

TANZANIA

Assessment of the Epidemiological Situation & Demographics	HIV/AIDS Impact on the Macroeconomic Level
<p>Estimated percentage of adults living with HIV/AIDS, end of 2001 These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001: 7.8%</p> <p>Estimated number of deaths due to AIDS Estimated number of adults and children who died of AIDS during 2001: 140,000</p> <p>Estimated number of orphans Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 15 at the end of 2001: 810,000</p> <ul style="list-style-type: none"> • In Zanzibar, fluctuating HIV prevalence rates have been observed among ANC attendees, with rates lower than those observed in mainland Tanzania. HIV prevalence increased from 0.3% in 1987 to almost 4% in 1995 and then to 0.6% in 1996, 1.4% in 1997 and 0.7% in both 1999 and 2000. • Since the first three AIDS cases were reported in Tanzania in 1983, the epidemic has increased at an alarming pace. • AIDS will increase the crude death rate in Tanzania by more than half. By 2010, life expectancy will drop from 65 years to about 37 years due to HIV/AIDS. • Young adults aged 15 to 24 account for 60% of new HIV infections in Tanzania, while comprising only 20% of the population. • HIV information among antenatal clinic (ANC) attendees has been available from mainland Tanzania since the mid-1980s. The prevalence in Mbeya shows a fluctuation of HIV infection rates ranging from 23-24% in 1998 to 29.5% in 1999 and 21.6% in 2000. In Moshi district, another district outside the major urban area, HIV prevalence was 20% in 1998 and 17% in 2000. No ANC surveillance survey was conducted in 2001. Implementation of 2002 ANC sentinel surveillance survey has begun and results will be available later on in the year. • Surveys conducted in the Kagera region showed a decline in HIV prevalence from 24% in 1987 to 18% in 1993 in Bukoba town. HIV prevalence among women aged 15-24 years in Bukoba town declined from almost 28% in 1987 to 11% in 1993. For rural Bukoba, there was a decline in HIV prevalence from 10% in 1987 to almost 7% in 1996. A marked decline in HIV prevalence was also recorded among young women aged 15-24 years, from 10% in 1987 to 3% in 1996. • Information on HIV prevalence among sex workers in Dar es Salaam has been available since the mid-1980s. HIV prevalence among sex workers tested increased from 29% in 1986 to 50% in 1993. Outside of Dar es Salaam, HIV information on sex workers is available from Kilimanjaro, Arusha, Moshi, Tanga, Dodoma, and Singida in 1988. In Zanzibar, HIV prevalence among STI clinic patients tested increased from 5% in 1992 to 28% in 1993. 	<ul style="list-style-type: none"> • A macroeconomic simulation model estimated that the impact of AIDS on the growth path of the Tanzanian economy would be to reduce GDP by between 15% and 25% by the year 2010. The model includes consideration of increasing morbidity and mortality from AIDS, which in turn affect labor productivity, higher health care spending, and lower savings rates leading to lower investment levels. <p><i>Source: Cuddington, JT (1993) "Modeling the Macroeconomic Effects of AIDS, with an Application to Tanzania," World Bank Economic Review 7 (May 1993): 173-89</i></p> <ul style="list-style-type: none"> • One study by the International Labor Organization (ILO) suggests that the size of the labor force will decrease by 20% by 2010 due to the impact of HIV/AIDS, and there will be a decrease in production as younger, less experienced workers replace those who have died. <p><i>Source: Lori Bollinger, John Stover, Peter Riwa (September 1999), The Economic Impact of AIDS in Tanzania, The Futures Group International</i></p>
	HIV/AIDS Impact on the Private Sector
	<ul style="list-style-type: none"> • A study completed by the International Labor Organization (ILO) in 1995 examined the economic impact of HIV/AIDS by interviewing the leadership of eight organizations in Tanzania. Some of the findings from this study were: <ul style="list-style-type: none"> ○ Overall, the study estimated that the organizations were losing employees at the rate of 0.5% to 1.5% per year due to AIDS-related deaths. ○ The age at death for the employees ranged between 31 and 39 years old. If the retirement age is assumed to be 55 years, then years of lost productivity per worker per AIDS death ranges between 16 to 24 years. ○ At the University of Dar es Salaam, funeral costs increased from Tshs 132,000 in 1988/89 to Tshs 5.8 million in 1992/93, implying that costs in 1988/89 were only 2% of what the costs were in 1992/93. The study assumes that at least 50% of the deaths were due to AIDS. • A more recent study showed a substantial increase in the annual medical costs per employee per year, and the annual burial costs per employee per year for six companies in Tanzania over a period from 1993 to 1997. <p><i>Source: Lori Bollinger, John Stover, Peter Riwa (September 1999), The Economic Impact of AIDS in Tanzania, The Futures Group International</i></p>
<p><i>Source: United States Agency for International Development (USAID) AIDS in Tanzania (2002), UNAIDS/WHO epidemiological fact sheet – Tanzania</i></p>	

