

Assessment of the Contribution of International Organizations in Fighting Against HIV/AIDS in Zanzibar

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Abstract: *The study aspired to assess the level of contribution of international organizations in fighting HIV/AIDS in Zanzibar-Tanzania. The study was conducted in Urban-West region of Unguja Zanzibar, using a descriptive survey based on cross-sectional design. The methods of data collection included focus group discussion, questionnaires, structured interview and documentary review. The study found that international organizations, which are governmental and nongovernmental organizations, have been supporting HIV/AIDS Campaigns in Zanzibar through political, social, economic and medical assistance. The study found that there is high extent of availability of social assistance in respect to economic, political and medical assistance. Some obstacles that hinder the effectiveness of this assistance; these are economic obstacles, social obstacles, medical obstacles and political obstacles. Finally, the study indicated that there are some possible measures to be taken so that to make effective use of the assistance.*

Keywords: *Contribution, International Organizations, HIV/AIDS, Urban West Region, Zanzibar.*

1.Introduction

HIV/AIDS remains the major global challenge (Hallberg, Kimario, Mtuya, Msuya, & Björling, 2019). Many countries especially developing ones have suffered immensely due to HIV/AIDS (Mpondo, Gunda, & Kilonzo, 2017). The total number of people living with HIV, however, has been increasing from time as more people are receiving lifesaving antiretroviral therapy including IRVs medications (Alema, Yalew, Beyene, & Woldu, 2015) reveals. Though HIV/AIDS pandemic differs substantially among countries, its existence has hit all the countries in the world irrespective of strong or poor economic status, America, Asian, Europe, and Africa (White, Aids, & Cheever, 2018). Africa has been reported as the most vulnerable continent with increasing cases of HIV/AIDS (Zegeye et al., 2018).

Zanzibar is among the victims of HIV/AIDS. Since the 1980s, when HIV/AIDS first came to the attention of health officials, a great number of people of Zanzibar has been affected (Ahmed, 2014). Despite the challenges have been considerable successes in lengthening the lives of patients and raising awareness about the virus and the disease (Mpondo et al., 2017). In Zanzibar, it is estimated that about 7,200 people are currently living with HIV and AIDS (adults and children). Current efforts have enrolled 3,699 PLHIV to HIV care and treatment centers out of the targeted 5,760 (80%) Assessment report for Civil Society Organizations in Zanzibar (2010). Considering the real situation based on our available data, Zanzibar is currently having two epidemics of HIV with different peaks, maturities and consequences - one being the HIV epidemic affecting the general population while the other is the one which affects most at risk populations (MARPs) and other vulnerable sub-population

(Assessment report for Civil Society Organizations in Zanzibar (2010).

New HIV/AIDS cases are emerging every day in Zanzibar Island. Apparently, the incident is high among vulnerable segments of Zanzibar society, resulting in interventions focusing on particular groups (e.g. sex workers, drug users, and men who have sex with men) (Ahmed, 2011).

The problem is unlikely to decrease in the near future unless critical measures are taken by various external and internal HIV/AIDS response stake holders, the problem will become more worse and contributing to hinder the efforts towards achieving better life and attaining sustainable development.

The government, civil organizations and the international organizations to end HIV/AIDS have done efforts. The spread and treatment of HIV/AIDS in Zanzibar Island; however, these programs have been critiqued for not addressing the socioeconomic and cultural context of the epidemic, instead relying upon generalized approaches (Dagne, 2011).

Despite all these efforts, the number of people living with HIV continues to grow as does the number of death due to AIDS and the HIV epidemic continues to be the a major challenge for global health and Zanzibar in particular (Alema et al., 2015). The number of people living with HIV continues to increase. AIDS-related illnesses remain one of the leading causes of deaths and are projected to continue hence causing increased premature mortality recently and in future (Matiko et al., 2015).

The international organization though have been active in the provision of medical assistance to the people of Zanzibar, still they have not adequately addressed the problem (Ahmed, 2011).

Various interventions have been seen in recent years in global efforts to address the AIDS epidemic, including increased access to effective treatment and prevention programs, (UNAIDS & WHO 2006).

