

THE HISTORY, TRENDS OF PREVALENCE, AND EFFORTS TOWARDS PREVENTION AND CONTROL OF HIV and AIDS IN THE LAST 25 YEARS IN TANZANIA MAINLAND FROM 1983-2009 SEPTEMBER PREPARED BY TANZANIA COMMISSION FOR AIDS (September, 2009)

| TIME OF EVENT | | DESCRIPTION OF EVENTS |
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| PERIOD | EVENTS | |
| 1981 KCMC suspects 1983 | The first occurrence of HIV and AIDS IN Tanzania | The first three cases patients of HIV and AIDS were documented/discovered in Kagera region at Ndolage Mission hospital at Muleba by the surgeon Clint Nyamlyakunge (MD, MMED SURGERY) working by then as Kagera regional Surgeon (NOTE The first patients in the World were discovered in USA in the year 1981 |
| 1983 | Educating the public at small scale was in place | Effort was done by Ministry of Health to educate the public on use of condoms. The intervention faced number of challenges of resistances especially from the faith based organizations who did not buy the approach |
| 1985 | Only the Ministry of Health was involved in addressing this public Health problem | It is only Ministry of Health was dealing with HIV and AIDS prevention and control activities/ interventions |
| 1985 | Formation of National Task Force | The National Task Force was formed and accorded the TOR of an advisory role to the Government. The representative were from different organizations/institutions selected randomly |
| 1985 May/June | First Global laboratory equipment for testing the HIV and AIDS | In 1985 the first laboratory equipment /instrument for testing this infection was in place |
| 1985/06 | Formation of National Aids Control Programme (NACP) | The Government through the Ministry of Health established the National AIDS programme to coordinate the prevention and control of this infection under directorate of preventive Services. The position of Programme Manager was created to serve the purpose |
| | The beginning of National Response governed by one sector (Health sector) | The national Response to HIV and AIDS in Tanzania was involved since 1985 under leadership of Ministry of Health. The NACP was supported by world Health Organization (WHO) Global Programme on AIDS (GPA)one short – term plan (STP)and 3 Medium –term plans (MTPs)were developed and implemented between 1985 to 2002 |
| 1985-1986 | The first National effort | The first short term plan was developed and implemented known short term plan (STP) |
| 1985 | HIV and AIDS fast spreading was noted/experienced | All regions reported cases and the total cases grew from 3 first cases established in Kagera to a total of 106 cases countrywide |
| 1987- 1991 | Medium Term Plan (MTP) I | During the implementation of the STPs and MTP I a number of achievements were realized including the streathening of the health systems to ensure safe blood transfusion , management of STIs , care of infected and affected , as well as rising public awareness about the disease to cover the 95%. The rural areas were less covered |
| 1992-1996 | MTP II | The MTP II was developed aimed in taking ahead achievements of MTP I. It also aimed in an mobilizing/ coordinating a broader national |

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| | | response involving sectors like education, labour , and agriculture to start with. While intensifying collaboration with local and international NGOs , bilateral and international agencies |
| 1992-1996 | Peak of HIV and AIDS epidemic in the country | Despite the effort of fighting the epidemic, HIV infection rates continued to increase in the country ,peak was reached in mid 1990s . During the MTP II means (1992- 1996) |
| 1999-2002 | MTP III | Efforts towards Multi-sectoral response to the epidemic which was vividly understood in MTPIII was given a unique boost in 1999 , when the His Excellency Presented of United Republic of Tanzania declared AIDS to be a national disaster calling for concerted multi-sectoral response to address the epidemic |
| 2000Trends of Prevalence | First generational of PRSP I | The PRSP document featured the HIV and AIDS as one of the seven priorities /agenda |
| | 1st ANC survey 2000/01 | The first round of intensified survey was conducted by NACP in the 2000-2001 and involved around 24 clinic sites in 6 regions |
| | 2rd ANC 2003-2004 | The second survey was conducted in 57 clinic sites in 10 regions |
| | 3rd ANC Survey 2005/06 | The third survey was conducted to 92 clinic sites in 15 regions |
| | Total population involved in these surveys | The total population enrolled for the 1,2 and 3 surveys were 7, 275, 17,813 and 31, 224 ANC attendees respectively |
| 2001 | Act No 22 in 2001 establishes Tanzania Commission for AIDS | The Tanzania Commission for AIDS (TACAIDS) was established with a role of strategic coordinating, Leadership body on the National Response to HIV and AIDS by leading stakeholders in the formation of related policies, Coordination of Multi-sectoral responses , and resources mobilization |
| 2001 November , Dodoma | Inauguration of First National Policy on HIV and AIDS by His Excellency Present Benjamin William Mkapa | The National Policy on HIV and AIDS was launched to guide the Multi-sectoral national response under leadership of TACAIDS under Prime Minister Office |
| 2002 | MOH First response | The MOH was first to respond to the call for multi-Sectoral response in 2002 by developing the health sector strategic Plan for HIV and AIDS 2003-2006 |
| 2002 | Prevention of Mother to Child transmission (PMTCT) services | The GOVT started offering services of PMTCT in the country in 2002 under support of UNICEF. These services included : <ul style="list-style-type: none"> • Pre – and post test and counseling for pregnant women • Counseling of HIV – positive Women on infant feeding practices and family planning • Proving prophylaxis of ARVs drugs to HI – positive women during labour ,and delivery of new born within 72 hours of birth and • Proving family planning counseling and / or referrals |
| | | The number of pregnant women provided with a complete course of ARVs prophylaxis for PMTCT has been almost doubling every year for the last |

