

# From Policy to Practice: Engaging Tanzania's Private Sector Nurses and Midwives to Extend PMTCT B+

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Jhpiego

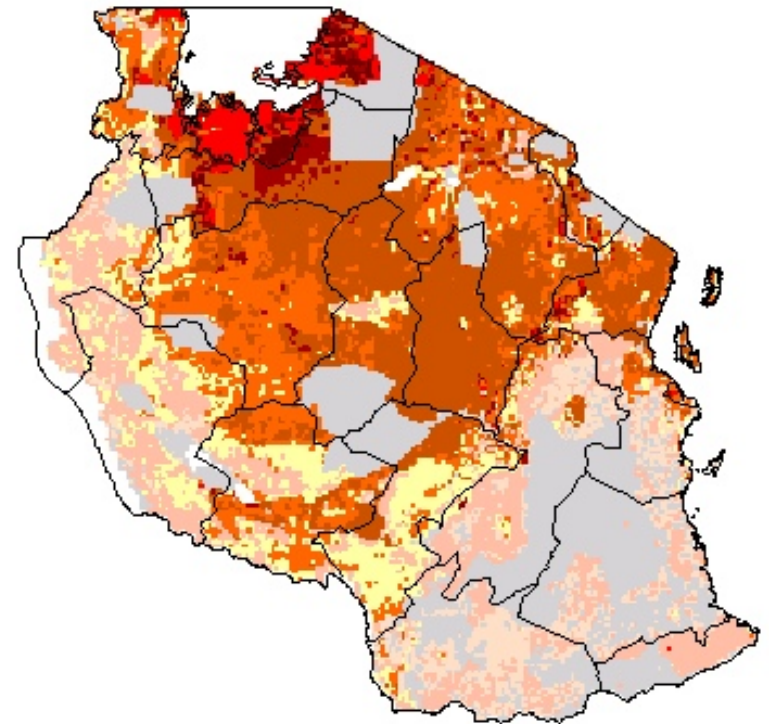
Marie Stopes International

Monitor Group

O'Hanlon Health Consulting

# Tanzania epidemic is generalized and complex

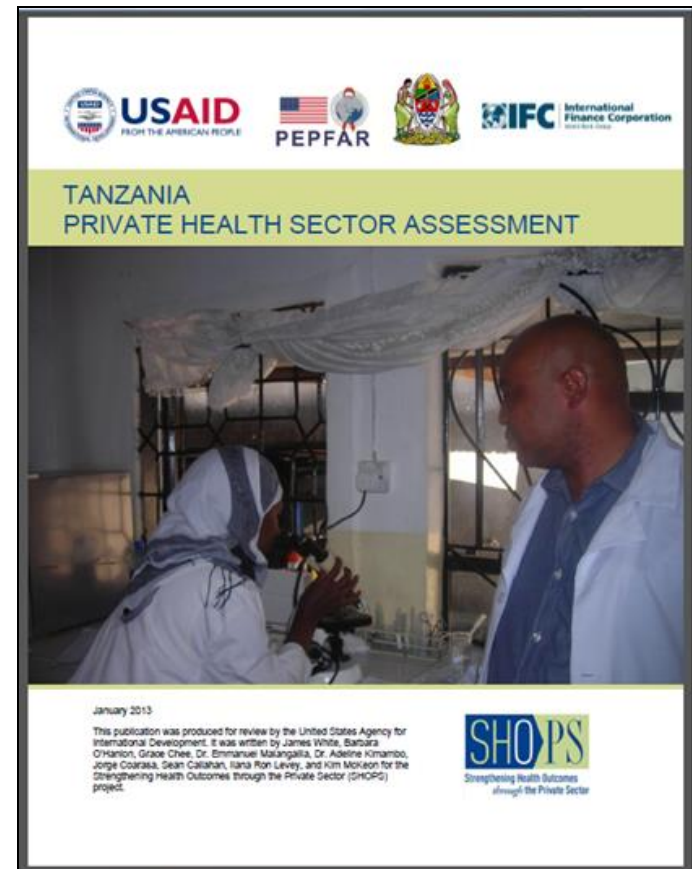
- Approximately 1,400,000 PLHIV
- Adult prevalence is 5%, with approximately 72,000 new infections per year
- Number of PLHIV on ART 560,000, total **coverage estimated 37 percent**
- Severe human resources crisis: 0.02 MDs and 0.37 nurses per 1,000