In this endeavor, the contribution of these organizations still has shown great impact in Zanzibar. Neither the extent of availability and use of the assistance provided by

2. Theoretical Framework

2.1 HIV/AIDS

The Human Immunodeficiency Virus (HIV) infects cells of the immune system, destroying or impairing their function. Infection with the virus results in progressive deterioration of the immune system, leading to "immune deficiency." The immune system is considered deficient when it can no longer fulfil its role of fighting infection and disease (Weinberg & Kovarik, 2010). Infections associated with severe immunodeficiency are known as "opportunistic infections", because they take advantage of a weakened immune system. Acquired immunodeficiency syndrome (AIDS) is a term, which applies to the most advanced stages of HIV infection. It is defined by the occurrence of any of more than 20 opportunistic infections or HIV-related cancers, (WHO, 2017).

2.2 International Organizations towards Fighting against HIV/AIDS

International organizations such as WHO, World Bank, USAIDS, UNITAIDS, UNAIDS, Global Fund etc. have been on a front line in addressing HIV/AIDS problem across the world with embodies global solidarity to bring about an AIDS-free generation (Buse & Martin, 2012).

Annan (2001) puts that fifteen years ago, the international community was awed by General Secretary Kofi Annan's call for a multilateral funding body 'dedicated to the battle against HIV/AIDS and other infectious diseases' (Annan, 2001) and skeptics doubted whether more money for HIV/AIDS treatment would not simply be wasted (Buse & Sigurdson, 2013).

Remarkably, ten years from then the global perception had changed and U.S. Secretary of State Hillary Clinton called for an 'AIDS-free generation' (Buse, 2011). Of recent the Joint United Nations Programme for HIV/AIDS (UNAIDS) published its ambitious 'fast track' goals to eradicate HIV/AIDS by 2030 (UNAIDS, 2014).

Programme on HIV/AIDS (UNAIDS) established an independent forum called aids 2031, engaging scientists,

international organizations by beneficiaries in Zanzibar nor assistance made by international organizations towards fighting against HIV/AIDS in Zanzibar, not well realized. The obstacles, which hinder the effectiveness of the assistance provided by International organizations, are alive and well.

The present study therefore attempts to assess the contribution made by international organizations in campaigning against HIV/AIDS in Zanzibar, as well as, find out the major hindrances, which make the problem continue to be the national tragedy, to suggest robust strategies and approaches for fighting HIV/AIDS in Zanzibar. policy-makers, programme managers and activists to take a long-term view on the direction of the epidemic and to consider what is needed to achieve better outcomes by 2031, the year that will mark 50 years since AIDS was first recognized (Larson & Piot, 2011; Richins, 2008).

The multi-sectoral character of the HIV/AIDS intervention is generally put forward as one of the key reasons for the creation of the UNAIDS programme in 1996. The intervention took over the role of coordinating the UN-wide response to HIV and AIDS from the WHO, a body that had previously been widely criticized for its narrow, bio medically focused response to the epidemic (Richins, 2008; Woodling, Williams, & Rushton, 2015).

UNITAID established a patent pool for HIV/AIDS medicines in 2008 as an innovative model to help overcome the three main reasons for a limited access to ARVs in developing countries: 'increasing treatment needs, rising drug costs linked to the broader reach of ARV patents, and decreasing financial resources' (UNITAID 2009).

A report by Pharmaceutical Research and Manufacturers of America (PhRMA) revealed that America's pharmaceutical research and biotechnology companies were testing 44 medicines to address HIV/AIDS and related conditions in 2014 opposed to 97 five years earlier. In order to fill this gap, President Obama has initiated the billion-dollar drug development center, the National Institutes of Health (NIH) (PhARMA 2014).

Indeed, international Organizations have been engaged in the global response to HIV and AIDS. Most of them have been working to prevent new HIV infections and scale up access to treatment and related health services for people with HIV. It is obvious that without their intervention, the problem especially in Africa and other developing countries could have been the worst. However, despite the efforts of international organizations, HIV/AIDS still the global pandemic (Eisinger & Fauci, 2018).

2.3 Theoretical Perspectives

This study is based under two theories, namely; Theory of aid in Africa and Community Organization Theory. Theory of Aid in Africa is applied because it catalyst for social development including health sector thus joining hand in fighting HIV/AIDS. The theory is derived from the efforts of multinational cooperation flow of financing to developing countries (Remien et al., 2019). The objective of promoting the economic development and welfare of developing countries, and comprises both bilateral aid that flows directly from donor to recipient governments and multilateral aid that is channeled through an intermediary lending institution like the World Bank (Abuzeid, 2009).