The National Response	Multisectoral Response*
<ul style="list-style-type: none"> • In recent years, Tanzania has demonstrated growing political commitment to fight HIV/AIDS, giving the issue high priority for resource mobilization and setting up new structures to integrate HIV/AIDS strategies with other development sectors. • The current Strategic Framework for the Third Medium-Term Plan for Prevention and Control of HIV/AIDS/STDs, 1998-2002, as developed in consultation with Government Ministries, donors, nongovernmental organizations (NGOs), and private sector partners, emphasizes programs that: <ul style="list-style-type: none"> ○ Provide appropriate STI case management services. ○ Reduce unsafe sexual behavior among highly mobile population groups. ○ Reduce HIV transmission among commercial sex workers. ○ Prevent unprotected sexual activity among the military. ○ Reduce vulnerability of youth to HIV/AIDS/STIs. ○ Maintain safe blood transfusion services. ○ Reduce poverty leading to sexual survival strategies. ○ Promote acceptance of persons living with HIV/AIDS. ○ Reduce unprotected sex among men with multiple sex partners. ○ Improve educational opportunities, especially for girls. ○ Reduce vulnerability of women in adverse cultural environments. 	<ul style="list-style-type: none"> • Through CARE, Health Scope, and Johns Hopkins University, the United States Agency for International Development (USAID) supports the Voluntary Sector Health Program to provide NGOs with grants to encourage and support public-private partnerships to improve HIV/AIDS prevention care and support services. • Through Management Sciences for Health, USAID supports the Tanzanian Ministry of Health to develop a strategy for public-private partnerships and support for the scaling-up of HIV/AIDS interventions. • Three business associations appear to be well placed to provide assistance to companies to develop HIV/AIDS corporate policies. These business associations are: The Private Sector Foundation, The Tanzania Chamber of Commerce and The Confederation of Tanzanian Industries. • However, the private sector is not yet fully involved in the fight against the epidemic: Only few large companies have a written corporate policy on HIV/AIDS (corporate policies exist at Brook Bond - Unilever, Standard Chartered, and Tanzania Breweries Ltd). <p style="font-size: small; margin-top: 10px;"><i>*For details and contact information, please see Selected Links And Contacts and List of Potential Direct Partners that follows</i></p>
<p style="font-size: small; margin: 0;"><i>Source: United States Agency for International Development (USAID) AIDS in Tanzania (2002)</i></p>	<p style="font-size: small; margin: 0;"><i>Source: United States Agency for International Development (USAID) AIDS in Tanzania (2002)</i></p>