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| | | three years |
| 2003 | A roll out plan | The MOH developed and started implementing the rollout plan for treatment of opportunist infections(OIs) and provisional of ART services |
| | Health care infrastructure is overstretched | With all efforts , the Health care infrastructure has been overstretched in coping with the additional demand for treatment of OIs and provision of ART services |
| October, 2003 | The Council Ministers | The council Ministers endorsed the comprehensive programme on treatment and training for PLWHIV |
| 2003 | Development of first National Multi-sectoral Strategic Framework (NMSF)for 2003-2007 | The first NMSF was developed for the period of 2003- 2007 to guide the National Response |
| 2003/04 | First HIV and AIDS indicator survey was done | This survey established the National prevalence of 7% among 15-49 of age female and male. Calculations based on this survey showed that the predominant mode of transmission has remained heterosexual contact, constituting about 80% of all new infections. In this survey prevalence for men was 6.3% as opposed to women 7.6%. The highest region with prevalence was Mbeya with 13.5 followed by Iringa 14.4% |
| 2004 October | ART services countrywide | The ART was introduced countrywide through Faith based facilities , NGOs , Government facilities the region and referral hospitals and some District hospitals |
| 2003/04 | A generalized epidemic of HIV | According to the 2003/04 HIV indicator survey Tanzania noted to have generalized epidemic of HIV infection. The national HIV prevalence rate among the sexual active population (Defined as the population between 15 to 49 years of age) was reported to be 7% |
| 2004 | Other MDAs , other sectors | Other sectors under support of T- MAP and other sources developed their strategic sector plans. This was followed in October , 2004 with first National HIV and Care and treatment for PLHIV in the country |
| 2003/04 | Tanzania HIV indicator survey | The THIS 2003/04 showed a need of to balance the National response measures which address the two main dimensions of epidemic: the 7% of the sexually active population aged 15-49 years of age who are infected and 93% who are not infected |
| 2004 | Provisional of HIV care and treatment to all on need | Since , 2004 the Government of Tanzania started providing HIV care and treatment through 22sites in 9 regions .Most of these sites were the referral hospitals and faith based organizations facilities. Most of these facilities were from the big cities , and urban facilities which were selected based on the higher demand , capacity to implement rapidly .This created a number of Challenges : difficult in coordination , duplication of support and services, less equity in services provision, and low cost effectiveness , all leading to wide gap in quality and quantity of services between and within the country |
| 2004 | Regionalization of partners implementing the ART programme in the country | Due to this challenges then the idea of regionalization came for coordination of partners providing support and care to HIV and AIDS |

