

# TANZANIA AND HIV/AIDS

## Key Talking Points

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Tanzania's HIV/AIDS epidemic has increased alarmingly each year. The epidemic is being driven by high-risk heterosexual sexual behavior, characterized by high incidence of sexually transmitted infections.

- Ten to 12 percent of adults (age 15 and over) are HIV-positive.
- An estimated 1.5 million Tanzanians are living with HIV—520,000 of them with AIDS. Following current trends this figure is expected to rise to 2.4 million by the year 2000.

**AIDS Deaths** From 1990 to 2010, AIDS will increase the crude death rate in Tanzania by more than 50 percent. Life expectancy will drop by 20 percent during the 1990s as a result of HIV/AIDS, and by 2010 will average 46 years.

**Women and HIV/AIDS** Data derived from ten antenatal sentinel surveillance sites show countrywide HIV-prevalence rates ranging from 10 to 33 percent among pregnant women.

**Youth and HIV/AIDS** Tanzanians 15 to 24 years old, while comprising only 20 percent of the population, account for 60 percent of new HIV infections.

**Children and HIV/AIDS** Forty-six percent of the Tanzanian population is under age 15. More than 68,000 children under age 15 are living with HIV/AIDS. Each year approximately 50,000 to 60,000 children are born HIV-positive. By 2015 the infant mortality rate is expected to be at least 16 percent higher than it would have been in the absence of AIDS.

An estimated 15 percent of all Tanzanian children under age 15 are missing one or both parents; an estimated 730,000 children have been orphaned because of HIV/AIDS.

**Health Care Costs** The Tanzanian government currently allocates 6 percent of its central budget—3 percent of the GDP—to the health sector. In July 1996 the government initiated a plan for health sector reform.

**USAID** supports a variety of HIV/AIDS prevention activities in Tanzania, contributing \$3.6 million for FY 1998. In 1998 USAID was a key donor and contributed to organizing the National Strategic Plan and the First National Scientific Conference on HIV/AIDS in Tanzania.

**National Response** Currently there are two independent National AIDS Control Programmes; one on the mainland and one in Zanzibar. Although the Tanzanian government recently launched a National Strategic Plan, there continues to be limited overt political commitment to the fight against HIV/AIDS. Implementation of the National Strategic Plan is still in the early stages and will need continued commitment from the president and other high-ranking officials in order to be effective and sustainable.



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# TANZANIA AND HIV/AIDS

## Country Profile

Tanzania is one of the few politically stable countries in East Africa; however, continued regional ethnic tensions and potential expansion of the conflict in the Great Lakes states threaten this stability. Tanzania is noted for accepting refugees displaced by the conflicts in neighboring Rwanda, Burundi, and the Democratic Republic of the Congo, at great political and economic cost. The country is rich in natural resources and contains some of the world's most biologically diverse ecosystems. Although Tanzania's gross domestic product (GDP) is increasing annually at a rate of 3.6 percent, it is not sufficient to sustain the country's annual 3 percent population growth. Tanzania's external debt stands at \$8.2 billion and the country today remains one of the fifth poorest countries in the world.

