

INSIGHTS ON HIV AND SEXUAL & REPRODUCTIVE HEALTH CARE FOR ADOLESCENTS AND YOUNG PEOPLE

IN TANZANIA

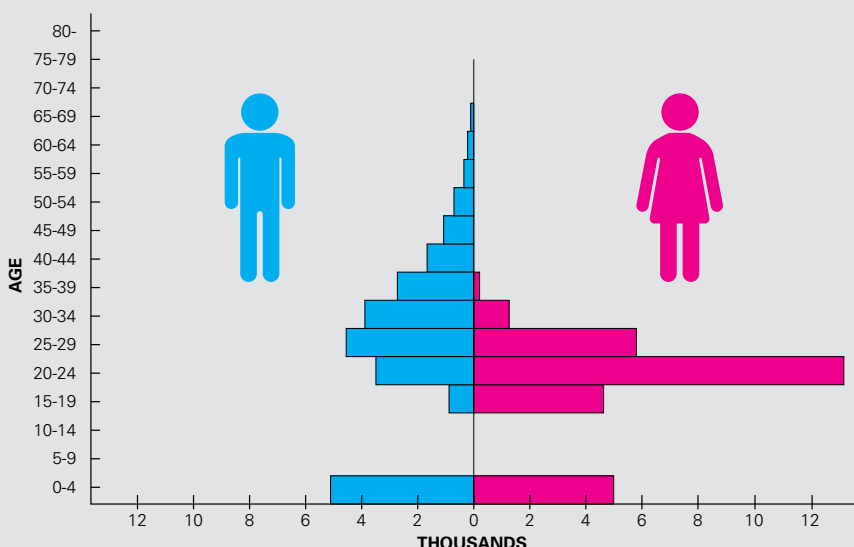
BACKGROUND

Tanzania is making good progress in reducing HIV infections among adults, but the country is lagging behind in protecting its young people. Although the HIV prevalence among 15-19 year-old adolescent boys and girls has decreased, HIV related mortality has not decreased, and the highest increase in new infections is seen in young people aged 20-24.¹

More than half of young people have initiated sexual activity by age 18 and are thus vulnerable to sexual and reproductive health problems. These problems include teenage pregnancy and early child bearing – affecting 1 in 4 teenage girls – as well as complications arising from unsafe abortions.² Adolescents in particular are at higher risk of maternal mortality and morbidity.

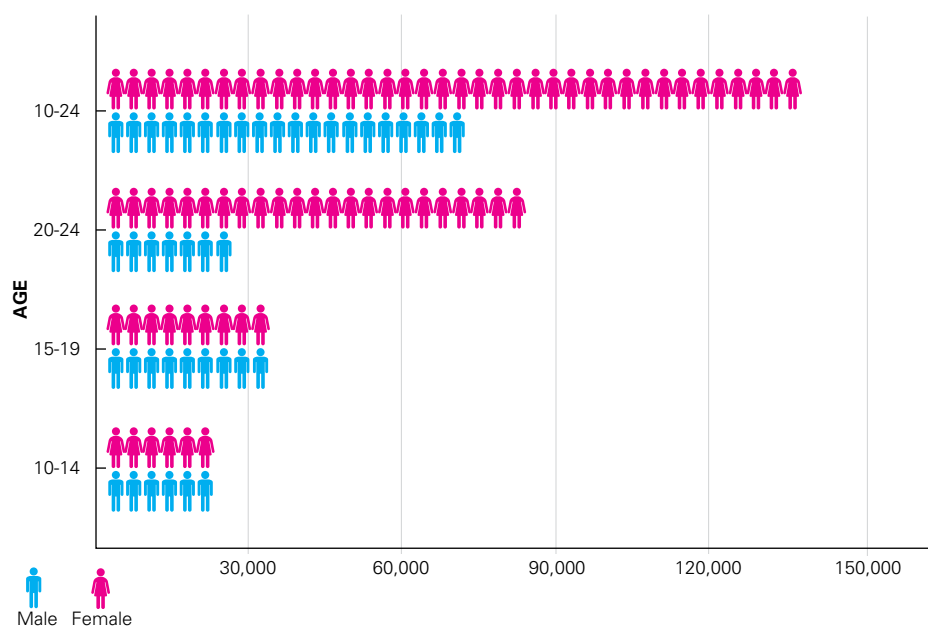
There are currently 12 million adolescents in Tanzania, making up 23% of the population; a figure that is expected to grow to nearly 30 million by 2050.³ Yet, adolescents' and young people's specific health care needs tend to be overlooked. Little is known about the extent to which young people access health care due to a limited availability of age and sex disaggregated data. As a consequence, policies and programs targeting HIV and sexual and reproductive health may fail to achieve their full intended impact.

