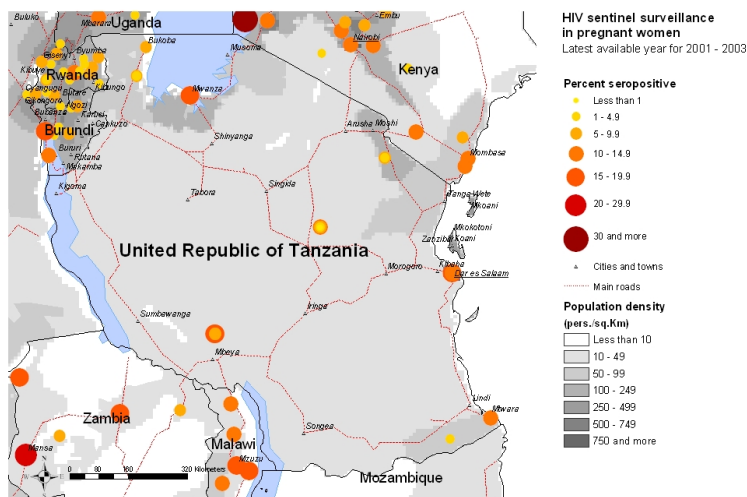


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: **315 000**
 Antiretroviral therapy target declared by country: **44 000 by the end of 2005**



SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	37.7	United Nations
Population in urban areas (%)	2005	37.5	United Nations
Life expectancy at birth (years)	2002	46.5	WHO
Gross domestic product per capita (US\$)	2002	267	IMF
Government budget spent on health care (%)	2002	13	WHO
Per capita expenditure on health (US\$)	2002	12	WHO
Human Development Index	2003	0.418	UNDP

*= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

**=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* Demographic and Health Surveys

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	6.4 - 11.9%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	1 200 000 - 2 300 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Nov 2005	19 600	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	315 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Nov 2005	527	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	Sep 2005	227 973	Ministry of Health
Knowledge of HIV prevention methods (15-24 years)% - female*	2004	45	DHS*
Knowledge of HIV prevention methods (15-24 years)% - male*	2004	40	DHS*
Reported condom use at last higher risk sex (15-24 years)% - female**	2004	34	DHS*
Reported condom use at last higher risk sex (15-24 years)% - male**	2004	46	DHS*

3. Situation analysis

Epidemic level and trend and gender data
 The United Republic of Tanzania is a high-burden, low-income country facing one of the largest HIV epidemics in the world. The country is experiencing a mature, generalized HIV epidemic, which is still growing. The first cases of HIV/AIDS were reported in 1983. By 1985, the United Republic of Tanzania had an estimated 140 000 people living with HIV/AIDS (1.3% prevalence) and by 1990, about 900 000 (7.2% prevalence). According to the surveillance report on HIV/AIDS and sexually transmitted infections for 2003 published by the National AIDS Control Programme, about 1 810 000 people 0-59 years old were estimated to be living with HIV/AIDS in 2003. Since the National AIDS Control Programme was established in 1985, the progression of the epidemic has been monitored through unlinked, anonymous testing of blood from pregnant women attending antenatal clinics for the first time in selected sentinel sites. The HIV/AIDS Care and Treatment Plan (2003-2008) indicated that 2.2 million people older than 15 years were infected with HIV, implying a prevalence rate of 13.8%. The Tanzania HIV Indicator Survey carried out in 2003-2004 showed an overall prevalence rate of 7.2% (about 1 million people) among those 15-49 years old in the mainland. It indicated that women (7.7%) are likely to be more infected than men (6.3%). The prevalence rates found in the recent population-based survey are lower than predicted. According to the Survey, the HIV/AIDS epidemic shows strong demographic and geographical variation. Some regions, such as Mbeya and Iringa, have HIV prevalence over 14%, whereas others have 2% (Manyara and Kigoma). In comparison to the mainland, the HIV epidemic in Zanzibar is not generalized yet. The HIV prevalence rate is estimated to be less than 1%. However, with the expansion of substance abuse, the trends of HIV infection in Zanzibar are increasing. The total number of people diagnosed in Zanzibar increased from 3 in 1986 to an estimated 6000 in 2004. The HIV prevalence rate among pregnant women in Zanzibar increased from 0.3% to 0.6% from 1980 to 1997. According to World Bank estimates, the GDP in 2010 will decline by 15-20% and life expectancy will be about 10 years lower than it would have been without the HIV/AIDS epidemic. The proportion of children younger than 15 years who have lost both parents doubled between 1996 and 1999. Total orphans are now reckoned to number nearly 1.5 million, of whom perhaps 40% lost their parents to AIDS.

