

Scope of Practice Laws Affecting ART Initiation and Maintenance in Tanzania



KEY FACTS

1. In 2014, approximately 1.5 million people were living with HIV in Tanzania.²
2. In 2014, HIV prevalence amongst 15-49 year olds in Tanzania was 5.3% percent.²
3. In 2012, the ART coverage rate in Tanzania was only 52%.³
4. Tanzania has one of the lowest physician to population ratios in the world.⁴

KEY LAWS AND POLICIES

1. Medical Practitioners and Dentists Act
2. Nursing and Midwifery Act
3. Nursing and Midwifery Council, *Scope of Practice for Nurses and Midwives in Tanzania*
4. Pharmacy Act
5. Food, Drugs and Cosmetics Act

KEY CADRES

1. Medical Practitioner
2. Enrolled Nurse
3. Registered Nurse
4. Advanced Diploma Nurses
5. Clinical Officer
6. Assistant Medical Officer
7. Medical Attendant
8. Community Health Workers

ISSUE

This AIDS Law Brief assesses the legal environment in Tanzania regarding scope of practice laws affecting the initiation and maintenance of antiretroviral therapy and compares the existing legal framework with the World Health Organization's (WHO) *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach*,¹ which "strongly recommend" that non-physician clinicians, nurses, and midwives initiate and maintain (i.e., prescribe) antiretroviral therapy (ART) and that trained and supervised community health workers (CHW) dispense ART between clinic visits.

SUMMARY

- **Tanzanian statutory law established councils to regulate medical practitioners, nurses and midwives, but these statutes do not define their scopes of practice**
- **The Tanzanian Nursing and Midwifery Council has authorized nurses to initiate ART**
- **Tanzania has two cadres of non-physician clinicians (assistant medical officers and clinical officers), but clinical officers' scope of practice is not defined by law**
- **CHW's scope of practice is not defined by Tanzanian statutory law**

KEY FINDINGS

1. **The Tanzanian Nursing and Midwifery Council has authorized nurses to initiate ART**

Nurses and midwives in Tanzania are regulated by the Tanzania Nursing and Midwifery Council, established by the Nursing and Midwifery Act. In 2014, the Tanzania Nursing and Midwifery Council issued guidance titled *Scope of Practice for Nurses and Midwives in Tanzania*. This guidance divides nursing cadres into three categories: (1) certificate-level/enrolled nurses; (2) diploma-level/advanced diploma level; and (3) bachelors or equivalent level. With respect to ART initiation for HIV/AIDS, the specific scope of practice for infectious diseases states that certificate level nurses, also known as enrolled nurses, may "Initiate ART including [Post-Exposure Prophylaxis]" and prevention of mother-to-child treatment (PMTCT). Nurses with a diploma or bachelor level education may "Prescribe and initiate ART (including [Post-Exposure Prophylaxis]) as per protocol – and supervise the practice." It is not clear whether an enrolled nurse' authority to "initiate" ART means that an enrolled nurse can prescribe ART or if a certificate/enrolled nurse may only dispense ART on the orders of a registered nurse or other authorized cadre.



2. Assistant medical officers are authorized to practice medicine

Assistant medical officers are the cadre of non-physician clinicians in Tanzania with the most training. Assistant medical officers receive an Advanced Diploma in Medicine after completing a two year training program accredited by the Tanganyika Medical Training Board. To be admitted to an assistant medical officer training program, applicants must have practiced as a clinical officer for at least three years. After completing the assistant medical officer training program, the Medical Practitioners and Dentists Act permits assistant medical officers to be registered as a “medical practitioner” by the Tanganyika Medical Council. If an assistant medical officer is registered with the Tanganyika Medical Council, he or she would be authorized to practice medicine, which would include the authority to prescribe ART.

3. Clinical officers are regulated by the Medical Council, but their licensed scope of practice is unclear

Clinical officers are an important cadre of non-physician clinicians in Tanzania and are primarily regulated by the Tanganyika Medical Council. Clinical officers must complete a three year training program after completing at least grade 10. The Tanganyika Medical Training Board accredits clinical officer training programs. After completing the training program, a clinical officer can apply for a license from the Medical Council. Clinical officers are generally authorized to manage common medical and reproductive health conditions and simple surgical problems, but their scope of practice regarding medication prescribing is not defined.

4. Medical attendant and community health worker scopes of practice are not defined

Medical attendants, also sometimes referred to as medical assistants, comprise the largest cadre of health workers in Tanzania. Medical attendants have little, if any, formal training. Little information is available on the regulation of medical attendants. Community health workers (CHWs) have been utilized in a range of roles in Tanzania. CHW training programs are not standardized and their content varies significantly depending on the role and program. CHWs do not appear to be registered, licensed, or certified by the Tanzanian government. The Pharmacy Act allows the MOHSW to authorize the Pharmacy Council to allow CHWs to dispense ART.

CONSIDERATIONS

To align with WHO recommendations, **Tanzania could consider adopting a task shifting policy for clinical officers, medical attendants and CHWs that clearly defines their permissible roles in ART initiation, management and dispensing.** The respective regulatory councils and MOHSW have the authority to promulgate the necessary regulations for these cadres. The regulatory framework should be flexible and not unduly restrict the scope of any cadres. The recently adopted *Scope of Practice for Nurses and Midwives in Tanzania* could be used as a model for adopting similar scopes of practice guidance for clinical officers, medical attendants and community health workers.

REFERENCES

1. WHO, CONSOLIDATED GUIDELINES ON THE USE OF ANTIRETROVIRAL DRUGS FOR TREATING AND PREVENTING HIV INFECTION, 192 (2013).
2. *United Republic of Tanzania: HIV and AIDS Estimates* (2014), UNAIDS.ORG, <http://www.unaids.org/en/regionscountries/countries/unitedrepublicoftanzania> (last accessed September 13, 2015).
3. UNAIDS, COUNTRY CASE STUDY: UNITED REPUBLIC OF TANZANIA, 2 (2012).
4. Michael A. Munga and Ottar Mæstad, Measuring inequalities in the distribution of health workers: the case of Tanzania, 7:4 HUM. RESOURCES FOR HEALTH 1, 3 (2009)

A more thorough analysis of this issue can be found in an associated AIDS Law Brief Background Paper.

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