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| | | such as ART, PMTCT, TB and HIV. No clear TOR was developed for partners to be answerable to levels they work; the package of services was not defined as well as criteria for location. This calls for reviewing this arrangement for improving the efficiency, effectiveness, equity in geographical coverage and other variables to be agreed. Despite these bottlenecks Tanzania enjoys good working and collaborative support from development partners in this HIV and AIDS industry through CSOs arrangement |
| 2004 | Ministry of Education and Vocational Training baseline survey | In 2004 the Ministry of Educational and Vocational Training conducted a baseline study. This due to the fact that it was noted that the sector was losing more than 27,000 teachers by 2020 due to AIDS. This estimate number is big due to the fact that teachers population all is bigger compare to other professionals |
| 2004/05 | Research conducted by PO-PSM on servants | In this research it was noted that there are 354, 890 employees. The data from 8 MDAs showed 21% (21,000 People) of these workers are living with HIV and AIDS |
| 2005 | Increase of people on ART | The number of those using ART increased from 2, 000 in 2004 to 22, 024 by December , 2005 |
| 2005/06 | Surveillance report | The surveillance report on HIV and syphilis infections among Antenatal Care attendees suggested that of 31, 224 women attended , 2,546 tested HIV positive resulting in overall HIV prevalence of 8.2% |
| | Prevalence shift | Prevalence shift: Prevalence trends of epidemic noted shifting from North –western part of the country to (Kagera, where it started) to the southern Highlands and the Eastern Coast. The HIV and AIDS epidemic shows strong regional variation ranging from the highest HIV and AIDS prevalence of 18.2% Iringa, Mbeya 15.9% and Dar Es Salaam 10.9% to the lowest prevalence in Kigoma 3.5% and Kagera 4.7% |
| 2006 | Variation of HIV infection | Since, the first cases discovered in Kagera in 1983, HIV infection has spread to all regions and district in the country. However, the HIV prevalence rates show importation variations within the country. There is no single HIV epidemic in the country but multiple localized HIV epidemics which sometimes have regional or district dimensions |
| | Urban verses rural | Urban areas report generally higher infection rates than rural areas. The highest infection rates are found in women of age 30-39 years and in men of age group 35-44 (THIS 2003/04) |
| 2006 | HIV infection among TB patients | For the year 2006 about 25% of TB patients in Tanzania were also Co- infected with HIV. Subsequently , the trend has changed and the death rates have increased among co- infected TB patients , which makes it difficult for the programme to reach the WHO cure rate Target of 85% |
| | Syphilis Prevalence | The overall syphilis prevalence was 6.9% for the year 2006 |
| | Total expenditure | Total expenditure on HIV and AIDS (including donor off- budget spending) was equivalent to |

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| | | roughly 5.6% for Government spending in 2005/06 |
| | From 2002 – 2006 | Around us \$ 5 million have been given to CSOs countrywide through the arrangement |
| | Available data from 2003 to 2005 | The data from THIS 2003/04 Survey and TDHS 2004/05 suggest the drivers of epidemic in Tanzania Mainland to be : <ul style="list-style-type: none"> • Higher risk sex • Multiple and concurrent partners • MARPS • Not using condom Generally , men are more likely to engage I risky sex behavior than women |
| | Provision of ART therapy | The HIV and AIDS care and treatment Plans goal is to provide ART to 400,000 patients by the year 2008 |
| | | In 2006 363, 265, and in 2007 were 373,584 total number of adult and children with advanced HIV infection who received ART in accordance with nationally approved treatment protocol. This is about 20% of adults and children with advanced HIV infection |
| | Care and support to Orphans and OVC | It is estimated that the number of OVC in Tanzania mainland was 930, 000 in 2006 , which is 5% of the total child population |
| | Steady increase in the availability of condoms | There has been steady increase in number of male condoms availability in the country from 50 million in 2003 to over 150million in 2006. Unlike the male condoms whose demand is significantly higher in supply , the provision of female condoms has been quite low only about 776,000 condoms reported to be distributed in the country in 2006 |
| | VCT | The number of VCT sites has increased considerably during the period of 2003-2007 the implementation period. There were 1,027 VCT sites by the end of 2006 in the country compared to 289 in 2003 |
| 2006 | A joint UN team delivering as one | A joint UN team on HIV and AIDS was established in June 2006 , Tanzania as one of the pilot country global . The Team comprises all UN agencies within the country working on HIV and AIDS and was officially designated by their Heads of Agencies, to support joint Programming. The Joint Team works through four thematic areas covering PREVENTION, Care , treatment and support , Impact mitigation , Enabling environment and cross cutting issues, reflecting the broad prioties of the National Strategic Plans of both Tanzania mainland and Zanzibar. This team is facilitated by UNDP under guidance of f UN theme Group on HIV and AIDS (UNTG) |
| | A United Nations Joint Programme | The joint UN Team on HIV and AIDS has developed a United Nations Joint Programme for support to Tanzania on HIV and AIDS covering the period of 2007-2010. This period coincides with the implementation period for United Nations Development Assistance Framework (UNDAF) FOR Tanzania. The UNDAF itself has been prepared through careful consideration of |

