TANZANIA COUNTRY PRESENTATION (MAINLAND)

20/Oct/2015

EAC Regional Expert Think Tank Meeting on HIV and AIDS Prevention

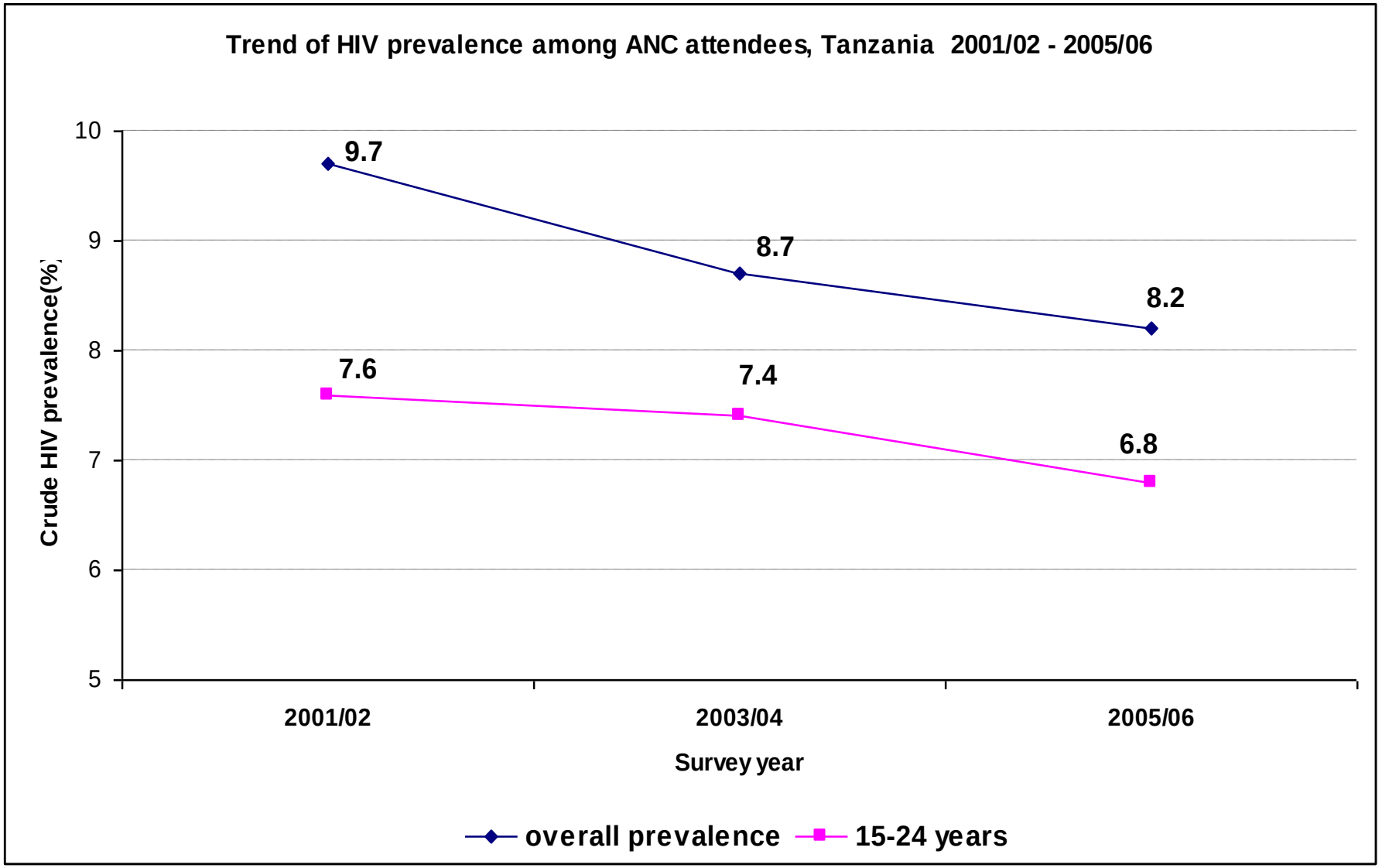
24-26 February 2009. Nairobi

HIV and AIDS in Tanzania

- First cases of AIDS reported in 1983
- Epidemic stabilized around 6% of the population 15-49 yrs (***Generalized Epidemic***)
- Multiple epidemic differentiated by sex, wealth, marital status, place of residence, geographical location, level of education etc
- Need for different prevention approaches in different subpopulations

