

RAPID ASSESSMENT OF

IMPLEMENTATION STATUS OF THE ‘THREE ONES’ INITIATIVE

IN TANZANIA

Dar es Salaam, Tanzania
May 2005

EXECUTIVE SUMMARY

The agreed Principle of the Three Ones, adopted in 2004, and which lay out a series of steps guiding all stakeholders at national-level for AIDS responses are as follows: -

- ONE agreed AIDS action framework that provides the basis for coordinating the work of all partners
- ONE national AIDS coordinating authority with a broad based multi-sectoral mandate.
- ONE agreed country level monitoring and evaluation system

The focus of this report is to inform on the current status of implementation of this Three Ones Principle in Tanzania.

Both the Mainland and Zanzibar have embraced the fight against the AIDS pandemic and have, in accordance with the first Principle, developed framework documents providing strategic guidance to programme planning and project interventions, which all stakeholders have agreed to adopt. For Mainland, the National Multi-sectoral Strategic Framework on HIV/AIDS (2003-2007) spells out nine goals, for the five-year period. These goals are well supported by their respective objectives and strategies. In Zanzibar, the “Zanzibar National HIV/AIDS Strategic Plan 2003-2007 identifies five goals, out of which appropriate objectives and strategies are derived.

The agreed goals of both the Mainland and Zanzibar also show commitment to the international Millennium Development Goals (MDGs) of 2000, and the UN General Assembly Special Session on HIV/AIDS (UNGASS) of June 2001. Advocacy, care and support, and mitigation of socio-economic impact are some similarities shared by both documents.

The second Principle of the initiative has been adequately implemented, through the existence of two independent bodies that coordinate the multi-sectoral interventions to the AIDS epidemic. The Tanzania Commission for AIDS (TACAIDS) for the Mainland, and the Zanzibar AIDS Commission (ZAC), which were both established by legal instruments, have been accepted and respected by all stakeholders. They both have clear defined roles that enable them to commit to an inclusive national AIDS response.

There exists an agreement among stakeholders for agreed and unified monitoring and evaluation system to ensure availability of data for analyzing performance of the Framework and the Strategic Plan for the Mainland and Zanzibar respectively. TACAIDS has also instituted a tracking system named the Z-code, to track AIDS budget and expenditure.

Despite the general compliance to the Principles above, a number of constraints exist, and these can really be turned into opportunities for the future growth of TACAIDS and ZAC. These are spelled out in sections 5.2.1 to 5.2.3 of this report.

LIST OF ACRONYMS

ABCT	HIV/AIDS Business Coalition Tanzania
AIDS	Acquired Immunity Deficiency Syndrome
AMREF	African Medical Research Foundation
ARVs	Antiretrovirals (drugs)
CARF	Community HIV/AIDS Response Fund
CBO	Community Based Organisation
CCM	Country Coordinating Mechanism
CSO	Civil Society Organisation
DFID	Department for International Development
DAC	Development Assistance Committee
FY	Financial Year
GTZ	German Technical Cooperation Agency
HIV	Human Immunodeficiency Virus
ICASA	International Conference on AIDS and STIs in Africa
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NACP	National AIDS Control Programme
NBS	National Bureau of Statistics
NGO	Nongovernmental Organisation
NMSF	National Multisectoral Strategic Framework
OECD	Organisation for Economic Cooperation and Development
PEPFAR	Presidential Emergency Plan Fund for AIDS Relief
PER	Public Expenditure Review
PMO	Prime Minister's Office
PLWHA	People Living With HIV/AIDS
STIs	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
TMAP	Tanzania Multi-Sectoral AIDS Project
TSED	Tanzania Socioeconomic Database
UNAIDS	Joint United Nations on HIV/AIDS
UNDP	United Nations Development Programme
ZAC	Zanzibar AIDS Commission
ZANGO	Zanzibar Nongovernmental Organisations (Umbrella organization)

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1. Introduction

'Three Ones' is a top corporate priority for UNAIDS to mobilize countries to set up their multi-sectoral response against HIV/AIDS.

The Three Ones as an initiative was conceived in Nairobi, Kenya, in September 2003 during an ICASA meeting. The event was initiated by multilateral and bilateral donors and African nations under the support of UNAIDS and DfID. In March 2004, in Washington DC, the major donors and partners accepted the concept and formally tasked UNAIDS to act as a facilitator and mediator among stakeholders during the implementation of the Initiative. Also included in the task was the production of annual progress reports on challenges to concerted action on HIV/AIDS at country level.