Community organization theory is crucial in this study because it emphasize the role of community involvement in fighting against HIV/AIDs (Boyd & Nowell, 2017). The Community Organization Theory is the practice of individuals and agencies collaborating and addressing issues deemed important and necessary within a given community. The fundamental purpose of community organization is to assist in discovering and enabling people's shared goals (Pradhan, 1996). These theories are describes as pertinent in addressing HIV/AIDS pandemic. On one hand, the participation of foreign and multinational aid cooperation has been significant in addressing HIV/AIDS in the globe. On the other hand, involvement of the community organization deems necessary in the fight against the disease.

3. Methods

4. Results

4.1. Assistance Made by International Organizations

The first objective of this study was to examine the assistance made by international organizations towards fighting against HIV/AIDS in Zanzibar. To be able to show

4.1.1 Economic Assistance

Participants indicated that on economic assistance, international organization have been active in budget supporting and ARV drugs. Among 90 participants, 79 (88%) as indicated on table 1 responded.

Table 4.1 Economic Assistance

Assistance	Respondents	Frequency (%)
Budget Supporting	54	60%
ARV Drugs	25	28%
Not Attempted	11	12%
Total	90	100%

4.1.2 Medical Assistance

This study used descriptive survey, based on cross-sectional design. The study was a cross sectional in the sense that covered across Zanzibar islands. (Kim, Sefcik, & Bradway, 2016) depicts that descriptive survey involves gathering data that describe events.

The targeted population for this study was the Ministry of health through, The Zanzibar AIDS Commission and Zanzibar AIDS Control Programme officers, HIV/AIDS affected people who are almost members of the Zapha Plus, individuals, most at risk Population including Injecting drugs Users, Men having Sex with Men, students, and some international organizations working in Zanzibar, Tanzania. According to (Bryman et al. 2016), Population is the universe of units from which the sample is to be selected. Programme Managers and Civil Society Organizations officers. A sample of 90 participants was drawn from the total population, using simple random and purposeful sampling procedures.

Questionnaire, structured interviews, focus group discussions and documentary review were methods used to collect data of this study.

Data analyses were carried out as soon as questionnaires received from the field. The first stage included questionnaire reception and manual checking of filled questionnaires. A special data entry program SPSS was used to enter data. Descriptive statistics and explanation of the thought of the respondents on a particular entity was used to present the data of this study.

that four type of assistances were mentioned. These are economic assistance, medical assistance, political assistance and social assistance. This objective answer the question, which are the assistances made by international organizations towards the fighting against HIV/AIDS in Zanzibar?

A total of 74 (82%) Participants indicated that international organization has been active on prevention and treatments provide care and support services to preventive care and treatments to victims of HIV/AIDS Care as indicated on table 2.

Table 2. Medical Assistance

Assistance	Respondents	Frequency (%)
Prevention and Treatment	42	47%
Care and Support	32	36%
Not Attempted	16	18%
Total	90	100%

4.1.3 Political Assistance

45 (50%) participants indicated that International Organizations have been effective in monitoring and evaluation of HIV/AIDS programmes, Hiv/aids Policy Planning and Institutional Capacity Building, as indicated on table 3.

Table 3. Political Assistance

Assistance	Respondents	Frequency (%)
Monitoring and Evaluation	19	21%
Hiv/Aids Policy Planning	12	13%
Institutional Capacity Building	14	16%
Not Attempted	45	50%
Total	90	100%

(Field data, 2019)

4.1.4 Political Assistance

75 (83%) participants indicated that International organizations have been promoting sensitization and mobilization of the community about HIV/AIDS, Provision of education to those groups affected and those who are not affected with HIV/AIDS, as indicated on table 4

Table 4 Social Assistance

Social Assistance	Responses	Frequency (%)
Sensitization and Mobilization	40	44.4%
Education and Promotion	35	39%
Not Attempted	5	6%
Total	90	100.00%

(Field data, 2019)

As indicated in table 1 large proportion of respondents 54 out of 90 (60%) of the respondents agreed that budget support is the major economic assistance provided by the international organizations. However, 25(28%) respondents explained that the reduction of ARV drug prices is the major economic assistance provided by international organizations.

This implied that the budget support is the major Economic assistance provided by the international organizations.

The statement, goes hand in hand with Revolution Government of Zanzibar report (RGZ) 2009 – 2014) that Overall 40% of the budget of the GOT is through donor assistance. Of particular significance, is that 80% of the HIV

budget is from donor sources with the majority of funds from three donors (the United States government (USG), the Global Fund to fight AIDS, TB and Malaria (GFATM) and the World Bank (WB).

