1. Demographic and socioeconomic data

<table>
<thead>
<tr>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
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<tbody>
<tr>
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</tr>
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</tr>
<tr>
<td>2002</td>
<td>46.5</td>
<td>WHO</td>
</tr>
<tr>
<td>2002</td>
<td>267</td>
<td>IMF</td>
</tr>
<tr>
<td>2002</td>
<td>13</td>
<td>WHO</td>
</tr>
<tr>
<td>2002</td>
<td>12</td>
<td>WHO</td>
</tr>
<tr>
<td>2003</td>
<td>0.418</td>
<td>UNDP</td>
</tr>
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2. HIV indicators

<table>
<thead>
<tr>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
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<td>WHO/UNAIDS</td>
</tr>
<tr>
<td>2003</td>
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</tr>
<tr>
<td>Nov 2005</td>
<td>19 600</td>
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</tr>
<tr>
<td>Dec 2005</td>
<td>315 000</td>
<td>WHO/UNAIDS</td>
</tr>
<tr>
<td>Nov 2005</td>
<td>527</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Sep 2005</td>
<td>227 973</td>
<td>Ministry of Health</td>
</tr>
</tbody>
</table>

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 1995, about 900 000 (7.2% prevalence). According to the surveillance report on HIV/AIDS and sexually transmitted infections for 2003 published by the National AIDS Control Programme, about 1 810 000 people 0–59 years old were estimated to be living with HIV/AIDS in 2003. Since the National AIDS Control Programme was established in 1985, the progress of the epidemic has been monitored through sentinel sites with regular testing of voluntary blood donors since the late 1980s and through selected sentinel sites on HIV surveillance in pregnant women. The prevalence rates found in the recent sentinel sites and selected sentinel sites are lower than predicted.

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; miners; 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
A strong national policy framework guides the national response. With the launch of the national HIV/AIDS policy by the President in November 2001, comprehensive care including the provision of antiretroviral therapy was recognized for the first time as a right for all people living with HIV/AIDS. In 2003, the Tanzania Commission for HIV/AIDS (TACAIDS), created in 2001, leads the national response to HIV/AIDS. The National Multisectoral Strategic Framework for HIV/AIDS for 2003–2007 was officially launched in May 2003 and provides strategic orientation for implementation of the response. A memorandum of understanding between the Government of the United Republic of Tanzania and its partners was signed in 2003, laying the foundation for a joint implementation strategy for planning, monitoring and evaluation, and resource mobilization for the National Multisectoral Strategic Framework for HIV/AIDS for 2003–2007.

The President of the United Republic of Tanzania later submitted a proposal to the World Bank that the United Republic of Tanzania had formed a proposal to the World Bank in order to support the national response. The proposal envisaged scaling up antiretroviral therapy provision to 220 000 people living with HIV/AIDS by the end of 2005. As of November 2005, US$ 40.8 million had been disbursed for implementing the first year plan of activities, including care and treatment for people living with HIV/AIDS. In 2003, the William J. Clinton Foundation, in close collaboration with partners including the Tanzania Commission for HIV/AIDS, introduced the first antiretroviral therapy to all eligible people living with HIV/AIDS by the end of 2008. A Quick Start Plan was initiated in November 2003 to prepare 19 selected health facilities to begin providing antiretroviral therapy within a three-month period. Subsequently, in an attempt to integrate the various plans and frameworks, an Operational Plan for Care and Treatment for HIV/AIDS has been developed by a task team including the World Bank, WHO, nongovernmental organizations, and the private sector. It was adopted in 2004 and includes the provision of antiretroviral drugs free of charge in the public sector, faith-based organizations and some private facilities. Guidelines for antiretroviral therapy and voluntary counselling and testing have been developed.

Antiretroviral therapy: first-line drug regimen, cost per person per year

<table>
<thead>
<tr>
<th>Drug Regimen</th>
<th>Cost (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>stavudine + lamivudine + nevirapine</td>
<td>180</td>
</tr>
<tr>
<td>stavudine + lamivudine + efavirenz</td>
<td>240</td>
</tr>
<tr>
<td>zidovudine + lamivudine + efavirenz</td>
<td>180</td>
</tr>
<tr>
<td>zidovudine + lamivudine + nevirapine</td>
<td>240</td>
</tr>
</tbody>
</table>

In February 2003, the cost of basic antiretroviral therapy was US$ 360 per person per year. As of September 2005, the average cost of the first-line drug regimen for adults was US$ 180 per person per year.

