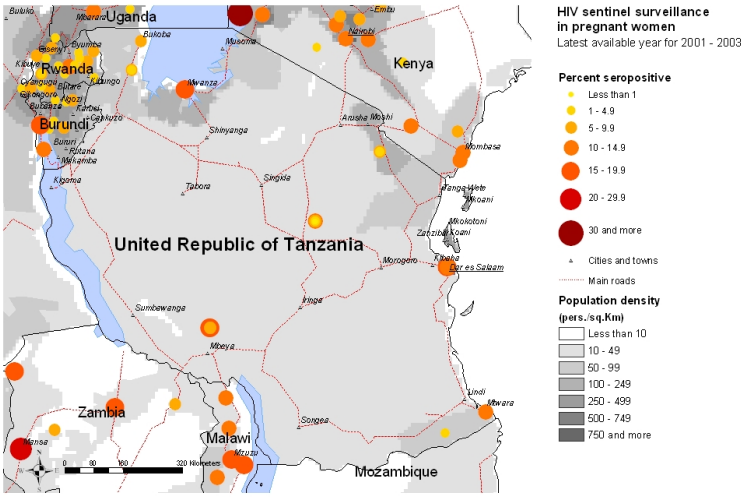
# UNITED REPUBLIC OF TANZANIA

June 2005

WHO estimate of number of people requiring treatment - end 2004: 263 000
Antiretroviral therapy target declared by country: 44 000 by the end of 2005




Map Data Source:
WHO/UNAIDS Epidemiological Fact Sheets and the United States Census Bureau
Map production:
Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization

World Health Organization

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 (%) | 2003 | 34.9 | 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 | 2002 | 0.407 | UNDP |

## 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 (15-49 years) | June 2005 | 8300 | Ministry of Health |
| Estimated total number needing antiretroviral therapy in 2004 | Dec 2004 | 263 000 | WHO/UNAIDS |
| HIV testing and counselling sites: number of sites | 2004 | 521 | Ministry of Health |
| HIV testing and counselling sites: number of people tested at all sites | 2004 | 227 973 | Ministry of Health |
| Prevalence of HIV among adults with tuberculosis (15-49 years) | 2002 | 33.8% | WHO |

## 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). In 2003, between 1.2 and 2.3 million people in the age group 0-49 years were estimated to be living with HIV/AIDS. 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. Best estimates of prevalence suggest that the rural prevalence is about 2% lower than the national average and roughly half the urban prevalence. The overall prevalence of HIV infection among blood donors during 2002 was 9.7%, with women having a higher prevalence (12.3%) than men (9.1%). Based on the prevalence among blood donors and the 2002 census data, an estimated 1.9 million people aged 15 years and older were living with HIV/AIDS in the United Republic of Tanzania in 2002.

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
The national policy on HIV/AIDS specifies that all HIV testing must be voluntary, with pre-test and post-test counselling, and all testing for other health conditions must conform to ethical principles, including informed consent. In March 2003, the Ministry of Health developed the Health Sector HIV/AIDS Strategy for 2003-2008 in collaboration with country partners. On the basis of this strategy, the Ministry of Health developed the National Care and Treatment Plan for HIV/AIDS for 2003-2008. All care and treatment projects and programmes in the country are incorporated into the National Care and Treatment Plan.

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 April 2004, the average cost of the first-line drug regimen for adults was US$ 245 per person per year and is expected to continue to fall rapidly.

Assessment of overall health sector reponse and capacity
The overall health sector response capacity 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. Community- and home-based care initiatives are being introduced in some areas. There are an estimated 260 voluntary counselling and testing sites nationwide, of which the government runs 180. Services for preventing mother-to-child transmission are operating in five sites, and home-based care services have been established in 51 districts. Less than 5% of the population has accessed voluntary counselling and testing services, largely due to stigma and costs. However, in the Health Sector HIV/AIDS Strategy for 2003-2008, the Ministry of Health has committed to testing health workers, youth and poor people free of charge. The government is strongly committed to the fight against HIV/AIDS and that commitment continues to expand. The Tanzania Commission for HIV/AIDS (TACAIDS), created in 2000, leads the national response to HIV/AIDS. In 2003, the William J. Clinton Foundation with the Harvard AIDS Institute and PharmAccess 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 400 000 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.

