

**SPEECH BY HONOURABLE MIZENGO P. PINDA (MP), PRIME MINISTER OF THE UNITED REPUBLIC OF TANZANIA DURING THE VISIT OF H.E. DR. ASHA-ROSE MIGIRO, DEPUTY SECRETARY GENERAL OF THE UNITED NATIONS AND MR. MICHEL SIDIBE UNAIDS EXECUTIVE DIRECTOR, AT THE LAUNCH OF THE NATIONAL MULTISECTORAL PREVENTION STRATEGY 2009 – 2012 AND GENDER OPERATIONAL PLAN 2010 - 2012 AT PRIME MINISTER’S OFFICE, 4 APRIL 2011**

Your Excellency, Dr. Asha Rose Migiro, Deputy Secretary General of the United Nations;

Mr. Michel Sidibe, Executive Director UNAIDS;  
Honorable Minister; and Members of Parliament Present here;

Mr. Alberic Kacou, United Nations Resident Coordinator;  
Your Excellencies Ambassadors and Development Partners;

Distinguished Participants;

Ladies and Gentlemen.

### **Introduction**

On behalf of the Government of United Republic of Tanzania, I welcome you to the official **launching of the National HIV Prevention Strategy (2009 – 2012) and Gender Operational Plan (2010 -2012).**

It is a unique honour to have the presence of Dr. Asha Rose Migiro, Deputy Secretary General of the United Nations and Mr. Michel Sedibe - UNAIDS Executive Director both of whom are on a mission to review progress, share some key information on the Global picture of Development, and specifically HIV/AIDS and Gender issues.

### **HIV Prevalence**

**Ladies and Gentlemen,**

Tanzania has made modest progress in reduction of new HIV infections as indicated by the recent decline in HIV prevalence. Between 2003 and 2008, the proportion of people infected fell from **7** to **5.7** percent, which is estimated to be close to a million and a half people, of whom **10** percent are children. Infection is higher among women which is **6.6** percent than men which is **4.6** percent.

Tanzania still witnesses about 90,000 new infections each year. There are definite differences in rates of infection between the regions, with Iringa, Dar es Salaam and Mbeya having the highest rates and Kigoma and Manyara having the lowest infection rates.

When I was launching the results of the National Survey in 2009, I instructed Tanzania Commission for AIDS (TACAIDS) to work with Regional Administrations to develop prevention

plans specific to the situations of those regions, starting with seven (7) regions with infection rates higher than the national average.

As you may be aware, three regions namely Iringa, Mbeya and Dar es Salaam have HIV prevalence above 9 percent. Seven Regions – Mara, Shinyanga, Tabora, Mwanza, Ruvuma, Morogoro and Pwani, have prevalence ranging from 5 to 9 percent. The remaining 11 Regions of Kagera, Arusha, Kigoma, Tanga, Kilimanjaro, Lindi, Mtwara, Rukwa, Manyara, Dododma and Singida have prevalence below 5 percent.

## **National Prevention Strategy**

### **Ladies and Gentlemen,**

It is gratifying to note that not only has this been done but also in addition, based on the lessons learnt from the initial seven Regions, a National HIV Prevention Strategy has been developed and started being implemented. This is the National Prevention Strategy that I am launching today. The National Multi-sectoral HIV Prevention Strategy sets forth opportunities and guidance for redoubling the country's efforts to stem the number of new HIV infections.

The vision builds on that of the National Multisectoral HIV/AIDS Strategic Framework - **a Tanzania with no new HIV infections** - with a reduction of the rate and number of new HIV infections by 25 percent by 2012. The strategy is the outcome of Public, Private Sector, and civil society collaboration.

The users of this strategy are the Health Workers, all Ministries, Regions, Independent Departments and Agencies (MDA) technical HIV Committees, Civil Society Organizations (CSOs), Private and informal sectors, Development Partners supporting HIV and AIDS professional associations, all gender activists and implementers, HIV and AIDS Control Committees at the Local Government Authority levels, Council, Wards and Villages/Mtaa.