The three principles of the Three Ones are as follows: -

- **One** agreed AIDS action framework that provides the basis for coordinating the work of all partners
- **One** national AIDS coordinating authority with a broad based multi-sectoral mandate
- **One** agreed country level monitoring and evaluation system

2. Purpose of the Assignment

The purpose of this assignment, subject of this report, is to document and analyse the application of the Three Ones principle in the Tanzanian context and distil critical issues and challenges so as to inform stronger and more focused support from the UN and other development partners. It was also aimed at facilitating and promoting a common understanding of the Three Ones principle, and to advocate for any relevant and appropriate remedial action with all key stakeholders.

3. SCOPE OF WORK

The main tasks of the consultancy were to conduct a country-level mapping of the current status of the "Three Ones" implementation in Tanzania (Mainland and Zanzibar) with a special focus on achievements, constraints and challenges of coordination as well as practical implementation issues related to harmonization.

4. Methodology

Interviews were conducted with pre-identified individuals from the Government (Mainland and Zanzibar), donors, partner organisations, private and civil society institutions that are central in the implementation of the Three Ones (list appended). Where some of the specific respondents could not be contacted in person, interviews were conducted with those sitting in for them in order to get institutional response regarding the whole issue. Further information was obtained from documents availed by TACAIDS, UNAIDS, UNDP and ZAC.

5. Findings

5.1. Background to HIV/AIDS interventions in Tanzania

The first interventions against HIV/AIDS in the 1980s were spearheaded and coordinated by the Ministry of Health's National AIDS Control Programme. As the incidence of HIV increased (around 1998 – 2000) a review of the intervention process was made and the government responded to the President's call to establish a more coordinated response to a problem that had become a "national disaster".

In December 2000, during the commemoration of the World AIDS Day in Dar es Salaam, the President of the United Republic of Tanzania, H.E Benjamin William Mkapa, directed to set up an independent coordinating authority to lead and coordinate the response to the 'disaster'. To avoid overlaps between what the new authority would be doing and what NACP was doing under the Ministry of Health then, a deliberate move was made to delineate roles and responsibilities of the two institutions. The MOH was to focus on prevention, treatment as well as information, education & communication on HIV/AIDS, whilst TACAIDS as the new Authority was named, was to undertake leadership in policy formulation and coordination of the National Multisectoral Response, monitoring & evaluation, advocacy, partnership and community mobilization among others.

The United Nations Theme Group in Tanzania in collaboration with UNAIDS cosponsors and other development partners have worked together to enable the Government undertake its responsibilities regarding the coordination of the Three Ones and has participated widely in providing capacity to both the Mainland and Zanzibar. The UN and other development Partners have been on the frontline to provide initial support, review operational structures, facilitate the preparation of the Terms of Reference for various activities, assist with the process of instituting Acts of Parliament (for Mainland and Zanzibar) in order to help with the establishment of Tanzania Commission for HIV/AIDS (TACAIDS) on the Mainland and Zanzibar AIDS Commission (ZAC) in the Isles.

For Tanzania Mainland, before the Three Ones initiative was adopted at the global level, the country had already formed an authoritative body with a multisectoral focus to coordinate the interventions against HIV/AIDS. An Act of Parliament, the Tanzania Commission for AIDS Act 2001, established the Tanzania Commission for AIDS

(TACAIDS). TACAIDS is a national semi autonomous institution with its own sub-vote centrally placed under the Prime Minister's Office (PMO).

Soon after TACAIDS was inaugurated in 2001, a process was started to develop a national multisectoral strategy on HIV/AIDS to guide all actors and stakeholders involved in the national response. A National Multisectoral Strategy Framework with an MOU to harmonise partners' support on HIV/AIDS interventions was launched in May 2003.

In Zanzibar, the Government enacted Act No. 3 of 2002, to form the Zanzibar AIDS Commission (ZAC) with a mandate to coordinate and spell out the modality of multi-sectoral response against HIV/AIDS. As on mainland, ZAC was established under the Chief Minister's Office to provide leadership and coordination of all sectors (public and private) involved in HIV/AIDS activities in Zanzibar.

There is also an agreement from development partners to contribute to the interventions in Zanzibar as spelt out in its National HIV/AIDS Strategic Plan 2003 – 2007. With the help of UN and other development partners a supportive Policy document, whose publication is awaiting the normal Government process has just been finalized.

