

unicef   
for every child



**HIV**  
and  
**AIDS**



# HIV and AIDS



## General information

**1,700,000**

people in Tanzania living with HIV



**99,000**

adolescents aged 10–19 years living with HIV (**57,000** females)



**93,000**

children aged 0–14 years living with HIV



HIV prevalence among people aged 15–49 years

**Overall 4.8%**



**6.0%** women



**3.6%** men



**77,000**

new HIV infections (**10,000** are among adolescents aged 10–19 years)



**8,600**

new infections among children (0–14 years)



**27,000**

AIDS-related deaths (**5,900** are among children 0–14 years)



**860,000**

orphans due to AIDS aged 0–17 years



**92%**

of pregnant women enrolled on ART for PMTCT



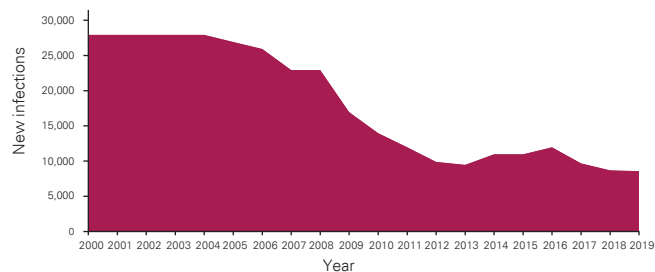
**11%**

mother-to-child transmission rate



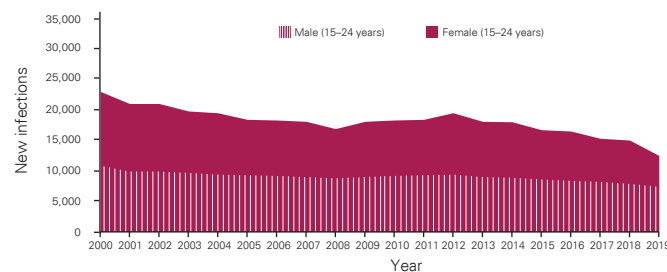
## New HIV infections among children aged 0–14 years (2000–2019)

New HIV infections among children are declining slowly.

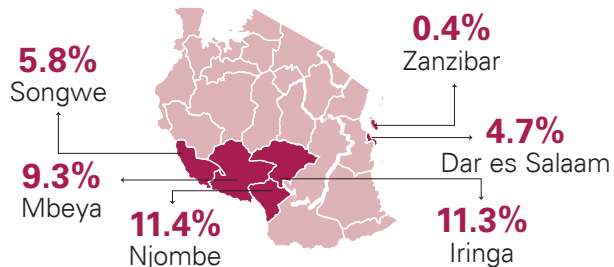


## New HIV infections among young people aged 15–24 years (2000–2019)

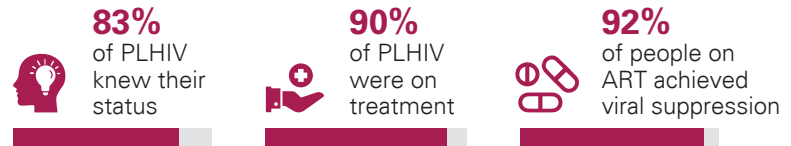
Over the last 20 years, young women continue to be twice as likely to get HIV compared to young men of the same age group.



## HIV prevalence across regions in mainland Mbeya, Iringa, Njombe and Songwe (MINS), Dar es Salaam and Zanzibar

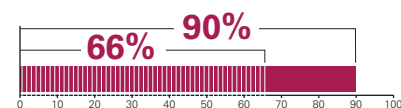


## The progress towards the 95–95–95 national goal for 2022



Progress towards the national goal of 90% for children under 15 years by 2022 compared to the national goal of 95% for adults by 2022

Children under 15 years living with HIV receiving ART



■ National percentage goal by 2022 ■ Current national percentage (as of 2019)



# What is the situation?

With 1.7 million people living with HIV in Tanzania as of 2019, Tanzania continues to be a global priority country in prevention and treatment of HIV. The national HIV prevalence among adolescents and adults aged 15–49 years decreased slightly from 5.1% in 2014 to 4.8% in 2019. Prevalence among women is higher compared to men (6.2% versus 3.7%). The number of people living with HIV increased from 1.3 million in 2010 to 1.7 million in 2019, while deaths associated with AIDS decreased from 52,000 in 2010 to 27,000 in 2019.