The Government of Tanzania appeals to all Stakeholders to support the implementation of this Strategy, and make the reduction of new HIV infections a historic success, involving all Tanzanians, adults and youth, married and unmarried, HIV positive or HIV negative.

That the Government is committed to work together and monitor progress through the regular reviews. The prevention of HIV infection concerns everyone, and **together we can create a Tanzanian Society free from infections of HIV!**

## **Implementation Strategy**

### **Ladies and Gentlemen,**

Government of Tanzania has reviewed National HIV and AIDS Policy that emphasizes HIV prevention in addition to other issues related to care, treatment, support, impact mitigation, gender, financing HIV and AIDS programmes and research.

The implementation of this Strategy has started, beginning with 10 Regions, Seven (7) with HIV prevalence equal to or greater than the national average of 5.7 percent. These Regions have developed Regional Strategies and Action Plans to address HIV and AIDS issues in their respective Regions.

We are encouraging the remaining Regions to do the same as presence of Regional Strategies and Actions Plans to guide regional response to HIV and AIDS; accelerates HIV and AIDS programming and reaching targets set in the National Plans.

We believe that with the implementation of this Strategy, Tanzania will be able to contribute to the Global Targets of zero new infections, zero mother to child transmission of HIV and zero deaths from HIV and AIDS. Thus HIV Prevention Strategy is an important tool to reach these goals.

## **Gender Related HIV and AIDS**

### **Ladies and Gentlemen,**

The other issue of importance is gender as it relates to HIV and AIDS. The difference in infection rates between men and women is related to their biological differences, but also social, economic, and sometimes deeply ingrained in cultural environment that we live in. The Government has put in place services to prevent infection from mother to child. This service is available in 80 percent of Health Facilities in the Country; and continues to expand in the remaining units. However, yet some women are not able to share the results of the test with their spouses for fear of violence, abuse or even divorce.

The purpose of the Gender Operational Plan is therefore to guide all HIV and AIDS Stakeholders in the provision of strategic interventions on HIV and AIDS with focus on gender issues. Education on issues of gender based violence, female genital mutilation, under age marriages, abuse of Children and older Women need to be strengthened while deploying existing laws in instituting punitive action as a deterrent.

### **Efforts of the Government to Combat HIV/AIDS**

Since 1989 when the first case of HIV/AIDS was reported in Tanzania, the Government has constantly and tirelessly embattled the epidemic by inter alia, taking the following measures:

Short term plans have been implemented to mobilize the entire Tanzanian population against the epidemic. The **plans include health education, awareness campaigns**, distribution of condoms to public places and voluntary testing campaign which was led by High Level Leaders;

The political will and efforts of the High Level Leader of Tanzania is justifies by, among other things:

- The Declaration of the HIV/AIDS as National Disaster in Tanzania in 1999,
- The President officially inaugurated the Tanzania Parliamentarians AIDS Coalition (TAPAC) in 2001 as an NGO whose membership is over 300 Members of Parliament,
- Establishment of HIV/AIDS Parliamentary Committee of 35 Members of Parliament,
- The President launched a voluntary National HIV testing campaign in July 2007. The President and his wife publicly tested for HIV. Subsequently, other Leaders followed suit.

Creation of the Tanzania Commission for aids (TACAIDS) in 2001 and its placement under the Prime Minister's Office which has intensified its importance and mandate;

Establishment of the National Multi-Sectoral HIV response which is guided by National Policy on HIV/AIDS and the National Multi-Sectoral Strategic Framework which addresses, among others, Prevention, Care, Treatment and Support;

Civil Societies, faith based organization, community based organizations NGOs and the Private Sector are all working hand in hand with the Government entities to combat HIV/AIDS;

Establishment of the HIV/AIDS Prevention and Control Act 2008 and its Regulations have been developed;

Over the past two decades, services for HIV/AIDS have been expanded significantly in terms of population and geographical coverage. In this regard therefore:

- Services for sexually transmitted infections are now available in all hospitals and health centers, and 70 percent of dispensaries,
- There are **2,134 facilities that provide HIV voluntary** counseling and testing services in the Country,
- Services for provider initiated counseling and testing are available in all hospitals and 50 percent of Health Centers,
- By December 2010, there were 1,047 health facilities all over the Country that were providing services for Antiretroviral Treatment (ART),

Male Circumcision (MC) services have been piloted in 3 regions namely Kagera, Iringa and Mbeya where a total number of 31,432 males have been circumcised. The Plan is to scale up MC services in 8 Regions by 2015. Regions targeted are those with higher HIV/AIDS prevalence.