5.2 Status of Implementation of the Three Ones

5.2.1 One agreed national coordinating authority

Both Tanzania Mainland and Zanzibar have in place legal bodies to coordinate HIV/AIDS interventions. The Tanzania AIDS Commission (TACAIDS) and Zanzibar Commission for AIDS (ZAC) were established in 2001 and 2002 respectively. Both Authorities have been given broad responsibilities, including the task of fostering national and international linkages among stakeholders through proper coordination of all HIV/AIDS prevention and control programmes and activities within the overall national multisectoral strategy. As a way of operationalising the Acts which created them, both Authorities are directed to have a strategic framework and national guidelines to support planning, coordination and implementation of the national multisectoral response to HIV/AIDS at all levels. Both Authorities operate from senior ministries in their areas of jurisdiction, and this provides a good opportunity for them to execute successful, all encompassing and coherent country programmes.

At its inception, the approved position of 33 staff was considered adequate for TACAIDS' tasks. As at April 2005, the current 42 staff could still be enhanced to respond to the current challenges.

TACAIDS has five departments, which serve as its National Secretariat, viz :-

- Policy, Planning and National Response
- Monitoring and Evaluation, Research and MIS
- Finance, Administration and Resource Mobilisation
- Advocacy and IEC

- District and Community Response

In addition to the mandate that established the two Commissions, expanded programme activities like providing technical support including finance to organisations that are involved in activities within the multi-sectoral response, coordinating joint programme reviews, assisting local government authorities, as well as providing support to CMACs and sectors that implement the World Bank's TMAP, and community based NGOs/FBOs supported by the Rapid Funding Envelope (RFE), have increased the scope of work of the Commissions.

TACAIDS is also challenged to coordinate additional funding covering broader areas than the HIV/AIDS, such as the Global Fund against AIDS, TB and Malaria. There have been cases of staff being required to be involved in more meetings and in providing technical assistance as stakeholders increase. The staffing has been found relatively less than the demand hence in addition to appropriately engaging new staff, contracting and outsourcing have been recommended in a recent review of TACAIDS organizational development.

In Zanzibar, ZAC started in 2002 with an initial number of three staff, which increased to 10 in 2003. Currently there are 29 staff because of the increased workload. Out of these 29 staff, 11 are technical while the rest are support staff. Two of the technical staff are contracted on short-term basis. Pemba office has one technical staff, and it was noted that this is inadequate for the work that needs to be done.

Unlike TACAIDS where staff was independently recruited to fill in the approved establishment for a new set up, ZAC had staff seconded to it from government ministries. Hence terms of employment for ZAC officials are similar to civil servants. In view of added responsibility to ZAC staff their terms of employment require a review. It is expected that a study supported by the International Partnership Against AIDS in Africa (IPAA) will review the organizational development needs of ZAC and recommend remedial action.

Three departments man ZAC's Secretariat, viz:

- Policy, Planning and National Response
- Advocacy and Information, Education & Communication
- Finance and Administration.

The Acts, which established TACAIDS and ZAC provide for the appointment of a Board of Commissioners in each case. These shall hold office for a period of three years and shall be eligible for reappointment. Representatives of specific groups of the society like the youth, media, faith based & professional organisations and the private sector are appointed to the Commissions. The current Board for TACAIDS, made up of ten Commissioners, was appointed on 28th April 2005. ZAC's Board, also made up of ten Commissioners, was appointed in 2002/03.

Both TACAIDS and ZAC Commissioners' functions among others are to:

- Formulate national policy guidelines and strategies for the response to HIV/AIDS epidemic and management of its consequences,
- Mobilize, disburse and monitor resources and ensure equitable distribution,
- Promote high-level advocacy in HIV and AIDS.
- Disseminate and share information on HIV/AIDS and its consequences on programmes for its prevention and control.

Recommendations:

Considering the many different organizations that TACAIDS and ZAC are working with, and the need for additional staff for these authorities, it is not very clear whether their support would be adequate for these groups. This constraint should therefore be transformed into a challenge for TACAIDS and ZAC to come up with response plans that address these groups and their specific needs.

The fact that the adult prevalence rate on the Mainland is lower (7%) than earlier official estimates of about 10%,¹; and in Zanzibar, the prevalence is about 0.06% should not lead TACAIDS and ZAC to be complacent. These seemingly low rates notwithstanding, specific groups like sex workers, young girls, men in certain professions have higher prevalence rates. TACAIDS and ZAC should establish long lasting linkages with specific support agencies to design interventions that will respond to the needs of these specific groups.

