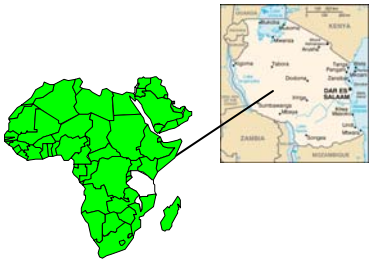
DoD HIV/AIDS Prevention Program
Status Report
May 2003 to September 2004

Tanzania



BACKGROUND

Introduction/General Information

The population of Tanzania is 36.6 million, with an estimated life expectancy of 44.4 years. Many languages are spoken including Kiswahili or Swahili (official), Kiunguju (name for Swahili in Zanzibar), English (official, primary language of commerce, administration, and higher education), and Arabic (widely spoken in Zanzibar). The literacy rate is 78.2%, distributed disproportionately between men and women. Tanzania is one of the poorest countries, with the population depending primarily on agriculture. The per capita income estimate is $600.00 annually.

Country HIV/AIDS Statistics and Risk Factors

HIV/AIDS prevalence in Tanzania is 8%, with the epidemic spreading primarily through risky heterosexual behaviors including multiple partners and commercial sex workers. The number of people estimated to be living with HIV/AIDS is 1.6 million.

Military HIV/AIDS Information

Estimates of the size of the Tanzanian military are unavailable. Due to poor surveillance infrastructure, complete HIV prevalence data are unavailable for the Tanzanian military; however, the HIV rate is estimated at 23%.

PROPOSED PROGRAM

Military to Military

Tanzania has not submitted a request for DHAPP funds; however, it has presented a proposal as part of the country plan for the *President's Emergency Plan for AIDS Relief (PEPFAR,)* as described below.

Contractor-Based Assistance

None during this reporting period.

Clinical Provider Training

None during this reporting period.

Interoperability

None during this reporting period.

PEPFAR

Tanzania has been identified as a PEPFAR country, which was announced during the 2003 State of the Union Address to Congress. Tanzania included the following elements for its military forces in its country operating plan:

- Expand information and education campaigns based on the "ABC" model, promoting abstinence,
- Provide post exposure prophylaxis,
- Improve overall clinical care capability, with emphasis on

diagnostics, tuberculosis, and other opportunistic infections,
- Expand existing home-based care and palliative support,
- Strengthen existing orphan support programs,
- Provide antiretroviral therapy,
- Develop a referral laboratory for HIV patient care, and
- Provide for administrative support.

PROGRAM IMPACT

Master Trainers and Peer Educators

None during this reporting period.

Number of Troops Trained

None during this reporting period.

Potential Number of Troops Affected

None during this reporting period.

Counseling and Testing (CT)

None during this reporting period.

Laboratory Capability/Infrastructure

None during this reporting period.

Mass Awareness

None during this reporting period.