In addition to that the table 2 showed that large percentage of respondents 42 (47%) revealed that prevention and treatment is the chief medical assistance provided by international organizations. 32 (36%) indicated that International Organizations have been providing care and. This signified that prevention and treatment is the chief medical assistance provided in the study area.

Furthermore, table 3 indicate that 19 (21%) of the respondents argued that monitoring and evaluation of the

HIV/AIDS situations is the major political assistance made by international organizations in Zanzibar for fighting against HIV/AIDS. Only 12 (13%) portrayed that policy planning and 14(16%) indicated that international organization have been effective in indicated at the same proportion institutional strengthening in Zanzibar are the political assistance. Table 4 indicated 40(44.4%) indicated that on Political aspect, international organization plays a sensitization and mobilization role. 35 (39%) education and promotion results the HIV/AIDS situations is the major political assistance made. This supported by RGZ (2009 – 2014) that for the joint response to HIV/AIDS in Zanzibar, the first review was conducted in 2007 (April 2007; covering 2004-2007).

4.2 Extent of Availability and the Use of the Assistance

The second objective of this study was to determine the extent of availability and the use of the assistance by beneficiaries in Zanzibar. To clarify that, the extent of the assistance indicated by comparing between political, economic, medical and social assistance; and the use of the assistance is drawn by comparing between political, economic, medical and social assistance. This objective answers the question that; what are the extent of availability and the use of the assistance by beneficiaries.

Table 5 Extent of Availability of the assistance

Extent of Assistance in the Area		Type of the Assistance			
		Economic	Political	Medical	Social
High Extent	Responses	40	41	40	44
	Percentage	45.9%	47.1%	45.9%	50.5%
Moderate Extent	Responses	31	31	32	32
	Percentage	35.6%	35.6%	36.7%	36.7%
Low Extent	Responses	12	8	9	8
	Percentage	13.7%	16%	10.3%	16%
Not Attempted	Responses	4	7	3	3
	Percentage	4.5%	8%	3.4%	3.4%
Total	Responses	87	87	87	87
	Percentage	100%	100%	100%	100%

4.2.1 Use of Assistance

Participants responded effectively on the use of assistance provided by International Organizations in support for HIV/AIDS campaigns, as shown on table 6.

Table 6 Use of the Assistance

Use the Assistance in the Area		Type of Assistance			
		Economic	Political	Medical	Social
More Effective	Responses	40	41	43	41
	Percentage	45.9%	47.1%	49.4%	47.1%
Effective	Responses	26	29	32	28
	Percentage	29.8%	33.3%	36.7%	32.1%
Less Effective	Responses	17	12	9	12
	Percentage	19.5%	13.7%	10.3%	13.7%
Not Attempted	Responses	4	5	3	6
	Percentage	4.5%	5.7%	3.4%	6.8%
Total	Responses	87	87	87	87
	Percentage	100%	100%	100%	100%

(Field data, 2019)

On the extent of assistance provided table 4.5 indicate the results. 45.9%, 47.1%, 45.9% and 50.5% of the respondents respectively puts that high extent of availability economic, political, medical and social assistance were provided in the study area. While the only 13.7%, 16%, 10.3% and 16% out of the total respondents respectively puts that low extent of economic, political, medical and social assistance were provided in the study area. This suggested that there is high extent of availability of assistance provided by international organization in the study area. On the use of assistance provided, table 4.6 depicted findings. 45.9%, 47.1%, 49.4% and 47.1% of the respondents respectively puts that the use economic, political, medical and social assistance were more effective in the study area. While the only 19.5, 13.7%, 10.3% and 13.7% out of the total respondents respectively puts that, the use economic, political, medical and social

assistance were less effective in the study area. This implied that the assistances provided were used effectively in the study area.

4.3 Obstacles, which hinder the Effectiveness of the Assistance

The third objective of this study was to investigate the obstacles, which hinder the effectiveness of the assistance provided by international organizations. In order to be able to identify that, different kinds of obstacles are investigated. These were grouped into political obstacles, social obstacles, medical obstacles and economic obstacles. This objective attempted to answer the question; what are the obstacles, which hinder the effectiveness of the assistance provided by international organizations?

4.3.1 Political Obstacle

Social Obstacles manifested on the information provided by participants as an obstacle to which hinder the Effectiveness of the Assistance provided by International organizations as indicated on table 7.

