

Joint Bi-Annual HIV/AIDS Sector Review
November 10 -11, 2008
Blue Pearl Hotel, Ubango Plaza Dar es Salaam

Development Partner Group on HIV/AIDS Statement

Presented by: Elise Jensen, Chair

Honourable Minister of State, Philip Marmo
Permanent Secretary of the Prime Minister's Office, Mr. Andrew Nyumayo
Executive Chairman, Tanzania Commission for AIDS, Dr. Fatma Mrisho
Chairman of NACOPHA, Mr. Vitalis Mwakayula
Executive Chariman, AIDS Business Coalition of Tanzania, Mr. Richard Kasesela
Chairman, Tanzania AIDS Forum, Dr. Peter Bujari

Fellow Stakeholders, Ladies and Gentlemen

Habari za asubuhi....

First, I would like to thank the staff of TACAIDS, the numerous consultants, and others who have worked diligently to prepare for and organize this year's HIV/AIDS sector review. This critical process allows stakeholders to understand progress over the last 2 years, challenges that persist, and creates a vital forum for discussing the way forward. We thank you for your efforts.

I am pleased to be here today to speak to you on behalf of the Development Partners. Tanzania has many achievements to celebrate today – almost 150,000 Tanzanians are on treatment; hundreds of thousands of people living with AIDS and orphans and vulnerable children are receiving care and support; over 4 million individuals were counseled, tested, and received their results in just the last 12 months; there are high levels of general knowledge about HIV/AIDS and prevalence may be stabilizing. In addition, Tanzania passed its first HIV/AIDS Act; there are improving relationships between government and civil society; local government authorities are budgeting more resources for HIV/AIDS services and are receiving capacity building support; and development partners continue to improve their compliance with Paris Declaration agreements.

These are all tremendous achievements for which we should proud.

However, we cannot rest as enormous challenges persist.

We need to continue to work towards reaching those that are not yet served by treatment or care services. We must strive harder to reduce the rate of new infections. Stigma and discrimination persist, causing individuals to delay getting tested, seek services or change their behaviors. Issues of gender, and the disadvantaged position of women, limit the effectiveness of many of our efforts while systems are straining to meet the demands of

expanding services. And everyday we see that there are not enough human resources to accomplish all that we hope to.

In the light of all of these challenges the development partners believe the following actions must be taken if we are to continue to build on the achievements to date and not loose ground in the long-term struggle.

First, we cannot be blinded by the vast sums of money that have been allocated to HIV/AIDS in the last few years. A recent analysis indicated that a fully funded national response in Tanzania, as currently conceived, would cost \$1.2 billion per year. This is 4 times the annual funding that is currently committed to HIV/AIDS. There are no existing funding scenarios that project resource flows at this level.

We must, therefore, recognize the critical need to prioritize resource allocations based on a thorough understanding of the nature of epidemic in Tanzania and strive towards optimal use through effective and efficient interventions and systems. We cannot afford to invest in ineffective prevention activities, unnecessarily expensive services, or duplicative or inappropriate systems. We must force ourselves to define what is essential. Funding must also be pushed to the local level and focus on services. Every shilling spent in on per diems, new vehicles, or the latest version of a piece of equipment is one less shilling spent on services and thus must be carefully considered. These choices will not be easy but if they are not made we will certainly fail in our commitment to serve the people of Tanzania.

This planning must then be supported by responsible governance and transparency at all levels including district councils, national offices of line ministries, and by non-state actors such as CSOs, the private sector, and last but not least development partners.

Development partners commit to improved coordination among themselves strengthened collaboration with Government, including increased use of pooled funding modalities and getting donor funded activities “on plan”. In addition, development partners are keen to invest in health systems and human resources development that will lead to sustainable structures and services. We must build, not duplicate or by-pass.

Annual, costed implementation plans, prepared by relevant government bodies, and based on the National Multi-Sectorial Strategic Framework as well as the HIV/AIDS strategy of the HSSPIII are essential if these goals are to be achieved.

Finally, if we are ever to hope to conquer HIV/AIDS in Tanzania we must be serious about investing in the NMSF’s first priority – prevention. Every new infection represents a failure to provide a condom; or a discordant couple that did not know their status or were not counseled on how to protect themselves; or a young person who was not supported in her desire to remain abstinent; or a turning a blind eye to the practice of “little houses”. Tanzania cannot afford these failures. This may mean promoting approaches that are personally challenging or particularly difficult but are absolutely critical to an effective response.

In conclusion, while the list of challenges is long and potentially daunting we should not be discouraged. Much has already been achieved. We must embrace these challenges, work with, not against each other, and use the resources that are available to us to make the greatest difference to the people of Tanzania.

Ahsanteni Sana