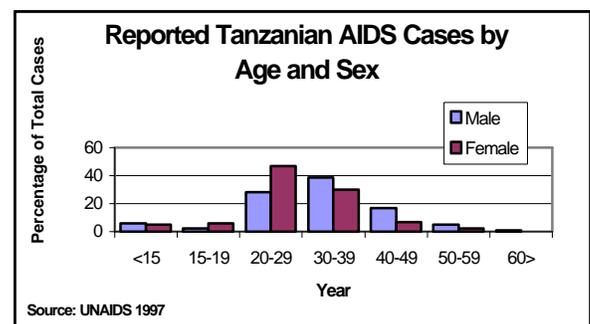
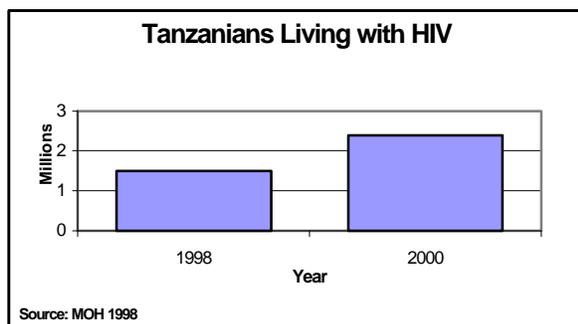
High rates of fertility (5.7) and sexually transmitted infections (STIs), including HIV/AIDS, contribute to elevated adult and infant morbidity and mortality rates in Tanzania. According to a 1996 Demographic and Health Survey (DHS), more than 43 percent of Tanzanian children under age 5 suffer from malnutrition: 30 percent are underweight; approximately 30 percent suffer from fever; and 14 percent suffer from diarrhoeal diseases. The overall infant mortality rate is 100 per 1,000 births and the child (under age 5) mortality rate is 145. Roughly 60 percent of the population still lack access to health services. The Tanzanian government currently allocates 6 percent of its central budget—3 percent of the GDP—to the health sector. In July 1996 the government initiated a plan for health sector reform.

## HIV/AIDS in Tanzania

The first three AIDS cases were reported in Tanzania in 1983. Since then the HIV/AIDS epidemic in Tanzania has increased alarmingly each year. The epidemic is being driven by high-risk heterosexual sexual behavior characterized by high levels of STIs.

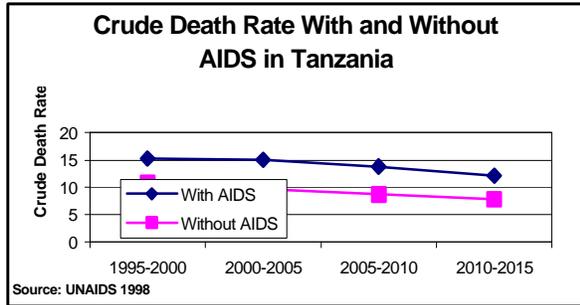
- Ten to 12 percent of adults (age 15 and over) are HIV-positive.
- An estimated 1.5 million Tanzanians are living with HIV—520,000 of them with AIDS. Following current trends, this figure is expected to rise to 2.4 million by the year 2000.

- In 1997, HIV prevalence rates among selected populations in urban areas ranged from 14 percent in low-risk groups to 50 percent in high-risk groups. Rural rates ranged from 17 percent in low-risk groups to 34 percent in high-risk groups.
- The highest HIV-prevalence rate is among 30- to 44-year-olds.
- In 1996, only 16 percent of men reported using a condom during their last sexual encounter.
- More than 150,000 people died of AIDS-related illnesses in 1997.

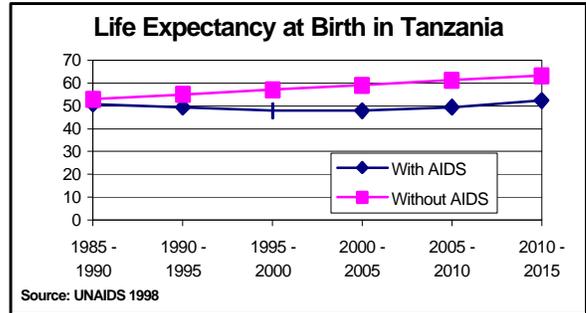


## TANZANIA AND HIV/AIDS

- From 1990 to 2010, AIDS will increase the crude death rate in Tanzania by more than 50 percent.



- Life expectancy will drop by 20 percent during the 1990s as a result of HIV/AIDS. By 2010 the average life expectancy will be 46 years.



### Women and HIV/AIDS

The number of women living with HIV/AIDS is growing. Women's low social and economic status, combined with greater biological susceptibility to HIV, put them at increased risk of infection. Deteriorating economic conditions, which make it difficult for women to access health and social services, compound their vulnerability.