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| | | poverty reduction strategy |
| 2006 | September , 2006 | By September 2006, all sites in given regions were only dealing with one or maximum two USG partners . However , the coordination of effort needs more improvement for efficiency and accountability to site of implementation |
| | Revision of M& E | There was revision of the M/E operations plans and developed the Tanzania Output Monitoring System for HIV and AIDS (TOMSHA) and costed HIV m& E Road Map |
| | Sources of data | There are several data sources within Tanzania National M&E system. The main data sources for evaluating impact and outcomes includes the following : <ul style="list-style-type: none"> • Biological HIV surveillance • Behavioral surveillance • Population based surveys • Quality of Health related HIV services • Condom quality and availability surveys • Work place surveys • Sentinel surveillance sites • Health related data collected in all sources • Ministry of Education and Vocational Training Monitoring data programme • PER • TACAIDS financial systems |
| | Strength of M&E | <ul style="list-style-type: none"> • M&E documentation (specifically the M&E operational Plan : 2006- 2012) is through and linked to NMSF and other International guidelines such as UNGASS • The MOHSW Management Unit has written and standard data recording and reporting tools and guides (including instructions /clarifications on frequency of reporting and flow of reports) • There is a systematic mechanism to track inventory level and stock out at the services points • Existence of standard tool (TOMSHA) FOR REPORTING ON NON MEDICAL AND COMMUNITY LEVELS PROGRAMMES data |
| 2006 | Budget increase | During the first five years , 2001/02 to 2006/07 the annual budget for multi-Sectoral response to epidemic has increased from 17 billion to over 381 billion shillings |
| | Signs of hope | Information from the national surveillance point or sentinels shows a decline in HIV prevalence among blood donors from 9.6 to 8.4 % in 2006 |
| November, 2006 | JAST | The joint Assistance Strategy for Tanzania (JAST) is part of the overall development framework between donors and GOT . It is intended to deepen Tanzania's ownership and leadership in donor relationship by enhancing harmonization and alignment of resources as per Rome and Parish Declarations. The alignment and Harmonization to GOTs national priorities , development goals , systems and process under MKUKUTA and vision 2025 |

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| JULY, 2007 | Occurrence of new infections | The occurrence of new infection undermines the fight against this disease. The reported 400,000 episodes of sexual transmitted infections treated in health facilities in 2005/06 and higher number of schools girls pregnancies indicate lack of seriousness in combating of the disease |
| July , 2007 | Second NMSF | The GOT in July, 2008 launched its second NMSF on HI and AIDS in Dodoma for period of 2008-2012. The new critical areas among few addressed in this NMSF includes Most at risk population (MARPS) including protocol for performance |
| | The THREE in ONE PRINCIPLE BY UN | Tanzania is committed to buy the three in one principle as: <ul style="list-style-type: none"> • Having one coordinating body for National response in this case a mandate organization by the act of 2001 no 22 is TACAIDS • One national Multi-sectoral Strategic Framework providing direction and guidance to the implementation of programmes /activities /interventions /projects: Housed TACAIDS • One monitoring and evaluation (M&E) framework to monitor and measure the National response in the country. NB: The instrument for coordination of national response is mandate by TACAIDS |
| July 14 2007 | National HIV and AIDS Campaign | Tanzania implemented this campaign which was inaugurated by His Excellency, Present Jakaya MRISHO Kikwete on 14 July, 2007 to October 2008. More than 4 million people were tested through this initiative. This has boosted the national care and treatment programme |
| 2007 | Establishment of NACOPHA | Tanzania National Council of People living with HIV and AIDS was functionally established in 2007by the group of people living with HIV and AIDS with support of TACAIDS. The role of NACOPHA is to advocate for the rights of people living with HIV and AIDS, to coordinate the activities of its members, to strengthening the capacity of member's networks, and to contribute to national response through the NMSF OF 2003/07 and the revised one through 2008/2012. A secretariat has been established in Dar Es Salaam to support the activities of the organization. NACOPHA serves as an information hub for the coordination of under leadership of the Board of Directors |
| November, 2007 | Guidelines for the public Service working places programmes | The PO- PSM provided guidelines for combating HIV and AIDS at work places for MDAs |
| 2008 | Rapid spread of HIV and AIDS | There are many ambitious projects in infrastructure, communication, mining, fishing community, animal keeping industry, and tourism just to mention few in the country and in EA region which provides a new opportunities for employment and income generating activities . This may incorporate new challenges as mobility |