SELECTED LINKS AND CONTACTS

1. Tanzania Private Sector Foundation, Mr. Dunstan Mrutu, Executive Director, Address: P.O. Box 11313 Ohio Street/Upanga, TDFL Phase II Building, 1st Floor. Phone: (255) 22-2129433, Cell (mobile): 0742-781078, E-mail: dan@africaonline.co.tz
2. Tanzania Chamber of Commerce, Industry and Agriculture (TCCIA), P.O. Box 9713, Dar es Salaam. Tel: (255) 22-2121421, (255) 22-2119436, Fax: (255) 22-2119437, E-mail tccia.info@cats-net.com, tccia.hq@cats-net.com, Website <http://www.tccia.co.tz>
3. Confederation of Tanzanian Industries (CTI), 10th Floor, NIC Investment House, Samora Avenue, P O Box 71783, Dar es Salaam. Tel: (255) 22 211 4954 / 212 3802/ 213 0327, Fax: (255) 22 211 5414, E-mail cti@cats-net.com, Web: www.ctitz.com
4. Center for Disease Control (CDC), Cheryl Scott, MD, CDC Tanzania AIDS Program, Director, Tel: (255) 222 666 010 x4500 or Ms. Eddas Bennett CDC Tanzania AIDS Program, Assistant Director of Management and Operations, National Center for HIV, STD, and TB Prevention, Center for Disease Control and Prevention (CDC), 140 Mseke Road, Dar es Salaam, Tanzania. Telephone: (255) 222 666 010 x4164, E-mail: ebennett@tancdc.co.tz
5. Cooperative for Assistance and Relief Everywhere (CARE), PO Box 10242, Dar es Salaam.
6. Population Services International (PSI) Tanzania AIDS Project/Social Marketing Unit, TEXCO Building, 4th Floor, Pamba Road, P.O. Box 33500, Dar es Salaam. Phone: (255) 22-211-6312, Fax: (255) 22-213-5389, E-mail: psi_tnz@twiga.com
7. USAID/Tanzania, James Kirkland, Mission Director, 50 Mirambo Street, P.O. Box 9130, Dar es Salaam. Tel: (255) 22-211-7542 or 7540, Fax: (255) 22-211-6559.
8. Tanzania National AIDS Control Program: Ministry of Health, P.O. Box 9083, Dar es Salaam.
9. UNAIDS Country Program Adviser: Mulunesh Tennagashaw, UNAIDS, c/o WHO, Luthuli Road, P.O. Box 9292, Dar es Salaam. Tel: (255) 51-13-03-50, Fax: (255) 13-96-54.

Tanzania – List Of Potential Direct Partners			
<u>Source</u>	<u>URL/Contact Info</u>	<u>What to find</u>	<u>Comments</u>
AIDS Control Project Mbeya Region	Mbeya Regional AIDS Control Program Mr Y. Koshuma, Project Coordinator P.O. Box 2326 Mbeya Tanzania Tel: (255) 65-504069 Fax: (255) 65-504206 E-mail: gtz.mbeya@twiga.com	Implemented by the Ministry of Health with the assistance of the German Agency for International Development – (German Technical Cooperation - GTZ).	Activities aiming at behavioral change were undertaken targeting the general population as well as workers at workplaces , traditional healers, etc.
The United States Agency for International Development (USAID): Assessment of Private Sector HIV/AIDS Policies and Activities in Tanzania Steven Forsythe (May 2002)	http://www.policyproject.com/abstract.cfm?ID=1013 USAID/Tanzania James Kirkland Mission Director 50 Mirambo Street P.O. Box 9130 Dar es Salaam. Tel: (255) 22-211-7542 or 7540 Fax: (255) 22-211-6559	Networking and partnership opportunities. The USAID also focuses on worksite programs that include training employee peer health educators, providing information education communication (IEC)/ behavior change communication (BCC) materials and programs for use in the workplace, and promoting condoms.	This internal report to USAID summarizes the observations and recommendations regarding potential assistance to Tanzanian organizations regarding HIV/AIDS workplace policies. While the emphasis of this report is on workplace policies, there are also observations regarding HIV/AIDS workplace interventions. Three business associations appear to be well placed to provide assistance to companies to develop HIV/AIDS corporate policies. These business associations are: The Private Sector Foundation, The Tanzania Chamber of Commerce and The Confederation of Tanzanian Industries. For full report, please see Appendix I
CCBRT (Comprehensive Community Based Rehabilitation in Tanzania)	Contact person: Geert Vanneste Executive Director Address: CCBRT, P.O. Box 23310 Dar es Salaam, Tanzania Telephone (with country code): (255) 222 601 543 (255) 744 604 301 Fax: (255) 222601544 E-mail address: vanneste@intafrica.com	Information and help regarding support to People Living With HIV/AIDS (PLWA).	Key activities include: HIV school education; home-based care for PLWA; legal aid; integrated orphans program. (Please see also: www.ccbt.or.tz). Number of PLWA engaged in the association: 3,500.

SHDEPHA+ (Service Health and Development for People living with HIV/AIDS)	Contact person: Joseph Katto Address: Aggrey St. No.3 P.O. Box 13713 Dar es Salaam, Tanzania Telephone (with country code): (255) 22-2181849/50 Fax: (255) 22-2181849	Information and help regarding support to People Living With HIV/AIDS (PLWA).	Key activities include: Community education, care and counseling, human rights.
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