

## Demographic Indicators

	With AIDS Series	Without AIDS Scenario		With AIDS Series	Without AIDS Scenario
Population (1,000s)	40,213	43,051	Growth rate	2.1	2.4
Crude birth rate	35	35	Crude death rate	13	10
Infant mortality rate			Life expectancy		
Both sexes	70	64	Both sexes	51	58
Male	78	71	Male	50	56
Female	63	56	Female	53	61
-----					
		Total fertility rate		4.6	
		Estimated percentage of adults living with HIV		6.4	
		Estimated new AIDS cases		135,618	
		Estimated AIDS deaths		131,000	
		Percent urban (2007)		23	

**Note:** Indicators are for 2008 unless otherwise noted. The "With AIDS Series" shows an estimate of demographic indicators in the country including AIDS mortality. The "Without AIDS Scenario" reflects a hypothetical population if the country was not affected by the AIDS epidemic.

Sources: U.S. Census Bureau, International Data Base and unpublished tables. "Percent urban" from the Population Reference Bureau.

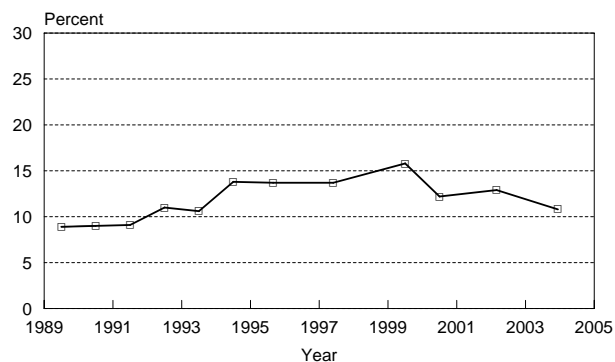
### Epidemiological Data

### Epidemic State: Generalized

In Tanzania, like much of East Africa, the HIV epidemic began in the early 1980s. A steady increase in prevalence among pregnant women in many areas of the country occurred through the mid-1990s. There is some evidence of a decline in recent years, although the epidemic remains a serious problem. Females are infected at younger ages than males and rural areas are less affected than urban areas. The estimated adult HIV prevalence for 2008 is 6 percent.

HIV seroprevalence among pregnant women tested in the capital, Dar es Salaam, rose to a peak of 16 percent in 1999, up from 9 percent ten years earlier. The rate has declined to 11 percent according to the latest available data for 2004.

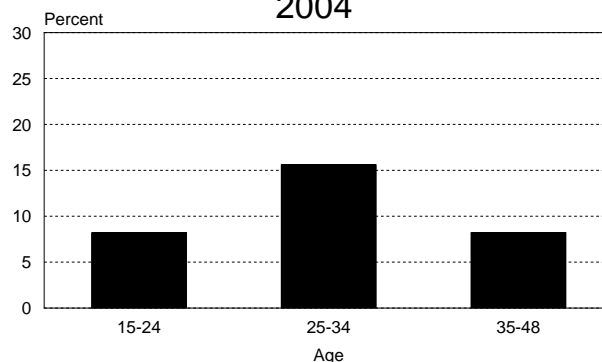
HIV Seroprevalence for Pregnant Women, in Dar es Salaam, Tanzania: 1989-2004



Source: HIV/AIDS Data Base ID Numbers U0006, L0210, M0473, K0308, T0231, T0249, T0266, T0319.

HIV prevalence among pregnant women tested in Dar es Salaam varied by age. The 25 to 34 year age group had the highest rate, 16 percent in 2004. Both the 15 to 24 and 35 to 48 year age groups had rates of 8 percent.

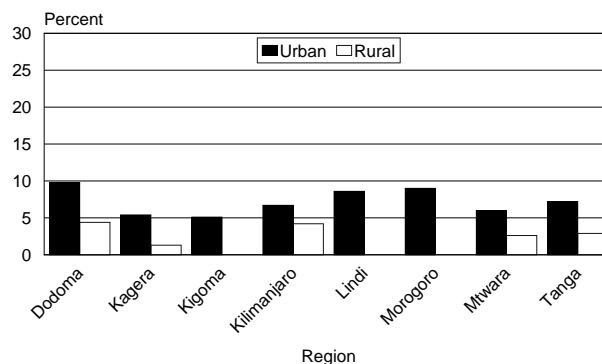
HIV Seroprevalence for Pregnant Women, in Dar es Salaam Region, by Age, Tanzania: 2004



Source: HIV/AIDS Data Base ID Number T0319.

HIV seroprevalence among pregnant women was higher in urban areas than rural areas; according to data from 2004 over 50 percent higher in most regions. Rates for both urban and rural areas in these reported regions are all below 10 percent.

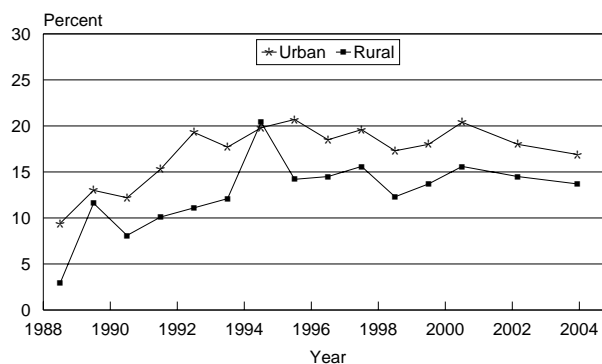
HIV Seroprevalence for Pregnant Women, by Region, Tanzania: 2004



Source: HIV/AIDS Data Base ID Number T0319.