Critical issues and major challenges



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The constraints in the existing public health sector infrastructure are recognized as a major bottleneck to the implementation of the National Care and Treatment Plan for HIV/AIDS for 2003-2008. No legal instrument is in place to overrule the requirements of intellectual property rights regulations and allow the import of generic drugs and the local manufacture of drugs covered by patents. Access to voluntary counselling and testing varies greatly, and the price of voluntary counselling and testing has constituted a financial barrier to access. The shortage of human resources in the health sector is a major constraint to scaling up antiretroviral therapy.

## 4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

- WHO estimates that between US$ 178.4 million and US$ 313.7 million is 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 3 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria for total funding of US$ 87 million for tuberculosis and HIV collaborative activities, including care and treatment. Funds disbursed total US$ 7.1 million to date. 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$103.2 million. A total of US$ 36 million is expected to be available from the Global Fund Round 4 grant to support scaling up care and treatment during 2004-2005.
- The government is expected to commit about US$ 7 million in total to support scaling up antiretroviral therapy over 2004-2005. The United States President's Emergency Plan for AIDS Relief provides substantial support to Tanzania and is expected to commit approximately US$ 49 million towards antiretroviral therapy scale-up over the same period. Other key partners providing financial support for the scaling up of antiretroviral therapy over 2004-2005 include the Government of Norway, which is anticipated to commit around US$ 1.2 million; the Canadian International Development Agency, which is anticipated to commit around US$ 3.5 million; and the Swedish International Development Agency, which is anticipated to commit around US$ 5 million over 2004-2005. In addition, about US$ 0.6 million is expected to be available from nongovernmental organizations, charities and foundations during 2004-2005 in support of scaling up antiretroviral therapy.
- 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.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that Tanzania could face a funding gap of up to US$ 211.4 million to reach 130 000 people by the end of 2005.

## 5. Antiretroviral therapy coverage

- In 2003, WHO estimated the total treatment need of the United Republic of Tanzania to be 260 000 people, and the WHO "3 by 5" treatment target was calculated to be 130 000 people by 2005 (based on 50% of estimated need).
- The government initially declared a national antiretroviral therapy target of 220 000 people on treatment by the end of 2005. 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 is 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 8600 eligible people living with HIV/AIDS by the end of the first year.
- 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. Recent estimates from the Ministry of Health indicate that 8300 people were receiving antiretroviral therapy in June 2005.

## 6. Implementation partners involved in scaling up antiretroviral therapy

Leadership and management
In 2000, 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 public sector, with TACAIDS supporting the national planning process, fundraising and programme evaluation. National human resources 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.

Antiretroviral therapy service delivery
The Ministry of Health leads and manages most delivery of antiretroviral therapy services. 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, with the United States Agency for International Development, WHO, the United States Centers for Disease Control and Prevention and a range of nongovernmental organizations providing support, also in capacity-building, site-level training, strengthening laboratories and accelerating prevention. The William J. Clinton Foundation has provided support for planning activities, the development of training curricula, laboratory systems, pharmacies, home-based care, and adherence counselling.

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.

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 on HIV/AIDS. In this context, implementing partners have different roles that TACAIDS is monitoring and coordinating.

## 7. WHO support for scaling up antiretroviral therapy

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
- Establishing a "3 by 5" country team to support the government and all partners in scaling up antiretroviral therapy
- Providing technical support for capacity-building and national adaptation of WHO Integrated Management of Adult and Adolescent Illness (IMAI) training and service delivery tools
- Supporting the training of teams for delivering antiretroviral therapy
- Providing technical support on WHO clinical staging for initiating and monitoring antiretroviral therapy
- Supporting the development of the Global Fund Round 4 proposal
- 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.

Key areas for WHO support in the future
- Supporting a review of the health sector
- Providing technical assistance in developing a plan for voluntary testing and counselling
- Providing technical assistance in facilitating the disbursement of Round 3 and Round 4 grants from the Global Fund
- Providing technical assistance on procurement and supply management issues
- Supporting the strengthening of the human resources capacity of the Ministry of Health in laboratory services, organization of HIV/AIDS clinical services, monitoring and evaluation and community mobilization
- Providing support for IMAI pre-service training for physicians and nurses.
- Providing technical support for drug resistance monitoring

Staffing input for scaling up antiretroviral therapy and accelerating prevention
- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer, and an international "3 by 5" Country Officer has been recruited and is in place. The recruitment of additional National Programme Officers to support scaling up antiretroviral therapy is planned.
- Under the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, an additional National Programme Officer is in place.



This country profile was developed in collaboration with national authorities, the WHO Country Office for the United Republic of Tanzania and the WHO Regional Office for Africa.

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