

Tanzania



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Country Situation Analysis

TACAIDS is a semi-autonomous body established in 2001 by an act of parliament and is located in the Prime Minister's Office. The Zanzibar AIDS Commission (ZAC) was established in September 2002 and is located in the Chief Ministers Office. Both bodies succeeded the National/Zanzibar AIDS Control Programmes which sat in the Ministry of Health. There is no doubt that TACAIDS and ZAC are seen by the public sector, private sector, civil society organizations as well as international partners as the national bodies responsible for leading and coordinating the HIV response in both Mainland and Zanzibar respectively. The Government in both Mainland and Zanzibar have led a process to develop the Joint Assistance Strategy, National Strategy for Growth and Reduction of Poverty (NSGRP/MKUKUTA) and Zanzibar Poverty Reduction Paper (ZPRP) to guide the national development process to address poverty, which propagates the epidemic. The scaling up of the national response has enjoyed a strong commitment, partnerships and support from all stakeholders. This partnership has facilitated strategic planning and support to interventions and led to harmonization of resources and effective coordination of the national responses. Changes in the country situation and its effect on progress in sectors (i.e. formal and informal private sector, religious organizations, civil society organizations including the informal voluntary groups) are now involved in HIV interventions. Commercial companies have formed their coalition to combat HIV in their companies while networks of informal sector groups have organized themselves in strengthening their response to the epidemic. There is an increased demand for voluntary counselling/testing services/condoms beyond the government's ability to satisfy. Stigma is gradually declining as attitudes towards people living with HIV are now becoming more positive. Government has made HIV its priority focus and doubled its budgetary allocations to HIV activities between 2001 at less than US\$ 24 million to nearly US\$ 62 million in 2005. Regional Facilitating Agencies have been introduced to provide technical assistance to local government authorities and civil society organizations to empower communities in rural and urban areas in designing and implementing interventions to control HIV according to their social and cultural environment.

Donors need to work together to ensure continual funding beyond 2008. Equity of resource distribution is needed and the Government needs to allocate and spend money in a timely manner to bring the desired impact.

UN Support to the National Response

In 2005, the UNAIDS family has: advocated with government and partners for increased support to HIV in the context of the "Three Ones" and for increased resources for HIV, e.g. "3 by 5"; facilitated consultations between TACAIDS, ZAC and partners to develop the UN Joint Implementation Support Plan; provided technical support to the "Three Ones" country assessment including dissemination in both Tanzania Mainland and Zanzibar; provided technical support to TACAIDS, ZAC and PMO-RALG in the implementation of district and community responses to HIV including the recruitment of Regional Facilitating Agencies in regions of the Mainland (ZAC will continue to utilize DACOMS); provided technical support to consolidate and expand the response of the private sector to HIV in collaboration with ILO, i.e. the AIDS Business Coalition Tanzania (ABCT); provided technical support to expand the response of the informal sector to HIV; and provided technical support to sectors to mainstream HIV into their strategic plans including its implementation.

The UNAIDS family also provided technical support to TACAIDS and Zanzibar AIDS Commission in the review and finalization of the monitoring and evaluation framework including the Country Response Information System; facilitated consultations with partners to strengthen the capacity of ZAC to coordinate its multisectoral response to HIV; provided technical support to mainstream HIV into MKUKUTA and ZPRP. It also provided technical support to the process of establishing of a people living with HIV national council which is ongoing on the Mainland and well-established in Zanzibar.

Objectives

- advocacy, policy formulation, leadership commitment and the mobilization of resources;
- build the capacity of the public and private sectors and civil society organizations to respond more effectively

- to the HIV pandemic, by supporting HIV mainstreaming, workplace programmes, access to care and treatment services, and addressing the needs of people living with HIV;
- strengthen the capacity of TACAIDS and ZAC within the context of the recommendations of the “Three Ones” assessment; and
- support HIV prevention among the most vulnerable and high risk groups (to include youth, women, children and people with disability).

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HIV services organisations

AMREF, World Vision, PASADA, WAMATA, VUKA, KIWAKUKKI, Dardar Health Clinic, WAPO Mission Faraja Trust Fund, TADEPA, TANESA, AIDS Business Collision for Tanzania (private sector)

Networks of people living with HIV/AIDS

SHDEPHA⁺, TANEPHA, TANOPHA, NETWO⁺, TNWP⁺

NACOPHA is a proposed council responsible for the coordination of all PLWHA networks

UNAIDS Global Report 2006 Data

I. DEMOGRAPHIC, SOCIAL AND ECONOMIC INDICATORS		
Estimated Population (thousands)		38 329
Population Growth Rate		2%
Life expectancy at birth	Men	Women
	47	49
Human Poverty Index	Rank	Value
	65	35.8
Human Development Index		164

Percentage of people living with less than US\$2	59.7%
Per Capita Gross National Income	US\$ 660
Per Capita Government Expenditure on health	16

II. HIV AND AIDS ESTIMATES	
Number of people living with HIV	1 400 000 [1 300 000 – 1 600 000]
Adults aged 15 to 49 HIV prevalence rate	6.5 [5.8 – 7.2]%
Adults aged 15 and up living with HIV	1 300 000 [1 200 000 – 1 400 000]
Women aged 15 and up living with HIV	710 000 [640 000 – 780 000]
Deaths due to AIDS	140 000 [110 000 – 180 000]
GENERALISED EPIDEMICS	
Children aged 0 to 14 living with HIV	110 000 [43 000 – 210 000]
Orphans aged 0 to 17 due to AIDS	1 100 000 [910 000 – 1 200 000]

III. COUNTRY PROGRESS INDICATORS			
GENERALISED EPIDEMICS			
Expenditures			
National funds spent by governments for domestic sources	US\$ 45 000 000		
National Programmes			
Percentage of pregnant women receiving treatment to reduce mother-to-child transmission			
Percentage of HIV-infected women and men receiving antiretroviral therapy	7%		
School attendance among orphans	73%	non-orphans	90%
Knowledge and Behaviour			
Percentage of young people aged 15 to 24 who currently identify ways to prevent HIV	Men	Women	
	49%	44%	
Percentage of young people aged 15 to 24 who had sex with casual partner in the past 12 months	Men	Women	
	81%	36%	
Percentage of young people aged 15 to 24 who had sex before 15	Men	Women	
	10.7%	10.1%	
Percentage of young people aged 15 to 24 who used a condom last time they had sex with a casual partner	Men	Women	
	47.0%	42.0%	
CONCENTRATED/LOW PREVALENCE EPIDEMICS			
Expenditures			
National funds spent by governments for domestic sources			
Policy Development and Implementation Status			
Policy information, education, communication and prevention for most-at-risk populations			
Policy to expand access to essential preventive commodities among most-at-risk populations			
National Programmes			
Percentage of HIV-infected women and men receiving antiretroviral therapy			
Percentage of most-at-risk populations reached by prevention programmes	Men who have sex with men	Sex workers	
	N/A	N/A	

For more information please contact Richard Delate, at tel. +27 11 517 1524, mobile +27 82 909 2638 or visit www.unaids.org.

Country profiles provide key information on the status-quo of the HIV pandemic in the countries of the region. Data is updated by the UNAIDS Country Offices on a yearly basis.