In Mbeya region HIV seroprevalence levels in urban areas were usually higher than those found in rural areas. Both rural and urban areas have been on the decline since 2000.

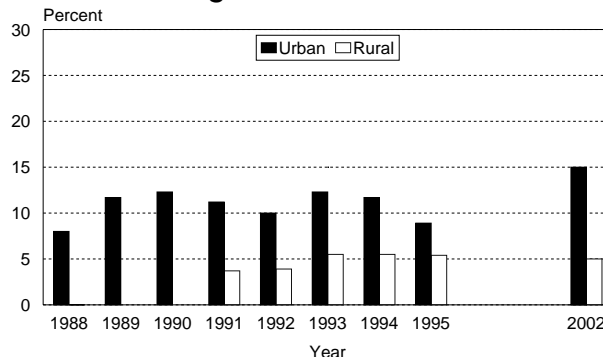
HIV Seroprevalence for Pregnant Women, in Mbeya Region, Tanzania: 1988-2004



Source: HIV/AIDS Data Base ID Numbers T0102, T0231, T0249, T0266, T0319.

In the region of Mwanza, the HIV prevalence among pregnant women tested in urban sites is generally over two times that of the rural sites. Rural rates reached 5 percent in 1993 while the urban rate was more than double that. The HIV rate from urban sites increased to 15 percent of pregnant women testing positive in 2002.

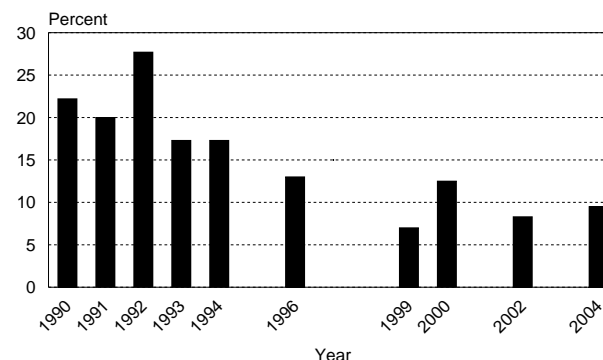
HIV Seroprevalence for Pregnant Women, in Mwanza Region, Tanzania: 1988-2002\*



\* Rural data are not available for 1988-1990.  
Source: HIV/AIDS Data Base ID Numbers T0102, L0108, T0123, K0235, T0139, T0160, U0103.

In Bukoba, the capital of the Kagera region, over one-fourth of pregnant women tested were HIV positive in 1992. By 2004, the percent HIV positive had declined to under 10 percent.

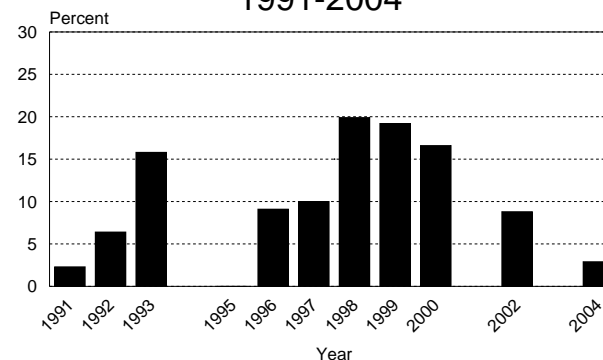
HIV Seroprevalence for Pregnant Women, in Bukoba, Tanzania: 1990-2004



Source: HIV/AIDS Data Base ID Numbers T0102, T0123, K0277, T0139, T0231, T0249, T0266, T0319.

In Umbwe, a rural site in the Kilimanjaro region, HIV prevalence among pregnant women has fallen dramatically since the late 1990s. The rate peaked in 1998 at 20 percent and dropped to 3 percent according to data from 2004.

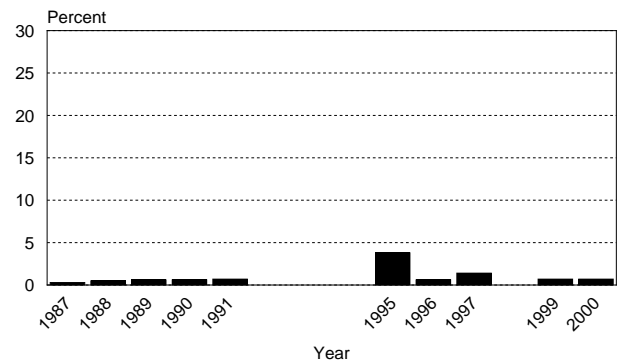
HIV Seroprevalence for Pregnant Women, in Umbwe, Kilimanjaro Region, Tanzania: 1991-2004



Source: HIV/AIDS Data Base ID Numbers T0102, T0123, T0160, T0206, T0207, T0208, T0231, T0249, T0266, T0319.

HIV seroprevalence among pregnant women in Zanzibar, an island state, remained low from 1987 to 2000, although no data were available for the years 1992 to 1994 and 1998. Prevalence peaked at nearly 4 percent in 1995 for this time period but remained around 1 percent or under for the other years.