NEW HIV INFECTIONS IN 2016



Source: UNAIDS 2017 HIV/AIDS Estimates

ESTIMATED NUMBER OF YOUNG PEOPLE LIVING WITH HIV IN TANZANIA IN 2016



Source: UNAIDS 2017 HIV/AIDS Estimates



AGE DEFINITIONS

Adolescents: 10-19
Young People: 10-24



ART Coverage: of all people living with HIV in Tanzania, 73% of women and 48% of men above 15 years are on antiretroviral treatment.

Pediatric ART coverage is 48%

Source: UNAIDS 2017 HIV/AIDS Estimates

1 UNAIDS 2017 HIV/AIDS Estimates

2 Tanzania Demographic and Health Survey 2015/16

3 UNICEF 2017 Generation 2030 / Africa 2.0 / Prioritizing investments in children to reap the demographic dividend

Findings from a **COMPREHENSIVE ABSTRACTION** of routine health data

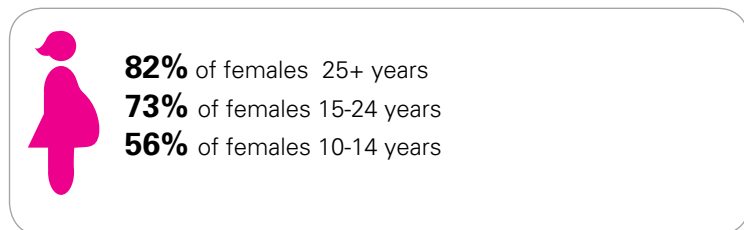
The findings presented below are based on a data abstraction exercise commissioned by UNICEF in 2016. Data were abstracted from 114 health facilities across Tanzania Mainland and Zanzibar in order to establish national estimates for young people's utilization and outcomes of HIV and sexual and reproductive health.

Gaps in **HIV TREATMENT AND CARE FOR YOUNG PEOPLE** along the treatment cascade

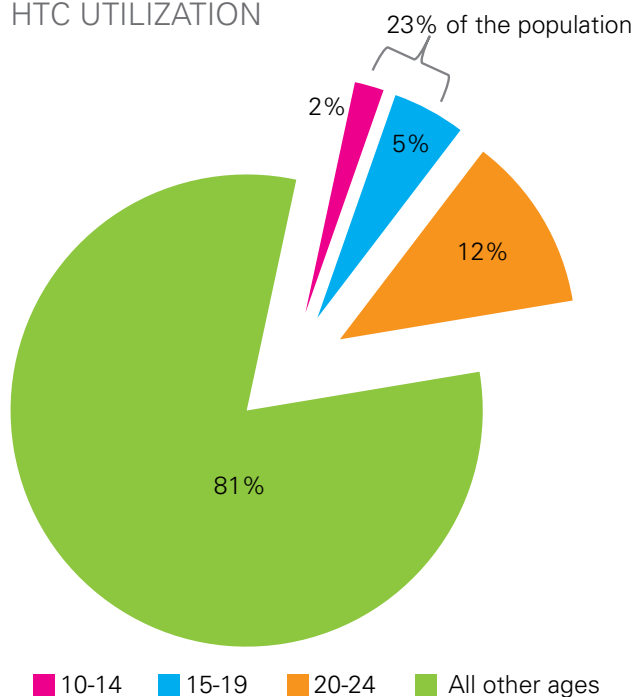
HIV Testing and Counselling (HTC)

19% of all HTC clients are young people, but only 7% of these are adolescents.

