United Republic of Tanzania: PMTCT

**Statistics, 2010**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
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<tbody>
<tr>
<td>Estimated # of children (0-14) living with HIV</td>
<td>160,000 (83,000 - 240,000)</td>
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<tr>
<td>Population</td>
<td>43,739,000</td>
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<tr>
<td>Annual births</td>
<td>1,812,000</td>
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<tr>
<td>Neonatal mortality rate</td>
<td>35/1,000</td>
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<td>Infant mortality rate</td>
<td>69/1,000</td>
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<td>Under 5 mortality rate</td>
<td>108/1,000</td>
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<tr>
<td>Maternal mortality ratio</td>
<td>790/100,000</td>
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<tr>
<td>Adult (15-49) HIV prevalence</td>
<td>5.6% (5.3% - 6.1%)</td>
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<tr>
<td>HIV prevalence young people (15-24 yrs): female</td>
<td>3.9% (3.1% - 5.3%)</td>
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<tr>
<td>HIV prevalence young people (15-24 yrs): male</td>
<td>1.7% (1.3% - 2.3%)</td>
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<tr>
<td>Estimated # of pregnant women living with HIV</td>
<td>84,000 (45,000 - 120,000)</td>
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<tr>
<td>Exclusive breastfeeding for infants &lt;6 months</td>
<td>41%</td>
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<tr>
<td>Comprehensive knowledge about HIV (15-24 yrs): female</td>
<td>30%</td>
</tr>
<tr>
<td>Comprehensive knowledge about HIV (15-24 yrs): male</td>
<td>42%</td>
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<tr>
<td>Condom use at last higher-risk sex (15-24)</td>
<td>female: 46%</td>
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</tbody>
</table>
| % of women attending at least 4 ANC visits during pregnancy | Overall: 82%
Urban: 71%
Rural: 59% |

**POLICY ENVIRONMENT**

- Costed PMTCT scale-up plan: 2009-2013
- Final decision on WHO Option A or Option B pending.

**BUDGET ENVIRONMENT**

- Global Funds (GFATM) recipient: R 1.4 & 8 (7)
- Re-programming of GFATM R8 funds underway (6)
- PEPFAR Program Country & Plus Up Funds recipient (8)

**Domestic Health Financing**

- Govt expenditure on health, as percent of total govt spending: 18.4% (3)

**THE BOTTOM LINE**

If Tanzania is to meet its targets for PMTCT in 2013, there is need for:
- **✓ continued efforts to prevent new infections among young women, and improved access to family planning services** among women living with HIV
- **✓ improved access to ANC and skilled attendants at delivery** for all women, regardless of wealth status and place of residence.
- **✓ accelerated expansion of PMTCT services to all ANC and delivery sites**
- **✓ improved quality and continuity of timely care for the mother and the child.**

**National Targets by 2013 (1)**

- ≥80% of HIV-positive pregnant women receive ARVs by 2013
- ≥80% of all HIV-exposed infants receive prophylactic ARVs
- ≥80% of all pregnant women attending ANC are screened for HIV
- ≥50% of male partners of women identified as HIV-negative through PMTCT are tested for HIV
- ≥80% of HIV-infected women enrolled in PMTCT receive family planning and prevention services
- ≥50% of sexual partners of women identified as HIV-positive are offered HIV testing and counselling

**Strategic Focus of National Plan (1)**

- Strengthen supply chain management;
- Develop institutional human resource capacity in PMTCT and paediatric HIV care, treatment and support;
- Integrate PMTCT and paediatric HIV care, treatment and support services at all levels; and
- Strengthen community mobilization.

**HIV infections in adults appear to be declining; risk is highest in urban areas**

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<tr>
<td>Adult HIV (15-49) prevalence (%)</td>
<td>3.0%</td>
<td>2.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>0.5%</td>
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Adult HIV prevalence has been on the decline, and in 2009, about 5.6% of adults were living with HIV. The prevalence was 3.9% in young women (15-24 yrs), and 1.7% in young men. Urban adult populations are almost twice as affected as adult residents of rural areas.

**More women need to receive skilled care during pregnancy; many more also need skilled care during delivery**

Percentage of pregnant women attended at least once during pregnancy (2007-2009) & % of births attended by skilled health personnel (2004/2005)

- ≥80% of HIV-infected women enrolled in PMTCT receive family planning and 
  prevention services, though too many babies are getting lost along the continuum of care
- Testing of pregnant women and has increased over three-fold since 2006

- Testing of pregnant women has increased over three-fold since 2006, reaching 66% of women in 2009. This data suggests high acceptance of testing at ANC sites that offer HIV-testing services.

**Less effective anti-retroviral (ARV) regimens are still the mainstay; too few pregnant women living with HIV receive treatment for their own health and too many are still receiving single-dose nevirapine**

- Distribution of ARV regimens received by pregnant women living with HIV (2009) (14)

- In 2009, 11% of HIV-positive pregnant women received ARVs for their own health, or highly active anti-retroviral therapy. Single-dose nevirapine is still being provided to 46% of HIV-positive pregnant women.

**Steady progress is being made in reaching more mothers and babies with PMTCT services, though too many babies are getting lost along the continuum of care**

- 70% of pregnant women living with HIV received ARVs for PMTCT in 2009; this stands in stark contrast to the approximately 51% of HIV-exposed infants that were reached with ARVs for PMTCT. With continued efforts to reach women with PMTCT ARVs, and renewed commitment to closing the gap in access between the mothers and the infants, national targets for PMTCT can be met.
References


[4] Tanzania HIV/AIDS and Malaria Indicator Survey 07/08, p 121


[18] Personal Communication with UNICEF East and Southern Africa Regional Office
