

# Fact Sheet: Young people and HIV and AIDS: Taking action to realize the 90-90-90 targets

## A youthful population

Tanzania has one of the youngest populations on the African continent; young people aged 15 to 24 make up 34.7 per cent of the total population, while children and young people aged 0 to 17 make up 50.1 per cent of the population.<sup>1</sup>

Despite government commitment, young people in Tanzania face barriers to realize their sexual and reproductive health and rights (SRHR), including accessing age-appropriate SRHR information and services. At the same time young people are vulnerable to unintended pregnancy, sexually transmitted infections (STIs), and HIV.

Accelerated efforts to prevent and treat HIV among 10 to 24-year-olds are critical for their own health and well-being, the long-term control of the epidemic, sustained and inclusive development, and to meet national and international commitments.



<sup>1</sup> Tanzania Population and Housing Census 2012.

## HIV policy framework in Tanzania

The Government of the United Republic of Tanzania is committed to a vision of an HIV-free society in which new infections are halted and people living with HIV or affected by HIV and AIDS receive quality services and support.<sup>2</sup> Under the Prime Minister's Office, the Tanzania Commission for AIDS (TACAIDS) is mandated to provide strategic leadership and coordination of the HIV/AIDS national response through the development of a strategic framework and national guidelines.

- **National HIV Policy 2011:** Guides the implementation of HIV activities and provides a framework for national leadership and coordination of the multisectoral response to HIV and AIDS.
- **Fourth National Multisectoral Strategic Framework (NMSF IV 2018-2023):** Guides the planning and implementation of the national multisectoral and decentralized HIV and AIDS response. The NMSF IV adopts an investment case approach to ensure strategic targeting of key and vulnerable populations including adolescent girls and young women.
- **National HIV Prevention Operational Plan 2016-2018:** Guides national and subnational HIV prevention efforts. Specifically, the plan provides guidance on the scaling up of a combination of HIV prevention strategies in order to significantly reduce new infections in line with the global fast-track strategy to end the AIDS epidemic by 2030.<sup>3</sup>
- **National Multisectoral Condom Strategy 2016-2018:** Outlines the strategic priorities that are needed to decrease HIV, STIs and unintended pregnancy. The strategy adopts a total market approach to the condom market, with government assuming stewardship.
- **Health Sector Strategic Plan IV (HSSP IV) 2015-2020:** Builds on the successes of the third strategic plan and addresses the remaining challenges and bottlenecks. It emphasizes the quality of health services, aiming to ensure that all households have access to and utilize preventive, curative, and promotional health services of the highest quality, including for HIV.
- **Health Sector HIV and AIDS Strategic Plan 2017-2022 (HSHSP IV):** Aims to ensure that the entire Tanzanian population has access to high quality HIV prevention, care, and treatment services. It introduces monitoring of the cascade of HIV care and treatment to measure progress and the impact of the national response.

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<sup>2</sup> Health Sector HIV & AIDS Strategic Plan IV (HSHSP IV) 2017-2022. Ministry of Health, Community Development, Gender, Elderly and Children. National AIDS Control Programme. United Republic of Tanzania.

<sup>3</sup> The fast-track strategy to end the AIDS epidemic by 2030 focuses on accelerating and scaling up HIV prevention and treatment programmes, and prioritizing key populations to reach a target of 95-95-95 by 2030.

## Regional and international commitments

- **The Eastern and Southern Africa (ESA) Ministerial Commitment:** In December 2013, ministers and representatives from 20 countries in ESA, including Tanzania, endorsed a regional commitment to accelerate HIV prevention efforts and foster positive health outcomes through improved access to quality, comprehensive sexuality education (CSE) and SRHR services for young people in the region.
- **90-90-90 Targets:** Tanzania is committed to realizing the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets; aiming to diagnose 90 per cent of all HIV-positive people, provide antiretroviral therapy (ART) for 90 per cent of those diagnosed, and achieve viral suppression for 90 per cent of those receiving treatment by 2020.



## The Tanzania HIV Impact Survey 2016-2017: Key statistics

The Tanzania HIV Impact Survey (THIS) (a population-based HIV impact assessment) 2016-2017 obtained indicators to measure progress towards the UNAIDS 90-90-90 targets from populations of all ages. Key data to measure progress for young people are presented below.



### HIV incidence

0.07 per cent

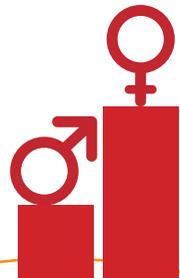
This translates to approximately **28,000** of the total new HIV infections in Tanzania annually.

