



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	41.9 million (mid-2010)
Estimated Population Living with HIV/AIDS**	1,400,000 [1,300,000–1,500,000] (end 2007)
Adult HIV Prevalence**	6.2% [5.8–6.6%] (end 2007)
HIV Prevalence in Most-at-Risk Populations**	FSWs: 29% (19 sites) (2006) Female hospitality workers: 32% (2004)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	44% (2009)

* U.S. Census Bureau **UNAIDS ***WHO/UNAIDS/UNICEF *Towards Universal Access*, 2010

The first three cases of HIV/AIDS in the United Republic of Tanzania were reported in 1983. By 1986, the epidemic had reached all regions and spread to the general population. HIV/AIDS has had a devastating impact on all of Tanzania's socioeconomic sectors, especially among the most economically active 15- to 45-year-old populations. Since 1997, the epidemic has stabilized, and the estimated number of people living with HIV/AIDS remained approximately 1.4 million from 2001 to 2007. The overall prevalence among adults decreased slightly from 7 percent in 2003–2004 to 6.2 percent in 2007. Prevalence has also declined for every age group except 45 to 49 year olds. The estimated number of adults and children dying annually from AIDS dropped from 110,000 in 2001 to 96,000 in 2007. There are significant differences in HIV prevalence levels across geographical areas, varying from 1 to 15 percent. While the disease has much higher prevalence in urban areas (almost twice as high as rural areas), HIV infections have increased in some rural areas in the past five years.

HIV/AIDS in Tanzania is a generalized epidemic, and 80 percent of all new infections are spread through heterosexual contact. The spread of HIV is fueled by a wide range of socioeconomic factors, such as poverty and unequal income distribution, multiple concurrent partnerships, inequitable gender norms and gender-based violence, and early marriage. Among women aged 20 to 49 years, 14 percent reported first sexual intercourse by 15 years of age and 59 percent reported having sex before the age of 18. Among men of the same age group, 8 percent reported having had sexual intercourse before they were 15 years of age and 41 percent before the age of 18. More men than women reported having had two or more sexual partners in the past 12 months (18 percent of men compared with 3 percent of women.) Women are more affected than men at younger ages by the disease and experience higher HIV infection rates at all ages except 35 to 39 years old. Among the 15- to 24-year-old age group, females are four times more likely than males to be living with HIV. In 2007, HIV prevalence among young women in this age group was 0.9 percent compared with 0.5 percent among men in the same age group. Based on the 2007–2008 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS), HIV prevalence among women was 7 percent compared with 5 percent among men.

Very little data exist on the most-at-risk populations (MARPs) on mainland Tanzania. One study of female sex workers (FSWs) from 19 sites found an HIV prevalence rate of 29 percent in 2006. Another study of hospitality workers (such as women working in bars and restaurants and local brew sellers) aged 16 to 35 years found an HIV prevalence rate of 32 percent in 2004. On Zanzibar, HIV prevalence is estimated at 16 percent in injecting drug users (IDUs), but injecting drug use in Tanzania remains a relatively small, localized problem. The HIV rate is estimated at 12.3 percent among men who have sex with men (MSM) and 10.8 percent among FSWs. As expected, high-risk behaviors overlap: 13.9 percent of MSM reported injecting drugs in the previous three months, and 77.5 percent reported being paid for sex in the last year. Other groups affected by HIV on mainland Tanzania include youth, people living in poverty (34 percent of households live below the poverty line) and mobile populations who are prone to risky sexual behaviors, including commercial sex workers, petty traders, migrant workers, military personnel, and long-distance truck drivers.

Awareness of AIDS is high among men and women of all age groups on both the mainland and the Zanzibar islands. More than 98 percent of all Tanzanians aged 15 to 49 years have heard of AIDS. However, the majority of Tanzanians do not have in-depth understanding of the disease. Comprehensive knowledge of HIV/AIDS is much higher in urban areas than in rural areas and increases with higher levels of wealth and education. Stigma and discrimination pose great challenges in HIV/AIDS prevention and control. People are reluctant to seek counseling



and testing for HIV because of shame, secrecy, and denial associated with stigma. Based on the 2007–2008 THMIS, 90 percent of women and men interviewed said they would be willing to care for a family member with the AIDS virus in their home. However, only 57 percent of women and 65 percent of men said they would be willing to buy fresh vegetables from a shopkeeper who has the AIDS virus. Approximately 50 percent of women and 41 percent of men said if a family member contracted the AIDS virus, they would want to keep it a secret. In a population-based survey in 2005, fewer than 7 percent of women and men reported receiving an HIV test and test results in the 12 months before the survey. Another survey conducted in 2007 and 2008 during a national testing campaign revealed a significant increase to 19 percent of men and women who received tests and test results from the 2005 figure.

Children are affected by the epidemic by contracting HIV infection from their mothers and/or by losing a parent to the disease. Approximately 18 percent of children under 18 years old in

Tanzania are considered “most vulnerable children.” According to the Joint United Nations Program on HIV/AIDS (UNAIDS), 140,000 children under age 15 are infected with HIV. HIV/AIDS greatly increases children’s vulnerability. A growing number of Tanzanian households are headed by children because their parents died of AIDS, and many children have dropped out from school to stay home and care for sick parents. Among Tanzania’s 2.6 million orphans in 2007, 970,000 were orphaned by AIDS.

Tuberculosis (TB)-HIV co-infection complicates the care and treatment of TB and HIV/AIDS. According to the World Health Organization (WHO), the TB incidence rate in Tanzania was 190 cases per 100,000 population in 2008. Approximately 47 percent of new adult TB cases are HIV positive.

National Response

The Tanzania Commission for AIDS (TACAIDS) was established in 2001 as the coordinating body for the national response to HIV. TACAIDS aims to provide strategic leadership in formulating HIV policies, providing national-level advocacy, spearheading resource mobilization, and coordinating the country’s multisectoral HIV responses. The National AIDS Control Programme (NACP), under the Ministry of Health and Social Welfare (MHSW), coordinates the health sector’s response to HIV. The national response to the epidemic is guided by the National Multisectoral Framework (NMSF) on HIV and AIDS for 2008–2010. The NMSF’s priorities are to enhance the enabling environment for prevention, care, treatment, and support and mitigate the impact of the HIV/AIDS epidemic. Program priorities include targeting higher-risk populations such as women engaging in commercial and transactional sex, MSM, IDUs, youth, sexually abused children, widows and divorcees, prisoners, refugees and displaced people, and people with disabilities.

Tanzania initiated its first programs for the prevention of mother-to-child transmission of HIV (PMTCT) in 2000 and since then has adopted PMTCT as one of its HIV/AIDS priorities. The PMTCT program’s objectives are to increase the percentage of pregnant women living with HIV who receive antiretroviral therapy (ART) from 34 percent in 2007 to 80 percent by 2012; reduce mother-to-child HIV transmission during pregnancy, birth, and breastfeeding; ensure access to care and treatment for mother and babies; and increase child survival among HIV-exposed and -infected children. In 2003, the Tanzanian Government launched an HIV/AIDS care and treatment plan, and, in 2006 the NACP, in collaboration with other national and international partners, adopted the WHO patient monitoring system.

In 2004, ART coverage was introduced nationwide through faith-based and nongovernmental organizations, government facilities, referral hospitals, and some district hospitals. In 2009, estimated ART coverage was 44 percent. In 2007, 32 percent of HIV-positive women received ART for PMTCT. Care and treatment services began in late 2004 with plans for 96 care and treatment centers to enroll 44,000 patients. By the end of 2006, the number of centers had increased to 200, with an enrollment of more than 125,000. In March 2009, the cumulative number of clients enrolled in the centers totaled nearly 455,000.

Tanzania’s HIV/AIDS response remains highly dependent on financial and technical assistance from donors, with more than 95 percent of investment coming from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) (75 percent) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (20 percent). Other resources come from other multilateral and bilateral organizations and private charities. The majority of funding from the Global Fund and PEPFAR for 2007 to 2009 was for care and treatment (58 percent) followed by prevention (23 percent).

To date, the Global Fund has disbursed \$293.6 million to support HIV programs in Tanzania. In 2009, the Global Fund approved a \$118.7 million eighth-round grant to scale up HIV/AIDS services by strengthening the capacity and coordination of key stakeholders. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's total contributions worldwide.