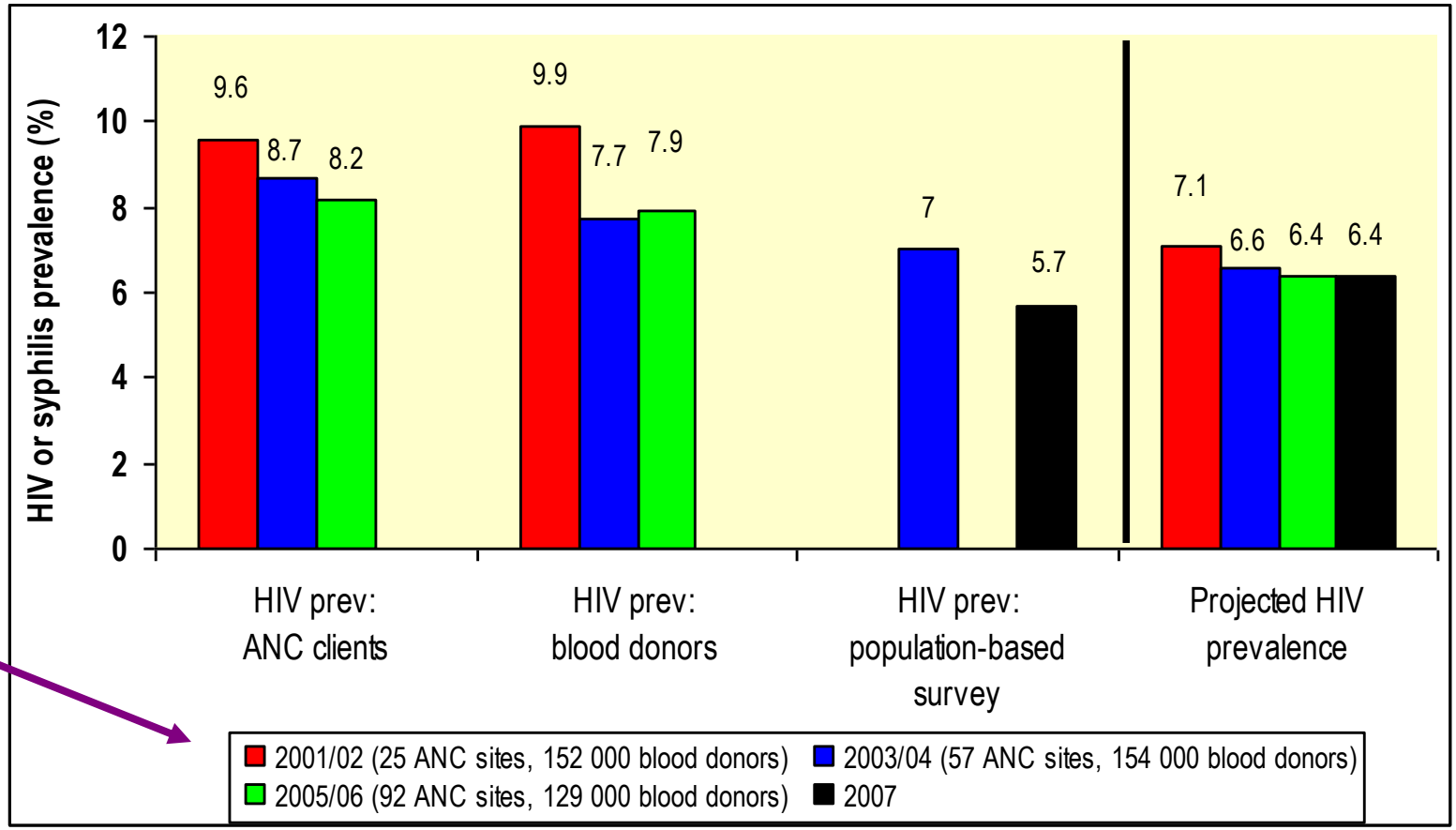
HIV Prevalence between 2004 and 2008

No	Group	2004 (THIS) %	2008 (THMIS) %
1	National average	7	5.7
2	Men	6.3	4.7
3	Women	7.7	6.8
4	Urban	10.9	8.7
5	Rural	5.3	4.7

