:

1.2.2.1 Strengths

a) Existence of the HIV, AIDS and CNCDs Policy 2017;

b) Existence of HIV, AIDS and CNCDs Committee;

c) Existence of HIV, AIDS and CNCDs Coordinator and Peer Educators;

d) Allocation of budget for HIV, AIDS and NCDs interventions;

e) Inclusion of HIV, AIDS and NCDs Objective in the TBS Strategic Plan for 2021/22 – 2025/26;

f) Existence of physical excise facilities;

g) Regular training on HIV, AIDS and NCDs;

h) Existence of care and support for employees living with HIV/AIDS; and

i) Availability of medical checkup equipment and personal protective gears.

1.2.2.2 Weaknesses

a) Insufficient budget;

b) Inadequate awareness on HIV, AIDS and NCDs;

c) Stigma towards employees living with HIV, AIDS and NCDs; and

d) Absence of implementation strategy.

1.2.2.3 Opportunities

a) Availability of National Policy on HIV, AIDS and NCDs;

b) Availability of Public Service Management Guidelines on HIV, AIDS and NCDs; and

c) Availability of supportive stakeholders.

1.2.2.4 Challenges

a) Little response of employees on voluntarily counselling and testing for HIV, AIDS and NCDs; and

b) Fear of employees to disclose their status.

1.3 Methodology

The methodology used in reviewing the HIV, AIDS and CNCDs Policy, 2017 was internet search, in-depth discussions and review of relevant documents including but not limited to the following:

a) National HIV & AIDS Policy – Prime Minister's Office, 2001;

b) Mwongozo wa Kudhibiti VVU, UKIMWI na Magonjwa Sugu Yasiyoambukizwa Mahali pa Kazi katika Utumishi wa Umma, Februari 2014;

c) Waraka wa Watumishi wa Umma Na. 2 wa Mwaka 2006 Kuhusu Huduma kwa Watumishi wa Umma Wanaoishi na Virusi vya Ukimwi na wenye Ukimwi

d) Ministry of Health, Community Development, Gender, Elderly and Children Strategic and Action Plan for the Prevention and Control of Non-Communicable Diseases in Tanzania 2020 – 2024;

e) Ministry of Health, Community Development, Gender, Elderly and Children's Global AIDS Response Country Progress Report (2014);

f) National Non-Communicable Diseases Research Agenda, 2022;

g) Demographic and Health Survey and Malaria Indicator Survey, 2022;

h) UNAIDS Global AIDS Update (2022);

i) Muhimbili University of Health and Allied Sciences (MUHAS) HIV, AIDS and NCDs Policy, 2018;

j) National Institute of Transport (NIT) HIV, AIDS and NCDs Policy, 2020; and

CHAPTER TWO

RATIONALE, OBJECTIVES AND SCOPE OF HIV, AIDS AND NCDs POLICY

2.1 Rationale

Since its establishment in 1975, Tanzania Bureau of Standards (TBS) has put in place various policies to guide the decision making on various matters. The HIV/AIDS Policy was first developed in 2010 to give guidance in prevention and control of HIV/AIDS and to attend the needs of employees living with HIV/AIDS.

In 2017, the HIV/AIDS Policy of 2010 was reviewed to address the challenges encountered during the implementation that include the growth of the Bureau in terms of employees. Another major reason for review of the 2010 Policy was the need to align with national policies, laws, circulars, directives, national policy structure and current practices in the Public Service.

The general objective of the HIV/AIDS and CNCDs Policy 2017 was to establish the strategic intent and policy direction of the Bureau and provide the framework for action to reduce HIV infections and enhance care, treatment and support for employees living with HIV and CNCDs. This was achieved to some extent, in particular through enhanced awareness creation, improved support and care for employees living with HIV/AIDS, provision of healthy food to all employees, establishment of sports and physical exercise facilities, execution of regular health checkup programmes, commemoration of World HIV/AIDS Day and enhanced voluntary counselling and testing.

