

UNITED REPUBLIC OF TANZANIA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

The Joint Team made strong advances in increasing access to HIV prevention information and services as well as comprehensive sexuality education among adolescent and young people, through training of primary and secondary school teachers and students; implementation of an integrated HIV response model in High Learning Institutions; and capacity building of peer educators and healthcare providers to support provider-led and peer assisted HIV and sexual and reproductive health information and services. Pre-exposure prophylaxis (PrEP) and HIV prevention commodity distribution services were also scaled up to further curb new HIV infections among young people and key populations. Intensive advocacy and technical support by the Joint Team led to the adoption of Dolutegravir-based paediatric treatment while financial support enabled the Government to expand access to early infant diagnosis of HIV across the country. The Joint Team supported assessment of treatment coverage among pregnant women living with HIV to address the decline in uptake of these services and results were used to adjust national programmes. HIV testing and treatment services were expanded to refugees, including pregnant refugee women in Tanzania; and healthcare providers were trained to provide HIV, human papillomavirus, and cervical cancer services for women across the country. HIV self-testing targeting people over 18 years old was launched nationwide and a Joint Team-funded pilot programme for HIV testing and counselling was implemented to reach vulnerable adolescents and adult men from informal workplaces in remote settings. Following a study that identified a high level of drug resistance among people living with HIV on treatment, the Joint Team and other partners intensified their support to the Government to accelerate transition to Dolutegravir-based treatment regimen. To ensure the continuity of HIV services during the COVID-19 pandemic, the Joint Team further supported the implementation of multimonth dispensing of antiretroviral treatment; and procurement and distribution of personal protective equipment, hygiene kits, and food baskets for people living with HIV. Moreover, volunteer health workers were trained and deployed to also ensure the availability of HIV services among pregnant and breastfeeding women. A national anti-stigma and discrimination campaign was launched in five regions in mainland and Zanzibar reaching close to nine million adolescents and young people. Extensive technical support by the Joint Team helped the Government to mobilize over US\$ 1.3 billion for the national HIV response.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

Through the Joint Team–supported professional development programme, 3142 in-service teachers were able to improve their skills in delivering comprehensive sexuality education, including HIV prevention, and supporting learners. This contributed significantly to the increase in coverage of quality comprehensive sexuality education in primary and secondary schools increased from 56.6% in 2019 to 66.5% in 2020 (Basic Education Statistics Reports 2020 and 2021). In addition, the ONGEA radio programme, an edutainment radio drama series dedicated for adolescent boys and girls, was supported to reach 4 446 143 adolescents with messages on HIV prevention, SRH, menstrual hygiene, and nutrition and 26 498 adolescents with peer-based education sessions.

Financial and technical assistance was provided for the implementation of an integrated HIV response model for High Learning Institutions which comprises education, health service, and workplace programme components in Dar es Salaam, Dodoma, Iringa, Mkwawa, and St. Augustine universities targeting learners aged 19-26 years old, staff, and healthcare providers in these institutions. Under this project, an online comprehensive sexuality education course was launched, and it comprises five modules—adolescence and sexuality; HIV, sexual and reproductive health (SRH), and sexually transmitted infections (STIs), including stigma and discrimination; relationships; gender and gender-based violence (GBV); and resource management. By December 2021, about 14 859 students were registered for the course, of whom 6139 completed all the modules.

Additionally, 180 peer educators and 60 health service providers were trained to implement the provider-led peer assisted programme aimed at strengthening referral to services. The trained peer educators reached 3658 students from these five universities with HIV, SRH and GBV education and support services, including counselling and referrals to various health services.

As a result of financial and technical assistance from the Joint Team, integrated sexual and reproductive health, and rights (SRHR) and HIV services were implemented in 90 HIV care and treatment clinics (CTCs) in mainland and Zanzibar reaching a total of 93 545 adolescents and young people living with HIV in 2020-2021. In partnership with the Global Fund and PEPFAR, 54 high HIV incidence districts were able to provide at least three HIV combination prevention services for adolescent girls and young women—compared to 33 districts in 2020.