# SHOPS PSA revealed a strong and organized private health sector

## 2012 assessment findings:

- Robust and organized private health sector
- Diverse settings, human and logistic capacity
- Provide a range of public health services
- Ready and willing to be engaged



# Missed opportunities for private health sector engagement in service delivery

- Capacity and infrastructure not fully utilized
- Limited and inconsistent public-private collaboration
- Weak information sharing
- Limited access to public sector trainings, CPD, essential medicines and commodities
- Missed opportunities to increase private sector role in health



# SHOPS partnered with MOH and private providers to develop enabling policy and practice

## Policy

- Developed PPP to create first Scope of Practice for nurses and midwives
- Linked private providers to MOH
- Served as honest broker to facilitate collaboration



## Practice

- Integrated ANC/PMTCT B+ via private nurses and midwives
- Advocated for private access to MOH trainings and commodities

# SHOPS and Tanzania Nursing Council create first scope of practice for nurses and midwives

- No defined or protected scope
- SHOPS worked with Nurses and Midwives Council to develop first scope of practice
- Supportive policy to guide and sustain SHOPS PPP and service delivery efforts
- Opportunity to advance nurses' and midwives' role in public health



# First scope of practice for nurses and midwives advances their role in HIV service delivery

- Defined and advanced scope in over 10 health areas
- Created cadre of Advanced Nurse Practitioners
- Encourages PPP; applies to all nurses and midwives
- Promotes task sharing; permits PMTCT B+, ART, and other nurse prescribing
- Complements SHOPS PMTCT B+ and NIMART efforts



# SHOPS and PRINMAT collaborate to put new scope into practice

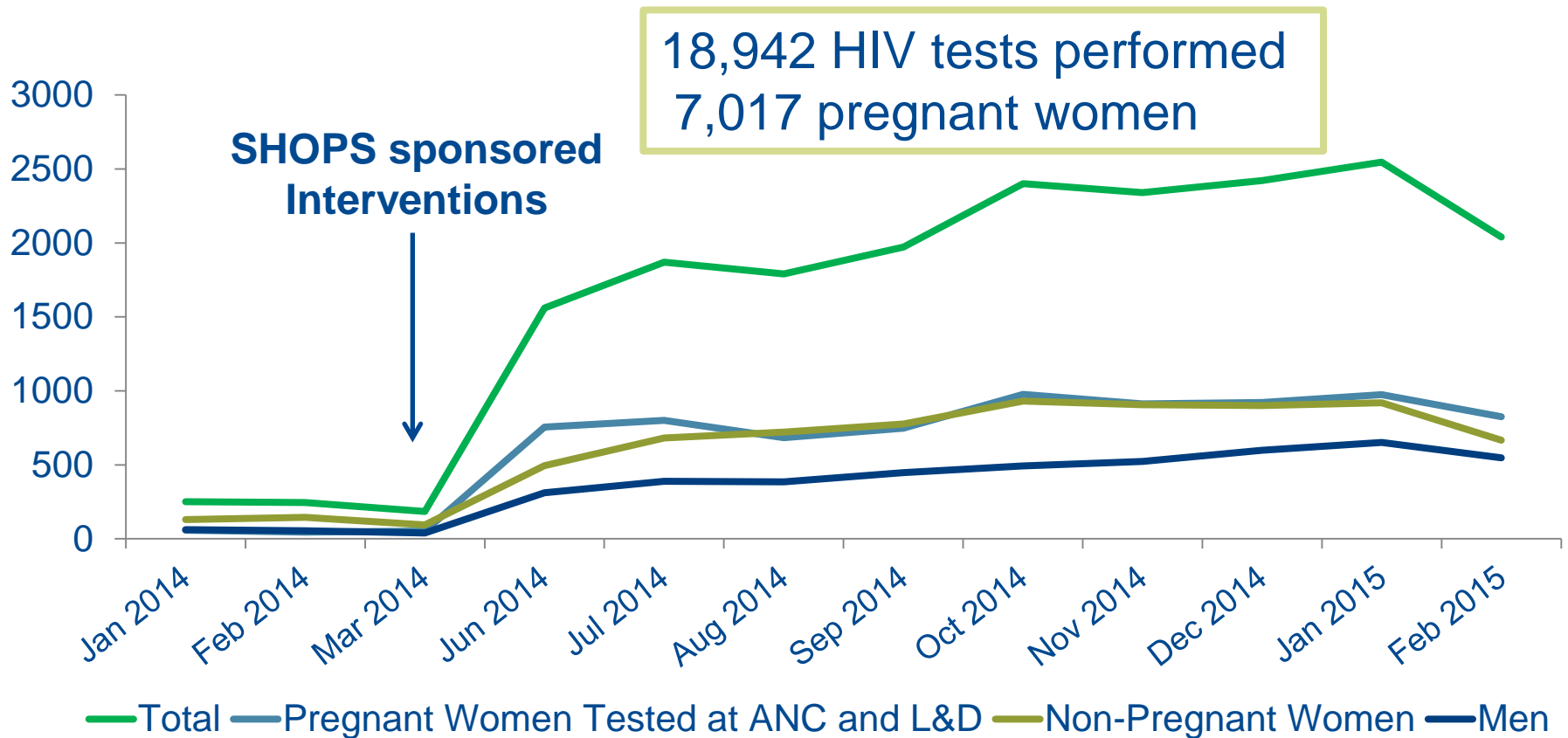
SHOPS worked with the PRINMAT network of ANC/maternity facilities:

- Community-based ANC; L&D; child health
- MOH piloted new PMTCT B+ guidelines
- Trained 76 providers from 53 facilities
- Linked PRINMAT to district HMIS/HIV reporting
- Public-private PMTCT roundtable
- District commodity access
- Monitored service statistics over 9 months



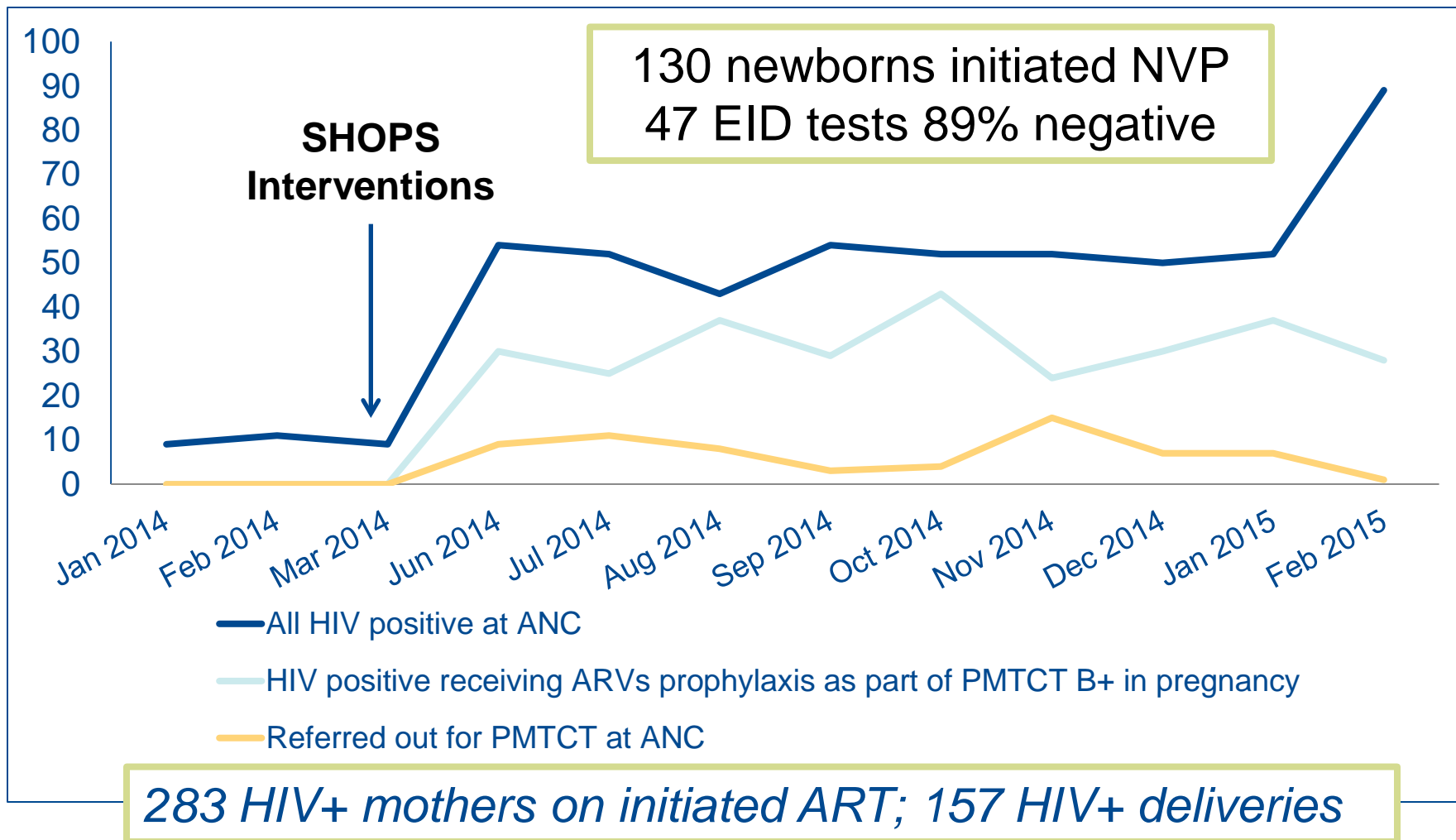


# Rapid testing and counseling scale-up at PRINMAT facilities



*Baseline 227 tests/month and post intervention 2,105 tests/month*

# Rapid PMTCT Option B+ scale-up at PRINMAT facilities



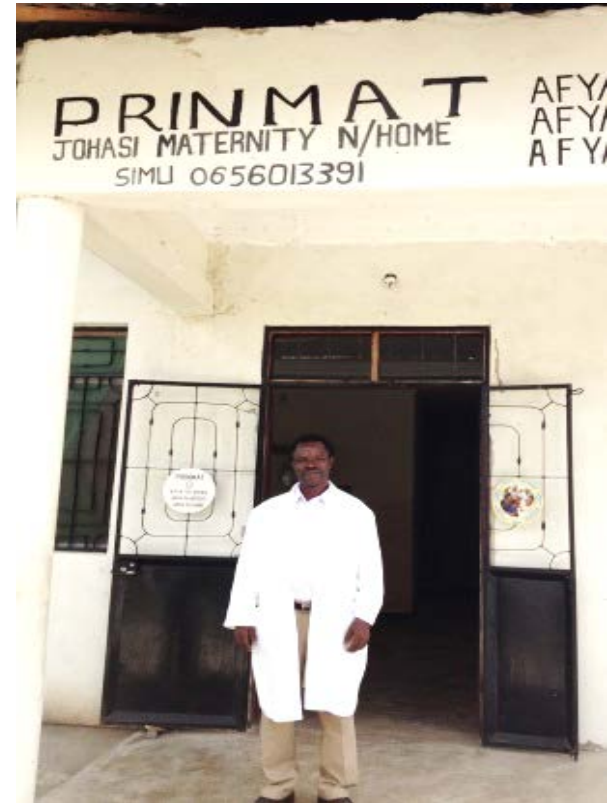
# Collaboration and targeted service delivery made PRINMAT PMTCT B+ a success

- Scope of Practice paved the way
- Strong national MOH support
- ANC and immunization relationships were beneficial
- Districts supported and made commodity access possible
- Community-based points of service increased options for patients
- Exempted service status promoted equity of access



# Common health system barriers posed challenges

- Old attitudes persist; resistance from some district health authorities
- National directives not actualized at district level
- Mixed access to commodities — public stockouts extended to private



# Unleashing private health sector potential: lessons for other settings

- Private health sector can be a powerful source of HIV services
- Easier where relationships exist
- Rapid and effective way to increase human resources, service coverage, and equitable access
- Scale-up requires multiple systems interventions
- Private health sector maneuverability versus de facto public





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