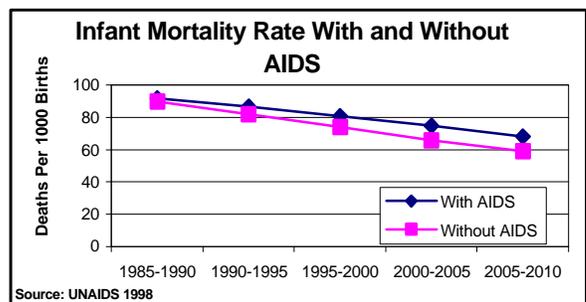
- Data derived from ten antenatal sentinel surveillance sites show countrywide HIV-prevalence rates ranging from 10 to 33 percent among pregnant women.

- According to the 1996 DHS, 97 percent of women have heard of AIDS yet only 38 percent can name at least two correct ways to avoid HIV.
- According to the same study, 29 percent of Tanzanian women reported having only one sex partner and only 10 percent reported ever using a condom to avoid STIs.
- Eighteen percent of women 15 to 49 years old have been circumcised. Circumcision increases a woman's risk of contracting HIV.

### Children and HIV/AIDS

Forty-six percent of the Tanzanian population is under age 15. The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality rates among infected children and orphaning many others. Approximately 30 to 40 percent of infants born to HIV-positive mothers will also become infected with HIV.

- More than 68,000 children under age 15 are living with HIV/AIDS.
- Each year approximately 50,000 to 60,000 children are born HIV-positive.
- By 2015 the infant mortality rate is expected to be at least 16 percent higher than it would have been in the absence of AIDS.



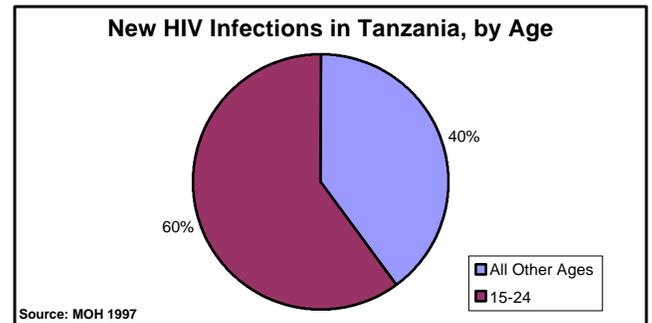
- An estimated 15 percent of all Tanzanian children under age 15 are missing one or both parents, many of them because of AIDS.
- To date, an estimated 730,000 children have been orphaned because of AIDS.

## TANZANIA AND HIV/AIDS

### *Youth and HIV/AIDS*

Youth and young adults account for a large percentage of all HIV/AIDS cases in Tanzania.

- Tanzanians 15 to 24 years old, while comprising only 20 percent of the population, account for 60 percent of new HIV infections.
- In 1996, 26 percent of teenagers had given birth or were pregnant for the first time.



### **Socioeconomic Effects of AIDS**

More than 80 percent of reported AIDS cases are 20 to 49 years old. Since this age group constitutes the most economically productive segment of the population, an important economic burden is created. Productivity falls and business costs rise—even in low-wage, labor-intensive industries—as a result of absenteeism, the loss of employees to illness and death, and the need to train new employees. The diminished labor pool affects economic prosperity, foreign investment, and sustainable development. The agricultural sector likewise feels the effects of HIV/AIDS; a loss of agricultural labor is likely to cause farmers to switch to less-labor-intensive crops. In many cases this implies switching from export crops to food crops—thus affecting the production of cash and food crops.