5.2.2 One Agreed AIDS Action Framework *that forms the basis for coordinating the work of all partners*

Both Tanzania Mainland and Zanzibar have developed individual AIDS action frameworks that provide the basis for coordinating the respective interventions of all partners.

The Mainland's national Multi-sectoral Strategic Framework on HIV/AIDS provides strategic guidance to the planning of programmes, projects and interventions by various stakeholders. It is a five-year plan (2003 – 2007), which identifies four thematic areas as:

- Cross-cutting Issues including Enabling Environment
- Prevention including Gender
- Care, Treatment and Support
- Mitigation of Socio-economic Impact.

In Zanzibar the “Zanzibar HIV/AIDS Strategic Plan 2004-2008” identifies five thematic areas as follows: -

- Prevention, especially among the vulnerable groups in the population
- Health (treatment, care and support, surveillance and research)
- Strengthening the organization and management of implementing institutions

¹ Tanzania Public Expenditure Review. Multi sectoral review: HIV/AIDS 2005 update

- Cross cutting issues including advocacy, poverty reduction, resource mobilization, mobilisation of public & private sectors, and coordination & management.
- Way forward (relating to the leadership role of the public sector)

In the Mainland a Memorandum of Understanding was signed between development partners and the government to reflect the commitment of development partners who recognize it as a vital guideline and framework in the implementation of the NMSF on HIV/AIDS. The objective of this MOU is to enhance and harmonise partnership between the government and the development partners.

In Zanzibar, development partners who want to address specific issues outlined in the Strategic Action Plan sign specific agreements with ZAC after their proposal has been accepted.

Both the Mainland and Zanzibar have adopted clear priorities for resource mobilization, allocation and accountability as spelt out in the strategic framework documents.

Development Partners and TACAIDS meet once every two years for joint reviews, strategic planning and resource mobilization activities. The last joint review was in February 2004. Another joint review is planned for in October 2005. Additionally there are meetings once every two months between TACAIDS and the Development Partner Group on HIV/AIDS to share information and provide updates on the implementation process. TACAIDS is the convener of these meetings.

In Zanzibar as well, ZAC has regular consultative meetings with the development partners who have specific implementation agreements with it.

Both ZAC and TACAIDS have encouraged civil society, faith based organizations, the private sector and other NGOs to take up larger roles in service delivery. This takes the form of contracts for research, training and service delivery organizations to respond to specific groups' needs.

The current funding for HIV/AIDS on the Mainland is obtained from international funds such as the Global Fund and World Bank, foreign bilateral donors, the central government, local government, local level Community Based Organisations (CBO) & Civil Society Organisations (CSO), and the Rapid Funding Envelope which is a multi-donor fund set up to give rapid response to AIDS intervention through community based NGOs. For 2002/3 – 2003/4, the domestic funding was doubled to reach Tsh. 65 billion when indirect and direct expenditures in health sector are included. The total public expenditure on HIV/AIDS is Tsh. 80.7 billion for 2004/05, an increase of 19% over the 2003/04 level. The expected funding level for 2005/06 is Tsh. 190 billion, leaving an estimated resource gap of Tsh. 50 billion.

The support from Development Partners, according to the funding mapping exercise done in 2004 has increased substantially from about US\$ 27 million in 2003 to US\$87 million

in 2004. With substantial funding from the Global Fund Round 3&4, PEPFAR and other donors the funding in 2005 is expected to reach US\$ 150 million.

In order to rapidly intensify and scale up the response by community groups in particular, the government with World Bank TMAP support established the Community HIV/AIDS Response Fund (CARF) with a view to both complement and strengthen the support envisioned through existing government systems. The CARF will ensure comprehensiveness and quality assurance according to national best practices in response to HIV/AIDS, as well as promote internal and external networking with other organizations and institutions in facilitating the activities. This is done with oversight from TACAIDS and ZAC.

With TACAIDS' assistance, all Ministries have been allocated funds under the Medium Term Expenditure Framework. With effect from 2005, District Councils are implementing interventions with the Regional Facilitating Agencies' support by the World Bank-supported TMAP (Tanzania Multi-sectoral AIDS Programme). The Private sector through the ABCT, the informal sector coalition of small businessmen and women, faith-based organizations, PLWAs are all addressing HIV/AIDS within their mandates. TACAIDS is also facilitating the formation of a broader National council to be made up of networks of PLWAs.

