

Country Situation

Background Statistics

HIV prevalence - adults (ages 15-49) ^[1] *	5.6% [5.3-6.1%]	2009
HIV prevalence - pregnant women (all ages) ^[2] *	5.5%	2009
Number of women living with HIV delivering ^[3]	96,000	2011
Est. # children (ages 0-14) living with HIV ^[1] *	160,000 [83,000-240,000]	2009
Maternal mortality ratio ^[4]	460/100,000	2010
Est. annual births ^[5]	1,862,000	2010
Infant mortality rate ^[6]	50/1,000	2010
Under-5 mortality rate ^[7]	72/1,000	2010

Adult HIV prevalence (ages 15-49) in Tanzania, estimated at 5.6% in 2009, has declined slightly from 6.5% in 2005^[1]. HIV prevalence is much higher in urban (8.7%) than rural (4.7%) areas, and females are more likely to be HIV positive than males (6.8% vs. 4.7% respectively)^[8]. Prevalence is higher among adults from the richest economic quintile as compared with the poorest economic quintile^[8]. Between 2009 and 2011, Tanzania has seen a 19% decline in new paediatric HIV infections – from 26,900 to 21,900. HIV prevalence among pregnant women was 5.5% in 2009^[3].

Tanzania is scaling up its PMTCT programme, mainly through integrating PMTCT services into MNCH services. By 2010, the majority (90.4%) of ANC facilities had integrated PMTCT services^[9]. HIV testing among pregnant women increased from 14% in 2005 to 86% in 2010^[10], and 74% of pregnant women living with HIV received ARVs for PMTCT in 2011^[2].

Tanzania has adopted WHO Option A regimen for prophylaxis and a costed national PMTCT scale-up plan (2011-2015) is in place^[11]. Given the high level of PMTCT service coverage in Tanzania, the country is well placed to achieve Global Plan targets by 2015.

Reaching High Level Targets

Global 2015 Targets

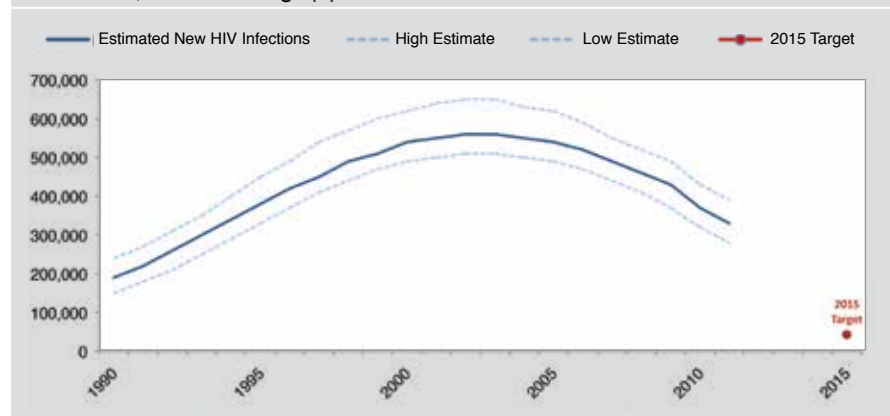
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

Globally, an estimated 330,000 children were newly infected with HIV in 2011 – down 24% from the 430,000 new infections in 2009. New paediatric HIV infections rose consistently until peaking at 560,000 in 2002 and 2003. Despite the significant progress that has been achieved, much more progress is needed in order to achieve that Global Plan target of a 90% reduction in the number of new HIV infections in children by 2015^[11].

Figure 1: Estimated number of new paediatric HIV infections globally (ages 0-14), 1990-2011, and 2015 target^[11]



Source: UNAIDS, unpublished HIV estimates, 2012

Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections ^[3]	26,900	–	21,900	–	–	–	–
	Number HIV-associated maternal deaths ^[4]	4,000 (2005)	3,000	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	6% ^[13] (2008)	5% ^[4]	–	–	–	–	–
	ART coverage among children (ages 0-14) ^[3]	12%	–	14%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) ^[3]	0.69%	–	0.69%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49)	24% ^[14] (2005)	25% ^[15]	–	–	–	–	–
Prong Three	Mother-to-child transmission rate ^[3]	29%	–	23%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) ^[3]	34% ^a	–	74%	–	–	–	–
	Breastfeeding ARV Coverage ^[3]	7%	–	17%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment ^[3]	18%	–	40%	–	–	–	–

PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

Background Statistics

Young people (ages 15-24) HIV prevalence _[11] *	Female: 3.9% [3.1-5.3%]	2009
	Male: 1.7% [1.3-2.3%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months _[15]	Female: 32%	2010
	Male: 36%	2010
Male partners of pregnant women attending ANC tested in last 12 months _[16] *	Male: 18%	2010
Unintended pregnancies (ages 15-49) _[15]	Female: 24%	2010

Key Points

HIV incidence in women (ages 15-49) was 0.70% and 0.68% in 2009 and 2010 respectively. Among young people (ages 15-24), HIV prevalence was more than two times higher in females (3.9%) than males (1.7%) in 2009 and condom utilization at last sex among young people reporting multiple partners in the last year was slightly lower among females (32%) than males (36%) in 2010. The rate of unintended pregnancies was high (24%) in 2010, indicating unmet need for family planning and reproductive health services.

PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

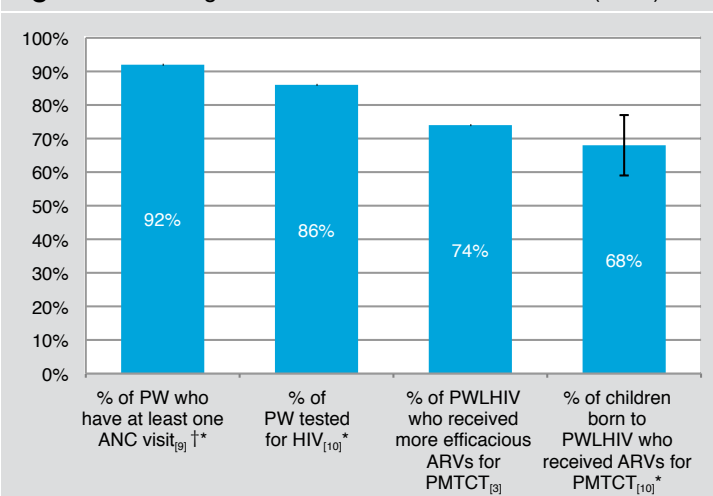
Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

Background Statistics

Timing of 1 st ANC visit (months) _[15]	No ANC:	2%	2010
	<4 months:	15%	
	4-5 months:	50%	
	6-7 months:	31%	
	8+ months:	3%	
	DK:	<1%	
Percentage of women attending at least 4 ANC visits during pregnancy _[15]	Total:	43%	2010
	Urban:	55%	
	Rural:	39%	
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) _[10] *	86%	2010	
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT _[10] *	68% [59-77%]	2010	
Skilled attendant at delivery (%) _[15]	49%	2010	
Exclusive breastfeeding for infants <6 months _[15]	50%	2010	

Figure 2: Coverage of selected PMTCT interventions (2010)



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

Key Points

Most pregnant women in Tanzania (92%) attended at least one ANC visit while only 43% attended at least four visits, as recommended by the WHO. Women in urban areas were more likely than women in rural areas to attend four ANC visits (55% vs. 39%). In 2010, most of these women (86%) were tested for HIV. In 2011, 74% of pregnant women living with HIV received more efficacious ARV regimens for PMTCT—up from 34% in 2009. Only about half of pregnant women (49%) delivered with a skilled birth attendant in 2010 and the maternal mortality ratio (460/100,000) is high.

PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing ^[16] *	15%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth ^[10] *	16% [14-18%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth ^[10] *	22% [20-26%]	2010

Key Points

Only 15% of pregnant women with HIV were assessed with CD4 testing to determine if they were in need of treatment for their own health. Among pregnant women living with HIV who received ARVs for PMTCT, 17% received ART for their own health and 28% still received single dose nevirapine, a regimen no longer recommended by WHO, in 2010. Although coverage of early infant diagnosis has increased from 13% in 2009 to 22% in 2010, it is still very low. Similarly, paediatric ART coverage is still low, although it increased slightly from 12% in 2009 to 14% in 2011.