In 1996, the cost of AIDS care as a percentage of national health expenditure was 3.5 percent or \$5.8 million. There are also many private costs associated with AIDS, including expenditures for

medical care, drugs, funeral expenses, etc. The death of a family member leads to a reduction in savings and investment, and increased depression among remaining family members. Women are most affected by these costs and experience a reduced ability to provide for the family when forced to care for sick family members. And AIDS adversely affects children, who lose proper care and supervision when parents die. Some children will lose their father or mother to AIDS, but many more will lose both parents, causing a tremendous strain on social systems. At the family level there will be increased pressure and stress on the extended family to care for these orphans; grandparents will be left to care for young children and 10- to 12-year-olds become heads of households.

(For country-specific information on the socioeconomic impact of HIV/AIDS, refer to the *analysis* presented by the Policy Project.)

### **Interventions**

#### *National Response*

Since 1983 various national efforts to control the spread of HIV have been launched. Currently there are two independent National AIDS Control Programmes (NACPs), one on the mainland and one in Zanzibar. A short term plan was prepared and implemented by the Ministry of Health and the NACP between 1985 to 1986. This was followed by the First Medium Term Plan (MTP1), for the period 1987 to 1991, and the Second

Medium Term Plan (MTP2), for the period 1992 to 1996. In September 1995 the NACP developed a draft National Policy on HIV/AIDS/STIs. The specific objectives of this policy were to increase the community's awareness of HIV/AIDS; provide people living with HIV/AIDS (PLWHA) and their caregivers with social, medical, physical, and spiritual support; and safeguard and protect the

## **TANZANIA AND HIV/AIDS**

human rights of all PLWHA. To date, however, the policy has not been enacted.

After the MTP2 ended in 1996, the government finalized and launched a National Strategic Plan for HIV/AIDS for the period 1998 to 2002. The strategic plan, multisectoral in its approach, was developed by more than 20 government sectors, nongovernmental and religious organizations, PLWHA, and the private sector. It was launched by the Tanzania's prime minister and other high-ranking governmental officials. The U.S. , Swedish, and Norwegian ambassadors and the head of the European delegation also gave

statements renewing their commitment to support the national response in the fight against HIV/AIDS in Tanzania.

The NACP strategy outlines 11 priority areas focusing on the prevention of HIV/AIDS and other STIs; protection of PLWHA; mitigation of the socioeconomic impact of HIV/AIDS; and the strengthening of NGOs, communities and individuals affected by the epidemic. Operational plans are being developed, primarily at the district level, to address these priorities.

With the launch of the National Strategic Plan, the government also made a commitment to reactivate the existing National AIDS Committee and form a new National Advisory Board on HIV/AIDS headed by the former president of the country.

### ***Donors***

Multilateral and bilateral donors are actively engaged in HIV/AIDS in Tanzania. According to a

UNAIDS/Harvard study, bilateral organizations contributed the following amounts in 1996-1997:

| <b>Organization</b> | <b>Amount US\$<br/>1996-97</b> |
|---------------------|--------------------------------|
| Norway              | 1,207,337                      |
| DANIDA              | 643,362                        |
| EU                  | 573,936                        |
| TAP (USAID-funded)  | 20,648                         |
| <b>Total</b>        | <b>2,700,255</b>               |

*Bilateral organizations' contributions 1996-1997*

**USAID's** HIV/AIDS funding for FY 1998 was \$3,600,000. Working with Tanzania's NACP, USAID/Tanzania has supported the development of networks of indigenous NGOs and other private entities that are undertaking HIV/AIDS activities , the dissemination of AIDS information in various media, and social marketing of condoms. Areas of NGO activity also have included training for syndromic diagnosis and treatment for STIs and support for PLWHA. The mission also supports capacity building within the NACP and advocates for appropriate responses to HIV/AIDS at the national level. In 1998 USAID was a key donor and contributed to the development of the National Strategic Plan and the First National Scientific Conference on HIV/AIDS in Tanzania.