Table 7 Political Obstacles

Political Obstacles	Responses	Frequency (%)
Lack of effective HIV/AIDS policy	46	52.80%
Limited HIV/Aids workplace educational programmes	38	43.60%
Not Attempted	6	3.40%
Total	90	100.00%

4.3.2 Social Obstacles

Social Obstacles manifested on the information provided by participants as an obstacle to which hinder the Effectiveness of the Assistance provided by International organizations as indicated on table 8.

Table 8: Social Obstacles

Social Obstacles	Responses	Frequency (%)
Stigma and discrimination	45	54%
Low Public Awareness	38	43.60%
Not Attempted	7	2.30%
Total	90	100.00%

4.3.3 Medical Obstacles

Medical Obstacles featured on the information provided by participants as an obstacle to which hinder the Effectiveness of the Assistance provided by International organizations as indicated on table 9.

Table 9 Medical Obstacles

Medical Obstacles	Responses	Frequency (%)
Low HIV Testing	43	49.4%
Shortage of Medical and Nursing Personnel	40	45.9%
Not Attempted	7	4.5%
Total	87	100%

4.3.4 Economic Obstacles

Medical Obstacles featured on the information provided by participants as an obstacle to which hinder the Effectiveness of the Assistance provided by International organizations as indicated on table 10.

Table 10 Economic Obstacles

Economic Obstacles	Responses	Frequency (%)
Commercial Sex	45	51.7%
Poverty	39	44.8%
Not Attempted	6	3.4%

Total

90

100%

Generally the findings in table 7 indicate that 52.8% out of the total respondents agreed that lack of effective HIV/AIDS policy is the major political obstacle faced HIV/AIDS assistance in the study area. Even though, 43.6 explained that lack of workplace HIV/AIDS program is the obstacle faced HIV/AIDS in the study area. This implied that lack of effective HIV/AIDS policy is the major political obstacle faced HIV/AIDS assistance in the study area. Moreover, on social obstacle table 8 depicted that 54% out of the total respondents agreed that stigma and discrimination is the major obstacle toward HIV/AIDS assistance in the study area. The results supported that the susceptibility of these groups to HIV infection is compounded by their marginal status in Zanzibar, due in part to laws against homosexuality and community harassment of individuals belonging to these groups (Khatib et al., 2017). In addition to that, societal stigma is exacerbated by religious teachings, some of which assert that HIV/AIDS is a punishment for sinful behavior (Schoepf 2010; Beckmann 2010). Contrarily, 43.6% out of the total respondents puts that low public awareness is the major obstacle faced HIV/AIDS assistance in the study area. This means that stigma and discrimination is the major obstacle toward HIV/AIDS assistance in the study area. Meanwhile table 4.9 indicates that 49.4% out of the total respondents agreed that low HIV testing is the major medical obstacle faced HIV/AIDS assistance in the study area. However, the results indicate that 45.9% explained that shortage of medical and nursing personnel is the major medical obstacle faced HIV/AIDS assistance in the study area. The findings signified that low HIV testing is the major medical obstacle faced HIV/AIDS assistance in the study area, and this is due to the bad traditions and taboos. While on economic obstacle, the findings indicate that 51.7% out of the total respondents agreed that sex work is the major obstacle toward HIV/AIDS assistance in the study area. On the opposite, 44.8% out of the total respondents explained

that ARV drug price is the major obstacle faced HIV/AIDS assistance in the study area.

5. Conclusion

Basing on the findings of this study, it is safe to conclude that there are various assistances provided by the international organizations in Zanzibar for fighting against HIV/AIDS on the high extent of the assistance in terms of political, economic, social and medical assistances. However, the use of the assistance varies in terms of more effective, effective and less effective and this could be due to the mentioned obstacles such as lack of effective HIV/AIDS Policy, limited work place HIV/AIDS educational programmes, low HIV testing Poverty, stigma and discrimination, commercial sex shortage of medical personnel among others.

The study recommended that in spite of having high amount of the assistance from international organizations for the HIV/AIDS Campaign; due to the magnitude of the problem of this serious disease, there is a need for International Communities to increase more assistance for the campaign to be more effective.

The findings also suggested that for the campaign to be more effective there is a need of increasing more education and awareness; this will assist to psychologically reduce the tendency of stigma and discrimination and low HIV testing.

The findings, likewise, recommended that for the campaign to be effective there is need of increasing medical personnel and accessibility of ARVs Drugs. Majority of the people in Zanzibar are poor and cannot afford to get even the daily bread, this will assist especially those living with HIV/AIDS to access cheaply the drugs and reduce the tension for their families. On the side of the medical personnel, the exercise of HIV/AIDS treatment will of course be run smoothly.

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