USAID Support

Through the U.S. Agency for International Development (USAID), Tanzania received \$150.2 million in fiscal year (FY) 2009, with \$170 million projected in FY 2010 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Tanzania are implemented as part of PEPFAR. Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

In March 2010, the U.S. and Tanzanian Governments signed a Partnership Framework. The Tanzania Partnership Framework represents a major step forward in enhancing coordination to ensure U.S. development efforts are fully aligned with Tanzania's systems and strategies to sustainably achieve its national objectives. The goal of the Partnership Framework is to reduce new HIV infections while maintaining ongoing activities aimed at improving the quality of treatment and care and mitigating the impact of HIV/AIDS on individuals and households. The Framework also prioritizes the need for effective Tanzanian leadership, ownership, and oversight of the national HIV/AIDS response. The Framework reflects the priorities and approaches favored by the Tanzanian Government. Under the Partnership Framework, the American people will contribute more than \$1.65 billion to Tanzania, including the Zanzibar archipelago, to prevent new HIV infections; provide care and treatment for those affected by the epidemic, especially women, children, and the most vulnerable; and strengthen the capacity of Tanzania's health care systems and leadership to provide sustainable quality health care services for the future.

The Framework emphasizes capacity building at all levels with the expectation that at the end of five years, Tanzania will be better equipped to manage a sustainable response to the HIV/AIDS epidemic with concomitant benefits to the broader health and social service system. Similarly, the Framework prioritizes capacity building with local indigenous organizations so that Tanzanian civil society is further engaged in and accountable for the national response to HIV/AIDS.

In FY 2009, PEPFAR focused its efforts in Tanzania on increasing HIV prevention, treatment, and care programs; strengthening leadership; and improving commodities and procurement systems. It supported ART and PMTCT services and continued to support more targeted HIV prevention for a range of high-risk groups. Prevention activities, including behavior change campaigns, targeted sexually active youth and couples. For MARPs, including sex workers, PEPFAR programs focused on education, correct and consistent condom use, sexual health, empowerment and rights, and raising risk perception for men in the general population.

Male circumcision (MC) has been found to reduce the risk of HIV transmission from women to men by 60 percent. This compelling evidence led the Tanzanian Government to support including MC as a core prevention strategy in the 2008–2012 NMSF. To support this strategy, four PEPFAR partners are initiating a comprehensive MC service package that includes HIV counseling and testing services to identify HIV-negative males eligible for circumcision, as recommended by WHO and UNAIDS. The package also includes treatment of sexually transmitted infections to ensure infection control, promotion of safer sex practices, provision of male and female condoms, and linkages to prevention interventions and other social support services.

PEPFAR's care activities included adult and pediatric care and support, support for TB and HIV program integration, and support for orphans and vulnerable children (OVC). Its treatment activities included provision of free antiretroviral drugs (ARVs), adult and pediatric ART services, and laboratory support.

PEPFAR's many achievements in Tanzania in 2009 included the following:

- ART for 197,400 individuals
- Care and support (including TB-HIV services) for 473,500 HIV-positive individuals
- Support for 371,000 OVC
- HIV counseling and testing for PMTCT of 1,046,900 pregnant women
- ARV prophylaxis for PMTCT for 39,200 HIV-positive pregnant women

- Counseling and testing (in settings other than PMTCT) of 2,359,100 individuals
- Community outreach prevention activities promoting abstinence and/or being faithful that reached 2,844,100 individuals
- Community outreach prevention activities promoting correct and consistent use of condoms and related interventions that reached 3,243,800 individuals
- Since calendar year 2004, cumulative USG-supported shipments of 86,449,000 condoms

PEPFAR/Tanzania is also enhancing the achievement of results through wraparound programs. For example, PEPFAR is working closely with health programs to manage cases of TB-HIV co-infection and reduce infant and child mortality through PMTCT programs. PEPFAR also works closely with the USAID health team on social marketing of health- and HIV/AIDS-related products. Utilizing HIV/AIDS home-based care programs, PEPFAR has helped identify children under age 5 for net distribution and collaborates with the President's Malaria Initiative to provide nets to HIV-positive persons.

Important Links and Contacts

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USAID's HIV/AIDS Web site for Tanzania: <http://tanzania.usaid.gov/>.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids.

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