Despite the achievements made during the implementation of the HIV/AIDS and CNCDs Policy 2017, the Bureau still faces various challenges, including insufficient budget; inadequate awareness on HIV, AIDS and NCDs; stigma towards employees living with HIV, AIDS and NCDs including self-stigma; little response of employees on voluntarily counselling and testing for HIV and NCDs; and employees' little interest to participate in sports and physical exercises despite the availability of facilities.
This HIV, AIDS and NCDs Policy provides the framework for action to reduce HIV infections; to improve care, treatment and support for employees living with HIV and NCDs; and manage the diseases' impact. It makes an explicit commitment to corporate action and ensures consistency with appropriate national policies, laws, regulations and directives. It is the Bureau's response to the threat posed by potential loss of experienced skilled staff and increased absenteeism, both of which would hinder the Bureau's efforts to deliver services to the public.

The Policy supports national efforts to reduce HIV infection and minimize the impact of HIV, AIDS and NCDs. It lays down a standard of behaviour for all employees and gives guidance to Management on handling of matters related to HIV, AIDS and NCDs including abiding by the principles of confidentiality of information. It will further guide the Bureau in the planning and execution of HIV, AIDS and NCDs interventions.

2.2 Vision, Mission and Core Values

2.2.1 Vision

"Sustainable standardization for high quality livelihood society".

2.2.2 Mission

"To promote standardization, safety and quality assurance in industry and commerce through standards development, certification, registration, inspection, testing and metrology services for sustainable socio-economic development".

2.2.3 Core values

a) Integrity

We ensure continuous and consistent provision of services with high degree of honesty and impartiality by adhering to moral and ethical principles and values.

b) Customer focused

We prioritize customers' needs first, therefore committed to responding timely and proactively to their expectations.

c) Team work

We work together by sharing experiences while respecting each other to realize institutional goals.

d) Accountability

We shall be responsible to our actions, decisions and outcomes in executing our functions.

e) Transparency

We ensure open sharing of information and proper provision of feedback to our stakeholders in equal treatment.

2.3 Policy Objectives

2.3.1 Main Objective

To provide guiding principles for developing, implementing and monitoring prevention strategies and interventions to deal with the effects and impacts of HIV, AIDS and NCDs among employees within the Bureau.

2.3.2 Specific Objectives

a) Stigma and discrimination mitigated;

b) Voluntary counseling and testing promoted;

c) Awareness and education strengthened;

d) Treatment, care and support enhanced;

e) HIV and NCDs prevention strengthened;

f) Gender equality promoted; and

2.4 Scope of Policy

This Policy encompasses prevention, care, education, awareness raising, counselling and testing, harm reduction and support for individual affected by HIV, AIDS or NCDs and their families. It shall apply to the Bureau's employees under permanent and pensionable terms.

CHAPTER THREE

POLICY ISSUES, OBJECTIVES AND STATEMENTS

3.1 Policy issue: Stigma and self-discrimination

Stigma and self-discrimination are among the key challenges in the prevention and control of the HIV, AIDS and NCDs. In our community, stigma against HIV, AIDS and NCDs remains a challenge and plays a major role in derailing efforts to fight against HIV, AIDS and NCDs, as it puts employees living with or affected by HIV, AIDS and NCDs into an unnecessary hostile and embarrassing situation. Worse still, stigma and discrimination lead to secrecy and denial that tend to hinder openness about health status and prevents employees from accessing care and support from the Bureau.

3.1.1 Policy objective: Stigma and discrimination mitigated

3.1.2 Policy statement

The Bureau shall

a) establish and implement an HIV, AIDS and NCDs behavior change programme; and

b) strengthen confidentiality in the handling of HIV, AIDS and NCDs matters.

3.2 Policy issue: Voluntary counseling and testing

Voluntary counseling and testing is an essential continuum of HIV, AIDS and NCDs prevention and treatment services. It is the service rendered to an individual to know their sero status and it is usually confidential. Currently, the Bureau conducts voluntary counselling and testing in collaboration with other service providers such as TACAIDS, the Institute of Social Work, Marie Stopes Hospital and Ubungo Municipal Council. However, most employees shy away from VCT for various reasons, including but not limited to fear of real or imagined stigma, thus the need for the Bureau to take necessary measures to arrest the situation.

3.2.1 Policy objective: Voluntary counseling and testing promoted

3.2.2 Policy statement

The Bureau shall promote and facilitate employees to undergo voluntary counselling and testing.

3.3 Policy issue: Awareness and education

Awareness and education are an important component in the fight against HIV, AIDS and NCDs. Due to this the Bureau has been implementing various workplace awareness programmes to ensure that its employees are aware on pertinent issues

concerning HIV, AIDS and NCDs. Despite the efforts made by the Bureau, the awareness gap still exists, which may hinder the implementation of requisite interventions. Continuous awareness and educational programmes need to be enhanced for effective control of HIV, AIDS and NCDS.

3.3.1 Policy objective: Awareness and education strengthened

3.3.2 Policy statements

The Bureau shall

a) prepare and implement training programmes for HIV, AIDS and NCDs Committee and peer educators;

b) establish social dialogues on matters concerning HIV, AIDS and NCDs;

c) develop and implement appropriate awareness and educational programmes on HIV, AIDS and NCDs.

3.4 Policy issue: Treatment, care and support

Treatment, care and support are key elements in the response to HIV, AIDS and NCDs in the workplace. As there is no cure for HIV, AIDS and chronic NCDs, effective management and treatment can help to improve the quality of life, while inadequacy in this area may complicate the fight against the illnesses and the mitigation of their impact. Overall, a comprehensive approach to HIV, AIDS and NCDs treatment, care and support is essential for improving the health and wellbeing of those affected with HIV, AIDS and NCDs. The Bureau has shown a strong commitment in providing treatment, care and support to its employees who disclose their health status but more concerted efforts are needed.

3.4.1 Policy objective: Treatment, care and support enhanced

3.4.2 Policy statements

The Bureau shall

a) create a suitable environment to offer treatment, care and support to those affected by HIV, AIDS and NCDs; and

b) provide nutritional support to employees living with HIV, AIDS and NCDs.

3.5 Policy issue: HIV and NCDs prevention

Prevention is a critical component for public health efforts to reduce the spread of HIV and to ensure that employees living with HIV do not develop AIDS. Moreover, although NCDs are not contagious and are generally caused by life style factors, prevention is key to reducing the burden of this disease. Overall, preventing HIV, AIDS and NCDs at the workplace require a comprehensive approach that includes

health diet, regular checkup, education and awareness, condom programming, PreP and PEP. The Bureau has been implementing various programmes to ensure that prevention of HIV, AIDS and NCDs is in place. However, prevention efforts need to be strengthened.

3.5.1 Policy objective: HIV and NCDs prevention strengthened

3.5.2 Policy statements

The Bureau shall

a) establish a mechanism to ensure consistent availability of male and female condoms

b) provide personal protective gears to all employees working in or exposed to risky environment;

c) strengthen safety protection in risk-exposed areas; and

d) Strengthen sports, recreation and leisure activities.

3.6 Policy issue: Gender equality

The Bureau recognizes that women are more vulnerable to HIV infection. They may have limited control over their sexual relations, can be subjected to sexual abuse and violence, and their economic status and cultural roles often expose them to sexual manipulation and coercion. Moreover, gender-based violence is associated with poor long-term mental health such as anxiety, depression and post-traumatic stress disorder. Although gender-related violence and sexual manipulations are not familiar among TBS employees, the Bureau needs to take precautionary and preemptive measures to prevent such incidences as part of efforts to fight HIV, AIDS and NCDs.

3.6.1 Policy objective: Gender equality promoted

3.6.2 Policy statements

The Bureau shall

a) promote gender equality in the fight against HIV, AIDS and NCDs; and

b) develop and implement gender specific programmes for HIV, AIDS and NCDs.

CHAPTER FOUR

IMPLEMENTATION FRAMEWORK, MONITORING AND EVALUATION

4.1 Regulatory Framework

In order to facilitate the execution of this HIV, AIDS and NCDs Policy, it is essential that a supporting regulatory framework be defined, which should also include the prevailing public service and institutional regulations. An appropriate and dynamic regulatory framework is mandatory to act as the foundation for carrying-out the management of HIV, AIDS and NCDs at the Bureau. The development and implementation of an effective regulatory framework can support and provide guidance in the administration and management of HIV, AIDS and NCDs.

TBS being a government institution is obliged to align its HIV, AIDS and NCDs Policy with National Guidelines on HIV, AIDS and NCDs (Mwongozo wa Kudhibiti VVU, UKIMWI na Magonjwa Sugu Yasiyoambukizwa Mahali pa Kazi katika Utumishi wa Umma, Februari 2014), the Public Service Circular (No. 2) of 2014 on Public Servants living with HIV, AIDS (Waraka wa Watumishi wa Umma Na. 2 wa Mwaka 2014 Kuhusu Huduma kwa Watumishi wa Umma Wanaoishi na Virusi vya Ukimwi na wenye Ukimwi), the National HIV & AIDS Policy (2001), the HIV and AIDS (Prevention and Control) Act, Cap. 379, the Codes of Ethics and Good Practice for Public Servants (2006) and ILO Code of Practice on HIV, AIDS and the World of Work.

4.2 Implementation Framework

The implementation of this Policy is vested in the hands of the Bureau through particular actors including but not limited to the Board of Directors, the Director General and the HIV, AIDS and NCDs Committee. The following are the key implementers of the policy and their respective roles:

4.2.1 Board of Directors

The Board of Directors shall approve the HIV, AIDS and NCDs Policy for implementation.

4.2.2 Director General

4.2.2.1 The Director General shall be the Chairperson of the HIV, AIDS and NCDs Committee and, without prejudice to the Bureau's obligation in ensuring confidentiality in HIV, AIDS and NCDs, shall appoint other members of the Committee considering the following composition:

a) Director General as Chairperson;

b) Director of Human Resource and Administration as Secretary;

c) Manager of Planning, Monitoring and Evaluation;

d) Chief Accountant;

e) HIV, AIDS, NCDs and Mental Health Coordinator;

f) Representative of employees living with HIV/AIDS who has made his/her status public;

g) Representative of employees living with NCDs who has made his/her status public; and

h) Trade Union representative.

4.2.2.2 The Director General shall submit a quarterly HIV, AIDS and NCDs report to the Permanent Secretary (Establishments).

4.2.3 Responsibilities of HIV, AIDS and NCDs Committee

The HIV, AIDS and NCDs Committee shall have the following responsibilities:

a) To receive, discuss and approve the Annual Work Plan for HIV, AIDS and NCDs interventions;

b) To convene meetings on quarterly basis to monitor the implementation of the approved work plan;

c) To facilitate the capacity building of peer educators;

d) To coordinate educational programs on HIV, AIDS and NCDs;

e) To receive and discuss implementation reports on HIV, AIDS and NCDs interventions from the HIV, AIDS and NCDs Coordinator on quarterly basis; and

f) To mobilize alternative resources to support HIV, AIDS and NCDs interventions.