Adolescent girls and young women account for **80 per cent** of all new HIV infections.

### HIV prevalence

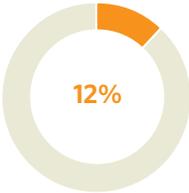
1.4 per cent

The disparity in HIV prevalence between males and females is most pronounced among young adults (aged 20 to 24), where prevalence rates for females are more than double that of males.



## The drivers of HIV

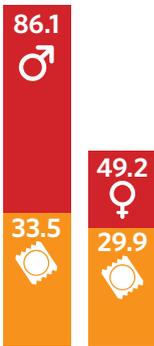
Risky sexual behaviours (such as not using condoms), early sexual debut before the age of 15, and young people's limited knowledge about HIV prevention and transmission impact on the effectiveness of Tanzania's HIV response.



### Early sexual debut before the age of 15

**12 per cent of 15 to 24-year-olds reported that their sexual debut was before the age of 15.**

Early sexual debut before the age of 15 is lower for females. For both males and females it is lower in urban than rural areas and for young people with a higher level of education.



### Condom use by young people

Of the 86.1 per cent of males and 49.2 per cent of females aged 15 to 24 who reported having sex in the 12 months preceding the survey, **33.5 per cent of males and 29.9 per cent of females reported using a condom at last sexual intercourse.**



### Knowledge about HIV prevention

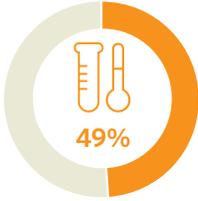
Only **37 per cent of males and 36.7 per cent of females** aged 15 to 24 answered all five HIV knowledge questions correctly.<sup>4</sup>

This figure was higher for young men and women in the highest wealth quintile; and higher for young men and women with advanced secondary level education compared to those with primary and no education.

<sup>4</sup> The five questions asked to young people were: 1) Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners? 2) Can a person reduce the risk of getting HIV by using a condom every time they have sex? 3) Can a healthy looking person have HIV? 4) Can a person get HIV from mosquito bites? 5) Can a person get HIV by sharing food with someone who is infected?

## HIV testing, treatment, and viral suppression

To measure progress against the 90-90-90 targets defined by UNAIDS, the THIS 2016-2017 collected data on the number of young people living with HIV who know their HIV status; the number of young people diagnosed with HIV that are on ART; and the number of young people receiving ART with viral suppression.



### Testing

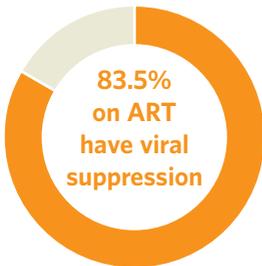
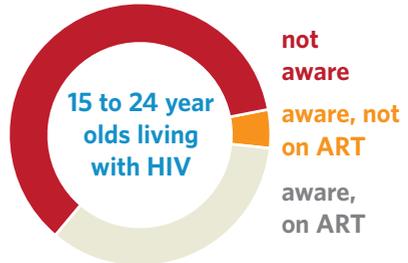
**49 per cent of 15 to 24-year-olds reported ever being tested for HIV and receiving the test results.**

The percentage was higher for females than males, and higher for the 20 to 24-year-old age group.

### Treatment

**34.3 per cent of 15 to 24-year-olds living with HIV are aware of their HIV status and on ART.**

Around 60 per cent of young people living with HIV are not aware of their status, while around 4 per cent are aware of their status but not on ART.



### Viral suppression

**83.5 per cent of 15 to 24-year-olds on ART have viral suppression.<sup>5</sup>**

Only half of young people (aged 15 to 24) who reported that they are on ART had antiretrovirals (ARVs) detected in their blood.

<sup>5</sup> Based on self-reporting and the detection of ARVs.



## Progress made towards the 90-90-90 targets

Among young people aged 15 to 24:

Target  
90%

50.2 per cent who are HIV-positive are aware of their status.

50.2%

92.6 per cent are on ART.

92.6%

83.5 per cent have viral suppression.

83.5%

## Accelerating efforts to prevent and treat HIV

Accelerating efforts to prevent and treat HIV among young people is integral to UNFPA Tanzania's mandate of ensuring universal access to SRHR. We partner with government, civil society, young people and youth-serving organizations to actively promote and protect the sexual and reproductive health (SRH) and human rights of adolescents and young people, and advocate for and support the efficient delivery of a holistic, adolescent and youth-friendly (AYF) package of SRH services, including access to HIV-related services.

## Meeting the sexual and reproductive health needs of young people

We empower young people to know and realize their SRHR and support increased access to voluntary family planning services; HIV voluntary counselling and testing services; and services to diagnose and treat STIs.

- 13 AYF clinics/corners have been renovated and are now operational in Simiyu Region.<sup>6</sup>
- UNFPA has supported training for 70 healthcare providers (HCPs) to build capacity to tailor SRH services to young peoples' unique needs in Simiyu.
- Between July 2018 and June 2019, 51,030 young people accessed HIV testing services in Simiyu Region. Five hundred and thirty-one (1 per cent) young people who tested positive for HIV were referred to ART clinics for subsequent care.

## Reaching the furthest behind

We respond to the tremendous SRH needs and challenges of adolescents and young people, both in the local community and in refugee camps, in Kigoma Region.<sup>7</sup>

- 3 AYF centres have been renovated and are now operational in Nyarugusu Camp.
- In 2018, 813 Burundian and Congolese adolescents and young people accessed HIV voluntary counselling and testing services at these centres.

## Providing choice

We continue to provide technical and financial support to TACAIDS to implement the comprehensive condom programming (CCP) strategy.

## Integrating sexual and reproductive health services within HIV service delivery platforms

We prioritize the integration of SRH services into HIV Centres and Clinics (CTCs) to meet the SRH needs of clients.

- 69 HIV CTCs that integrate HIV/ART and voluntary family planning services are now operational across Shinyanga, Simiyu and Geita Regions.
- UNFPA has supported HCP training for integrated service delivery.

## Reaching the hard-to reach

We are scaling up age-appropriate and culturally sensitive comprehensive sexuality and life skills education for both in and out-of-school youth.

- In 2018, 12,962 out-of-school youth were reached with life skills training in seven regions – Arusha, Kilimanjaro, Manyara, Mbeya, Tanga, Tabora and Dodoma – across Tanzania and 1,100 youth were reached with SRH education, with a focus on teenage pregnancy, in Zanzibar.

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<sup>6</sup> Funded by the Korea International Cooperation Agency (KOICA) under the “Nilinde, Nikulinde” project – “Strengthening Health Systems to Reduce Maternal Mortality and Morbidity”.

<sup>7</sup> Interventions under the Ujana Wangu Nguvu Yangu – My Youth, My Power – Project, funded by Irish Aid.

# Success story from the field

## Debunking myths around HIV and AIDS in Kigoma Region

Emmanuel\* (23) is an agricultural worker in Kakonko District, Kigoma Region. He has been sexually active for almost six years and thought he knew everything there was to know about preventing HIV. That was until he met Philimon, a sexual and reproductive health and rights (SRHR) peer educator in Kakonko District. Emmanuel quickly realized that most of what he believed about how to protect himself against HIV was completely misplaced. Before his discussion with Philimon he was convinced that he could only contract HIV if he had sexual intercourse with the same woman twice, and on the occasions this happened, he wore two condoms!

Young motorcycle taxi drivers – Boda Bodas riders – at Mpya Kasulu Stand, Kasulu Town Council, repeated similar prevailing myths about HIV prevention and transmission during an education session led by Sada and Mailess – peer educators from Murubona Ward, Kasulu. “One of them told me that he couldn’t get HIV because he looks at women carefully before sleeping with them to check that they are healthy”, Sada explained. Encouragingly by the end of the session the young men, now more informed, were asking where they could be tested for HIV, where they could be treated for STIs, and importantly, where they could get condoms.

Keen to inform more of their community, Mailess and Sada discussed HIV prevention and transmission with the 200 students who attend Bogwe Secondary School, and with Standard 7 students (aged 12 to 13) at Nyansha Primary School – both in Kasulu.

Philimon, Sada and Mailess are among 50 peer educators who have graduated from Kiota Women’s Health and Development’s (KIWOHEDE) SRHR training, supported by UNFPA as part of Ujana Wangu Nguvu Yangu project activities – a four-year project funded by Irish Aid. Peer educators have been working tirelessly across the four project districts – Kasulu DC, Kasulu TC, Kibondo DC and Kakonko DC – in Kigoma Region to share accurate information about SRHR with their peers and debunk myths around HIV.

Working in groups of two to five, peer educators hold SRHR education sessions in their communities and at youth clubs that they have been supported to set up. They also facilitate peer referrals to the adolescent and youth-friendly centres in Nyarugusu Camp – safe spaces where young people can access a range of age-appropriate SRHR services, including voluntary HIV testing and counselling – which have been renovated under the project and are now operational.

*\*Name has been changed.*