Over the last two decades, despite wide geographical diversity in absolute levels of incidence, adolescent girls and young women have been disproportionately affected by new HIV infections compared to male counterparts. To end new infections among the growing population of adolescents in the country, HIV prevention programmes must address the gender inequalities driving excessive risk among adolescent girls more effectively.

In mainland Tanzania, HIV prevalence varies across regions, with the southern highland regions of Njombe, Iringa and Mbeya as well as Mwanza region having much higher HIV prevalence compared to other regions. Meanwhile, HIV prevalence in Zanzibar is low with about 6,990 people living with HIV. The number of new HIV infections decreased from 82,000 in 2018 to 77,000 in 2019.

The percentage of pregnant women enrolled in prevention of mother-to-child transmission (PMTCT) services reached 92% in 2019. However, poor retention rates among pregnant and lactating mothers (67% and 83% respectively) remain a challenge, contributing towards the mother-to-child HIV infection rate of 11% in 2019 against the global target of 5%. Early infant diagnosis uptake is also low, and the paediatric antiretroviral therapy (ART) coverage of 66% in 2019 lags behind the national target of achieving 90% coverage by 2022.

Two government institutions – the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and the Tanzania Commission for AIDS (TACAIDS) under the Prime Minister’s Office – are central to addressing the HIV epidemic in the country. The TACAIDS is responsible for multi-sectoral coordination, overall resource mobilization from internal and external agents and multi-sector policy formulation. The MoHCDGEC is responsible for health-oriented planning, guidelines, policies, and oversight for NACP of HIV interventions delivered in the health sector, HIV testing and treatment services, and preventive tools such as condoms and educational materials for health workers.

In 2018, the Government of Tanzania adopted the fourth generation of National Multisectoral Strategic Framework for HIV and AIDS 2018/19 – 2022/23 (NMSF IV), which guides HIV/AIDS planning and mainstreaming by all sectors. In line with global targets, the NMSF IV is pursuing the objectives of “zero new HIV infections, zero HIV-related deaths and zero stigma and discrimination due to HIV”.

The HIV and AIDS budget is significantly reliant on external financing, in particular the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund.

# What is UNICEF doing?

## Focus on the FIRST DECADE: Infants, young children, and pregnant and lactating women

UNICEF supports the national goal of eliminating new paediatric HIV infections and keeping mothers living with HIV healthy through improved maternal, new born and child health programmes. This includes advocacy initiatives to strengthen the country PMTCT programme, including support to scale up and improve the HIV treatment and quality of care received by children living with HIV. The initiatives focus in particular on:

**Strategic planning:** UNICEF provides technical guidance to eliminate mother-to-child HIV transmission in the country and ensure improved access to ART for children living with HIV. UNICEF supports the bottleneck analysis of the national PMTCT programme and the development of the elimination of mother-to-child transmission (eMTCT) Plan II (2018–2021) launched by her excellency Vice President Hon. Samia Suluhu Hassan.

**Coordination and monitoring:** UNICEF is working with Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), Tanzania Commission for AIDS (TACAIDS), President's Office Regional Administration and Local Government (PORALG), U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Global Fund, other UN agencies and civil society organizations (CSOs) to further strengthen coordination and programmatic monitoring of the national PMTCT programme. UNICEF supports the MoHCDGEC to produce annual PMTCT programme reports and PMTCT and adolescent ART cascade analyses, in order to monitor improved access to quality, integrated HIV and reproductive maternal, neonatal and adolescent health (RMNCAH) services, and to measure progress towards eMTCT. Also, UNICEF supports the strengthening of the coordination of HIV paediatric working groups at the national and subnational levels to improve prevention and treatment outcomes in young children.

**PMTCT services:** Retention of mothers and infants enrolled in the PMTCT programme is critical to ensuring the delivery of a full continuum of HIV services. To routinely assess retention of mother–baby pairs, UNICEF supported the development of the mother-baby pair cohort monitoring system, which is part of DHIS-2 and is being implemented countrywide. The system includes an appointment register and community support, including mentor mothers. The priority is to improve retention among young women who are pregnant/lactating or already mothers, who are reported to have poorer retention as compared to older women.