4.2.4 HIV, AIDS and NCDs Coordinator

The HIV, AIDS and NCDs Coordinator shall have the following responsibilities:

a) To prepare an Annual Work Plan in collaboration with the HIV, AIDS and NCDs Committee;

b) To coordinate the implementation of HIV, AIDS and NCDs interventions;

c) To collect, analyze, use and maintain data on HIV, AIDS and NCDs interventions;

d) To coordinate the preparation of progress reports on HIV, AIDS and NCDs interventions for submission to the Committee;

e) To facilitate the process of identifying peer educators in collaboration with HIV, AIDS and NCDs Committee; and

f) To coordinate peer educators' activities.

4.2.5 Peer educators

Peer educators shall:

a) sensitize employees and outsourced service providers to be involved in HIV, AIDS and NCDs interventions;

b) seek/receive and distribute information and educational materials on HIV, AIDS and NCDs;

c) ensure availability and distribution of condoms in the installed condom dispensers;

d) prepare and submit to HIV, AIDS and NCDs Coordinator a quarterly progress report on HIV, AIDS and NCDs activities implemented in his/her respective Department/Unit; and

e) conduct training and educate peers on HIV, AIDS and NCDs.

4.2.6 Employees

All employees are required to protect themselves from exposure to HIV infections, AIDS and NCDs by taking the following measures:

a) Protect and maintain good health through excellent proper diet, eating habits, body exercise and weight control;

b) Participate in improving conducive working environment for appropriate health;

c) Effective use of protective gears and working tools that help to control the infection of HIV and developing NCDs;

d) Attend and participate in various training related to HIV, AIDS and NCDs;

e) Participate in sports and bonanza organized by the Bureau;

f) Undergo regular medical checkup;

g) Voluntarily disclose sero status on HIV and NCDs to the employer; and

h) Avoid self-stigma and stigmatizing other employees living with HIV, AIDS and NCDs.

4.3 Monitoring and Evaluation (M&E) Framework

It is important to ensure that monitoring and evaluation are conducted to measure the effectiveness of this Policy. The Bureau shall institute a review mechanism to monitor the progress and assess the level of attainment of specific targets relative to the respective strategies. This involves, among other things, establishing performance indicators, and setting an M&E framework. It shall further involve tracking the progress on the implementation of targets, which will be done periodically.

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[10] National Institute of Transport (NIT) HIV, AIDS and NCDs Policy, 2020.

Annex 1

List of Non-Communicable Diseases (NCDs)

Na.	Magonjwa	Aina ya Ugonjwa
1.	Moyo na Mishipa ya damu	Magonjwa ya mishipa ya damu ya moyo - Coronary Heart Disease
		Magonjwa ya Rheumatic ya moyo - Rheumatic Heart Disease
		Kiharusi - Cardiovascular Accident/Stroke
		Shinikizo Kubwa la Damu - High Blood Pressure
2.	Kisukari	Kisukari aina ya kwanza - Type 1 Diabetes Mellitus
		Kisukari aina ya Pili - Type 2 Diabetes Mellitus
		Kisukari Cha Wanawake Wajawazito - Gestational Diabetes Mellitus
3.	Saratani	Saratani ya Koo – Oesophagus Cancer
		Saratani ya Shingo ya Uzazi - Cervical Cancer
		Saratani ya Matiti – Breast Cancer
		Saratani ya Tezi Dume – Prostate Cancer
		Saratani ya Ngozi – Kaposis Sarcoma
		Saratani ya Utumbo Mkubwa – Colony Cancer
		Saratani ya Kongosho – Pancreatic Cancer
4.	Mfumo wa Hewa	Pumu – Asthma
5.	Magonjwa ya Akili	Kifafa - Epilepsy
		Msongo wa Mawazo / Sonona - Depression
		Msongo Mwitu - Dementia, Schizophrenia,Stress
6.	Magonjwa sugu ya kurithi	Chembe mwezi - Sickle Cell Disease, Haemophillus
7.	Figo	Chronic Renal Failuire
8.	Macho	Mtoto wa Jicho - Cataract
		Ulemavu wa macho - Blindness
9.	Tezi ya Shingo	Kuvimba tezi ya Shingo - Goitre