CDC in Tanzania

The Centers for Disease Control and Prevention (CDC) established an office in Tanzania in 2001 to support HIV/AIDS prevention, and expanded through the U.S. President’s Emergency Plan for AIDS Relief in 2003. CDC works with Tanzania to strengthen tuberculosis prevention efforts for people living with HIV; enhance laboratory, surveillance, and workforce capacity to respond to disease outbreaks through the Global Health Security Agenda; and implement interventions for malaria prevention and control under the U.S. President’s Malaria Initiative.

AT A GLANCE
Population: 57,310,019
Per capita income: $2,916
Life expectancy at birth: F 67/M 64 years
Infant mortality rate: 43/1,000 live births

Sources:
World Bank 2018, Tanzania
Population Reference Bureau 2018, Tanzania

TOP 10 CAUSES OF DEATH
1. Neonatal disorders
2. Lower respiratory infections
3. HIV/AIDS
4. Ischemic heart disease
5. Tuberculosis
6. Congenital defects
7. Malaria
8. Diarrheal diseases
9. Stroke
10. Diabetes

Source: GBD Compare 2018, Tanzania

Global Health Security
In today’s globally connected world, disease threats can spread faster and more unpredictably than ever before. CDC’s global health security efforts in Tanzania improve the country’s ability to prevent, detect, and respond to infectious disease outbreaks before they become epidemics that could affect global populations. These efforts help Tanzania reach the targets outlined in the Global Health Security Agenda (GHSA), a global partnership launched in 2014 to help make the world safer and more secure from infectious disease threats.

Working closely with the Ministry of Health, Community Development, Gender, Elderly, and Children (MoHCDGEC) and other partners, CDC provides expertise and support across the 11 technical areas known as GHSA action packages. These action packages help Tanzania build core public health capacities in disease surveillance, laboratory systems, workforce development, emergency management, and other critical areas. Tanzania receives CDC support to strengthen the electronic Integrated Disease Surveillance and Response System, laboratory capacity to detect pathogens like Ebola, and the Emergency Operation Center (EOC) to respond to public health emergencies and disease threats.

CDC STAFF
16 U.S. Assignees
60 Locally Employed
HIV and Tuberculosis

HIV is a leading cause of death and a health threat to millions worldwide. As a key implementer of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), CDC works with Tanzania to build a sustainable, high-impact national HIV response program to accelerate progress towards the UNAIDS global targets to control the HIV epidemic.

CDC and its partners continue to adapt and adopt new technology and evidence-based approaches to enhance service delivery, improve patient outcomes, and, ultimately, achieve HIV epidemic control and bring an end to TB. CDC works with the MoHCDGEC on the mainland and the Ministry of Health in Zanzibar to support HIV testing, prevention, and treatment services, and to strengthen health systems. CDC supports HIV rapid testing quality assurance; early infant HIV diagnosis; viral load testing; health worker training, deployment, and retention; and strengthening health information systems to inform data for decision-making. CDC also supports tuberculosis (TB) prevention efforts for people living with HIV. This work includes providing support for the roll-out of high priority lab initiatives for TB diagnostics, points of care, and surveillance for TB drug resistance.

Health Systems Strengthening

CDC supports the MoHCDGEC’s e-health technology to adapt services to changes in the local HIV epidemic. This includes automated reporting systems that streamline service delivery in facilities; integrating client and disease information into one system; and supporting epidemiology, surveillance, and program monitoring and evaluation. CDC supports the mHealth Tanzania Public-Private Partnership and its “Healthy Pregnancy, Healthy Baby” text messaging service, which provides critical maternal and child health messages directly to 1.6 million users.

Laboratory Capacity Building

CDC Tanzania strengthens the quality of laboratory management systems to accurately diagnose, monitor, and treat infections from HIV, TB, influenza viruses, and other pathogens. Increased laboratory capacity also allows for better detection of emerging pathogens, and safer handling and transportation of laboratory samples. With CDC assistance, 2,300 healthcare facilities with laboratory services have been strengthened, 10 of those facilities have been accredited to International Standards and more than 40 completed the training and mentorship program toward accreditation.

Field Epidemiology and Laboratory Training Program

CDC supports Tanzania in strengthening the capacity of its workforce to investigate and respond to disease outbreaks through the establishment of the Field Epidemiology and Laboratory Training Program (FELTP). FELTP trains a workforce of field epidemiologists—or disease detectives—to identify and contain outbreaks before they become epidemics. Participants focus on “learning by doing” to develop the skills for gathering critical data and turning it into evidence-based action. Three levels of training—advanced, intermediate, and frontline—help develop national, regional, and local capabilities to stop diseases at their source.

Malaria

Malaria is a leading cause of death and disease in many countries, and young children and pregnant women are the groups most affected. Under the U.S. President’s Malaria Initiative, CDC has assigned a resident advisor to the malaria-endemic country of Tanzania to support the implementation of malaria prevention and control interventions. These interventions include providing long-lasting insecticide-treated nets and indoor residual spraying, preventing malaria in pregnancy, and improving diagnostics and case management.

CDC IMPACT IN TANZANIA

Provided antiretroviral therapy to 500,000 adults and children in 2018.

Decreased malaria prevalence among children under 5 years of age from 18% to 7% in a 10 year period through interventions under the U.S. President’s Malaria Initiative.

Graduated more than 300 FELTP residents across the advanced, intermediate and frontline programs.

Supported international-standards accreditation for eight laboratories and enrollment of 76 laboratories in WHO’s Strengthening Laboratory Management Towards Accreditation program.

Trained nearly 70 laboratory scientists and technologists in microbiology and quality assurance.

For more country information, visit: www.cdc.gov/globalhealth/countries/tanzania

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