



Tanzania



*Prepared for the Consultative Meeting on Strategies for increasing the engagement of the
Private Sector in the National HIV/AIDS Agenda in MAP countries*

LIVINGSTONE, ZAMBIA
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Assessment of the Epidemiological Situation and Demographics

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%**

Estimated number of deaths due to AIDS

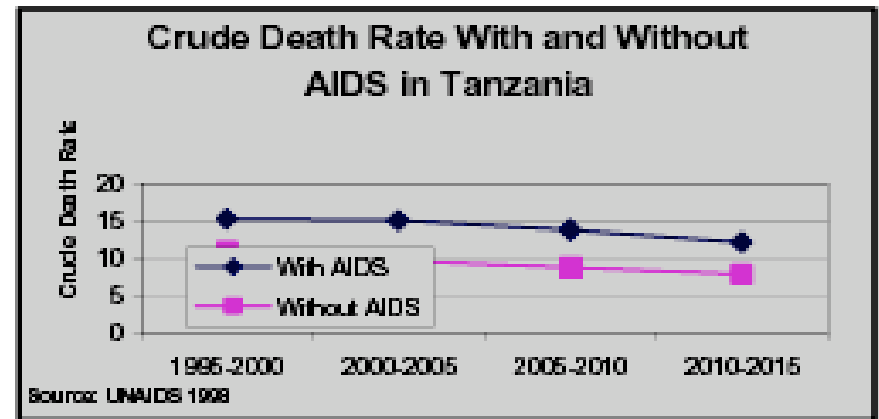
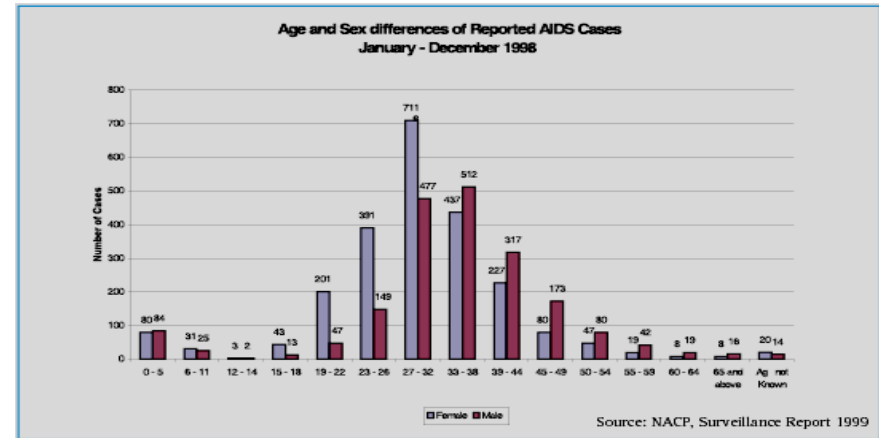
Estimated number of adults and children who died of AIDS during 2001: **140,000**

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**

- The United Republic of Tanzania is made up of mainland Tanzania and the island of Zanzibar. The prevalence in Mbeya district, outside the urban area 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 16.6% in 2000. Serial population based surveys conducted in the Kagera region of mainland Tanzania showed a decline in HIV-1 prevalence from 24.2% in 1987 to 18.3% in 1993 in Bukoba town. For rural Bukoba, there was a decline in HIV prevalence from 10% in 1987 to 6.8% in 1996. 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 3.8% in 1995 and then to 0.6% in 1996, 1.4% in 1997 and 0.7% in both 1999 and 2000.
- HIV prevalence among sex workers tested in Dar es Salaam 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.

Source: UNAIDS/WHO Epidemiological fact sheet – 2002 Update



HIV/AIDS Impact on the Macroeconomic level	National Response
<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 15-25% by the year 2010, and to reduce per capita income by between 0-10%. • One study by the 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. • The total cost to care for an HIV-infected adult in 1987-88 in Tanzania when both direct and indirect costs are included for low-cost sources was estimated to be US\$2462, while the cost for using private sources was US\$5316. Indirect costs include appropriately discounted years of healthy life lost, based on wage rates available at the time. • Providing triple combination antiretroviral therapy to HIV-positive adults in Tanzania would cost 51% of the GDP, according to one recent estimate. <p><i>Source: Lori Bollinger, John Stover, Peter Riwa "The Economic Impact of AIDS in Tanzania" September 1999. The Futures Group International in collaboration with: Research Triangle Institute (RTI) The Centre for Development and Population Activities (CEDPA)</i></p>	<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. In December 2000, the government created the Tanzania Commission on AIDS, managed out of the Prime Minister's Office, to allow leaders at the highest levels of government to mobilize an accelerated multisectoral and multi-faceted response to the epidemic. The Commission guides national policy, acts as a clearinghouse for AIDS activities, and helps mobilize additional funds to fight the epidemic on a national level. The current Strategic Framework for the Third Medium Term Plan for Prevention and Control of HIV/AIDS/STDs, 1998-2002, was developed in consultation with Government Ministries, donors, nongovernmental organizations (NGOs), and private sector partners. The Framework emphasizes programs to: <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; and ○ Reduce vulnerability of women in adverse cultural environments.
<p>HIV/AIDS Impact on the Private Sector</p> <p>Some of the findings from a study completed by the ILO in 1995 examining the economic impact of HIV/AIDS on eight organizations in Tanzania were as follows:</p> <ul style="list-style-type: none"> • Medical costs for the Tanzania-Zambia Railway Authority workers associated with AID-related diseases increased over a one-year timeframe from Tsh2.8 million in January to Tsh4.6 million in December, a 63% increase. • Overall, the study estimated that the organizations were losing employees at the rate of 0.5-1.5 percent per year due to AIDS-related deaths. • The age at death for the employees ranged between 31 and 38.7 years old. If the retirement age is assumed to be 55 years, then years of lost productivity per worker per AIDS death ranges between 16.3 to 24 years. • Another more recent study collected information on the economic impact of AIDS for a variety of businesses in Dar es Salaam, including annual medical costs per employee per year, and annual burial costs per employee per year. The average annual medical costs increased from Tsh22,400 in 1993 to Tsh100,200 in 1997, and the average annual burial costs increased from Tsh700,000 to Tsh4.279 million over the same period of time. <p><i>Source: L. Bollinger, J. Stover, P. Riwa "The Economic Impact of AIDS in Tanzania" (September 1999) The Futures Group International in collaboration with: Research Triangle Institute (RTI) The Centre for Development and Population Activities (CEDPA)</i></p>	<p><i>Source: USAID, HIV/AIDS in Tanzania</i></p>

