

United Republic of Tanzania

The Government of the United Republic of Tanzania reports as follows.

National coordination

There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. Information was not provided regarding how many people work full-time on hepatitis-related activities in all government agencies/bodies.

Information was not provided on whether the government has a viral hepatitis prevention and control programme that includes activities targeting specific populations.

Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012 and has not funded other viral hepatitis public awareness campaigns since January 2011.

Information was not provided on whether the government collaborates with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

Evidence-based policy and data for action

Information was not provided on whether there is routine surveillance for viral hepatitis.

There are no standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Information was not provided regarding the percentage of hepatitis cases reported as "undifferentiated" or "unknown" hepatitis.

Liver cancer cases are registered nationally. Information was not provided on whether cases with HIV/hepatitis coinfection are registered nationally.

The government publishes hepatitis disease reports.

Hepatitis outbreaks are required to be reported to the government but are not further investigated.

There is inadequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

Population (in millions) (2011)	46.2
Country classification (2012)	Low-income
Gross national income per capita (PPP int \$) (2011)	\$1500
Total health expenditure as % of GDP (2010)	6.01%
Per capita total health expenditure (PPP int \$) (2010)	\$83.43
Per capita government health expenditure (PPP int \$) (2010)	\$56.17
Life expectancy at birth (in years) (2009)	55
Human Development Index (2011)	0.466
Median age (in years) (2010)	18
Total fertility rate per woman (2010)	5.5

It is not known whether there is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

Prevention of transmission

There is no national policy for hepatitis A vaccination.

The government has not established the goal of eliminating hepatitis B.

Nationally, no newborn infant in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and more than 90% of one-year-olds (ages 12–23 months) in a given recent year received three doses of the hepatitis B vaccine.

There is no national policy that specifically targets mother-to-child transmission of hepatitis B.

It is not known whether there is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are not vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends auto-disable syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through on-the-job training.

There are national clinical guidelines for the management of viral hepatitis, which include recommendations for cases with HIV coinfection.

The government does not have national policies relating to screening and referral to care for hepatitis B or hepatitis C.

People testing for hepatitis B register by name and there is open access to their names. Information was not provided on whether people testing for hepatitis C register by name. Hepatitis B and hepatitis C tests are not free of charge for all individuals, but they are free of charge for blood donors and for people with HIV and other chronic illnesses. Hepatitis B and hepatitis C tests are compulsory for blood donors.

Publicly funded treatment is not available for hepatitis B or hepatitis C.

The following drug for treating hepatitis B is on the national essential medicines list or subsidized by the government: tenofovir. No drug for treating hepatitis C is on the national essential medicines list or subsidized by the government.

The Government of the United Republic of Tanzania welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).