*The First National Scientific Conference on HIV/AIDS in Tanzania in 1998 provided a platform from which to disseminate the Tanzanian government's HIV/AIDS strategy to over 700 individuals, including media representatives. It also provided a forum for critical debate on pertinent issues, and highlighted the lack of political support within the government. Subsequently, both the president and prime minister gave their first public remarks about HIV/AIDS in Parliament.*

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In 1999 USAID/Tanzania will continue to support both public and voluntary sector activities, the latter through a voluntary sector umbrella grants program. Through these sectors, USAID/Tanzania intends to support the following types of activities:

- Address the weak policy and legal environments and strengthen national leadership.
- Develop information, education and communication (IEC) messages to increase client use of HIV/AIDS/STI clinics coordinated by NGO partners.
- Promote male and female condom social marketing campaigns.
- Launch advocacy campaigns to increase HIV/AIDS awareness among the general public.
- Train NGOs to provide indigenous, community-based approaches to AIDS prevention, education, counseling, and testing.
- Build district-level public/private partnerships to address HIV/AIDS, as well as reproductive and child health concerns.

UNAIDS' coordinating Theme Group in Tanzania includes representatives from UNDP, WHO, UNICEF, UNESCO, UNFPA, and The World Bank, and is chaired by UNFPA. UNAIDS receives multilateral funds from Norway, Ireland, ODA and GII. UNAIDS also receives core support from its cosponsors. UNAIDS is involved in several activities, including several independent contracts to conduct research, workshops and surveys on topics such as HIV subtypes, household sexual networks and HIV infection, and collection of HIV isolates in Tanzania. UNAIDS is also involved in health reform projects focusing on:

- Reviving under-resourced district AIDS coordination committees.
- Expanding district-level HIV/AIDS initiatives.
- Combating the recognized HIV-related stigma and denial of PLWHA in the clinic setting.

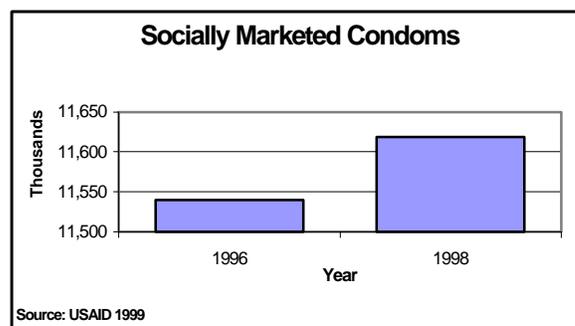
UNAIDS has also supported private sector mobilization projects for the expanded response to HIV/AIDS, and research projects including the PETRA study site on mother-to-child

transmission, based in the Muhimbili Hospital in Dar es Salaam.

**The World Bank** supports HIV prevention through a \$47.6 million health and nutrition project. By providing support to critical and strategic elements of the PHN sectors, the project reinforces the government's efforts to raise the quality, coverage and effectiveness of family planning, nutrition and basic health services in urban and rural areas.

**The European Union** provides STI drugs and training through the National AIDS Control Program.

**The World Food Programme (WFP)** provided



home-based care in collaboration with the NACP from 1992 to 1997. WFP assisted the Ministry of Health in its efforts to develop a model for home-based care in Kagera region, where there is a high HIV-prevalence rate among the most productive age group. The total budget for this program was \$1.7 million.

**The Australian Agency for International Development (AusAID)** provided assistance from 1994 to 1997 to a high HIV-transmission area.

**The Finnish Ministry for Foreign Affairs, Department of International Development Cooperation** had a project in Tanzania from 1995 to 1998. This project, implemented by the Association for Developing Countries in Vasa, provided FIM 700,000 for dissemination of AIDS prevention information, and direct support for hospitals, education of health care staff, hospital equipment, and delivery. The Finnish government also supported an IEC program implemented by the Finnish Free Foreign Mission from 1995 to 1997, for FIM 2.2 million.

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**The German Federal Ministry for Economic Cooperation and Development (GTZ)** supported a DM 1.5 million HIV/AIDS control program in 1997. This program helped to expand the AIDS control programs in the diocese of Moshi and in Arusha.