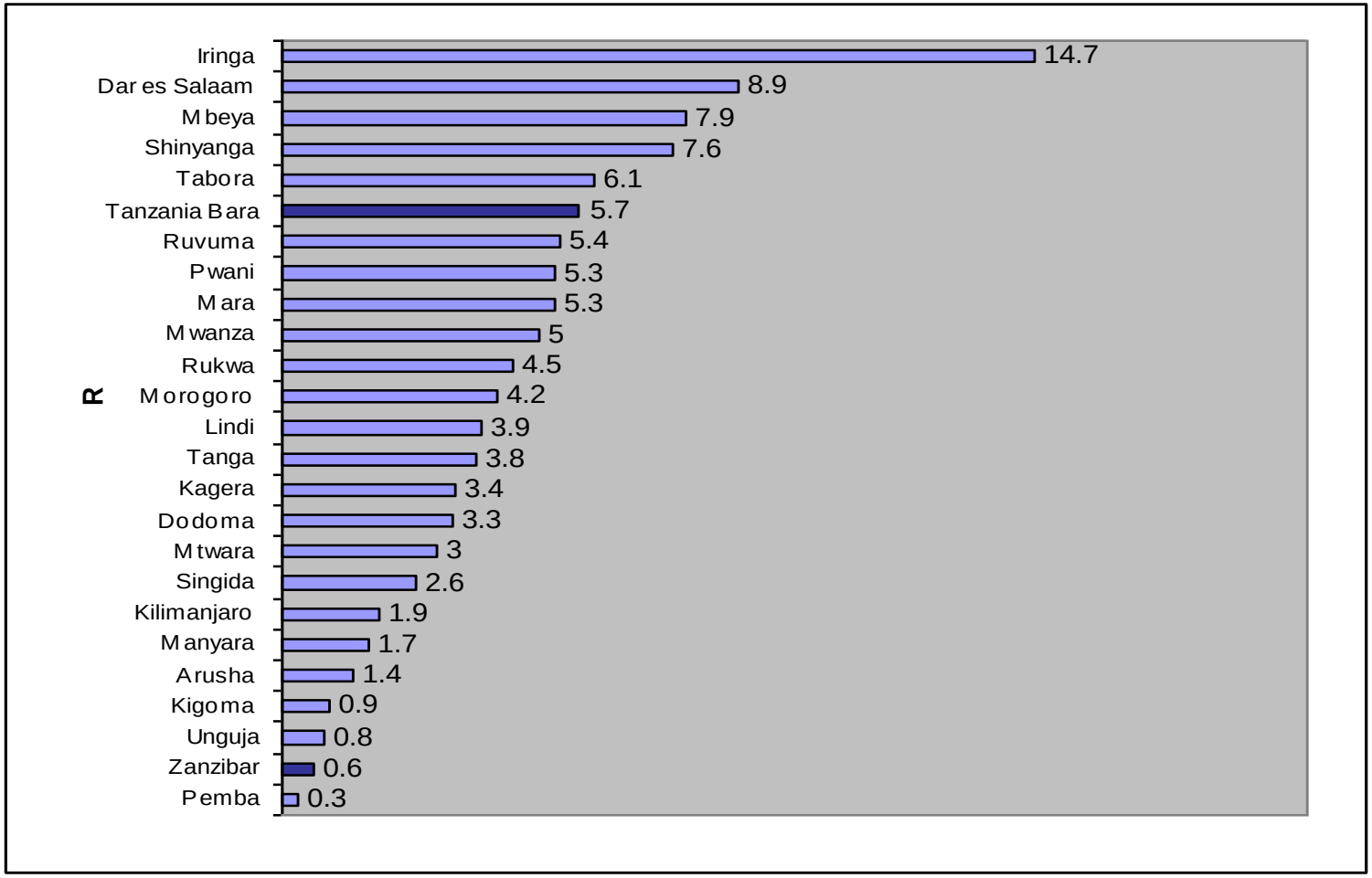

Trend of HIV prevalence among ANC attendees, Tanzania 2001/02 - 2005/06
Crude HIV prevalence(%)
10
9
8
7
6
5
9.7
8.7
8.2
7.6
7.4
6.8
2001/02
2003/04
2005/06
Survey year
overall prevalence
15-24 years

National HIV prevalence trends

Caution – see variance in # of ANC sites, and blood donors are **98%** replacement family donors and **83%** male donors



HIV Infection by Regions: THMIS 2007/2008



Drivers of the Epidemic-1

- **Poverty**
  - Transactional sex: payment for sex common among men (8%), young men (13%)
  - Food insecurity (40% of Tanzania population) is associated with transactional and multiple sex partners
- **Gender Norms**
  - Wife/spouse inheritance
  - Gender Based Violence

Source of Data-THMIS 2007/08

Drivers of the Epidemic-2

- **Social Cultural Factors**
  - Male dominance, chauvinism & multiple sex partners among men
  - Male circumcision- 30% of males not circumcised
  - Extramarital sex is socially sanctioned especially among men
  - Dry sex
  - Condom use low e.g. THMIS 2007-08- last sexual intercourse 22% among men
  - Early marriages
  - Trans generational Sex- 8% of young women have had sex with men 10years or more older than them

Drivers of the Epidemic-3

- **Biological Factors**
  - Magnitude of STI e.g. HSV-2 (39% among women attending ANC- Msuya S et al, Population based 33%- Kapiga S; Mmbaga EJ)
- **Others**
  - Low Comprehensive knowledge on HIV and AIDS (44%) resulting into misconceptions
  - Stigma and discrimination still high
  - Only 37% women and 27% men have ever been tested for HIV and received results