In Zanzibar, the ZAC is working through specific networks of civil society organizations, faith based organizations, youth & women groups, the elders, public sector, high risk AIDS groups, PLWAs, private sectors, sex workers, drug users mobile traders, out of school youth, transporters, people in uniform (police & army) tourist and clove pickers to establish a broad national partnership for the actual implementation of the AIDS Action Framework.

Constraints include some of the donors who have their own priorities, and in their haste to provide services, sometimes circumvent TACAIDS, which is the recognized authority. A case in point is some of these donors who are noted to have embarked on their own training and service delivery without reference to the Ministry of Health (on the Mainland). It was also noted that a private organisation's hospital in one of the regions had started dispensing ARVs, after it had trained its own staff; and this hospital is not one of the 91 currently identified outlets for the provision of ARVs. In Zanzibar, there were cases of NGOs who have partnered with donors for intervention activities without the knowledge of ZAC.

Recommendation:

TACAIDS and ZAC are urged to ensure regular review of the Framework and related guidelines, and use the authority given them to ensure commitment by external support agencies to coordinate within the AIDS action framework in a way that is consistent with their mandates.

With regards to funding, the current level for HIV/AIDS has increased considerably as indicated earlier in this section. Given that most funding is short to medium term, TACAIDS is challenged to develop a sustainability plan to ensure continued inflow of funds. Community mobilization to have the community own parts of the interventions will be an added advantage.

5.2.3 One Agreed Monitoring and Evaluation Framework to maximize existing capacity for quality assurance, national oversight and informed policy adaptation.

Both TACAIDS and ZAC are still developing capacity for monitoring and evaluation at different levels that is aimed at providing comparable information on the implementation process of HIV/AIDS interventions. Support for this process is being provided by UNAIDS, UNDP, GTZ, and the Ministry of Health. TACAIDS' National M&E Framework has been widely disseminated, and most of the stakeholders contacted are aware of its existence. However, it was noted that some of them had not been trained on its use.

TACAIDS has ensured that HIV/AIDS monitoring & evaluation function is incorporated under the existing poverty monitoring master plan. It also links the collection and dissemination of data initiatives and systems in the national bureau of Statistics. A Tanzania HIV Indicator Survey was undertaken in 2003 by TACAIDS in collaboration with the Ministry of Health and the National Bureau of Statistics. The results have been released, which complement epidemiological and sentinel surveillance data regularly provided by the National AIDS Control Programme (NACP) of the Ministry of Health. In 2005, a tracking system named the Z-code was instituted to track HIV budget and expenditure. A proposal to have an external database particularly with reference to PEPFAR, Global fund and TMAP is being considered in order to disaggregate funds used.

The coverage on data collection goes up to the district level, and not beyond that to the community level. This deprives TACAIDS of acquiring the relevant information from the level where most of the intervention activities are located. With support from UNAIDS/UN Theme Group and the Global Fund against AIDS, Tuberculosis and Malaria for the District Response Initiative that has started in 12 districts to enable community dialogue and risk mapping of HIV/AIDS status at village level, opportunities exist for M&E of local responses.

In Zanzibar, the process has started to formulate a M&E framework based on the multisectoral action plan. UNAIDS/UN Theme Group has set aside some funds to have the framework finalized in 2005 and to provide technical support to implement it. A draft framework has been circulated to stakeholders for review. In 2002 the Ministry of Health in Zanzibar with support from the UN undertook a population-based survey to validate HIV status. The results revealed that the epidemic was still low at 0.6% in the general population, but showed very high level in specific at risk groups and women. However,

capacity to monitor trends through regular sentinel surveillance say in women attending antenatal clinics and blood donors is very weak and requires strengthening.

Recommendation:

TACAIDS and ZAC are advised to initiate plans to train more stakeholders on data collection, processing and dissemination This will inform authorities on resource utilization and programme implementation.

ZAC, on the other hand does not have the required staff capacity to collect data. Availability of the necessary equipment to process the data, when collected, is inadequate. Dissemination of data also needs enhancement. In order to strengthen M&E and the monitoring of the epidemic and trends in specific groups in Zanzibar, technical support is urgently needed from the UN and development partners. ZAC should outsource and contract out to institutions capable of providing sentinel and behavioral surveillance.

LIST OF PEOPLE CONTACTED

1. Dr. Joseph Temba, Director of Policy and Planning, TACAIDS
2. Ms. Joyce Chonjo, Director of M&E, TACAIDS
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