**The United Kingdom Department for International Development (DFID)** supported various NACP prevention projects by providing 2.48 million from 1994 to 1997.

**The Ford Foundation** is currently providing the Africa Medical and Research Foundation (AMREF) with a grant of \$160,500. This grant supports the implementation of an HIV-transmission areas intervention project. The Ford Foundation is also supporting the Faraja Trust Fund, with a grant for \$74,000. This grant is assisting with the second phase of a public education and community mobilization program to reduce HIV transmission in Morogoro.

### ***Private Voluntary Organizations (PVOs) and Nongovernmental Organizations (NGOs)***

A number of PVOs implement activities funded by multilateral and bilateral donors. Some of the major USAID cooperating agencies include Family Health International (FHI)/IMPACT, Pathfinder International, Population Services International, John Hopkins University, CARE and MACRO International. *See attached preliminary chart for PVO and USAID cooperating agencies HIV/AIDS activities target areas. This list is evolving and changes periodically.*

Tanzania currently does not have an NGO coalition. The Tanzania AIDS Project (TAP) was initiated in June 1993 as a five-year project (1993 to 1998). TAP's principle goal was to build the capacity of indigenous NGOs to implement HIV/AIDS preventive education activities and to provide a source of support to people with HIV/AIDS. Funded by USAID and implemented

by the FHI/Tanzania country office, TAP established the NGO cluster approach in 1993. This approach facilitated the creation of clusters or networks of NGOs working in HIV/AIDS prevention or care to help improve their capacity to challenge the epidemic. Peer education has been one of the primary strategies used by these NGO clusters and their members. According to USAID, NGO clusters or networks provide services within selected districts for 9 out of 20 regions in mainland Tanzania..

The African Medical and Research Foundation, based in Tanzania, is one of the larger research institutions in Africa. Traditional healers have an important role in Tanzania, and efforts are being made to bring them into an adjunct, cooperative relationship with biomedical workers to treat STIs and some infections caused by AIDS.

## **Challenges**

Major constraints to HIV/AIDS control in Tanzania include the following:

- Lack of political support within the government and from high-ranking officials.
- Shortages of trained health workers as well as financial resources in the biomedical sector.

The following gaps in programming must be filled in order to mount an effective response to HIV/AIDS in Tanzania:

- High-level political support and enforcement of a National AIDS Policy and National Strategic Plan.

- Legislation and enforcement to protect the human rights of PLWHA.
- Expanded funding sources for NGOs and community-based initiatives.
- Integration of HIV/AIDS/STI programs with reproductive health services.
- Focus on youth efforts and activities, including family life education and HIV/AIDS education programs in schools.
- Behavior change interventions are needed to complement all IEC activities. Although basic knowledge of HIV/AIDS is high among

## TANZANIA AND HIV/AIDS

Tanzanians, knowledge of self protection

measures and behavior change is much lower.

### The Future

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Although the Tanzanian government recently passed a National Strategic Plan, there continues to be limited overt political commitment to the fight against HIV/AIDS. This is demonstrated by a continued lack of decision making on the appropriate organizational home for the NACP, and the inactivity of the National AIDS Committee. Implementation of the National Strategic Plan is still in the early stages and will

need continued commitment from the president and other high-ranking officials in order to be effective and sustainable. The challenge ahead is to make use of the favorable environment and act expeditiously, so as not to lose the high momentum of political support and leadership. Only with such leadership will it be possible to slow the spread of HIV in Tanzania.