Assessment of overall health sector reponse and capacity

Critical overall capacity in the United Republic of Tanzania is high compared with other countries in the region. However, the scale up of HIV/AIDS care and treatment services has been constrained by the high costs of services. Treatment literacy among health workers and the general population is low, and stigma and discrimination remain high. In addition to stigma and discrimination, the implementation of the national response has also been constrained by insufficient trained human resources to deliver HIV/AIDS care and treatment services. Sufficient human resources in the national and regional levels needs to be strengthened in the different areas including personnel, procurement and supply chain management, including forecasting and quantifying the HIV-related drugs and commodities. Laboratory infrastructure needs to be strengthened. Monitoring and evaluation systems need to be strengthened and reporting requirements need to be harmonized among partners to avoid overburdening the implementing partners.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US$ 178.4 million and US$ 313.7 million was required to support scaling up antiretroviral therapy to reach the WHO "By 5" target of 130 000 people in 2005.
- The United Republic of Tanzania submitted a successful Round 1 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with a total funding request of US$ 5.4 million over five years, to scale up the HIV/AIDS response at the district level, focusing on communities, primary schools and the informal sector. As of November 2005, US$ 4.6 million had been disbursed for implementing the first year plan of activities, including care and treatment for people living with HIV/AIDS. The proposal envisaged scaling up antiretroviral therapy provision to 220 000 people living with HIV/AIDS by the end of 2005. As of November 2005, US$ 40.8 million had been disbursed for implementing the first year plan of activities.
- The World Bank, through its funding of US$ 293.3 million and two-year approved funding of US$ 103.2 million to support the national response to HIV/AIDS. The proposal envisaged massively scaling up antiretroviral therapy provision to 220 000 people living with HIV/AIDS by the end of 2005. As of November 2005, US$ 40.8 million had been disbursed for implementing the first year plan of activities.
- The United Republic of Tanzania submitted a proposal to the Global Fund for total funding of US$ 9.6 million to date. The United Republic of 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 to support the national response to HIV/AIDS. The proposal envisaged massively scaling up antiretroviral therapy provision to 220 000 people living with HIV/AIDS by the end of 2005. As of November 2005, US$ 40.8 million had been disbursed for implementing the first year plan of activities.
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5. Treatment and prevention coverage

- In 2003, national estimates indicated that the total treatment need of the United Republic of Tanzania to be 480 000 people, and the treatment target was calculated to be 220 000 people by 2005 (based on 50% of estimated need). 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 was 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 11 000 people by June 2004.
- WHO estimates that the total number of people 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. In June 2005, estimates from the Ministry of Health indicated that 12 500 people were receiving antiretroviral therapy. As of November 2005, 16 000 people were estimated to be receiving antiretroviral therapy, of whom 12 000 were children.
- The number of centres providing antiretroviral therapy increased from 32 at the end of 2004 to 96 as of September 2005, covering 64 of 121 districts in the country. Of these, 61 were in the public sector.
- The number of centres providing services for preventing mother-to-child transmission has also increased gradually, from 199 at the end of 2004 to 334 in September 2005; however, coverage remains low in some facilities. These services need to be expanded throughout the country, and the different approaches to preventing mother-to-child transmission that various partners are implementing need to be harmonized.
- Other bilateral partners providing financial support for scaling up antiretroviral therapy during 2004-2005 include the Government of Norway, which committed about US$ 1.2 million; the Canadian International Development Agency, which committed about US$ 3.5 million; and the Swedish International Development Agency, which committed about US$ 5 million. Others include the Italian Cooperation, the German Gesellschaft für Technische Zusammenarbeit (GTZ) and the Danish International Development Agency. In addition, nongovernmental organizations, charities and foundations also provide support for HIV/AIDS programmes in the country.

- 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 United Nations Regional Capacity Building Facility for HIV/AIDS Prevention, Care, and Treatment (ARCAN) Project along with Kenya and Ethiopia, which is supported by the United Nations Development Programme (UNDP) and the Indian Government.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management
In 2001, 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 planning within the health sector, and TACAIDS supports the national planning process, fundraising and program evaluation. National human resource 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. UNAIDS provides support for overall advocacy, planning and coordination of the national response.

Service delivery
The National AIDS Control Programme of the Ministry of Health provides leadership in the delivery of HIV/AIDS prevention, care and treatment services in the country. WHO provides normative support, training and guidelines along with the United Nations Development Programme, World Bank, United Nations Children’s Fund, and various nongovernmental organizations. The Medical Stores Department provides leadership in procurement and supply chain management, and the United States Agency for International Development, WHO, the United States Centers for Disease Control and Prevention and a range of nongovernmental organizations provide support. WHO and the United States Centers for Disease Control and Prevention also provide support for capacity-building, training, strengthening laboratories and accelerating prevention. The William J. Clinton Foundation has provided support for planning activities, the development of training curricula, laboratory systems and pharmacies. UNICEF supports programmes for orphans and vulnerable children. Population Services International supports the social marketing of condoms. Bilateral partners, including the Government of Norway, the Canadian International Development Agency, the Swedish International Development Cooperation Agency, the Danish International Development Agency, the Italian Cooperation and the German Gesellschaft für Technische Zusammenarbeit (GTZ), support various aspects of care and treatment programmes.

