



**Honorable Guest of Honour, Chairperson, Excellencies, Ladies and gentlemen;**

We are pleased to be part of this important meeting and more so because of the opportunity extended to us to become among those that give opening remarks in this important meeting.

This statement is prepared by Tanzania AIDS Forum (TAF) which works to position itself as a strategic national forum to support the long term strategy for HIV and AIDS response in Tanzania. We aspire to achieve this through coordination and networking of Civil Society Organisations working on HIV & AIDS, in anticipation to increase informed civil society participation in HIV and AIDS policy decisions and actions at all levels.

Honorable Guest of Honor, we would like to commend all actors in the HIV and AIDS response in Tanzania for achievements registered in the past few years. These are seen in terms of confirmed successes in aspects such as cross-ministerial budget line which is unique and allows MDAs, LGAs and RASs to plan and budget for HIV and AIDS interventions, reductions in prevalence of HIV from 7% to 6%, increase in the number of people on ART by 75%, increased TB treatment success rate, and many more. The challenge ahead of us all is to sustain and increase this momentum.

CSOs are also pleased with efforts by the government in collaboration with stakeholders to put in place and use various effective policies, plans and strategies for guiding the national HIV and AIDS response and services in Tanzania. Our expectation in this review is for stakeholders to agree on concrete actions to realize dissemination and use of these good policies by citizens below the district headquarters. One proposal, as discussed in the Technical Review, is to work openly with local CSOs at all levels of government. This is possible if all actors at all levels are transparent about plans and available resources including their corresponding implementation and expenditure status.

Honorable Guest of Honor, this sector is facing a number of systemic challenges as it strives to respond to HIV and AIDS pandemic. Allow us to discuss only four, the first two to advocate to the MoHSW, and the last two to be implemented by us.

*First*, care and treatment services cannot be delivered without having in place enough trained and qualified health workers. We are now in the third year of implementation of the Human Resource Strategic Plan. We, however, continue to face challenges such as inadequate budget allocation to address the crisis, unreliable database for human resource for health at national and district levels, poor attraction and retention strategies for underserved areas, inadequate follow up of newly posted employees, and inefficient use of the few available employees<sup>1</sup>.

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<sup>1</sup> Refer to the Health Center Performance Audit by the Controller and Auditor General

As per the current Human Resource for Health Strategic Plan, at least 20% of the annual budget for the Ministry of Health and Social Welfare should go to the Department of Human Resource Development if we want to address the crisis. It is unfortunate that this proposed amount has never been reached since the inception of the plan in 2008. For example, only about 4% of the 2010/11 budget for MoHSW is going to this department.

*Second*, with support from partners, the government plans to spend about 11 billion shillings to procure ARVs, HIV test kits, and STI drugs in fiscal year 2010/11. We are all aware of voices from service users about poor quality and perennial stock-outs of all types of medicine and supplies including those related to HIV and AIDS. We understand that both district health departments and Medical Stores Department (MSD) are blamed for these shortcomings. We also understand that MSD has started to deliver medicine directly to health facilities as one of the possible solutions. We are yet to hear strategies by MSD to address issues of poor record keeping, extended delays in procurement, overstock/oversupply of medicine, and inadequate storage facilities. These were shortcomings by MSD as were pointed out by the 2009 report of the Office of Inspector General of the Global Fund.

Our humble request to you distinguished participants of this review is for all of us to fully engage in the monitoring of procurement, storage, distribution and dispensing of HIV and AIDS related commodities in view to sustain and increase positive achievement registered so far.

*Third*, despite the increase of budget allocations for the health and HIV and AIDS sector, there have been concerns on the efficiency and effective planning and use of available resources. Evidence is found in the audit reports by both CAG and OIG, which we kindly ask you to refer to. Additional evidence is found when one attempts to compare policy statements with budget allocation and implementation reports. At all levels and by all actors, planning and budgeting are overly burdened with unnecessary workshops, travels, allowances expenses and purchase of new vehicles. While we do not intend to dismiss their relevance in the response to HIV and AIDS, utility of some of them is questionable and have led to abuses and misuse of public funds. Think, for example, of a workshop of 18 participants and 12 facilitators. Or think of individuals who are paid allowances for attending three different workshops taking place in different regions on the same day.

*Finally*, the paradox of CSOs consistently having limited capacity but spending about 70% of all HIV and AIDS funds in this country given the important role they play in the response. This was extensively discussed during the Technical Review last week and we are pleased to see a milestone is already proposed to this effect. As it was already agreed in the Technical Review, we need to urgently address the configuration of HIV and AIDS funding flows in this country.

Honorable Guest of Honor, Distinguished participants, we thank you.

Irenei Kiria

Chairman – Tanzania AIDS Forum