

UNITED REPUBLIC OF TANZANIA

The United Republic of Tanzania has achieved a 69% reduction in new HIV infections among children since 2009, and has increased the percentage of pregnant women living with HIV accessing antiretroviral medicines to 86% in 2015. Programmatic challenges remain in retaining women in care and providing them with antiretroviral therapy throughout the breastfeeding period, as the six-week mother-to-child transmission rate rises from 4% at six weeks to 8% at the end of breastfeeding. Paediatric treatment and diagnosis require continued attention, as only 42% of infants received early infant diagnosis of HIV, and 56% of children living with HIV accessed antiretroviral therapy in 2015.



6500

NEW INFECTIONS AMONG CHILDREN IN 2015



9 OUT OF 10

PREGNANT WOMEN LIVING WITH HIV ACCESSING ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD-TRANSMISSION OF HIV



69%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2015

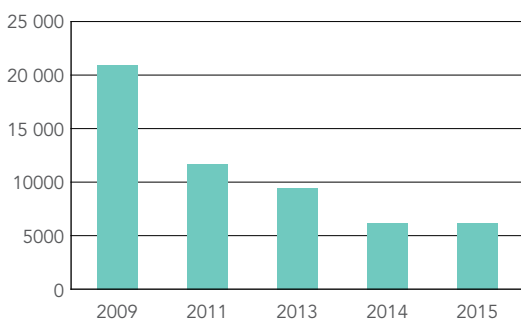


8%

RATE OF MOTHER-TO-CHILD HIV TRANSMISSION, INCLUDING DURING BREASTFEEDING

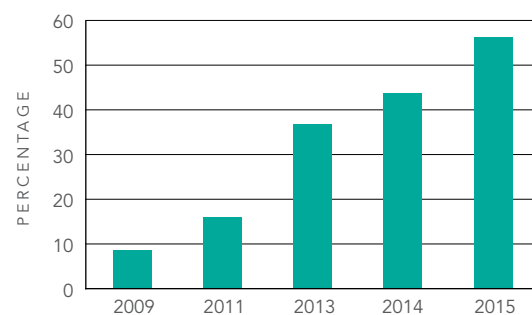
NEW HIV INFECTIONS AMONG CHILDREN

Number of new HIV infections among children (aged 0–14 years)



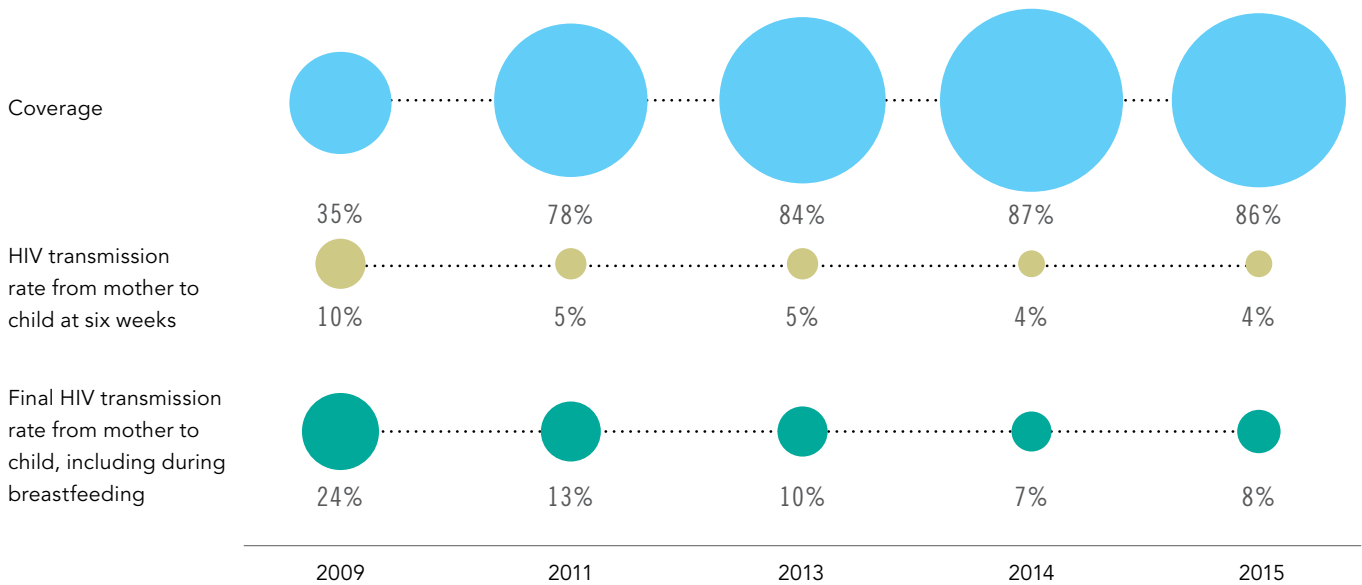
ART COVERAGE AMONG CHILDREN

Percentage of children (aged 0–14 years) living with HIV who have access to antiretroviral therapy



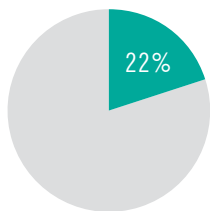
COVERAGE VS. TRANSMISSION

Increasing coverage of antiretroviral medicines has translated into decreasing rates of HIV transmission from mother to child



FAMILY PLANNING—UNMET NEED

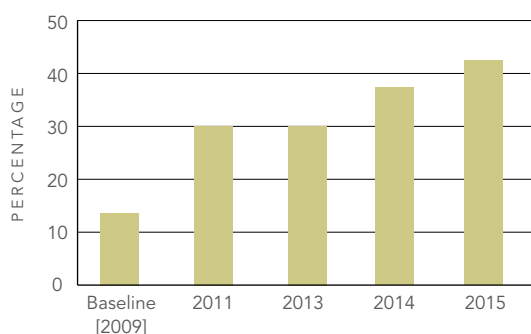
Percentage of unmet need for family planning



Source: Demographic and Health Survey, 2015, all currently married women (aged 15–49 years).

EARLY INFANT DIAGNOSIS

Percentage of infants born to women living with HIV receiving a virological test by two months of age



WOMEN ACQUIRING HIV INFECTION

The number of women (aged 15–49 years) acquiring HIV decreased by 33% since 2009



Source: UNAIDS 2016 estimates, unless otherwise noted. Every year, countries update their HIV estimates, including the historical trends of those estimates. The 2016 results reflect updated surveillance and programme data and improved models. The 2016 estimates are likely to differ to estimates produced in earlier years and are believed to be more accurate. Paediatric antiretroviral therapy coverage is based on all children living with HIV, while in previous years it was restricted to children eligible for antiretroviral therapy.