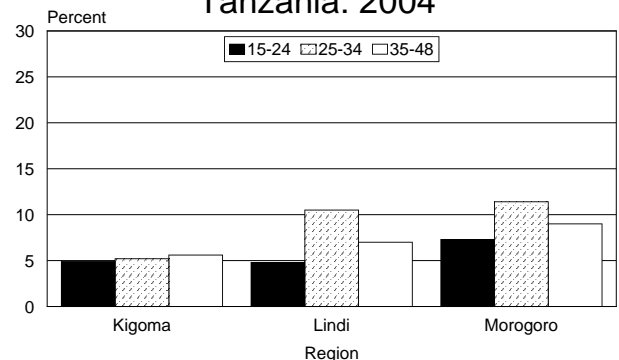
HIV Seroprevalence for Pregnant Women, in Zanzibar, Tanzania: 1987-2000



Source: HIV/AIDS Data Base ID Numbers A0095, M0757.

Urban sites in three regions in Tanzania show HIV prevalence among pregnant women at 5 percent or above across three age groups. Peak rates of over 10 percent were found among those ages 25 to 34 in Lindi and Morogoro.

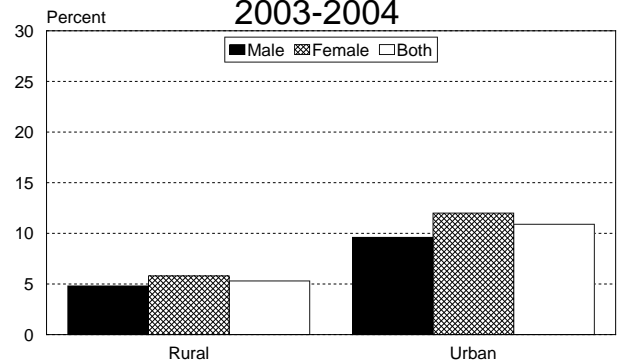
HIV Seroprevalence for Pregnant Women, by Age, Urban Sites in Three Regions, Tanzania: 2004



Source: HIV/AIDS Data Base ID Number T0319.

HIV seroprevalence among adults in urban and rural areas from the Tanzania HIV/AIDS Indicator Survey in 2003-2004 show urban rates twice as high for both males and females. Female rates were slightly higher than males at 6 percent in rural areas and 12 percent in urban areas.

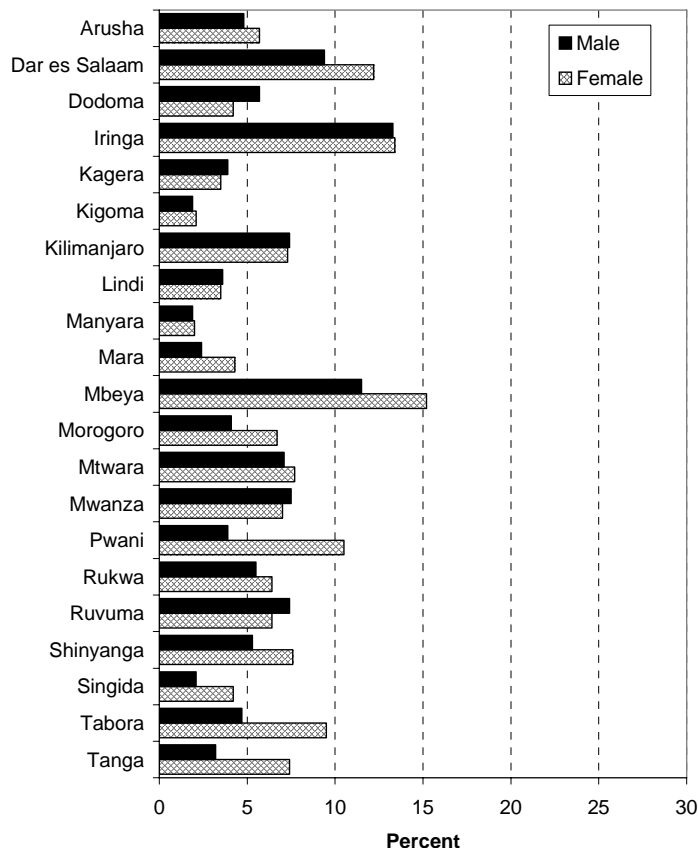
HIV Seroprevalence for Adults, by Sex, in Rural and Urban Areas, Tanzania: 2003-2004



Source: HIV/AIDS Data Base ID Number T0318.

The results of the 2003-2004 HIV/AIDS Indicator Survey by region and sex show higher HIV levels found among females in about half of the 21 regions displayed. The rates were similar for both males and females in the other regions. Iringa had the largest percentage of males tested who were HIV positive at 13 percent, the same percentage of females also tested HIV positive. The largest difference between adult males and females tested was observed in Pwani, where over 10 percent of females tested were HIV positive compared to 4 percent of males. Peak prevalence among females was found in Mbeya at 15 percent, over 11 percent of males tested in Mbeya were HIV positive.

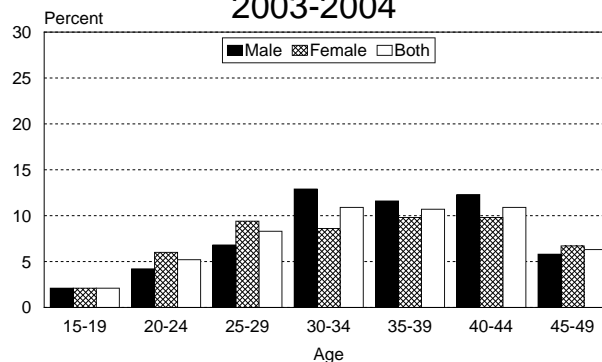
HIV Seroprevalence for Adults, by Sex, in Various Regions, Tanzania: 2003-2004



Source: HIV/AIDS Data Base ID Number T0318.

