TOWARDS A TANZANIA WITH NO NEW HIV INFECTIONS

Tanzania is making good progress in containing its AIDS epidemic. The national prevalence among the general population (15–49 age group) is estimated to have dropped from 7.1 per cent in 2004 to 5.7 per cent in 2008. Data from the 2010 Tanzania Demographic Health Survey suggests significant improvement in some key areas, which may reduce adolescent vulnerability to HIV and AIDS. Over 50 per cent of sexually active adolescent girls used a condom during their last sexual encounter – a 32 per cent increase since 2004. The data indicates that condom use by sexually active adolescent boys also rose by more than 17 per cent during the same period. The TDHS 2010 data suggests that high-risk sex practices have decreased with the proportion of girls aged 15 to 19 years having sex with more than two partners falling from five per cent in 2004 to two per cent in 2010.

Nevertheless, although HIV prevalence has slightly decreased, many challenges still exist in Tanzania’s effort to achieve reduction in new HIV infections. It is estimated that about 100,000 Tanzanians between 15–49 years are infected with HIV each year. On the Tanzania Mainland, approximately 80 per cent of HIV infections arise from sexual contact between HIV-infected and uninfected individuals, with mother-to-child transmission accounting for 18 per cent and 2 per cent through others.

About 1.4 million people are currently living with HIV, and approximately 11 per cent of them are children under 15. Among young people aged 15 to 24 years, the average HIV prevalence is 3.6 per cent and is significantly higher among females than males. For example, the HIV prevalence among women aged 23 to 24 years is as high as 7 per cent compared with 2 per cent among males.

While almost all young people aged 15 to 24 years have heard about HIV and AIDS, relatively few know enough to protect themselves against infection. According to 2010 data, among young people aged 15–24 years only 48 per cent of girls and 43 per cent of boys have comprehensive knowledge of HIV and AIDS. Comprehensive knowledge increases with education. Almost 60 per cent of young people aged 15 to 24 years with secondary or higher education possesses comprehensive knowledge of HIV and AIDS, compared to only 21 per cent of youth with no education.
Sexual violence and HIV Risks

Childhood sexual violence has been associated with sexual risk taking behaviour in adolescence and adulthood. Sexual violence increases a victim's risk of not only contracting sexually transmitted infections, including HIV. It also undermines self-esteem and feeling of self-worth. According to results from the national survey on Violence Against Children in Tanzania, girls and boys who experienced childhood sexual violence (reported at about 28 per cent and 13 per cent respectively) are more likely to engage in sexual risk taking behaviour. This may include engaging in unprotected sex, having multiple sexual partners and sex with casual partners, engaging in transactional sex, and in substance abuse. All of these behaviors are likely to increase the risk of HIV acquisition.

HIV and AIDS in Zanzibar

Prevalence of HIV and AIDS in Zanzibar has stabilised at less than 1 per cent since 2002. Zanzibar’s HIV epidemic is concentrated in certain groups, including sex workers (prevalence of 10.1 %), drug users (particularly injecting drug users at 16.1 %) and men who have sex with men (12.3 %). Reaching these most at risk populations has been a challenge due to stigma and discrimination and social and cultural taboos associated with these groups. Young people are also regarded as being at heightened risk of contracting HIV not only due to risk behaviours related to early sexual debut, unprotected sex with multiple partners and experimentation with drugs but also due to low awareness of the risks of HIV transmission. Early marriage, sexual abuse and gender inequality undermines negotiation and decision-making powers that increase the vulnerability of girls. Data on the number of children living with HIV and paediatric AIDS in Zanzibar is scarce and not easily available. This complicates the possibility of reaching all children requiring services.

Mother to Child Transmission of HIV

Elimination of HIV transmission from mother to child (PMTCT) reduces infant mortality and is a first line of defence against the spread of the epidemic. Most children acquire HIV from their mothers during pregnancy, birth or through breastfeeding. Without care and treatment most of these babies will die in the first two years of life. Many die at home before they have been properly diagnosed and treated. Mother-to-child transmission accounts for about 18 per cent of the new HIV infections in Tanzania. With more than 1.7 million births annually and HIV prevalence among antenatal women at 8.2 per cent, approximately 140,600 HIV-positive women are estimated to deliver exposed infants annually in Tanzania.