Source of Data- THMIS 07/08

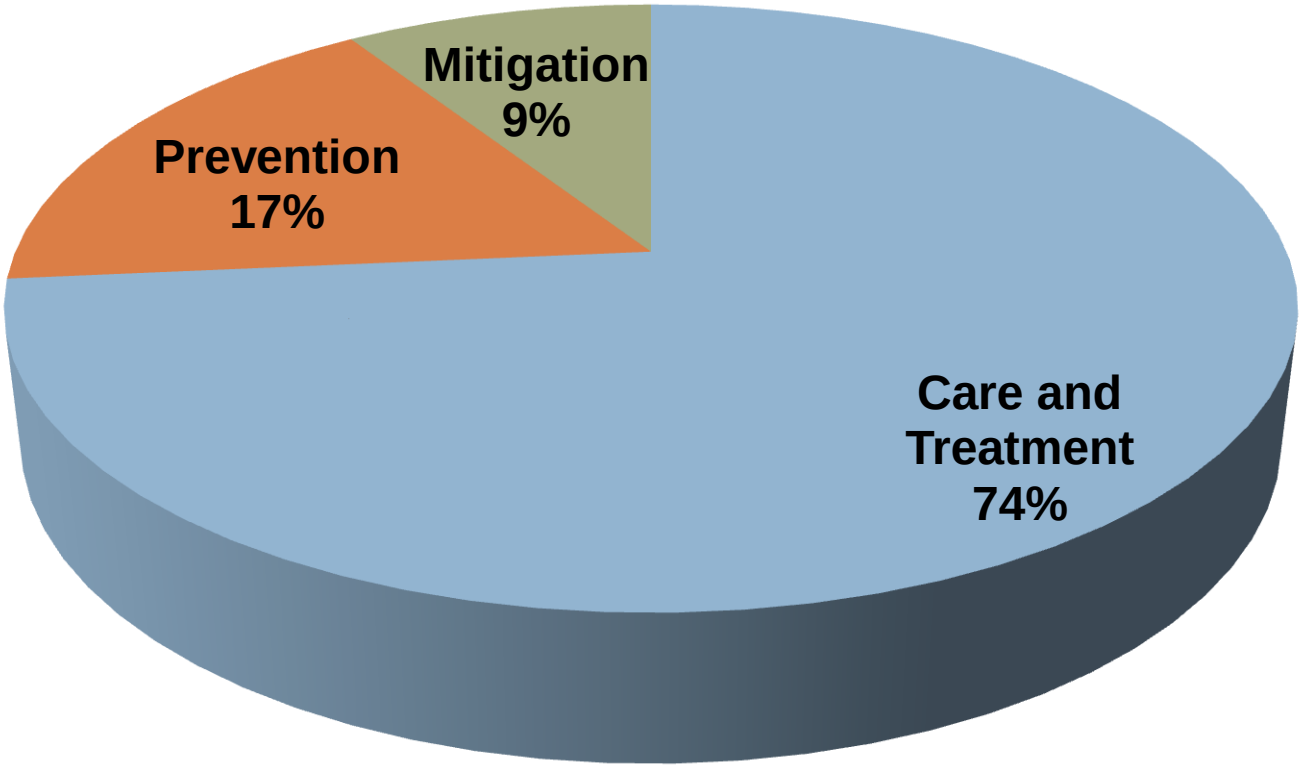
Main Prevention Interventions

- IEC, BCC
- PMTCT (Coverage is 53%, 2008)
- VCT (37% women & 27% men know their HIV status- THMIS 07/08
- Blood Safety
- Youth Programmes- both in and out of school
- Workplace HIV and AIDS Programmes
- Infection Control & Injection Safety Programme
- Condom Programming
- Control and management of STIs/RTIs
- Positive Prevention-recently introduced following establishment of Care and Treatment Programme in 2004

HIV/AIDS- Financial status

- Budget for HIV National response for 2008/09 is about T.shs. 549.2 billion.
- Whereas, budget for the year 2007/08 was Tshs.568.2 billion
- Between 2007-2009, the Total budget for HIV/AIDS has decreased by 3%.
- Of the funds available, 95% is supported by donors and 5% by the Government.
- Of the 95% of donor support, only 26% is captured by the government budget.

Thematic Resource Allocation 2008/09



Extent to which prevention interventions address the drivers of epidemic

- The extent to which the prevention interventions address the drivers of epidemic is reflected in the vision of NMSF 2008-2012, ‘ Tanzania united in its effort to reduce the spread of HIV and provide the best available care for those infected and affected by the virus’
- By 2012 all the key prevention interventions should be made universally accessible to all.

Key Issues/Challenges-1

- Multiple epidemics but the National Response package is the same all over the country (heterogeneous epidemic with homogenous response).
- Prevention receives less than one fifth (17%) of the allocated resources compared to care and treatment which receives 75% of the budget
- Resource allocation & responses formulated are not evidence driven
- PMTCT coverage is still low (53%)
- The magnitude of the epidemic in certain population groups is not adequately known e.g. MSM (including others practising Anal Sex), IDUs, CSWs, Disabled, Children
- Linkage between Biological and Behavioural Data

Key Issues/Challenges-2

- Inadequate analytical capacity to guide programming of interventions for national response
- Inadequate human resource capacity (both in skills and number) to implement effective prevention interventions (part of gaps in health & community/district systems)
- Prevention within marriage or long term relationships
- Gender inequality not adequately addressed- e.g. women controlled prevention methods not adequately available – female condoms, microbicides, etc.
- Financial constraints to support HIV & AIDS programming especially Prevention, more critical now with the on going global economic

ASANTENI