For 2003-2004, in the Mainland Area, HIV seroprevalence among females ages 20 to 24, 25 to 29, and 45 to 49 is higher than males in the same age groups. Male HIV rates are higher among those ages 30 to 34, 35 to 39, and 40 to 44.

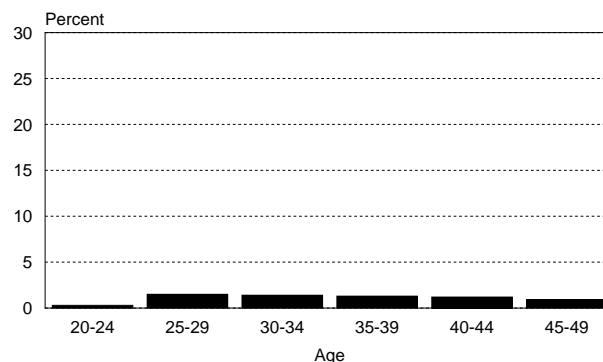
HIV Seroprevalence for Adults, by Age and Sex, in Mainland Area, Tanzania: 2003-2004



Source: HIV/AIDS Data Base ID Number T0318.

Among adults tested in Zanzibar in 2002, the HIV prevalence was below 2 percent across all age groups.

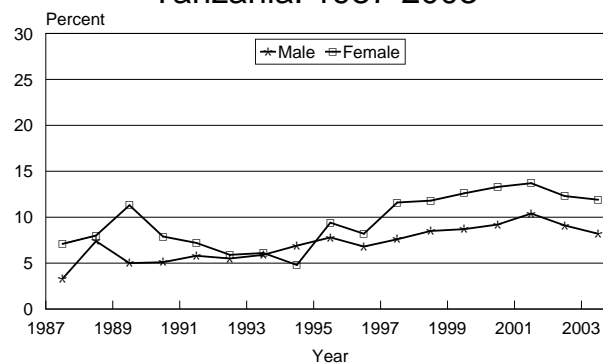
### HIV Seroprevalence for Adults, by Age, in Zanzibar Area, Tanzania: 2002



Source: HIV/AIDS Data Base ID Number S0769.

HIV seroprevalence among blood donors slowly increased from 1987 to 2003, and is higher among females. By 2003, rates were 12 percent for female donors and 8 percent for males.

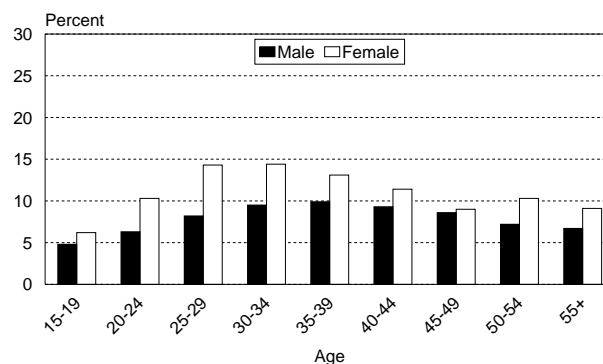
### HIV Seroprevalence for Blood Donors, Tanzania: 1987-2003



Source: HIV/AIDS Data Base ID Numbers T0101, T0123, T0139, T0206, T0207, T0208, T0231, T0249, T0263, T0317.

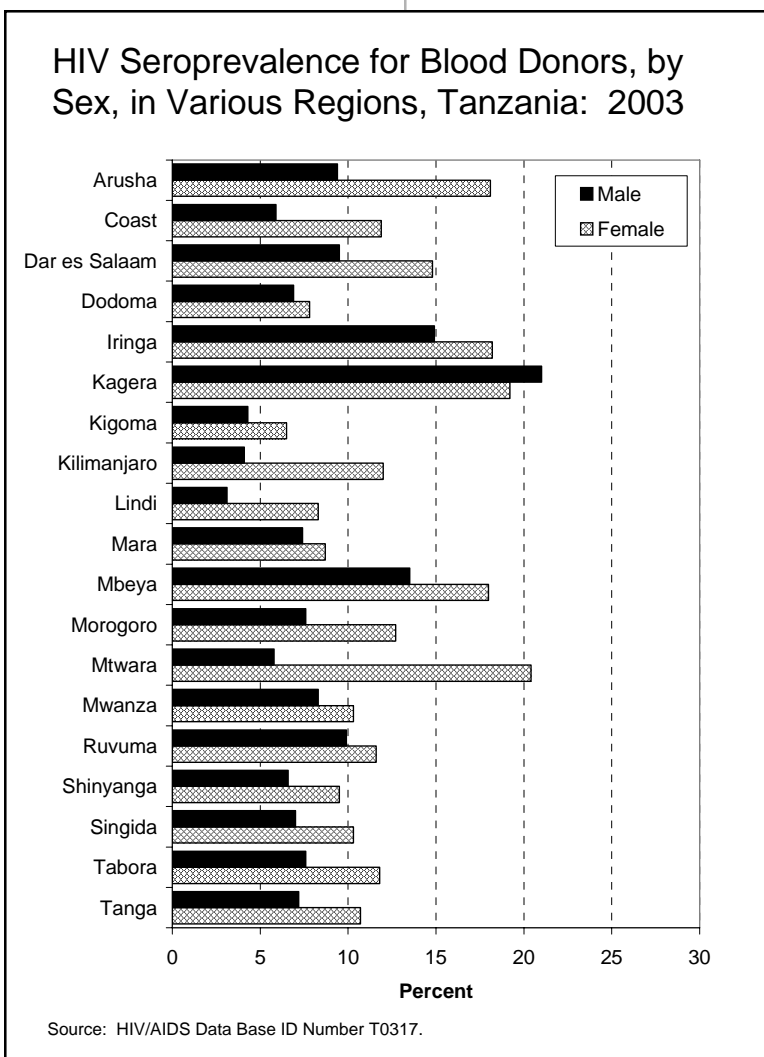
In 2003, HIV prevalence among female blood donors was higher than males across all age groups. Levels reached a peak among females in their late twenties and early thirties at 14 percent. The highest levels for male donors were found among those in their thirties at 10 percent.

### HIV Seroprevalence for Blood Donors, by Age and Sex, Tanzania: 2003

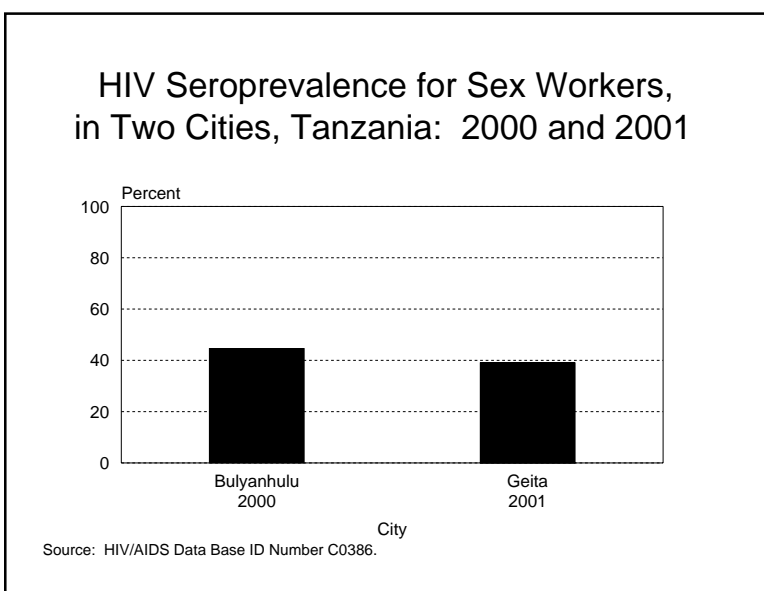


Source: HIV/AIDS Data Base ID Number T0317.

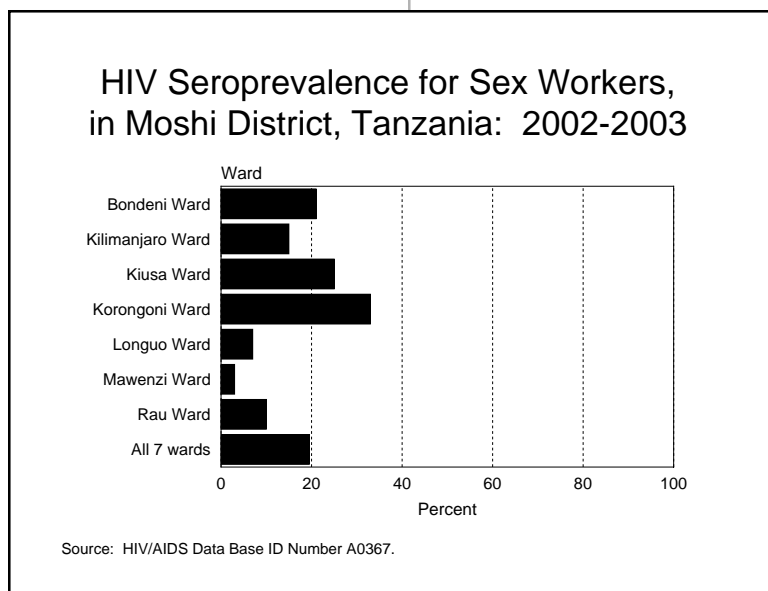
In 2003, HIV seroprevalence among blood donors varied greatly among regions and between sexes. Prevalence levels were higher among female donors in all regions except for Kagera, which had the highest prevalence among male blood donors at 21 percent, the female rate was slightly lower at 19 percent. There is a sizeable difference in HIV prevalence between female and male blood donors in Mtwara Region, which also had the highest prevalence among female blood donors. Nearly 6 percent of blood from male donors was HIV positive compared with 20 percent of blood from female donors.



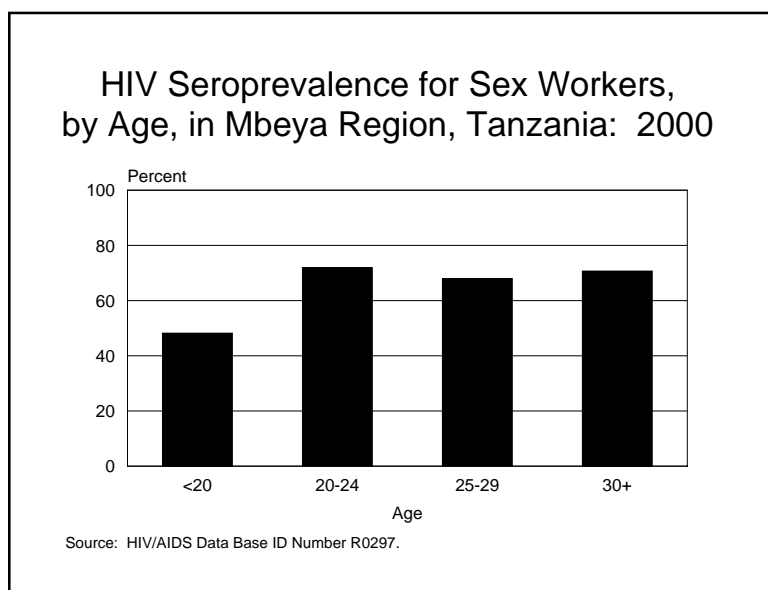
In 2000 for Bulyanhulu and in 2001 for Geita, two mining towns located in Mwanza Region, around 40 percent of sex workers tested were HIV positive.



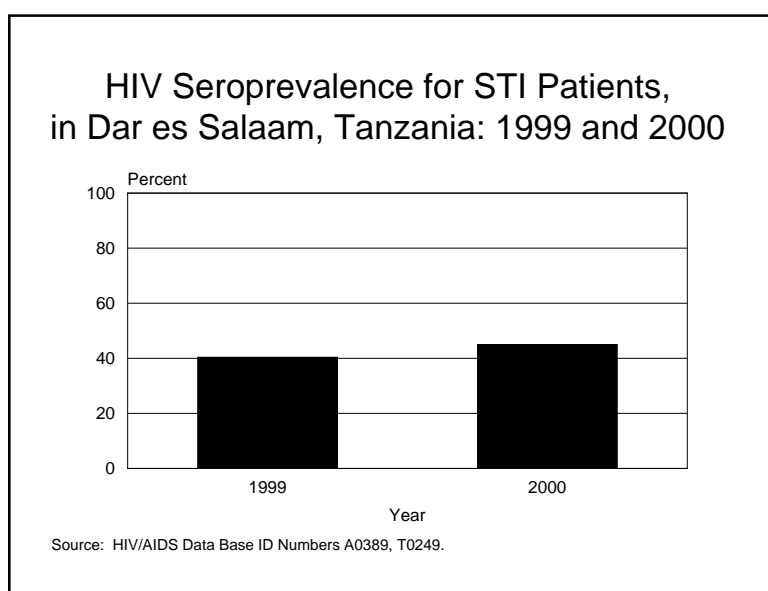
In Moshi District, located in the Kilimanjaro Region, HIV seroprevalence among sex workers tested in 2002-2003 was nearly 20 percent for all seven wards combined. Rates ranged from 3 percent in Mawenzi Ward to 33 percent in Korongoni Ward.



HIV seroprevalence was high across all age groups among sex workers in Mbeya Region. Half of those tested under 20 were HIV positive, and levels reached 70 percent for the older age groups.



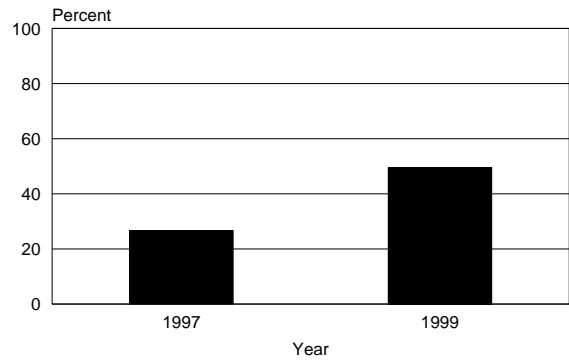
HIV seroprevalence among patients seeking treatment for sexually transmitted infections (STIs) in Dar es Salaam did not vary much from 1999 to 2000. In 2000, 45 percent of STI patients were HIV positive.





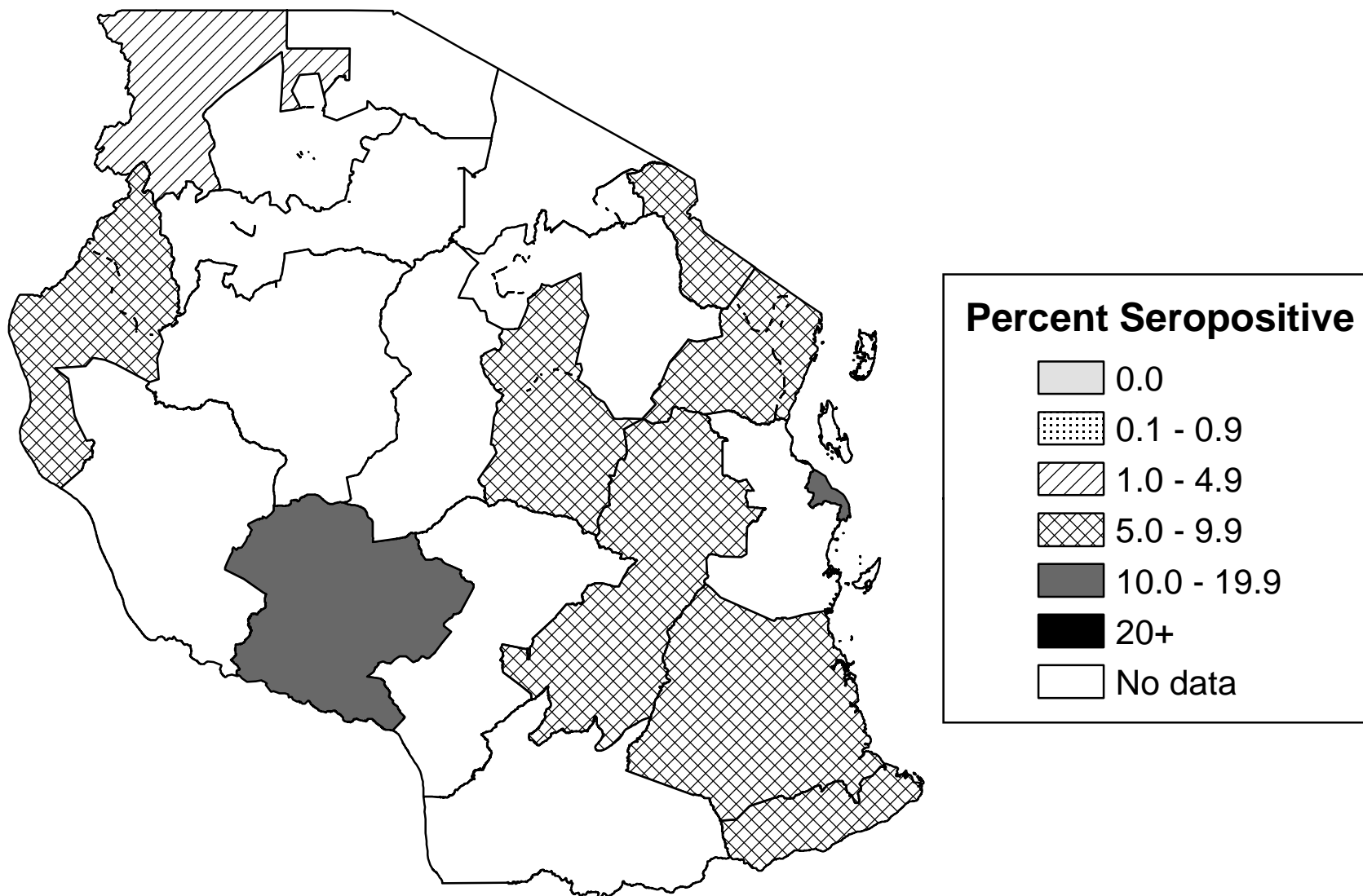
HIV seroprevalence among STI patients tested in Mbeya region increased from 27 percent in 1997 to 50 percent in 1999.

### HIV Seroprevalence for STI Patients, in Mbeya Region, Tanzania: 1997 and 1999



Source: HIV/AIDS Data Base ID Numbers T0207, A0389.

# Seroprevalence of HIV-1 for Pregnant Women, Tanzania: 2003 - 2004



U.S. Census Bureau, Population Division,  
International Programs Center,  
HIV/AIDS Surveillance Data Base, December 2006.

## Sources by HIV/AIDS Data Base ID Number:

- A0095 Ali, A. K., O. J. Khatib, W. Osei, et al., 1992, Sentinel Surveillance for HIV Infection: Five Years Period, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-12, Poster T.P.036.
- A0367 Ao, T. T. H., N. E. Sam, E. J. Masenga, et al., 2004, Prevalence of HIV-1 among Female Bar/Hotel Workers in Moshi, Tanzania: The Role of Behavioral and Biological Factors, XV International AIDS Conference, Bangkok, Thailand, 7/11-16, Poster MoPeC3456.
- A0389 Ahmed, H. J., J. Mbwana, E. Gunnarsson, et al., 2003, Etiology of Genital Ulcer Disease and Association with Human Immunodeficiency Virus Infection in Two Tanzanian Cities, Sexually Transmitted Diseases, vol. 30, no. 2, pp. 114-119.
- C0386 Clift, S., Z. Kanga, L. Ndeki, et al., 2001, Baseline Prevalence of HIV Infection and Other STIs and Their Associated Risk Factors in 2 Gold Mining Communities of the Lake Zone of Tanzania: a Cross-sectional Survey, XIIth International Conference on AIDS and STDs in Africa, Ouagadougou, Burkina Faso, 12/9-13, Session 12DT3-2.
- F0088 Fawzi, W. W., D. J. Hunter, D. L. Spiegelman, et al., 1996, Design and Demographic, Immunologic, and Clinical Profile in the Trial of Vitamins in HIV Infection, Tanzania, XI International Conference on AIDS, Vancouver, 7/7-14, Abstract Tu.C.2598.
- K0235 Kipuyo, E. L., 1997, HIV-Trends and Behaviour Changes in Tanzania, Presented at the UNAIDS Regional Workshop on "Evidence of Behavioural Change in the Context of HIV Decline in Uganda", 10 - 13 February, Nairobi, Kenya.
- K0277 Kwesigabo, G., J. Z. J. Killewo, W. Urassa, et al., 2000, Monitoring of HIV-1 Infection Prevalence and Trends in the General Population Using Pregnant Women as a Sentinel Population: 9 Years Experience from the Kagera Region of Tanzania, Journal of Acquired Immune Deficiency Syndromes, vol. 23, no. 5, pp. 410-417.
- K0308 Kilewo, C., A. Massawe, E. Lyamuya, et al., 2001, HIV Counseling and Testing of Pregnant Women in Sub-Saharan Africa: Experiences from a Study on Prevention of Mother-to-Child HIV-1 Transmission in Dar Es Salaam, Tanzania, Journal of Acquired Immune Deficiency Syndromes, vol. 28, no. 5, pp. 458-462.
- L0108 Lisekie, F., H. Grosskurth, A. Klokke, et al., 1992, Comparison of Sentinel and Cross-Sectional Study Data: Is Sentinel Surveillance a Useful Tool to Monitor the HIV/AIDS Epidemic?, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster T.P.035.
- L0210 Lyamuya, E. F., E. Urassa, E. Mbena, et al., 1996, Stabilization of HIV-1 Seroprevalence in Pregnant Women in Dar es Salaam, Tanzania: Towards Reaching a Plateau Phase?, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Tu.C.2463.
- M0473 Msamanga, G. I., E. Urassa, D. Spiegelman, et al., 1996, Socioeconomic Status and Prevalence of HIV Infection among Pregnant Women in Dar es Salaam, Tanzania, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Tu.C.2464.
- M0757 Ministry of Health, 2000, HIV/AIDS/STDs Surveillance Report, Ministry of Health and Social Welfare, Zanzibar AIDS Control Programme, no. 2, report.
- R0297 Riedner, G., M. Rusizoka, O. Hoffmann, et al., 2003, Baseline Survey of Sexually Transmitted Infections in a Cohort of Female Bar Workers in Mbeya Region, Tanzania, Sexually Transmitted Infections, vol. 79, no. 5, pp. 382-387.
- S0769 Salim, A., A. Khamis, M. Dahoma, et al., 2003, The Population Based Survey to Estimate HIV Prevalence in Zanzibar, Ministry of Health and Social Welfare, Revolutionary Government of Zanzibar, June, final report.