The Joint Team continued its advocacy and technical support to scale up combination HIV prevention services, including condom and pre-exposure prophylaxis (PrEP) programming aimed at reducing the risk of HIV infection among vulnerable and key populations. In 2021, close to four million condoms were distributed through networks of key populations and 468 600 condoms were disseminated to refugees in camps. Peer-led initiatives were also supported to reach 125 368 adolescent and young people aged 10-24 years (53% female) with condom and education materials on HIV prevention. The Government also approved the national PrEP implementation framework and by November 2021, a total of 11 250 people at high risk of HIV infection were initiated on PrEP.

PMTCT, EARLY INFANT DIAGNOSIS, AND PAEDIATRIC TREATMENT

Heightened advocacy and technical support resulted in the Government approval of Paediatric Dolutegravir (pDTG-10mg) formulation as first line paediatric treatment for nationwide implementation in 2022. Technical and financial support from the Joint Team also enabled the Government to expand Point of Care (PoC) testing technology for early infant diagnosis (EID) of HIV, available in 95 sites in 2021—from 35 in 2019.

In response to challenges faced in keeping pregnant women living with HIV on treatment, the Joint Team supported the generation of granular data on prevention of mother-to-child transmission of HIV (PMTCT) to identify bottlenecks in service delivery. This helped identify inequalities in ART initiation between the US President's Emergency Plan for AIDS Relief (PEPFAR) supported and non-supported PMTCT sites. These findings were used to inform HIV programming funded by PEPFAR and the Global Fund.

In 2020-2021, the Joint Team supported provision of HIV services to refugees and asylum seekers in United Republic of Tanzania. A total of 29 078 refugees, including 21 483 pregnant refugee women who first attended their first antenatal care, received HTC, and 369 people, including 145 pregnant women who tested positive for HIV were enrolled in ART.

A total of 207 healthcare volunteers were also deployed and supported to ensure continuity of reproductive, maternal, neonatal, child, and adolescent health and PMTCT in Tanzania mainland, reaching 862 381 women with various services during the COVID-19 pandemic.

HIV TESTING, TREATMENT, AND CONTINUITY OF HIV SERVICES DURING THE COVID-19 PANDEMIC

With intensive advocacy and technical assistance provided by the Joint Team, the Ministry of Health was supported to implement a facility- and community-led HIV self-testing programme nationwide for all people aged 18 years and above. HIV self-testing was also piloted in workplaces—formal and informal sectors—in Dar es Salaam, Morogoro, and Mwanza regions resulting in the establishment of a network of 56 peer educators, and 21 094 HIV self-testing kits were procured and distributed to workers and their partners in 50 companies and open markets. Also, integrated HIV self-testing and awareness creation campaigns aimed at promoting screening for HIV, COVID-19, and non-communicable diseases (NCDs) reached 1478 lumbering workers, with 76 people agreeing to be vaccinated on site.

The National AIDS Control Programme (NACP) was supported to accelerate transition to Dolutegravir-based treatment regimen among 1100 people living with HIV (96% of the eligible people). Technical assistance was also provided for the implementation of the Active Toxicity Monitoring System for Dolutegravir-based treatment and preliminary analysis on the data generated through system revealed gaps in documentation and quality of care and to record and address the few critical health conditions identified as side effects of Dolutegravir-based treatment.

Intensive advocacy and technical assistance provided to the National AIDS Control Programme led to the rapid scale-up of 3-6 months multimonth dispensing (MMD) of ART ensuring the continuity of services among people living with HIV during the COVID-19 pandemic. As a result, 94% of the eligible people living with HIV on ART were accessing their treatment through a 3-month MMD nationally, while 79% of the people living with HIV on ART in Dar es Salaam region were enrolled on 6-month MMD.

The Joint Team provided financial and technical support to train and provide personal protective equipment (PPE) for 160 healthcare workers on safe provision of services resulting in 254 715 adults and children living with HIV continued to receive essential HIV services during the COVID-19 pandemic. A total of 534 healthcare providers, including community health workers were trained on COVID-19 prevention and management. The national COVID-19 call centre was capacitated and supported to handle over 250 000 monthly calls from the public, including people living with HIV with COVID-19, HIV, and GBV related concerns.

Ten Medically Assisted Therapy (MAT) clinics serving 11 000 clients daily were provided with infrared thermometers, hand washing machines, dispensers, masks, sanitizers detergents and soap ensuring safety and continuity of HIV prevention and harm reduction services among people who use drug.