Major vulnerable and affected groups
 The major vulnerable and affected groups include: women 15-24 years old; orphans and vulnerable children 0-18 years old; men 25-34 years old; sex workers; people in the transport sector, mines, police force, military, prisons and prisoners; refugees; and elderly people forced into new roles as caregivers without support themselves.

Policy on HIV testing and treatment



A strong national policy framework guides the national response. With the launch of the national HIV/AIDS policy by the President in November 2001, comprehensive health care including the provision of antiretroviral therapy was recognized for the first time as a right for all people living with HIV/AIDS. In 2003, the Tanzania Commission for HIV/AIDS began developing the Tanzania Multisectoral AIDS Programme (T-MAP) with the support of the World Bank. The Programme was adopted in 2003. Although the Programme does not explicitly cover provision of antiretroviral therapy, the World Bank agreed that some of the funds can be allocated to care and treatment activities. The National AIDS Control Programme of the Ministry of Health developed a Health Sector Strategy on HIV/AIDS for 2003-2008 in February 2003. Based on a comprehensive situation analysis, field visits, the formation of thematic working groups and broad stakeholder input, this plan proposed a cautious, step-by-step and integrated scale-up of antiretroviral therapy from tertiary centres to include up to 15 000 people on treatment by the end of 2006. Tanzanian experts and an international team sponsored by the William J. Clinton Foundation jointly developed a National Care and Treatment Plan. Adopted in October 2003, the National Care and Treatment Plan expands the objective of the Health Sector Strategy on HIV/AIDS of providing antiretroviral therapy to all eligible people living with HIV/AIDS by the end of 2008. A Quick Start Plan was initiated in November 2003 to prepare 19 selected health facilities to begin providing antiretroviral therapy within a three-month period. Subsequently, in an attempt to integrate the various plans and frameworks, an Operational Plan for Care and Treatment for HIV/AIDS was developed by a broad team including the Ministry of Health, the National AIDS Control Programme, the William J. Clinton Foundation, WHO, nongovernmental organizations and the private sector. It covered a one-year period beginning in July 2004 and projected the involvement of 96 health facilities. In 2004, the government announced a commitment to provide antiretroviral drugs free of charge in the public sector, faith-based organizations and some private facilities. Guidelines for antiretroviral therapy and voluntary counselling and testing have been developed.

Antiretroviral therapy: first-line drug regimen, cost per person per year

First-line antiretroviral therapy regimens for adults are: stavudine + lamivudine + nevirapine; stavudine + lamivudine + efavirenz; zidovudine + lamivudine + efavirenz; and zidovudine + lamivudine + nevirapine. First-line antiretroviral therapy regimens for children are: zidovudine + lamivudine + nevirapine; and zidovudine + lamivudine + efavirenz. In February 2003, the cost of basic antiretroviral therapy was US\$ 360 per person per year. As of September 2005, the average cost of the first-line drug regimen for adults was US\$ 180 per person per year.