## Sources by HIV/AIDS Data Base ID Number:

- T0101 Tanzania Ministry of Health, 1991, National AIDS Control Programme, Surveillance Report No. 5, August, Epidemiology Unit, NACP.
- T0102 Tanzania Ministry of Health, 1992, National AIDS Control Programme, Surveillance Report No. 7, December, Epidemiology Unit, NACP.
- T0123 Tanzania Ministry of Health, 1994, National AIDS Control Programme, Surveillance Report, No. 8, June, Epidemiology Unit, NACP.
- T0139 Tanzania Ministry of Health, 1995, National AIDS Control Programme HIV/AIDS/STD Surveillance, Surveillance report No. 9, December 1994, Epidemiology Unit, NACP.
- T0160 Tanzania Ministry of Health, 1996, National AIDS Control Programme - HIV/AIDS/STD Surveillance, Surveillance report No. 10, December 1995, Epidemiology Unit, NACP.
- T0206 Tanzania Ministry of Health, 1997, National AIDS Control Programme - HIV/AIDS/STDs Surveillance, Surveillance report, No. 11, December 1996, Epidemiology Unit, NACP.
- T0207 Tanzania Ministry of Health, 1998, National AIDS Control Programme - HIV/AIDS/STDs Surveillance, Surveillance report, No. 12, December 1997, Epidemiology Unit, NACP.
- T0208 Tanzania Ministry of Health, 1999, National AIDS Control Programme - HIV/AIDS/STDs Surveillance, Surveillance Draft report, No. 13, December 1998, Epidemiology Unit, NACP.
- T0231 Tanzania Ministry of Health, 2000, National AIDS Control Programme - HIV/AIDS/STD Surveillance, Surveillance report, No. 14, December 1999, Epidemiology Unit, NACP.
- T0249 Tanzania Ministry of Health, 2001, National AIDS Control Programme - HIV/AIDS/STD Surveillance, Surveillance report, No. 15, January - December 2000, NACP.
- T0263 Tanzania Ministry of Health, 2002, National AIDS Control Programme - HIV/AIDS/STD Surveillance, Surveillance report, No. 16, January - December 2001, NACP.
- T0266 Tanzania Ministry of Health, 2002, Surveillance of HIV and Syphilis among Antenatal Clinic Enrollees: 2001-2002, National AIDS Control Programme, Ministry of Health, Dar es Salaam, Tanzania, unpublished report.
- T0317 Tanzania Ministry of Health, 2004, National AIDS Control Programme - HIV/AIDS/STI Surveillance Report, Surveillance Report, No. 18, January - December 2003, NACP.
- T0318 Tanzania Commission for AIDS, National Bureau of Statistics, 2005, Tanzania HIV/AIDS Indicator Survey 2003-04, ORC Macro, Calverton, Maryland, USA, March, unpublished report.
- T0319 Tanzania Ministry of Health, 2004, Surveillance of HIV and Syphilis among Antenatal Clinic Enrollees: 2003-2004, National AIDS Control Programme, Ministry of Health, Dar es Salaam, Tanzania, unpublished report.
- U0006 Urassa, E., F. S. Mhalu, E. Mbena, et al., 1990, Prevalence of HIV-1 Infection among Pregnant Women in Dar es Salaam, Tanzania, V International Conference: AIDS in Africa, Kinshasa, Zaire, Oct. 10-12, Poster T.P.E.22.
- U0103 Urassa, M., Y. Kumogola, R. Isingo, et al., 2004, Integrated Ante-Natal HIV and Behavioural Surveillance in Northern Tanzania, XV International AIDS Conference, Bangkok, Thailand, 7/11-16, Poster MoPeC3577.