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010^[16]*

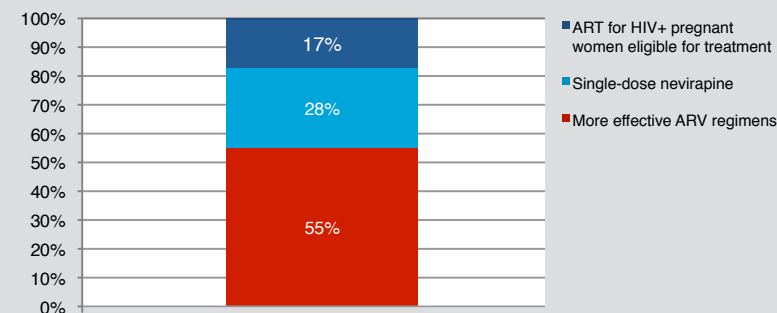
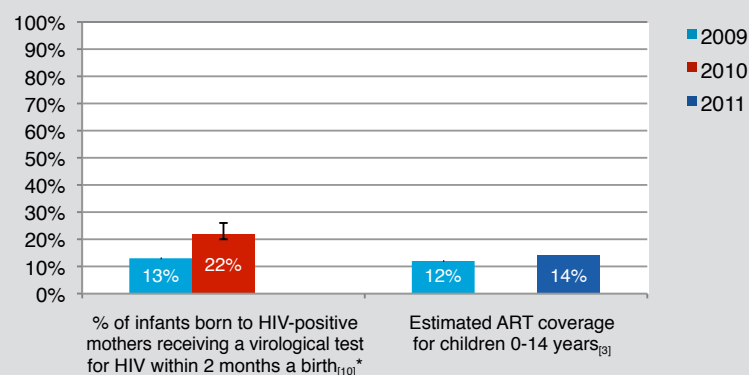


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges

A number of women and their children are still not reached with PMTCT services despite high facility (90.4%) and ANC1+ (>95%) coverage

Low performing MNCH antenatal and postnatal service delivery systems despite high ANC1+ coverage. ANC4+ (42.8%), ARVs for PMTCT (59%), CD4 for HIV+ pregnant women (15%), EID (22%), paediatric ART (18%) and family planning service coverage is still low.

Poor quality of PMTCT services as a consequence of inadequate approaches to service provision along the maternal and child care continuum resulting in limited access to CD4 and provision of suboptimal ARV regimens to women especially to those in need of ART

Weak national and subnational M&E systems hindering programme performance assessment and tracking of progress towards eMTCT targets

The Bottom Line

If national EMTCT targets for Tanzania are to be met by 2015, the following actions should be considered:

Further expansion of PMTCT services to all ANC settings through facility and community-based approaches informed by identification of population groups and areas with unmet needs

Strengthen capacity within MNCH services for the delivery of quality MNCH/PMTCT antenatal and postnatal follow up care focusing on innovative approaches for improving retention to clinic visits and the integration of FP

Adopt and implement optimal policy direction and programmatic approaches that will increase access to optimal ARV regimens for women and their infants prioritizing simplification and efficiency

Strengthen national and subnational monitoring systems to improve collection, analysis and use of data for decision making and progress tracking

References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010
- 2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
- 3 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS 2012*
- 4 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
- 5 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World, 2012*
- 6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
- 7 Liu L, Johnson HL, Cousens S, et al, for the Child Health Epidemiology Reference Group of WHO and UNICEF. *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000*. Lancet 2012
- 8 Joint United Nations Programme on HIV/AIDS, *The HIV Epidemic in Tanzania Mainland: Where Have We Come From, Where is it Going, and How are We Reponding? 'Tunakotokea, tunaelekea wapi na tunachokifanya ni nini?'*, Final Report, 2008.
- 9 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011
- 10 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 11 United Republic of Tanzania, Ministry of Health and Social Welfare, Tanzania Elimination of Mother to Child Transmission of HIV plan, 2011-2015 (unpublished).
- 12 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
- 13 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2010*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010
- 14 Tanzania Demographic and Health Survey 2004-2005, Final Report
- 15 Tanzania Demographic and Health Survey 2010, Final Report
- 16 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector*. unpublished estimates, 2011

Notes:

- * Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.
- ^a 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:

- ANC: Antenatal care
- ART: Antiretroviral therapy
- ARVs: Antiretroviral prophylaxis
- CTX: Co-trimoxazole prophylaxis
- EID: Early infant diagnosis
- EMTCT: Elimination of mother-to-child transmission of HIV
- FP: Family planning
- L&D: Labour and delivery
- MMR: Maternal mortality ratio
- MNCH: Maternal, newborn and child health
- PMTCT: Prevention of mother-to-child transmission of HIV
- PWLHIV: Pregnant women living with HIV
- SRH: Sexual and reproductive health
- WHO: World Health Organization