Extensive technical assistance and funding strengthened public awareness on COVID-19 prevention, vaccination, and other related issues. Accurate information on COVID-19 was broadcasted on 34 community radios to address the myths, misinformation and stigma related to the pandemic—the radio stations jointly have an estimated 19 800 000 audience. Meanwhile, 458 community leaders nationwide and 60 women living with HIV from Zanzibar were oriented on accurate information and advantages of COVID-19 vaccination. These trained women living with HIV subsequently reached over 600 people in their communities, including women living with HIV. In Zanzibar, 5000 workers were also provided with COVID-19 information materials, masks, and sanitizers, and further sensitised through radio and television programmes.

An assessment of the needs of people living with HIV in the context of the COVID-19 pandemic was completed and 250 000 vulnerable people living with HIV received hygiene kits; and 1000 vulnerable people from key population groups were provided with nutritional support. Financial support for the food basket programme helped to extend nutrition counselling, malnutrition assessment, and food baskets to 1910 people living with HIV. The Joint Team also funded broadcasting of messages promoting healthy nutrition on two national radio stations reaching an estimated 4.5 million audience.

GENDER INEQUALITY, STIGMA, AND DISCRIMINATION

Support was provided for the roll out of a national anti-stigma and discrimination campaign in five regions in mainland and Zanzibar reaching close to nine million adolescents and young people aged 15-45 years (58% male) through traditional media and social media platforms.

HIV and AIDS Workplace Policies were reviewed to include gender, stigma, sexual harassment, violence, and COVID-19 in the world of work, in line with the Employment and Labour Relations Act (R.E CAP 366, 2019) and HIV and AIDS Prevention and Control Act of 2008 and other workplace standards. The policies aim to protect workers living or affected with HIV and create an enabling environment at workplaces for workers and their dependants to access to HIV and other essential services. This programme benefited about 5734 employees in targeted universities—University of Dar es Salaam, University of Iringa, and St Augustine University. Besides, adoption of the HealthWISE toolkit has resulted in 5008 health workers from 65 health facilities in nine high HIV burden regions strengthening their capacity on occupational health and safety including reporting on gender, HIV-related stigma and discrimination, sexual harassment, GBV, COVID-19, and other occupational hazards in workplaces.

The Joint Team provided technical assistance to the Government for the revision and roll out of the new 2021–2023 Gender Operational Plan aimed at scaling up a gender-sensitive HIV response in the country. Through the NACP, the Government also adopted a Gender-responsive National HIV Self Testing (HIV-ST) Framework in July 2020. The framework explicitly aims to increase uptake of HIV testing services particularly among men and other groups left behind. It outlines approaches for implementation, describes the package of support services required, and outlines the referral and linkage mechanisms, the quality assurance strategies, and the monitoring and evaluation plans for HIV self-testing.

To further address gender inequalities in the HIV response, the National Council of People Living with HIV (NACOPHA) was supported to establish two specific networks within NACOPHA: a network of women living with HIV, and a network of young people living with HIV.

HEALTH SERVICE INTEGRATION

The Joint Team made significant contributions for the integration of HIV services across health systems in the recently approved Fifth Health System Strategic Plan (HSSP V). Through the Tanzania Commission for AIDS, National Guidelines on mainstreaming HIV and NCDs in the construction and lumbering sector, prioritizing people living with HIV and with disability was adopted and widely disseminated among stakeholders to prevent NCDs, new HIV infections and mitigate the impact of the epidemic in development sectors.

To overcome the impacts of human papillomavirus (HPV), cervical cancer and HIV among women in Tanzania, 20 healthcare workers from the region were trained on provision on HPV, cervical cancer, and HIV services while community volunteers were oriented and supported for demand creation for these services. Technical support was provided for the development of the HPV Deoxyribonucleic Acid (DNA) Introductory Guidelines; the capacity assessment of the laboratory at Bukoba Regional Referral Hospital in Kagera region; and the implementation of mitigating actions to address the identified gaps. These actions led to the successful roll out in 2021 of an integrated HIV and cervical cancer pilot programme in the Kagera region. By the end of 2021, 32 543 women (75% of them living with HIV) were screened for HPV and 713 women with suspected cases were referred for further investigation.