HTC in ante-natal care is received by:



HTC UTILIZATION

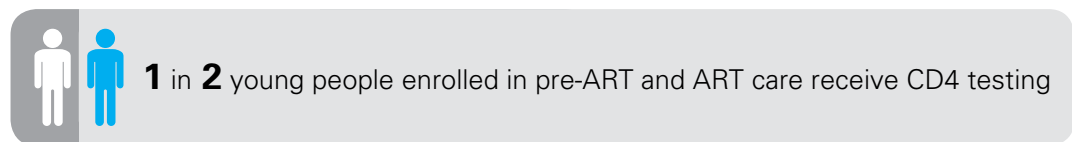


Linkage to care

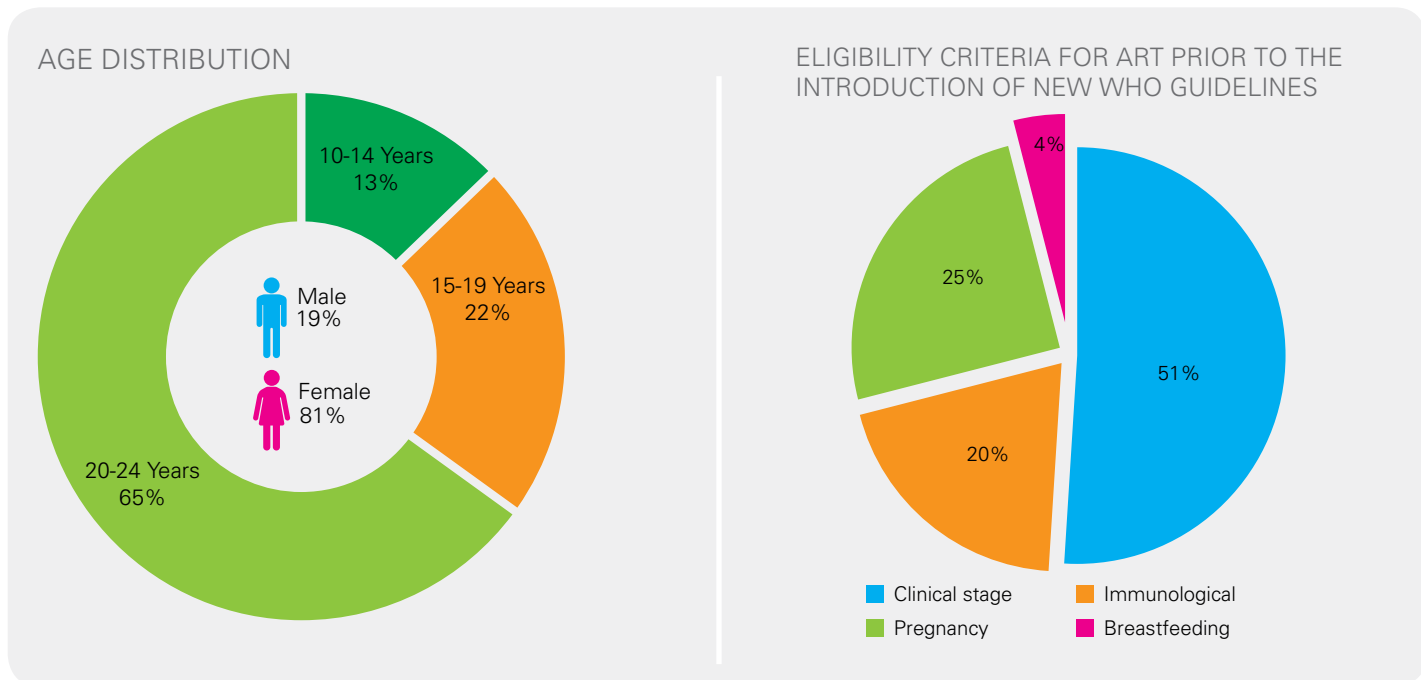
45% of young people testing HIV positive at an HTC service are referred to an ART clinic.