Assessment of overall health sector response and capacity

Political commitment to fight the HIV/AIDS epidemic in the United Republic of Tanzania is high. The Tanzania Commission for HIV/AIDS (TACAIDS), created in 2001, leads the national response to HIV/AIDS. The National Multisectoral Strategic Framework for HIV/AIDS for 2003-2007 was officially launched in May 2003 and provides strategic orientation for implementation of the response. A memorandum of understanding between the Government of the United Republic of Tanzania and its partners was signed in 2003, laying the foundation for a joint implementation strategy for planning, monitoring and evaluation, and resource mobilization for the National Multisectoral Strategic Framework for HIV/AIDS for 2003-2007. In February 2003, the National AIDS Control Programme of the Ministry of Health also elaborated the Health Sector Strategy on HIV/AIDS for 2003-2008 outlining a five-year plan of activities, including care and treatment for people living with HIV/AIDS. Also in 2003, the William J. Clinton Foundation, in close collaboration with partners including the Harvard AIDS Institute and WHO, supported the development of a business plan to provide comprehensive care and treatment to people living with HIV/AIDS. The plan aims to provide care for 1.2 million people over five years, of whom 440 000 are expected to receive antiretroviral therapy. The Cabinet of the United Republic of Tanzania unanimously approved this plan as the National Care and Treatment Plan in October 2003. The plan aims at expanding care and treatment: strengthening the health care infrastructure: expanding information, education and communication; and strengthening social support. The overall health sector response capacity in the United Republic of Tanzania is rated as high compared with other countries in Africa with a similar level of development. By 1999 there were 4961 health facilities, of which the government owned 3035 and nongovernmental organizations, parastatal organizations, voluntary agencies and the private sector owned 1926. Access to antiretroviral therapy is expanding gradually. Voluntary counselling and testing sites are available nationwide. Services for preventing mother-to-child transmission are also expanding gradually. The government has held training workshops in the capital for health workers and is increasing efforts to decentralize the training programme to the community level and involving people living with HIV/AIDS as expert patient trainers using the WHO Integrated Management of Adult and Adolescent Illness approach. Community- and home-based care initiatives are being introduced in some areas. As of December 2005, 814 home-based care providers from 70 districts have been trained. In addition, the Ministry of Health has reviewed and adapted the existing national home-based care curriculum according to the WHO generic module for training community-based treatment supporters. The number of laboratory facilities with a CD4 counter increased from 10 in 2003 to 41 in September 2005. The development of a national External Quality Assurance Plan to improve and monitor the quality of laboratory services has been already initiated.