### Important Links

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1. Tanzania National AIDS Control Program: Ministry of Health, P.O. Box 9083, Dar-es-Salaam.
2. 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, Tel mobile: (255) 812 781 987; Fax: (255) 13 96 54; email: [mulu.unaids@twiga.com](mailto:mulu.unaids@twiga.com)



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*June 1999*

# Tanzania

| Organization | Intervention |     |        |          |       |    |       |    |     |      |          |        |     |     |        |    |       |  |
|--------------|--------------|-----|--------|----------|-------|----|-------|----|-----|------|----------|--------|-----|-----|--------|----|-------|--|
|              | Advoc.       | BCI | Care/S | Training | Cond. | SM | Eval. | HR | IEC | MTCT | Research | Policy | STD | VCT | Orphan | TB | Other |  |

## Cooperating Agencies

|                          |   |   |   |   |  |   |  |   |   |   |   |   |   |   |  |  |  |                    |
|--------------------------|---|---|---|---|--|---|--|---|---|---|---|---|---|---|--|--|--|--------------------|
| JSI/FPLM                 |   |   |   |   |  |   |  |   |   |   |   |   |   |   |  |  |  |                    |
| TFGI/Policy Project      | X |   |   |   |  |   |  |   |   |   | X |   |   |   |  |  |  | strategic planning |
| Horizons                 |   |   |   |   |  |   |  |   |   |   |   |   |   | X |  |  |  |                    |
| FHI/IMPACT               | X | X | X | X |  |   |  |   |   |   | X | X | X | X |  |  |  |                    |
| JHUCCP                   |   | X |   |   |  |   |  |   | X |   |   |   |   |   |  |  |  |                    |
| Macro International      |   |   |   |   |  |   |  |   |   | X |   |   |   |   |  |  |  |                    |
| Pathfinder International | X | X |   | X |  |   |  | X | X |   |   |   | X |   |  |  |  | IP                 |
| PSI                      |   |   |   |   |  | X |  |   | X |   |   |   |   |   |  |  |  |                    |

## PVOs/NGOs

|  |   |   |   |   |   |  |   |   |   |   |   |  |  |   |  |   |  |   |
|--|---|---|---|---|---|--|---|---|---|---|---|--|--|---|--|---|--|---|
| WorldVision                                |   |   |   |   |   |  |   |   |   |   |   |  |  |   |  | X |  |   |
| Media for Development International        |   | X |   |   |   |  |   |   | X |   |   |  |  |   |  |   |  |   |
| PATH                                       |   | X |   | X | X |  | X |   | X |   |   |  |  |   |  |   |  |   |
| Catholic Relief Services                   |   |   | X | X |   |  | X |   | X |   |   |  |  |   |  | X |  |   |
| IPPF/WHR                                   |   |   |   | X |   |  |   |   |   |   |   |  |  |   |  |   |  |   |
| Center for AIDS Prevention Studies         |   |   |   |   |   |  |   |   |   | X |   |  |  | X |  |   |  |   |
| CARE                                       |   |   |   |   |   |  |   |   |   |   |   |  |  |   |  |   |  | Increasing access to and use of clinical services |
| Civil/Military Alliance to Combat HIV/AIDS | X |   |   | X |   |  |   | X |   |   | X |  |  | X |  |   |  |   |

| KEY:            |  |
|-----------------|--|
| <b>Advoc.</b>   | Advocacy   |
| <b>BCI</b>      | Behavior Change Intervention                     |
| <b>Care/S</b>   | Care & Support Activities                        |
| <b>Training</b> | HIV/AIDS training programs                       |
| <b>Cond.</b>    | Condom Distribution                              |
| <b>SM</b>       | Social Marketing                                 |
| <b>Eval.</b>    | Evaluation of several projects                   |
| <b>HR</b>       | Human Rights activities                          |
| <b>IEC</b>      | Information, education, communication activities |
| <b>MTCT</b>     | Mother to Child Transmission activities          |
| <b>Research</b> | HIV/AIDS research activities                     |
| <b>Policy</b>   | Policy monitoring or development                 |
| <b>STD</b>      | STD services or drug distribution                |
| <b>VCT</b>      | Voluntary counseling and testing                 |
| <b>Orphan</b>   | AIDS orphan activities                           |
| <b>TB</b>       | TB control                                       |
| <b>Other</b>    | (I.e. blood supply, etc.).                       |