Pre-ART care and Antiretroviral Treatment (ART)

63% of young people testing HIV positive are enrolled in pre-ART care and 51% are initiated on ART

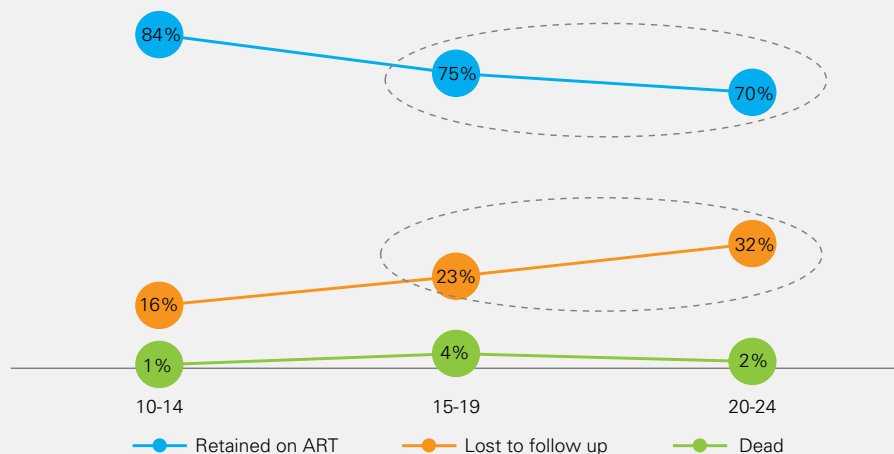


Profile of young people on ART



ART retention and health outcomes

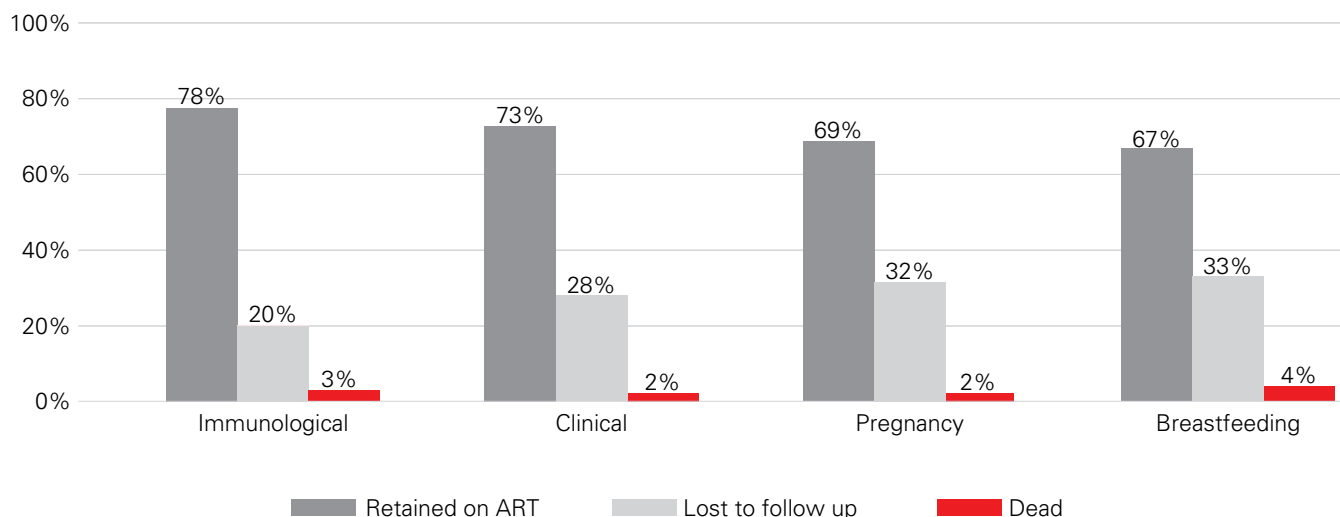
ART OUTCOMES FOR YOUNG PEOPLE AT 12 MONTHS



Retention decreases with age during the transition from adolescence to adulthood.

Young people initiated on ART due to pregnancy and breastfeeding have lower retention, more losses to follow up, and higher death rates than other young people.