Critical issues and major challenges

Overall health sector capacity in the United Republic of Tanzania is high compared with other countries in the region. However, the scale up of HIV/AIDS care and treatment services has been constrained by insufficient access to entry points (including services for voluntary counselling and testing, preventing mother-to-child transmission, tuberculosis and sexually transmitted infections) due to the high cost of services. Treatment literacy among health workers and the general population is low, and stigma and discrimination remain high. In addition to stigma and discrimination, the implementation of the national response has also been constrained by insufficient trained human resources to deliver HIV/AIDS care and treatment services and poor incentives for health workers. Institutional capacity at both the national and regional levels needs to be reinforced in the different areas of procurement and supply chain management, including forecasting and quantifying the HIV-related drugs and commodities. Laboratory infrastructure needs to be strengthened. Monitoring and evaluation systems need to be strengthened and reporting requirements need to be harmonized among partners to avoid overburdening the implementing partners.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 178.4 million and US\$ 313.7 million was required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 130 000 people in 2005.
- The United Republic of Tanzania submitted a successful Round 1 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with a total funding request of US\$ 5.4 million over five years, to scale up the HIV/AIDS response at the district level, focusing on communities, primary schools and the informal sector. As of November 2005, US\$ 4.6 million had been disbursed for implementing activities. The United Republic of Tanzania later submitted a successful Round 3 proposal to the Global Fund for total funding of US\$ 87 million for tuberculosis and HIV collaborative activities, including care and treatment. The proposal also projected the scale up of testing and counselling and other entry point services in 45 districts and providing antiretroviral therapy services to 12 500 people. Funds disbursed total US\$ 9.6 million to date. The United Republic of Tanzania also submitted a successful Round 4 proposal to the Global Fund for total funding of US\$ 293.3 million and two-year approved funding of US\$ 103.2 million to support the national response to HIV/AIDS. The proposal envisaged massively scaling up antiretroviral therapy provision to 220 000 people living with HIV/AIDS by the end of 2005. As of November 2005, US\$ 40.8 million had been disbursed for implementing activities.
- The Government of the United Republic of Tanzania committed US\$ 2 million in the fiscal year 2003/2004, US\$ 3.5 million in 2004/2005 and US\$ 17 million in 2005/2006 for procuring antiretroviral drugs. In January 2004, the government released new public expenditure guidelines creating a cross-cutting HIV/AIDS budget as a "priority sector" for the first time for all ministries, agencies and local governments. The recommended government budget ceiling on HIV/AIDS for the fiscal year 2004/2005 was set at US\$ 58.7 million. In addition, the budget ceiling for the health sector was set at US\$ 171 million from government spending. The total budget of the National Care and Treatment Plan is US\$ 539 million over five years, with most of the cost (68%) occurring in the final two years of scaling up.
- The United States President's Emergency Plan for AIDS Relief provides substantial support to the United Republic of Tanzania. Developed by United States-based institutions and in collaboration with 19 health facilities that were identified for scaling up antiretroviral therapy, this plan proposes to provide treatment to 11 000 people with HIV/AIDS in one year. Under the Emergency Plan, the United Republic of Tanzania received US\$ 70.6 million in 2004 to support a comprehensive HIV/AIDS prevention, treatment and care programme. In 2005, the United States committed approximately US\$ 106.4 million to support the efforts to combat HIV/AIDS.
- Other bilateral partners providing financial support for scaling up antiretroviral therapy during 2004-2005 include the Government of Norway, which committed about US\$ 1.2 million; the Canadian International Development Agency, which committed about US\$ 3.5 million; and the Swedish International Development Agency, which committed about US\$ 5 million. Others include the Italian Cooperation, the German Gesellschaft für Technische Zusammenarbeit (GTZ) and the Danish International Development Agency. In addition, nongovernmental organizations, charities and foundations also provide support for HIV/AIDS programmes in the country.
- The United Republic of Tanzania is also a beneficiary of the World Bank Multi-Country HIV/AIDS Program for Africa, with funding approved of US\$ 70 million over five years.
- The United Republic of Tanzania is part of the World Bank African Regional Capacity Building Network for HIV/AIDS Prevention, Care, and Treatment (ARCAN) Project along with Kenya and Ethiopia. Under this programme, an International Development Association grant of US\$ 10 million has been approved in support of a subregional health sector capacity-building programme in HIV/AIDS prevention, treatment and care.

5. Treatment and prevention coverage

- In 2003, national estimates indicated the total treatment need of the United Republic of Tanzania to be 440 000 people, and the treatment target was calculated to be 220 000 people by 2005 (based on 50% of estimated need). However, taking into account available and expected funding, the government has reviewed its initial target and expects to provide antiretroviral therapy to 44 000 people by the end of 2005.
- Funding was expected from the United States President's Emergency Plan for AIDS Relief to support scaling up antiretroviral therapy in 19 health facilities, aiming to provide treatment to 11 000 people by June 2005.
- WHO estimates indicated that a total of 2880 people were receiving antiretroviral therapy as of December 2004, of whom 880 people were receiving antiretroviral therapy through the public sector and an estimated 2000 people were receiving treatment from various private sources, donations and research projects. In June 2005, estimates from the Ministry of Health indicated that 8300 people were receiving antiretroviral therapy. As of November 2005, 19 600 people were estimated to be receiving antiretroviral therapy, of whom 1982 are children.
- The number of centres providing antiretroviral therapy increased from 32 at the end of 2004 to 96 as of September 2005, covering 64 of 121 districts in the country. Of these, 61 were in the public sector.
- Voluntary counselling and testing services have also been expanding rapidly in recent years, both in health facilities and as stand-alone sites. The number of sites increased from 480 at the end of 2004 to 527 by September 2005, covering all 121 districts in the country. However the number of people accessing voluntary counselling and testing services remains low, largely due to stigma and discrimination.
- The number of centres providing services for preventing mother-to-child transmission has also increased gradually, from 199 at the end of 2004 to 334 in September 2005; however, coverage remains limited. These services need to be expanded throughout the country, and the different approaches to preventing mother-to-child transmission that various partners are implementing need to be harmonized.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