By December 2010, services for prevention of mother to child transmission of HIV were available in 4,301 of 5,416 health facilities all over the Country. Of the 1,665,300 estimated women, 1,402,315 which is about 84 percent were tested for HIV and among 114,906 estimated HIV infected women 87,343 tested positive and received the results. Among the estimated HIV infected women and HIV exposed babies, 80,748, which is about 70 percent and 65,948, about 57 percent receive ARVs for **Prevention of Mother to Child Transmission (PMTCT)** respectively.

In order to bridge the financial gap facing HIV/AIDS programmes, the Government has established the AIDS Trust Fund. The Fund is expected to reduce the financing gap estimated to be 49 percent to 6 percent.

The major financers of HIV/AIDS in Tanzania are the Government of Tanzania, US Government and the Global Fund. The financers account for more than 87 percent of the funds available in the country. The Government of Tanzania (GoT) has stabilized its contribution between 18 to 22 billion shillings per year. 53 percent of the funds is used in health sector response to HIV/AIDS.

I just enumerated those few issues that the GoT has been undertaking to combat the epidemic. The decline of infection of HIV/AIDS in Tanzania is a result of such efforts. I want to assure you Deputy Secretary General and all dignitaries present here the GoT will continue to scale up its efforts and both human and financial resources in the fight against HIV/AIDS.

I want to reiterate that this is an epidemic that does not respect national borders and status of people. In this regard therefore, the international community in particular the UN and Developed Countries should increase financial resource to complement our efforts. Through concerted efforts we can achieve a Tanzanian Society free from HIV infections.

## **Conclusion**

### **Ladies and Gentlemen,**

I am aware that you will be visiting a nearby health Facility, which will enable you to see some of the developments that Tanzania has made in its efforts to scale up access to services and improve the quality of those services. For Tanzania to sustain these services, sufficient and predictable resources are required. The good news is that with the advent of HIV drugs, people living with HIV and AIDS now live longer healthier and productive lives. The focus has now to be on more efforts to further reduce new infections, but, with a gender focus. This will require more resources and advocacy.

In the current global environment of global financial decline, it is imperative that the United Nations continues with the good work to advocate for more resources flow to fight HIV and AIDS. Tanzania acknowledges with gratitude, the generous support we have had from a number of Development Partners, most of whom are present here today.

On the part of the Government we are committed to continued improvement in adding value for the resources received, improving access to more Tanzanians and in so doing prevent new HIV infections.

The Government is also committed to seeking avenues for sustaining needed services by increasing national contribution towards supporting HIV and AIDS initiatives - including the establishment of an AIDS Trust Fund, whose process is underway.

### **Ladies and Gentlemen**

I would like to end by saying that Tanzania has made some progress in the area of HIV and AIDS. The success has resulted in preventing thousands of new infections, in reducing the

number of deaths related to HIV and AIDS, in caring for over two thirds of the orphans and most vulnerable children, in ensuring that girls and boys, through expanded education are engaged in schooling and indirectly reducing infection risks, BUT, all these good results need to be sustained, and increased.

I take this opportunity to urge you all to continue supporting the national efforts of the Government, Civil and Private Sectors as well as Faith based Organizations. By so doing, as His Excellency the President Jakaya Mrisho Kikwete said: “**It is possible to have a Tanzania without HIV – Tanzania Bila ya UKIMWI Inawezekana**”, this goal can truly be a reality.

**Deputy Secretary of the UN, Excellencies, Distinguished Participants,**

**Ladies and Gentlemen,**

I am greatly honored to Officially launch the two important documents, the **National Prevention Strategy 2009 -2012** and the **Gender Operational Plan 2010 -2012**.

Thank you for **Listening**