INVESTMENT AND EFFICIENCY

As a result of technical support provided by the Joint Team, successful grant proposals were developed for the Global Fund 2021-2023 grant period, and the PEPFAR COP21 mobilizing US\$ 369 million and US\$ 932.3 million respectively. The proposals were designed to include high impact interventions and address the needs of populations left behind including key populations, adolescent girls and young women, pregnant women, and children from non-PEPFAR priority facilities.

In 2020-2021, a total of US\$ 139.2 million was also mobilized from the Global Fund, the United Nations agencies, and other development partners to support the national COVID-19 response.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Integration of HIV, tuberculosis, malaria programmes and services across the health system is reflected in the HSSP V and expected to improve linkages between health system improvements and disease control interventions towards achieving Universal Health Coverage.

The work on comprehensive sexuality education and GBV prevention education contributes to achievement of the Sustainable Development Goals (SDGs) related to education (SDG 4), health (SDG 3), gender equality (SDG 5) and the targets of the UNAIDS Strategy 2016-2021. It reflects growing national recognition of the inter-relationship between education and health.

The Gender Operational Plan (2021 – 2023) developed with the Joint Team’s technical guidance and that started being implemented creates the framework for coordination of gender mainstreaming. Organizations of young people were also supported in building their capacities in leadership and empowerment for their meaningful participation in different forums and advocacy initiatives, contributing to SDG 16 (Strong institutions).

CHALLENGES AND LESSONS LEARNED

Domestic resources account for only 5.6% of the national HIV response and dependency on external resources is expected to considerably increase, exacerbating sustainability concerns. Shortage of human resources for health continues to challenge provision and expansion of quality services. Limited private sector engagement hampers their contributions to the HIV response.

The current policy provision requiring all clients who use HIV self-testing kits to confirm diagnosis in health facilities has implications on access, especially among hard-to-reach populations. People with positive results face real or perceived stigma, discrimination, and other human rights violations in workplaces. Investments to address HIV stigma and discrimination at community and health facilities levels at large scale are insufficient. Besides, the non-conducive environment related to sex workers, gay men and other men who have sex with men, and transgender people impedes access to tailored HIV services. Strengthening enforcement mechanisms, legal frameworks and structures to ensure zero discrimination is fundamental.

Limited livelihood options, low social protection coverage and the lack of capacity in enterprise development increase the risk of HIV infection among young people, young women in particular. Addressing the structural drivers of the epidemic particularly among youth and adolescents is essential, including through supporting their economic empowerment, expanding livelihood programmes, promoting formalization of informal economies, and advocating for increased social protection coverage.

Economic problems and harmful cultural practices remain the main obstacles to the elimination of gender inequalities. There is no comprehensive programme to inform the public about gender inequalities, violence and discrimination against women and girls, people living with HIV and key populations. The few existing initiatives are implemented at low scale and do not adequately reach all the intended populations. The Gender Operational Plan (2021-2023) has increased awareness and ownership among the local government authorities in planning and budgeting for initiatives to address gender inequalities in the HIV response. Nine regions (Simiyu, Mara, Kagera, Mwanza, Kigoma, Lindi, Mtwara, Njombe and Geita) have already developed and budgeted their action plan.

There is a re-emerging opposition against comprehensive sexuality education among certain sectors of the society that are known to support conservative stand. There is also an opposing view around condom interventions among religious learning institutions. Condom programme stewardship is weak where the national strategy and other planning documents are not translating into resource allocation for the Total Market Approach. Only 45% of the total needs for condoms are met.

In 2021, the mother to-child transmission of HIV rate continued to be above elimination target with almost half of children getting infected during breastfeeding. Pregnant women living with HIV in non-PEPFAR supported health facilities (30% of all newly identified in the country) have lower ART coverage than those in PEPFAR-supported facilities. Also, further work is needed to address the low access and adherence to treatment among children living with HIV compared to adults.

COVID-19 related challenges in global supply chain highlighted the degree of vulnerability of the national supply chain. Shortage of viral load and EID test reagents resulted in delays, and the long new drug registration process delayed transition to new efficacious regimen.

Report available on the
UNAIDS Results and Transparency Portal

open.unaids.org