In 2001, the government established TACAIDS under the auspices of the Prime Minister's Office to lead the multisectoral response to the epidemic. The role of TACAIDS is to intensify the national response through strategic leadership, policy guidance and coordinating public, voluntary, private and community efforts. The Ministry of Health provides leadership in policy and programming within the health sector, with TACAIDS supporting the national planning process, fundraising and programme evaluation. National human resource planning provides the greatest challenge, and studies to inform the planning process are ongoing with support from the President's Office for Regional Administration and Local Government and the Ministry of Finance. UNAIDS provides support for overall advocacy, planning and coordination of the national response.

Service delivery

The National AIDS Control Programme of the Ministry of Health provides leadership in the delivery of HIV/AIDS prevention, care and treatment services in the country. WHO provides normative support for developing tools and guidelines along with the United States Centers for Disease Control and Prevention and nongovernmental organizations. The Medical Stores Department provides leadership in procurement and supply chain management, and the United States Agency for International Development, WHO, the United States Centers for Disease Control and Prevention and a range of nongovernmental organizations provide support. WHO and the United States Centers for Disease Control and Prevention also provide support for capacity-building, training, strengthening laboratories and accelerating prevention. The William J. Clinton Foundation has provided support for planning activities, the development of training curricula, laboratory systems and pharmacies. UNICEF supports programmes for orphans and vulnerable children. Population Services International supports the social marketing of condoms. Bilateral partners, including the Government of Norway, the Canadian International Development Agency, the Swedish International Development Cooperation Agency, the Danish International Development Agency, the Italian Cooperation and the German Gesellschaft für Technische Zusammenarbeit (GTZ), support various aspects of care and treatment programmes.

Community mobilization

The Ministry of Health provides leadership in programme communication, capacity-building among people living with HIV/AIDS and adherence and psychosocial support. WHO, the President's Office for Regional Administration and Local Government and a range of nongovernmental organizations work alongside the Ministry of Health in mobilizing communities. Various international nongovernmental organizations support HIV/AIDS prevention, care and treatment programmes across the country, including Population Services International, CARE and World Vision. Faith-based groups such as the Christian Council of Tanzania and the Christian Social Services Commission also support a range of activities. National associations of people living with HIV/AIDS are also actively involved in advocacy and community support.