Good progress has been made in scaling up quality PMTCT services. About 85 per cent of reproductive and child health facilities nationwide have integrated PMTCT services, up from 78 per cent in 2009. In addition, 25 per cent of these facilities are using more efficacious treatment regimens for PMTCT and providing early infant diagnosis, compared with only 10 per cent in 2009. Improving quality of PMTCT services is paramount if Tanzania is to achieve virtual elimination of mother to child transmission of HIV.

Paediatric HIV care and treatment

Nearly 335,000 people living with HIV were reported to be receiving Anti-Retroviral Treatment (ART) in June 2010. Only 25,000 of these were children under 15 which represents only one third of the estimated number of children who are in need of ART. Early infant diagnosis of HIV is a crucial step in the continuum of care, and is essential for ensuring children receive the treatment they need. Currently, due to insufficient training and lack of accessible equipment, only about one in five HIV exposed children are tested for HIV by age of 8 weeks and this significantly limits their access to care and treatment.

Most vulnerable children

By 2009, an estimated 2.6 million Tanzanian children were orphans, including 1.3 million who had lost one or both parents as a result of AIDS. Over half of these children are living with grandparents and 30 per cent with other relatives, yet these children are still more vulnerable to poverty, sexual abuse and poor nutrition than children who live with both parents. Twelve per cent of children orphaned by AIDS are estimated to be heading households. By end of 2009, more than 700,000 children had been identified as “most vulnerable” following a criteria and identification process implemented by communities. Responses to these vulnerable children, however, have emphasised material needs, such as school fees and clothing, and have not addressed the significant protection risks. Most of this support has also missed the most vulnerable youngest children.
WHAT IS UNICEF DOING

Guided by a rights based approach UNICEF supports the Government in the implementation of the National Multi-Sectoral Strategic Framework (2009–2012) and focuses on four aspects of HIV and AIDS: prevention, care, treatment and protection. This programme focus extends from pregnancy through to infancy, adolescence and youth, and includes mothers as well as children.

Elimination of mother to child transmission of HIV

Expanding access to quality Prevention of Mother-to-Child HIV Transmission (PMTCT) services is the key to slowing down the HIV epidemic in children. UNICEF’s support has been instrumental in the development of the guidelines and frameworks to strengthen service provision for maternal, new-born and child health and to ensure alignment to the global agenda for elimination of new infections. As a result, the national PMTCT and Paediatric AIDS scale up plan and existing PMTCT guidelines have been reviewed to integrate the 2006 WHO recommendations and guidelines for early HIV diagnosis and care among infants.

UNICEF continues to support the government in implementing a sustainable, comprehensive and community-based PMTCT package that integrates care, treatment and support. This includes access to information and quality PMTCT services; improving access to antiretroviral drugs for pregnant women, their children and families, promotion of male involvement in PMTCT programmes, and providing quality continuing care and treatment support within a community setting.

Paediatric HIV care and treatment

In order to strengthen Paediatric AIDS interventions in Tanzania, it is important to accelerate Early Infant Diagnosis services, prevent loss to follow up of mother-baby pairs and ensure care/treatment interventions are available. UNICEF works with the Ministry of Health and Social Welfare to expand and strengthen early HIV diagnosis and treatment, including helping to train health workers and establish treatment guidelines to improve treatment coverage for HIV positive children.

Prevention among adolescents and young people

UNICEF supports the Tanzania Commission for AIDS (TACAIDS), Ministry of Education and Vocational Training, Ministry of Health and other key sectors to prioritize and focus resources on those adolescents who are most at risk and vulnerable to HIV infection to ensure that they can access and use prevention information, skills and services. UNICEF support was instrumental and strategic in the development of the National Multi-Sectoral HIV Prevention Strategy; the National Life Skills Education Framework; and the National Adolescent Reproductive Health Strategy (2011–2015).