Multisectoral Response	List of Contacts (websites and useful contacts)
<ul style="list-style-type: none"> • USAID/Tanzania works with both the public and private sectors to implement its HIV/AIDS activities. The Mission has supported the development of networks of indigenous NGOs to address HIV/AIDS, dissemination of HIV/AIDS behavior change communication information through various media outlets, social marketing of male and female condoms, and strengthening of the Tanzanian leadership for development of national HIV/AIDS and health care programs. • Through CARE, Health Scope, and Johns Hopkins University, 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. USAID also supports the Tanzanian Ministry of Health, through Management Sciences for Health, to develop a strategy for public-private partnerships and support for the scaling-up of HIV/AIDS interventions. • The Johns Hopkins University/Population Communication Services project assists the Tanzania Commission on AIDS with implementation of HIV/AIDS information, education, and communication activities. • The Futures Group International/Policy Project seeks to improve the policy environment for HIV/AIDS. Objectives include building and strengthening the capacity of government and civil society groups to advocate for policy change to improve the design, implementation, and evaluation of HIV/AIDS prevention, care, and support programs. • USAID supports the African Medical and Research Foundation in implementing a 3-year program to enhance same-day HIV voluntary counseling and testing (VCT) within the voluntary and public sectors in Tanzania. Fifteen sites will be supported to improve the quality of VCT services. • In addition, USAID supports the Zanzibar NGO Cluster to implement education and communication activities to reduce the prevalence of HIV/AIDS and STIs. 	<ul style="list-style-type: none"> • Tanzania Commission on AIDS (TACAIDS), Maj. Gen.(Rtd) H. C. Lupogo, Executive Chairman. Tel: 255-22-2125124/ 2125127, Email: tacaids@raha.com • Tanzania National AIDS Control Program: Ministry of Health, P.O. Box 9083, Dar-es-Salaam • 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. • 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>
ANNEA	Contact person: Dr. Msaky Address: 6187 Arusha Telephone: 027 2507 521 Email: annea@habari.co.tz	Advocacy for Human rights- information	
CDC	Contact person: Address: DSM Telephone: 022 2666010/4500 Email: cls6@cdc.gov		
HEALTHSCOPE	Contact person: Address: P.O. Box 3131 DSM Telephone: 2153115 Email: healthscope@twiga.com		
AMREF	Contact person: Dr Ibrahim Kabole Address: P.O. Box 2773, DSM Telephone: 2116610/2153103/2127187 Email: amref@africaonline.co.tz	VCT, Prevention information, AIDS intervention in work places	
TANESA	Contact person: Mr. W. M. S Mazzuki Address: P.O. Box 434 Mwanza Telephone: 028 2500236 Email: tanesa2@africaonline.co.tz	Information on Community Intervention	
CARE	Contact person: Dr. F. Binagwa Address: 10242 DSM Telephone: 2666775/2668061/2668048 Email: care-tzq@care.or.tz	Voluntary Sector health Programme (VHSP), and Community Based Reproductive Health (CBRHP)	
GTZ	Contact person: Dr. Jordan Brigitte Address: 65350 DSM Telephone: 2151365/2151337 Email: mlygtz@africaonline.co.tz	Education Materials	

SPW	Contact person: Mr. I. Jimmy/ F. Crag Address: 737 Iringa Telephone:026 2700224 Email: mail@spwtz.org / /jimmyinnes@email.com / craigferla@hotmail.com	Targeted group-Youth in Schools/community	
OXFARM	Contact person: Mr. John Plastow Address: 7072 DSM Telephone: 255 22 2772726 Fax: 255 22 2775571 Email:john@oxfamireland.or.tz	Community awareness rising	
MARIE STOPES	Contact person: Edward Wambugu Address: 7072 DSM Telephone: 255 22 2152000 Fax: 255 22 215078 Email: ewambugu@africaonline.co.tz	STD/HIV/AIDS management information	
PSI	Contact person: Mr. Mbagga Address: DSM Telephone: 22 2601543 Fax: 2601544	Prevention information	
CCBRT	Contact person:G. Vanneste Address: 23310 DSM Telephone: 022 2601543 Email: vanneste@intafrica.com	HIV/AIDS School Education, VCT, Counselling and treatment	
World Vision	Contact person: Address: 6070 Arusha Telephone: 027 2152000, 2502504	Home based care/awareness rising	
UMATI	Contact person: Address: 1372 DSM Telephone: 022 2111639,2111774 Email: umati@tznet.net	Reproductive Health Education, Peer Counselling	