ART OUTCOMES FOR YOUNG PEOPLE AT 12 MONTHS BY ART INITIATION ELIGIBILITY CRITERIA¹



Gender differences in

HIV TREATMENT and care

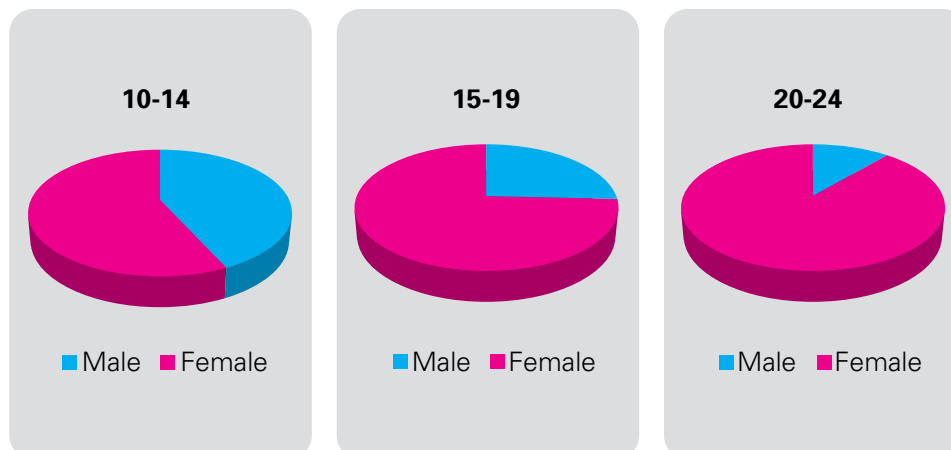


2 out of **3** young people accessing HTC are female



3 out of **4** young people enrolled into pre-ART care are female

YOUNG PEOPLE ON ART



¹ The data collected are from before WHO's new guidelines recommending test and treat were introduced

Access to **SEXUAL AND REPRODUCTIVE**

Health Care



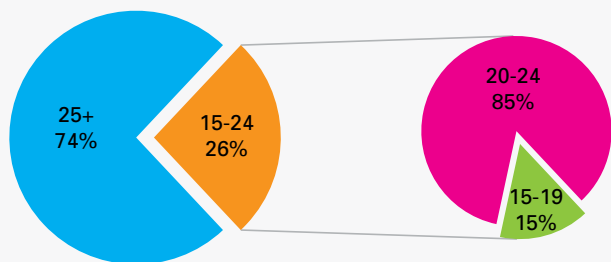
3 in 4 young family planning clients use a modern contraceptive method



83% of women **below 25 years** delivering in a health facility do so with skilled birth attendance

97% of women **above 25 years** delivering in a health facility do so with skilled birth attendance

AGE OF FAMILY PLANNING CLIENTS



Ante-natal care (ANC) is the most utilized health service among young women:

44% of all pregnant women attending ANC are between the ages of **10-24** and out of these **13%** are adolescents

The proportion of young people accessing ANC is double the proportion of young people accessing HTC

RECOMMENDATIONS

Adolescence is a time of multiple changes and transitions. Despite higher sexual risk and vulnerability, young people experience lower access to health care, and a targeted, evidence-driven response is warranted.

- Report regularly on adolescent and young people specific health indicators based on routine health facility data.** Detailed age and sex disaggregated data is available at national and sub-national level. Routine health facility data should be analyzed in five-year groupings and reported on regularly to assess progress and bottlenecks for programs targeting young people.
- Address age disparities in access to health care for adolescents and young people.** Further assessment of disparities and their causes pertaining to the five year age groups 10-14, 15-19, and 20-25 is needed and should inform design of tailored demand creation interventions and services that are responsive to these specific subgroups. Attention should be paid to gaps related to the transition between primary and secondary school, and dropping out of school.
- Gender dynamics shape risk taking and health seeking behaviour, vulnerabilities, and access to care.** Interventions need to have both targeted gender approaches as well as integration of gender into all interventions.
- Further research is necessary to understand the dynamics influencing adolescents' and young people's access to and retention in HIV treatment and care.** Low access to HIV testing, overall poor linkages to care, and a rapid drop in retention with age suggests specific challenges during the transition to adulthood. These challenges appear to be even greater for young HIV+ pregnant and breastfeeding women. Further studies should be carried out to understand contextual factors driving these trends. The extent to which access and retention is influenced by policies, service delivery models or other factors should be examined.
- Develop service delivery models that address the specific health care needs and challenges for adolescents and young people** at different ages and stages in their transition to adulthood, including pregnancy and maternity.
- Scale up targeted interventions to increase the demand for quality sexual and reproductive health services among adolescents and young people.** A high proportion of pregnancies are among this age group, but they demonstrate lower utilization of family planning services and health facility deliveries with skilled birth attendance.

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