UNICEF continues to strengthen the capacity of key implementing partners at the national level and high HIV prevalence regions/districts for coordination and implementation of comprehensive and evidence based prevention programmes. UNICEF is currently working with TACAIDS and other key stakeholders to: develop
national behaviour change communication guidelines, to
design a comprehensive and co-ordinated programme
for adolescent girls for prevention of HIV, adolescent
pregnancy, and sexual violence; to conduct a situation
analysis of adolescents and young people living with
HIV to provide an understanding of their needs and
available services, and to provide programmatic and policy
recommendations for more effective and appropriate
strategies for comprehensive delivery of services. UNICEF
is also working closely with local government authorities,
NGOs and communities to support interventions to
reduce vulnerability and prevent HIV infection, unwanted
pregnancies and sexual violence among adolescent girls
in and out of school through life skills education, services,
and behaviour and social change communication.

**Protection, care and support of vulnerable children**

UNICEF works with the government to improve national
and community-level responses for most vulnerable
children including children affected by AIDS. UNICEF
advocacy and technical expertise is instrumental in
ensuring the new National Costed Plan of Action for Most
Vulnerable Children (2011–2015) is HIV-sensitive, that it
links HIV issues with child protection system development
and includes measures to protect the most vulnerable
children and their families.

**Impact with equity**

The Government of Tanzania and UNICEF Country
Programme is integrated into the 2011–2015 United
Nations Development Assistance Plan (UNDAP) in Tanzania.
With a clear focus on children, adolescents and young
people, especially girls, and other vulnerable groups, the
programme supports the scale-up of an evidence-based
and comprehensive national HIV and AIDS response on
PMTCT and Paediatric AIDS, HIV prevention, and care and
support for orphans and vulnerable children. In keeping
with the organization’s equity agenda, UNICEF will address
disparities of HIV vulnerability among children, adolescents
and young people and women in the hardest to reach
areas. Scale up of HIV Prevention and Life Skills and
PMTCT will focus on high HIV prevalence regions.
“To have a society in which our children can grow up free from the threat of HIV and AIDS and which cares for and supports all those who are still infected and affected by HIV and AIDS.”

TANZANIA COMMISSION FOR AIDS (TACAIDS)

KEY RESULTS FOR CHILDREN AND AIDS BY 2015

PMTCT and Paediatric AIDS

- Supporting increased coverage of quality PMTCT services with roll out of a more efficacious regimen in high HIV prevalence regions towards achieving the virtual elimination of MTCT.

- Building skills of over 1,000 regional and district health staff to plan, implement and monitor PMTCT interventions in order to virtually eliminate MTCT in high HIV prevalence regions.

- Ensuring 10,000 HIV-positive pregnant women and their newborns receive ARV to prevent mother-to-child transmission of HIV.

- Ensuring 50,000 children under 15 years of age living with HIV are receiving Early Infant Diagnosis, care and treatment.

- Supporting community-based interventions as continuum of HIV care.

- Capacity building of service providers in public sector, civil society organizations and networks serving people living with HIV and AIDS to increase service use by the Most at Risk Populations.

Prevention

- Building skills of 450 regional and district level officials to align HIV prevention interventions with the National Multi-Sectoral HIV Prevention Strategy, and plan, implement and monitor interventions targeting adolescents and young people.

- Reaching about 500,000 adolescents in and out of school in high HIV prevalence regions with key HIV prevention messages, skills and services.

- Supporting establishment of 400 adolescent girls clubs in communities and schools in high HIV prevalence regions.

- Providing 10,000 adolescents and young people who are most at risk with necessary skills and quality services for HIV prevention, care and support in both mainland and Zanzibar.

Protection, care and support for MVC

- Supporting the new National Costed Plan of Action (NCPA) for most vulnerable children (MVC), and link with the broader Child Protection System.

- Build the capacity of implementing partners to monitor, update the National HIV Database.

FUNDING GAP (USD) 2011–2015

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<tr>
<th>Programme intervention</th>
<th>Funds required</th>
<th>Funding gap</th>
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<td>Expand coverage of quality PMTCT and Paediatric care services</td>
<td>7,200,000</td>
<td>4,640,000</td>
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<td>HIV care and treatment</td>
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<td>HIV prevention and behaviour change among adolescents and young people</td>
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<td>Most at risk populations in Zanzibar</td>
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<tr>
<td>Evidence base National HIV/AIDS response</td>
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<td><strong>Total Children and AIDS</strong></td>
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<td><strong>11,380,000</strong></td>
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