Strategic information

The Ministry of Health leads and manages surveillance, monitoring and evaluation, information management and operational research activities. WHO plays an important role in providing technical guidance. The United States Centers for Disease Control and Prevention, UNAIDS and TACAIDS provide support for surveillance activities. Monitoring antiretroviral drug resistance, tracking people receiving antiretroviral therapy and information management activities require additional strengthening and support. The government and its international partners signed a memorandum of understanding recently, articulating the desire by all partners to coordinate their efforts in planning, monitoring and evaluation and mobilizing resources for the National Multisectoral Framework for HIV/AIDS for 2003-2007. In this context, implementing partners have different roles that TACAIDS is monitoring and coordinating.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Conducting a "3 by 5" scoping mission in December 2003 to identify opportunities and challenges for scaling up antiretroviral therapy and areas for WHO support
- Supporting the review and national adaptation of the WHO Integrated Management of Adult and Adolescent Illness (IMAI) training materials and service delivery tools for health workers: supporting the training of teams for delivering antiretroviral therapy, as well as the training of 22 expert patients and 20 health workers as IMAI trainers; and training 44 health workers in IMAI, including clinical officers, clinical nurses, counsellors and district or assistant medical officers from 11 health centres
- Providing technical support on WHO clinical staging for initiating and monitoring antiretroviral therapy
- Supporting the Ministry of Health in initiating the review of its national HIV rapid testing training module based on the generic curriculum of WHO and the United States Centers for Disease Control and Prevention
- Supporting the Ministry of Health in reviewing and adapting the existing national home-based care curriculum according to the WHO generic module for the training of community-based treatment supporters, and supporting the field testing of the revised national home-based care curriculum, which aimed to train 58 community-based treatment supporters in Mtwara and Zanzibar
- Supporting the field assessment of the patient monitoring system of the National AIDS Control Programme
- In close collaboration with Indiana University, supporting the development of an electronic medical record system project funded by the Rockefeller Foundation, which will be piloted in three antiretroviral therapy sites in the mainland from early 2006
- Providing technical assistance in collaboration with the United States Centers for Disease Control and Prevention for the development of a national HIV drug resistance protocol and supporting the training of Ministry of Health staff to implement the mentioned HIV drug resistance protocol
- Undertaking a rapid needs assessment to help build capacity of the Medical Stores Department to improve procurement, forecasting, supply management and inventory control practices for antiretroviral drugs
- Supporting the development of a national external quality assurance plan and standard operating procedures to improve and monitor the quality of the laboratory services in both the mainland and Zanzibar
- Supporting the adaptation of the WHO generic package on mainstreaming gender into the HIV/AIDS national response, to be field tested in 2006 in Mbeya and Lindi regions in collaboration with the German Gesellschaft für Technische Zusammenarbeit (GTZ)
- In collaboration with UNAIDS, issuing a paper describing the status of scaling up antiretroviral therapy in the United Republic of Tanzania and identifying the possible contributions of the United Nations family in supporting the initiative
- In collaboration with the Office of the United Nations High Commissioner for Refugees, conducting rapid mapping to assess the need of scaling up antiretroviral therapy in the refugees camps in Kigoma region
- Developing a concept paper on accelerating and intensifying prevention in the health sector
- Supporting the development of the Global Fund Round 4 proposal and implementation of the Round 3 and Round 4 grants
- Supporting operations research on adherence to antiretroviral therapy
- Supporting a review of national TB/HIV collaborative programmes
- Under the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, supporting the strengthening of voluntary counselling and testing services and improved access to home-based care
- In Iringa, Dodoma and Zanzibar: promoting institutional capacity-building in each of the districts; improving the capacity of the WHO Country Office by financially supporting one National Programme Officer; and supporting a project coordinator at the Ministry of Health, National AIDS Control Programme
- Establishing an HIV/AIDS country team to support the government and all partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Supporting the government in strengthening coordination and collaboration among various financial and implementing partners
- Providing support for expanding the essential package for universal access to HIV/AIDS prevention, care, treatment and support in the health sector
- Providing technical assistance to the Ministry of Health to develop an operational plan to intensify and accelerate HIV prevention in the health sector
- Supporting a review of the health sector response to HIV/AIDS
- Providing technical assistance to the Ministry of Health in reviewing its HIV testing and counselling training package to incorporate the health care provider-initiated approach
- Providing technical assistance in scaling up the training of community-based antiretroviral therapy supporters throughout the country
- Providing support to the Ministry of Health in decentralizing the peripheral antiretroviral therapy programmes supported by the WHO Integrated Management of Adult and Adolescent Illness (IMAI) approach
- Providing support for expanding the prevention of mother-to-child transmission services
- Providing technical assistance to the Ministry of Health in developing a national TB/HIV policy and strategic plan according to WHO standards
- Providing technical assistance on procurement and supply management issues
- Supporting the strengthening of national capacity in laboratory services, HIV/AIDS clinical services, monitoring and evaluation and community mobilization
- Providing technical support for reinforcing the care and treatment monitoring and evaluation plan including the patient monitoring system, HIV sentinel surveillance and a HIV drug resistance survey protocol
- Supporting the development of programmes related to behaviour change communication to address issues of prevention and treatment adherence
- Providing support for implementing Phase II of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa

Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one international HIV/AIDS Country Officer and one National Programme Officer. In addition, WHO has supported the recruitment of three National Programme Officers to support the national HIV/AIDS programme, of whom two are based in the Ministry of Health.
- Under the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, an additional National Programme Officer is in place.