

STRATEGIC FOCUS

The partnership between the U.S. Centers for Disease Control and Prevention (CDC) and the Government of Tanzania (GOT) began in 2001. As a key implementer of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), CDC works with the Tanzanian government to build a sustainable, high-impact national HIV response program to accelerate progress towards the UNAIDS global targets to control the HIV epidemic. CDC collaborates with the Ministry of Health in mainland Tanzania and Zanzibar to support HIV testing, prevention, and treatment services, and to strengthen health systems. Current programmatic priorities include:

- Scaling-up targeted testing strategies such as index testing
- Improving linkage of newly diagnosed people to care and retention of clients in care in community and facility settings
- Switching to optimal treatment regimens for adult and pediatric clients
- Scaling-up tuberculosis preventative treatment (TPT) among people living with HIV (PLHIV)

KEY ACTIVITIES AND ACCOMPLISHMENTS

Scale Up Index Testing: Tanzania began index testing in 2018, index testing yield has increased from <10% to >20%, and the number of HIV-positive individuals identified through index testing increased from around 10% to >50%. Monitoring of the modality by tracking the performance across the cascade of service provision is key to ensuring safe and ethical implementation of index testing services.

Keeping Adolescents and Young Adults on Treatment: Data in Tanzania show adolescents and young adults living with HIV are more likely to interrupt treatment. CDC Tanzania leverages a combination of data driven interventions to link adolescents and young adults living with HIV back to care. These interventions include using map cues and details to locate clients, peer partners for psychosocial support, same-day tracking of missed appointments, multi-month drug dispensing, and community antiretroviral therapy (ART) provision.

Laboratory Accreditation and Certification: Twenty-four laboratories were accredited to international standards, and 74 laboratories are enrolled in World Health Organization’s Strengthening Laboratory Management Towards Accreditation program. Over 140 laboratory scientists and technologists have been trained in microbiology and quality management. Improvements in lab capacity mean improvements for the HIV program. In 2017, the national viral load (VL) coverage was at 38%, after a dramatic scale-up in 2018 and 2019, VL coverage reached 85%.

Project Extension for Community Healthcare Outcomes (ECHO): Laboratory Project ECHO—a distance learning and mentorship model for building health care worker capacity—has extensively trained and mentored HIV testers in Tanzania. In the past year, Project ECHO has expanded to include other public health issues and provide site level management to increase support when in-person engagement was limited during COVID-19.

Workforce Development: In 2008, CDC established the Field Epidemiology & Laboratory Training Program (FELTP) in Tanzania. In 2016, Tanzania’s FELTP expanded to include a full pyramid FELTP approach with three training programs for Frontline, Intermediate, and Advanced recruits. To date, FELTP Tanzania has graduated more than 600 FELTP (as of July 2021) residents in the three programs, bringing critical epidemiologic skills to all levels of the health system.

Data Driving Decision-Making and Programmatic Action: CDC actively uses monthly data to improve program performance. Key improvements can be seen in (1) HIV testing to identify new HIV positive people, (2) the number of people receiving ART, and (3) reaching men and other key populations.

TB/HIV: CDC supported HIV testing among TB patients and scale-up of TB preventive treatment among people living with HIV and provided ART for HIV-positive TB patients. CDC supports successful models for integration of TB and HIV services, including prevention services. The Isoniazid Preventive Therapy (IPT) achievement rate (number of people on IPT plus people who have completed IPT) is 72% (March 2021) with a completion rate (number of people who have completed 6-month IPT) of 88.5% (PEPFAR data, March 2021) across CDC clinical partners. This is a huge improvement from 2019 where the achievement rate was only at 6%.

Key Country Leadership

President:
Samia Suluhu Hassan

Minister of Health:
Dorothy Gwajima

U.S. Ambassador to
Tanzania:
Donald Wright

CDC/DGHT Director:
Dr. Mahesh Swaminathan

Country Quick Facts
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$1,080 (2020)

Population (millions):
59.73 (2020)

Under 5 Mortality:
50/1,000 live births (2019)

Life Expectancy:
65 years (2019)

Global HIV/AIDS Epidemic
(aidsinfo.unaids.org)

Estimated HIV Prevalence
(Ages 15-49): 4.7% (2020)

Estimated AIDS Deaths
(Age ≥15): 24,000 (2020)

Estimated Orphans Due to
AIDS: 1,000,000 (2020)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
1,361,245 (2020)

**Global Tuberculosis
(TB) Epidemic**
(who.int/tb/country/data/profiles/en)

Estimated TB Incidence:
237/100,000 population
(2019)

TB patients with known
HIV status who are HIV-
positive: 24% (2019)

TB Treatment Success
Rate: 92% (2018)

Estimated TB Mortality:
55/100,000 population
(2019)

Country Staff: 92
Locally Employed Staff: 71
Direct Hires: 14
Fellows: 7

Our success is built on the backbone of science and strong partnerships.

