Country Situation

Background Statistics

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2009 Baseline (or last available data)</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number new paediatric HIV infections</td>
<td>26,900</td>
<td>–</td>
<td>21,900</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Number HIV-associated maternal deaths</td>
<td>4,000 (2005)</td>
<td>3,000</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Percentage of under-5 deaths due to HIV</td>
<td>6% (2008)</td>
<td>–</td>
<td>5%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>ART coverage among children (ages 0-14)</td>
<td>12%</td>
<td>–</td>
<td>14%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>HIV incidence in women (ages 15-49)</td>
<td>0.69%</td>
<td>–</td>
<td>0.69%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Percentage of married women with unmet need for family planning (ages 15-49)</td>
<td>24%  (2005)</td>
<td>25%  (2015)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
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<td>Percentage of married women with unmet need for family planning (ages 15-49)</td>
<td>24% (2005)</td>
<td>25% (2015)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

Adult HIV prevalence (ages 15-49) in Tanzania, estimated at 5.6% in 2009, has declined slightly from 6.5% in 2005. 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). Prevalence is higher among adults from the richest economic quintile as compared with the poorest economic quintile. 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.

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. HIV testing among pregnant women increased from 14% in 2005 to 86% in 2010, and 74% of pregnant women living with HIV received ARVs for PMTCT in 2011.

Tanzania has adopted WHO Option A regimen for prophylaxis and a costed national PMTCT scale-up plan (2011-2015) is in place. 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.

Global Plan Targets, Baseline and Current Status

<table>
<thead>
<tr>
<th>Prong</th>
<th>Indicators</th>
<th>2009 Baseline (or last available data)</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prong One</td>
<td>HIV incidence in women (ages 15-49)</td>
<td>0.69%</td>
<td>–</td>
<td>0.69%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Prong Two</td>
<td>Percentage of married women with unmet need for family planning (ages 15-49)</td>
<td>24% (2005)</td>
<td>25% (2015)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Prong Three</td>
<td>Mother-to-child transmission rate</td>
<td>29%</td>
<td>–</td>
<td>23%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Prong Four</td>
<td>Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine)</td>
<td>34% a</td>
<td>–</td>
<td>74%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Prong Five</td>
<td>Breasfteeding ARV Coverage</td>
<td>7%</td>
<td>–</td>
<td>17%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Prong Six</td>
<td>ART coverage among HIV+ pregnant women in need of treatment</td>
<td>18%</td>
<td>–</td>
<td>40%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>
Background Statistics

<table>
<thead>
<tr>
<th>Topic</th>
<th>Female (%)</th>
<th>Male (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people (ages 15-24) HIV prevalence[*]</td>
<td>3.9% [3.1-3.3%]</td>
<td>1.7% [1.3-2.3%]</td>
<td>2009</td>
</tr>
<tr>
<td>Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months[9]</td>
<td>32%</td>
<td>36%</td>
<td>2010</td>
</tr>
<tr>
<td>Male partners of pregnant women attending ANC tested in last 12 months[5]</td>
<td>18%</td>
<td></td>
<td>2010</td>
</tr>
<tr>
<td>Unintended pregnancies (ages 15-49)[15]</td>
<td>24%</td>
<td></td>
<td>2010</td>
</tr>
</tbody>
</table>

Global 2015 Targets

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

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.
Program Status According to PMTCT Prongs

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: 15% in 2010
- Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth: 16% [14-18%] in 2010
- Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth: 22% [20-26%] in 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, pediatric ART coverage is still low, although it increased slightly from 12% in 2009 to 14% in 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 suboptimum 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

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

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

Tanzania
References:
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
9 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011
12 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
14 Tanzania Demographic and Health Survey 2004-2005, Final Report
15 Tanzania Demographic and Health Survey 2010, Final Report

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