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. Various international nongovernmental organizations support HIV/AIDS prevention, care and treatment programmes across the country, including Population Services International, CARE and World Vision. Faith-based groups such as the Christian Council of Tanzania and the Christian Social Services Commission also support a range of activities. National associations of people living with HIV/AIDS are also actively involved in advocacy and community support.

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 and UNAIDS provide support for surveillance activities. Monitoring antiretroviral drug resistance, tracking programme coverage and information management activities require additional technical 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 for HIV/AIDS for 2003-2007. In this context, implementing partners have different roles that TACAIDS is monitoring and coordinating.

7. Staffing input for scaling up HIV treatment and prevention

WHO’s response so far
• Conducting a “3 by 5” scope mission in December 2003 to identify opportunities and challenges for scaling up antiretroviral therapy and areas for WHO support
• Supporting the review and national adaptation of the WHO Integrated Management of Adult and Adolescent Illness (IMAI) training materials and service delivery tools for health workers; supporting the training of teams for delivering antiretroviral therapy, as well as the training of 22 expert patients and 20 health workers as IMAI trainers; and training 44 health workers in IMAI, including clinical officers, clinical nurses, counsellors and district or assistant medical officers from 11 health centres
• Supporting the development of WHO clinical staging for initiating and monitoring antiretroviral therapy
• Supporting the Ministry of Health in initiating the review of the national HIV rapid testing training module based on the generic curriculum of WHO and the United States Centers for Disease Control and Prevention
• Supporting the Ministry of Health in reviewing and adapting the existing national home-based care curriculum according to the WHO generic module for the training of community-based treatment supporters, and supporting the field testing of the revised national home-based care curriculum, which aimed to train 58 community-based treatment supporters in Mtwara and Zanzibar
• Supporting the field assessment of the patient monitoring system of the National AIDS Control Programme
• In collaboration with Indiana University, supporting the development of an electronic medical record system project funded by the Rockefeller Foundation, which will be piloted in three antiretroviral therapy sites in the mainland from early 2006
• Providing technical assistance in collaboration with the United States Centers for Disease Control and Prevention for the development of a national HIV drug resistance protocol and supporting the implementation of staff support for implementing IMAI HIV drug resistance monitoring
• Undertaking a rapid needs assessment to help build capacity of the Medical Stores Department to improve procurement, forecasting, supply management and inventory control practices for antiretroviral drugs
• Supporting the development of a national external quality assurance plan and standard operating procedures to improve and monitor the quality of the laboratory services in both the mainland and Zanzibar
• Supporting the adaptation of the WHO generic package on mainstreaming gender into the HIV/AIDS national response, to be field tested in 2006 in Mbeya and Lindi regions in collaboration with the German Gesellschaft für Technische Zusammenarbeit (GTZ)
• In collaboration with UNAIDS, issuing a paper describing the status of scaling up antiretroviral therapy in the United Republic of Tanzania and identifying the possible contributions of the United Nations family in supporting the initiative
• In collaboration with the Office of the United Nations High Commissioner for Refugees, conducting rapid mapping to assess the need of scaling up antiretroviral therapy in the refugee camps in Kigoma region
• Developing a concept paper on accelerating and intensifying prevention in the health sector
• Supporting the development of the Global Fund Round 4 proposal and implementation of the Round 3 and Round 4 grants
• Supporting operations research on adherence to antiretroviral therapy
• Supporting a review of national TB/HIV collaborative programmes
• In collaboration with the Government of Tanzania’s C 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 coordinating the Ministry of Health, National AIDS Control Programme
• Establishing an HIV/AIDS country team to support the government and all partners in scaling up antiretroviral therapy

Key areas for WHO support in the future
• Supporting the government in strengthening coordination and collaboration among various financial and implementing partners
• Providing support for expanding the essential package for universal access to HIV/AIDS prevention, care, treatment and support in the health sector
• Providing technical assistance to the Ministry of Health to develop an operational plan to intensify and accelerate HIV prevention in the health sector
• Supporting a review of the health sector response to HIV/AIDS
• Providing technical assistance to the Ministry of Health in reviewing its HIV testing and counselling training package to incorporate the health care provider-initiated approach
• Providing technical assistance in scaling up the training of community-based antiretroviral therapy supporters throughout the country
• Providing support to the Ministry of Health in decentralizing the peripheral antiretroviral therapy programmes supported by the WHO Integrated Management of Adult and Adolescent Illness (IMAI) approach
• Providing support for expanding the prevention of mother-to-child transmission services
• Providing technical assistance to the Ministry of Health in developing a national TB/HIV policy and strategic plan according to WHO standards
• Providing technical assistance on procurement and supply management issues
• Providing the strengthening of national capacity in laboratory services, HIV/AIDS clinical services, monitoring and evaluation and community mobilization
• Providing support for reinforcing the core monitoring and evaluation plan including the patient monitoring system, HIV sentinel surveillance and a HIV drug resistance survey protocol
• Supporting the health sector with the development of programmes related to behaviour change communication to address issues of prevention and treatment adherence
• Providing support for implementing Phase II of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa