



TANZANIA HIV IMPACT SURVEY THIS 2022-2023

THIS 2022 2023

TANZANIA HIV IMPACT SURVEY

The Tanzania HIV Impact Survey 2022-2023 (THIS 2022-2023) was a household-based national survey among adults (defined as those aged 15 years and older) that measured the impact of the country’s national and regional HIV response. THIS 2022-2023, which was conducted from November 2022 through March 2023, offered HIV counseling and testing with return of results, and collected information about uptake of HIV prevention, care and treatment services. THIS 2022-2023 estimated national HIV incidence and national and regional HIV prevalence among adults, as well as national and regional prevalence of viral load suppression (VLS), defined as HIV RNA <1,000 copies per mL among adults living with HIV. THIS 2022-2023 also provided critical information on national and regional progress toward HIV epidemic control—including progress towards achieving the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets.

The Government of the United Republic of Tanzania through the Tanzania Commission for AIDS (TACAIDS), the Zanzibar AIDS Commission (ZAC), and the Ministries of Health of the United Republic of Tanzania and the Revolutionary Government of Zanzibar led THIS 2022-2023. The National Bureau of Statistics (NBS), the Office of Chief Government Statistician (OCGS) in Zanzibar, the National AIDS Control Programme (NACP), and the Zanzibar Integrated HIV, Hepatitis, Tuberculosis and Leprosy Program (ZIHHTLP) implemented THIS 2022-2023. The survey was conducted with funding from the United States (US) President’s Emergency Plan for AIDS Relief (PEPFAR) with technical assistance from the US Centers for Disease Control and Prevention (CDC) and ICAP at Columbia University. Local partners, including the National Institute for Medical Research (NIMR), the Zanzibar Health Research Institute (ZAHRI), the Bugando Medical Centre (BMC), the President’s Office Regional Administration and Local Government (PO-RALG), the President’s Office Regional Administration and Local Government and Special Department (PO-RALGSD) in Zanzibar, and the National Public Health Laboratory (NPHL), collaborated on the survey.

KEY FINDINGS

HIV Indicator	Women	95% CI	Men	95% CI	Total	95% CI
Annual incidence (%)						
15-24 years	0.33	0.07-0.60	0.00	0.00-0.25	0.17	0.03-0.31
15-49 years	0.29	0.13-0.46	0.12	0.01-0.23	0.21	0.11-0.31
15 years and older	0.24	0.11-0.37	0.11	0.01-0.20	0.18	0.09-0.26
Prevalence (%)						
15-24 years	1.3	1.0-1.6	0.6	0.3-0.9	1.0	0.7-1.2
15-49 years	5.0	4.6-5.5	2.4	2.0-2.7	3.8	3.5-4.1
15 years and older	5.6	5.1-6.0	3.0	2.7-3.4	4.4	4.1-4.7
Viral load suppression (%)						
15-24 years	54.5	42.0-67.1	(71.5)	(51.6-91.5)	59.5	48.4-70.6
15-49 years	78.9	75.7-82.1	66.0	59.3-72.7	75.0	71.9-78.1
15 years and older	80.9	78.4-83.4	72.2	67.4-77.1	78.0	75.5-80.5

Viral load suppression is defined as HIV RNA <1,000 copies per milliliter among all adults living with HIV. Estimates based on a denominator between 25 and 49 survey participants are included in parentheses and should be interpreted with caution.

Annual incidence of HIV among adults (aged 15 years and older) in Tanzania was 0.18%, which corresponds to approximately 60,000 new cases of HIV per year among adults. HIV incidence was 0.24% among women and 0.11% among men.

Prevalence of HIV among adults in Tanzania was 4.4%, which corresponds to approximately 1,548,000 adults living with HIV. HIV prevalence was higher among women (5.6%) than among men (3.0%).

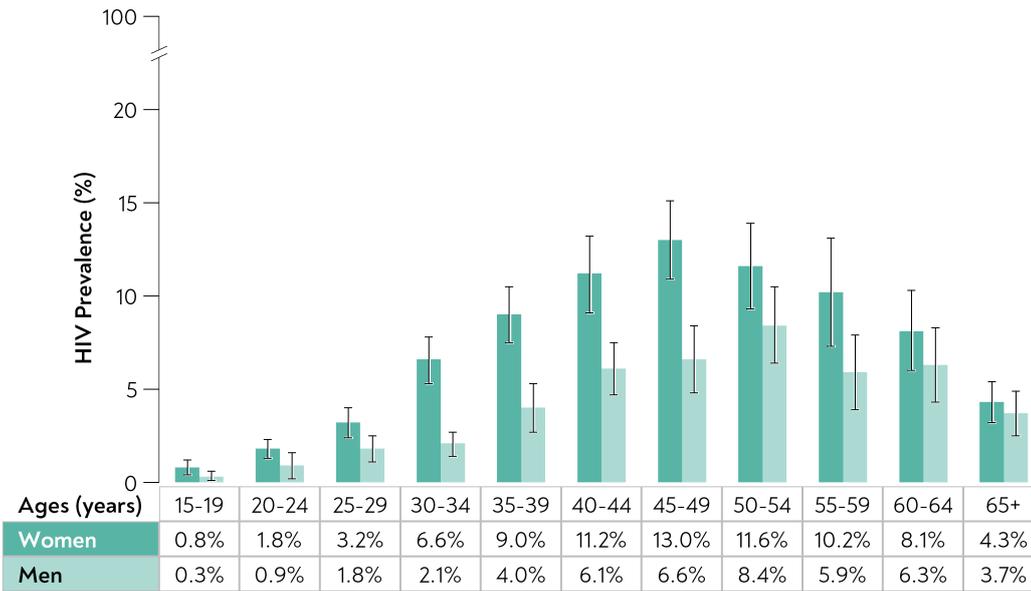
Prevalence of VLS among adults living with HIV in Tanzania, regardless of their knowledge of HIV status or use of antiretroviral therapy (ART), was 78.0%. VLS prevalence was higher among women (80.9%) than among men (72.2%).

See phia.icap.columbia.edu for more details.



The mark "CDC" is owned by the US Dept. of Health and Human Services and is used with permission. Use this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.

HIV PREVALENCE AMONG ADULTS



Error bars represent 95% CIs.

HIV PREVALENCE, by AGE and SEX

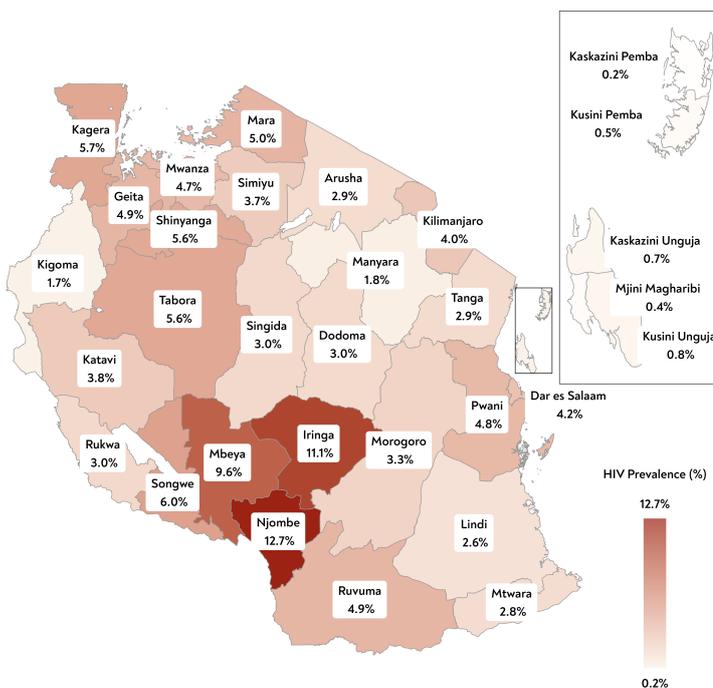
Among women, HIV prevalence ranged from 0.8% in those aged 15-19 years to 13.0% in those aged 45-49 years. HIV prevalence among women in the age groups from 40-59 years was markedly higher than in the age groups from 15-34 years.

Among men, HIV prevalence varied from 0.3% among those aged 15-19 years to 8.4% among those aged 50-54 years. It approached or exceeded 6% among men in age groups from 40-64 years.

HIV prevalence was markedly higher among women than among men in the age groups from 30-49 years.

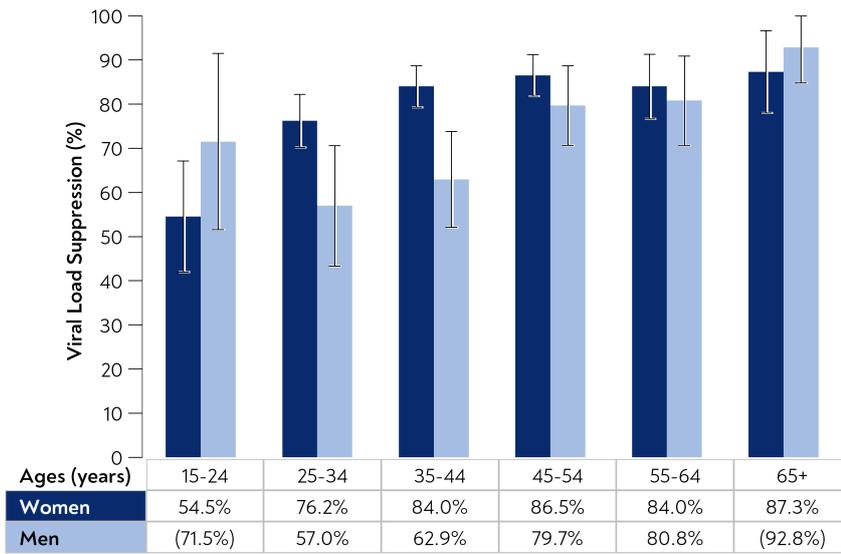
HIV PREVALENCE, by REGION

HIV prevalence among adults aged 15 years and older was 4.5% in Mainland Tanzania and 0.4% in Zanzibar. In Mainland Tanzania regions, HIV prevalence ranged from 1.7% in Kigoma to 12.7% in Njombe. HIV prevalence was above 9.0% in three regions: Mbeya, Iringa, and Njombe. In Zanzibar regions, HIV prevalence ranged from 0.2% in Kaskazini Pemba to 0.8% in Kusini Unguja.



National	HIV Prevalence (%)	95% CI
Tanzania	4.4	4.1-4.7
Mainland/Zanzibar		
Mainland	4.5	4.2-4.9
Zanzibar	0.4	0.1-0.8
Mainland, by Region		
Dodoma	3.0	2.1-3.9
Arusha	2.9	0.9-4.8
Kilimanjaro	4.0	0.7-7.4
Tanga	2.9	1.4-4.4
Morogoro	3.3	2.2-4.3
Pwani	4.8	3.0-6.5
Dar es Salaam	4.2	3.4-5.1
Lindi	2.6	0.7-4.5
Mtwara	2.8	1.7-4.0
Ruvuma	4.9	3.6-6.3
Iringa	11.1	8.6-13.5
Mbeya	9.6	8.0-11.1
Singida	3.0	1.6-4.5
Tabora	5.6	4.1-7.2
Rukwa	3.0	1.1-4.9
Kigoma	1.7	0.0-3.4
Shinyanga	5.6	3.8-7.3
Kagera	5.7	3.7-7.7
Mwanza	4.7	3.5-5.8
Mara	5.0	3.0-7.0
Manyara	1.8	0.4-3.2
Njombe	12.7	10.6-14.7
Katavi	3.8	2.8-4.8
Simiyu	3.7	2.3-5.1
Geita	4.9	3.4-6.4
Songwe	6.0	2.8-9.3
Zanzibar, by Island		
Unguja	0.5	0.0-0.9
Pemba	0.3	0.0-0.9
Zanzibar, by Region		
Kaskazini Unguja	0.7	0.0-2.3
Kusini Unguja	0.8	0.0-2.4
Mjini Magharibi	0.4	0.0-0.9
Kaskazini Pemba	0.2	0.0-0.4
Kusini Pemba	0.5	0.0-1.5

VIRAL LOAD SUPPRESSION AMONG ADULTS LIVING WITH HIV



Error bars represent 95% CIs. Estimates based on a denominator between 25 and 49 survey participants are included in parentheses and should be interpreted with caution.

VIRAL LOAD SUPPRESSION, by AGE and SEX

Among all adults living with HIV (ages 15 years and older) in Tanzania, prevalence of VLS varied by age and sex. Among women, the prevalence of VLS ranged from 54.5% among those aged 15-24 years to 87.3% among those aged 65 years and older.

Among men, the prevalence of VLS ranged from 57.0% among those aged 25-34 years to 92.8% among those aged 65 years and older. Among men in the age groups from 25-44 years, prevalence of VLS was below 70%.

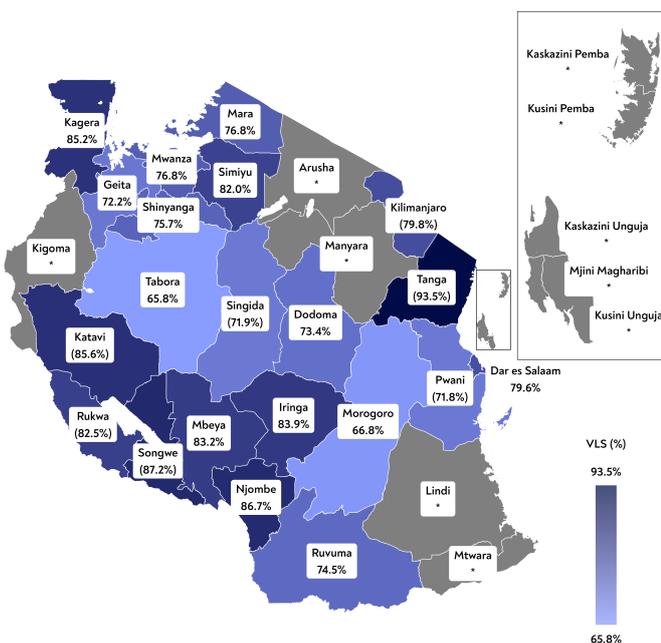
In the age group 35-44 years, men had a markedly lower prevalence of VLS compared to women.

※ Please note the estimate was based on a denominator between 25 and 49 survey participants and should be interpreted with caution.

VIRAL LOAD SUPPRESSION AMONG HIV-POSITIVE ADULTS, by REGION

The prevalence of VLS among all adults aged 15 years and older in Mainland Tanzania was 78.1%. Estimates are not reported in Zanzibar and selected regions in Mainland Tanzania because fewer than 25 adults living with HIV were identified in the survey. The regional prevalence of VLS ranged from a low of 65.8% in Tabora to 93.5% in Tanga.

※ Please note the estimate was based on a denominator between 25 and 49 survey participants and should be interpreted with caution.



VLS=viral load suppression. In both the table and map, estimates based on a denominator between 25 and 49 survey participants are included in parentheses and should be interpreted with caution, while estimates based on a denominator less than 25 have been suppressed and are indicated with an asterisk.

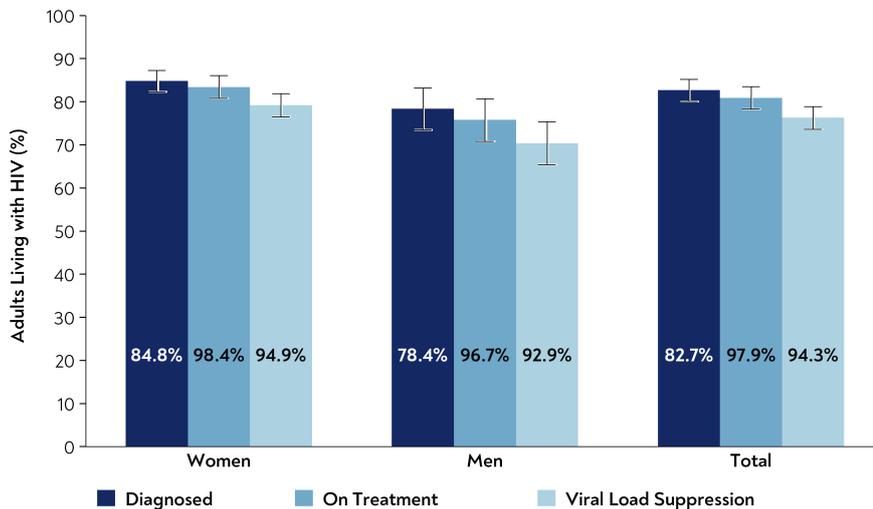
Mainland/Zanzibar	Viral Load Suppression (%)	95% CI
Mainland	78.1	75.6-80.5
Zanzibar	*	-
Mainland, by Region		
Dodoma	73.4	60.7-86.1
Arusha	*	-
Kilimanjaro	(79.8)	(63.7-95.8)
Tanga	(93.5)	(84.6-100.0)
Morogoro	66.8	56.0-77.6
Pwani	(71.8)	(59.2-84.5)
Dar es Salaam	79.6	71.0-88.2
Lindi	*	-
Mtwara	*	-
Ruvuma	74.5	55.5-93.5
Iringa	83.9	79.3-88.4
Mbeya	83.2	77.7-88.8
Singida	(71.9)	(54.2-89.6)
Tabora	65.8	50.6-80.9
Rukwa	(82.5)	(67.7-97.3)
Kigoma	*	-
Shinyanga	75.7	59.8-91.7
Kagera	85.2	80.7-89.7
Mwanza	76.8	66.9-86.7
Mara	76.8	60.8-92.8
Manyara	*	-
Njombe	86.7	82.2-91.2
Katavi	(85.6)	(74.8-96.4)
Simiyu	82.0	71.8-92.2
Geita	72.2	61.2-83.1
Songwe	(87.2)	(82.5-91.8)
Zanzibar, by Island		
Unguja	*	-
Pemba	*	-
Zanzibar, by Region		
Kaskazini Unguja	*	-
Kusini Unguja	*	-
Mjini Magharibi	*	-
Kaskazini Pemba	*	-
Kusini Pemba	*	-

ACHIEVEMENT OF THE 95-95-95 TARGETS AMONG ADULTS LIVING WITH HIV

95-95-95: Treatment targets to help end the HIV epidemic

UNAIDS set the 95-95-95 targets with the aim that by 2025, 95% of all people living with HIV will know their HIV status; 95% of all people diagnosed with HIV will receive sustained ART; and 95% of all people receiving ART will have VLS.

ACHIEVEMENT OF THE 95-95-95 TARGETS, by SEX



Diagnosed: In Tanzania, 82.7% of adults (aged 15 years and older) living with HIV were aware of their HIV-positive status: 84.8% of women and 78.4% of men. Individuals were classified as aware if they reported their HIV-positive status or had a detectable antiretroviral (ARV) in their blood.

On Treatment: Among adults living with HIV who were aware of their HIV-positive status, 97.9% were on ART: 98.4% of women and 96.7% of men. Individuals were classified as being on ART if they reported current ART use or had a detectable ARV in their blood.

Viral Load Suppression: Among adults who were on ART, 94.3% had VLS: 94.9% of women and 92.9% of men.

Percentages shown in the graph refer to the conditional 95-95-95 targets described in the text above and to the right. The heights of the bars represent the unconditional (overall) percentages for each indicator among all people living with HIV. Error bars represent 95% CIs.

CONCLUSIONS

- THIS 2022-2023 found that there were approximately 60,000 new cases of HIV among adults in Tanzania during the survey year.
- There were marked variations in HIV prevalence by age, sex, and region, with a higher prevalence among women and in certain regions of Mainland Tanzania. HIV prevalence was below 1% in all the regions of Zanzibar.
- The prevalence of VLS among all adults living with HIV was 78%, but there were substantial regional differences. In addition, men were less likely to achieve VLS than women, and generally, younger adults were less likely to have VLS than older adults.
- Tanzania has met the second of the three UNAIDS 95-95-95 targets ahead of 2025, demonstrating access to robust treatment programs among those who are aware of their HIV-positive status.
- Enhanced case finding among populations who are unaware of their HIV-positive status or outside of the care system remains an important program intervention to address gaps in the first 95.
- Continuing a differentiated service delivery approach to HIV services, tailored to accommodate population-specific needs of populations, remains important to maintain gains in treatment coverage and viral load suppression.
- To advance UNAIDS' 2030 goal of ending the AIDS epidemic, a focus on ongoing surveillance to detect new HIV infections, coupled with the timely provision of treatment and combination prevention services to interrupt further transmission, will be crucial.

RESPONSE RATES AND HIV TESTING METHODS

Of 18,586 eligible households, 92.8% completed a household interview. Among 39,442 eligible adults (22,031 women and 17,411 men), 33,663 (19,292 women and 14,371 men) were interviewed and tested for HIV. The overall response rate was 79.2%: 81.3% for women and 76.6% for men.

HIV prevalence testing was conducted in each household using a serological rapid diagnostic testing algorithm based on Tanzania's national guidelines, with laboratory confirmation of seropositive samples using a supplemental assay. For confirmed HIV-positive samples, laboratory-based testing was conducted for quantitative evaluation of viral load and qualitative detection of ARVs (dolutegravir, efavirenz, atazanavir, and lopinavir). A laboratory-based incidence testing algorithm (HIV-1 limiting antigen-avidity assay with correction for viral load and detectable ARVs) was used to distinguish recent from long-term infection. Incidence estimates were obtained using the formula recommended by the World Health Organization Incidence Working Group and Consortium for Evaluation and Performance of Incidence Assays. Survey weights were utilized for all estimates.