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| | | will increase and with it movements of mostly single men and women out of families and communities looking for jobs /work. These opportunities might create environment for rapid spread of HIV and AIDS |
| 2008 | Recent studies | Population survey 2007/08 THIMS and other small surveys shows that in some parts of the country , transmission through anal sexual intercourse (heterosexual or among men who have sex with men) as well as HIV infection through drug abuse are occurring and may be important factors for further spread of HIV . The dimension of these infection routes is not known |
| | The exact impact of HIV and AIDS | The exact impact of HIV and AIDS epidemic in the country is unknown. Here we need studies which will linking HIV with country human capital development and economic impact. Effort is under the way to do this study which is useful for policy decision |
| | The foreseen effects up to 2012 will be | The effect of HIV will continue to be felt during the 2008/2012 NMSF planning horizon. It is important to remember that Tanzanians will increasingly need to cope with the cumulative impacts of HIV and AIDS over time , and not just the multitude of problems arising from new infections |
| 2003-2008 | The ears and Eyes and arms of TACAIDS | RFA as tepory structure was established to support TACAIDS in reaching CSOs in capacity building and channeling funds. This arrangement was supported by World bank through TMAP funds |
| | Shortage of health personnel | The health sector is operating below 40% of the required health personnel. This has affected much in scaling the ART to rural and most advantageous areas in the country |
| 2008- 2012 | Prioties | <ul style="list-style-type: none"> • The number one priority of the NMSF is to prevent the further spread of new infection among the population across. It is only when this priority is effectively addressed will an end to the AIDS epidemic realized • The number two Priority of NMSF is to make sure that entire population will be reached with quality and sustainable services for prevention, care, treatment and impact mitigation. The interventions and services have to cover all strategies outlined in NMSF in comprehensive manner • The number three Priority is advocates the setting up prioties in four thematic areas at moment moving from the strategic orientation to operational plans at local levels |
| 2003 | CCM----TNCM Formation | Since when the GOT started getting Global fund round one this structure was formed and initially was known as CCM. TNCM known as Tanzania NATIONAL Coordinating Mechanism is another important Multi-sectoral forum for decision and guidance, resources mobilization for TB, Malaria, HIV and AIDS and other programmes as need |

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| | | may arise and authorization governance body. Monitoring of resources and National response as well through agreed tools |
| | Development of situational analysis | The COMMISSION facilitated the 52 MDAs to undertake situational analysis study and development of strategic plan and operational plans |
| | Translating the strategic Framework into operational plans at different levels | A major challenge in advancing the national response is translating the NMSF into much more detailed and concrete operational plans with clear responsibilities , timelines and results to be achieved by all partners at all levels involved in response. This important step was lacking in the NMSF 2003/07 |
| 2008/09 | Development of Prevention strategy to intensify prevention | The prevention strategy is developed for 5 years to guide the prevention in the country with the two year costed plan |
| 2009 | COSTING OF NMSF | NMSF is costed with two year action plan to guide the rational , cost effective , economically and efficiency national response |
| GOVERNANCE OF TACAIDS | The first appointed Chairman of Tanzania Commission for AIDS WAS Major (Ltd) Herman Lupogo | From 2001- 2007 |
| | The second Chairman of TACAIDS is Dr Fatma H. Mrisho | Appointed 2007—to date |
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| 2003 | First Biennial Review of Implementation of First NMSF2003/07 in the context of NMSF | The First Biennial Review was done to monitor the progress in National Response and report is available |
| 2006 March | Second Biennial Review | The second Biennial Review was done to gauge the National Response |
| 2008 , November | Third Biennial Review | The third Biennial Review was done and report available |