**Access to paediatric HIV services:** Use of point-of-care (POC) technology in HIV diagnosis and viral load monitoring has demonstrated efficiency in HIV testing cascade for children. UNICEF provides strategic support to the Government of Tanzania in the process of adapting new technology to improve HIV diagnosis, treatment and viral load monitoring. UNICEF also works closely with partners to optimize paediatric treatment and improve family- and community-based approaches to children's health.

## Focus on the **SECOND DECADE: Adolescents and young women**

Globally, 5.8% of adolescents living with HIV are in Tanzania. Adolescence marks a period of major biological and psychological changes that can make adolescents more vulnerable to the risk of HIV infection. To strengthen adolescent empowerment and girls' rights, prevent new HIV infection, and locate, treat and retain those already living with HIV, UNICEF focuses on:

### **Advocacy, coordination and resource mobilization.**

UNICEF is working closely with government and parliamentarians to advocate for political commitment to end AIDS among adolescents and young women in the country. This runs parallel with joint coordination, monitoring and review of HIV policies, strategies and programmes at the national to subnational levels. UNICEF is a technical advisor to national Global Fund programmes as well as the PEPFAR processes to mobilize resources, promote coherence and support sustainability of high-impact HIV interventions for adolescents and young women.

**Evidence generation and use of quality data as a cornerstone for effective HIV response interventions for adolescents.** UNICEF is working with the National Institute of Medical Research (NIMR), MoHCDGEC, TACAIDS and other partners to generate evidence and up-to-date disaggregated data for informed decision-making and resource allocations for programmes and policies responsive to the needs of adolescents and young women.

### **Supporting multi-sectoral high-impact HIV programmes.**

In partnership with government and CSOs, UNICEF supports new programme models that can be scaled up. These programmes move beyond biomedical prevention to focus on structural and behavioural interventions, combining social protection with livelihood, reproductive health, and HIV and violence prevention in order to empower participants, as well as utilizing radio platforms and social media to reach and engage young people.



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**Delivering confidential health and social services for adolescents living with HIV.** UNICEF supports the testing and scale-up of HIV services for vulnerable adolescents living with HIV through youth and teen clubs, sexual reproductive health education and services, psychological support, and testing of new programme models like community ART services to bring health services closer to adolescents.

**Supporting adolescents and young pregnant women.** Adolescent HIV rates, although declining, remain high, while adolescent childbearing also remains persistently high. To address poor access to adolescent-friendly services, especially quality reproductive health services for girls who are underage, UNICEF works with partners to address vulnerabilities and risky behaviours that lead to unplanned early pregnancies, higher risks of HIV infection, severe labour complications, low birthweight babies and higher risk of maternal and perinatal death. UNICEF supports the government to scale up programmes aimed at adolescent girls and young women, focusing on priority geographical areas and scaling up improvements to retain adolescents in PMTCT programmes.

**Engaging adolescents through participatory communication and new technologies.** UNICEF supports initiatives like U-report which provides real-time messaging on sexual reproductive health and HIV services to adolescents and young people. Another is the ONGEA radio show which is a participatory behaviour and social change communication radio series drama. Adolescents can then discuss the aired content in ONGEA listenership clubs, which encourage young people to turn the lessons learnt into meaningful action.

**Galvanising partnerships** in order to focus attention on the most disadvantaged adolescent girls and boys and ensure that their voices are heard.

## What we want to achieve by 2022

**The United Nations Development Assistance Plan (UNDAP) aims to support the Government of Tanzania in improving, scaling up and ensuring equitable use of proven HIV prevention, treatment, care and support interventions in the country. Under the UNDAP, UNICEF seeks to advance HIV prevention, treatment and care for children, adolescents and pregnant/lactating women and their families. By 2022, UNICEF aims to achieve:**

- Strengthened government capacity in terms of evidence generation, resources mobilization and formulation of working policies, and strategies in place in line with global recommendations for children, women and HIV.
- Government-led scaled up access to combination HIV prevention interventions for adolescents and young women.
- Increased capacity of government and CSOs at national and subnational levels for the provision of quality HIV treatment and care interventions for children and adolescents living with HIV.