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 the end of 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, and social network testing
- Limiting treatment interruption among people enrolled in antiretroviral therapy (ART)
- Switching to optimal treatment regimens for adult and pediatric clients and achieving viral suppression
- Reaching all people living with HIV (PLHIV) with tuberculosis preventative treatment (TPT)
- Eliminating mother-to-child transmission of HIV

KEY ACTIVITIES AND ACCOMPLISHMENTS

Scaling Up Targeted Testing Strategies: Tanzania began index testing in 2018; index testing yield has increased from <10 percent to around 20 percent, and the number of individuals with HIV infection identified through index testing increased from around 10 percent to >50 percent. Monitoring the modality by tracking performance across the cascade of service provision is key to ensuring the safe and ethical implementation of index testing services. Implementation of newer strategies, such as social network testing and self-testing, will also help reach additional populations whose HIV status remains unknown.

Keeping Adolescents and Young Adults on Treatment: Data from Tanzania shows adolescents and young adults living with HIV are more likely to experience interrupted treatment. CDC-Tanzania leverages a combination of data driven interventions supporting adolescents and young adults living with HIV to continue treatment. These interventions include using map cues and details to locate clients, peer-driven psychosocial support, appointment reminders and same-day tracking of missed appointments, multi-month drug dispensing, and community ART provision.

Laboratory Accreditation and Certification: Forty-four laboratories were accredited to international standards, and 74 laboratories are enrolled in CDC's Strengthening Laboratory Management Towards Accreditation program. Over 350 laboratory scientists and technologists have been trained in microbiology and quality management. Improvements in lab capacity means improvements for the HIV program. In 2017, the national viral load coverage was 38 percent, and coverage now exceeds 90 percent as of December 2021.

Project Extension for Community Healthcare Outcomes (ECHO): Project ECHO—a distance learning and mentorship model for building health care worker capacity—extensively trains and mentors HIV testing providers in all 31 regions of Tanzania and Zanzibar. Eight large hospitals and more than 271 high-volume health facilities use Project ECHO for knowledge sharing. Project ECHO has expanded to include other public health issues and provides 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 three training programs for frontline, intermediate, and advanced residents. To date, FELTP Tanzania has produced more than 825 FELTP (as of May 2022) graduates across the three programs, ensuring critical epidemiologic skills in all levels of the health care system.

Data Driving Decision-Making and Programmatic Action: CDC actively uses monthly near-real-time, granular sitelevel data to monitor and drive program performance. Significant improvements can be seen in reductions in client treatment interruptions and the rapid scale-up of key interventions such as multi-month dispensing and the introduction of optimized ARV regimens.

A Regional Approach to Reaching Epidemic Control: Since 2019, CDC-Tanzania has leveraged a regional approach to implement and monitor programs to align with the country's evolving epidemic. In August 2021, CDC implemented an intensive regional support structure where selected staff were identified to oversee all program activities in a specific CDC-supported region. This structure provided an effective and flexible model leading to key improvements in routine HIV/TB service delivery. Throughout 2021-2022, CDC-Tanzania effectively leveraged its regional support structure to drive COVID-19 vaccination uptake among PLHIV and healthcare workers.

TB/HIV: CDC supports HIV testing among TB patients, the scale-up of TPT among PLHIV, and ART provision for HIV-positive TB patients. CDC supports successful models for integration of TB and HIV services, including prevention services. The proportion of PLHIV on ART who have completed or are currently on TPT is 98 percent as of December 2021.

Key Country Leadership

President: Samia Suluhu Hassan

Minister of Health: Ummy Mwalimu

U.S. Ambassador to Tanzania: **Donald Wright**

CDC/DGHT Director: Dr. Mahesh Swaminathan

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

Per Capita GNI: \$1,140 (2021)

Population (millions): 61.50 (2021)

Under 5 Mortality: 48.9/1,000 live births (2020)

Life Expectancy: 65.8 years (2020)

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

Estimated HIV Prevalence (Ages 15-49): 4.5% (2021)

Estimated AIDS Deaths (Age ≥15): 23,000 (2021)

Estimated Orphans Due to AIDS: 1,000,000 (2021)

Reported Number Receiving Antiretroviral Therapy (ART) (Age ≥15): 1,419,762 (2021)

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

Estimated TB Incidence: 222/100,000 population (2020)

TB patients with known HIV status who are HIVpositive: 21% (2020)

TB Treatment Success Rate: 93% (2019)

Country Staff: 72

Locally Employed Staff: 56 Direct Hires: 14 Contractors and Fellows: 2



