

UNITED REPUBLIC OF TANZANIA

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2021, the United Republic of Tanzania achieves 90-90-90 for all people living with HIV, including children; and 85% people living with HIV eligible receive tuberculosis preventive therapy.	ON TRACK	84–97–92 at the end of 2020. At 36% the viral load suppression remains low among children living with HIV who are on antiretroviral treatment (ART) (Spectrum 2021). At the end of 2020, an estimated 69% eligible people living with HIV were on tuberculosis preventive therapy—a 3% increase from 2019 (National AIDS Control Programme).
By the end of 2021, retention of mother-baby pair in prevention of mother-to-child transmission of HIV (PMTCT) services among adolescent and young women is at 90%.	SLOW PROGRESS	84% of estimated pregnant women living with HIV received ART for PMTCT (GAM 2021). The retention of mother-baby pair in PMTCT services among adolescent and young women was at 75% (DHIS-2, 2021); mother-to-child transmission rate at the end of breastfeeding was 11%; and only 55% of HIV exposed infants were tested at six weeks of life (GAM 2021). Dolutegravir 10 mg was approved for paediatric HIV treatment.
By the end of 2021, the combination HIV prevention services targeting adolescents and young people aged 10-24 years, especially girls, are available and accessible in 50 high HIV incidence districts.	SLOW PROGRESS	By end of 2020, adolescent friendly sexual and reproductive health (SRH) services were available in 13 districts; 10 districts provided the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) initiatives to reduce HIV infections among adolescent girls and young women; and another 10 districts are implementing comprehensive combination HIV prevention interventions.
By the end of 2021, stigma and discrimination reduction programmes are available and accessible at health facilities and community level, and create a more conducive environment for key population programming.	ON TRACK	Increased government commitment to address HIV-related stigma and discrimination, the Zero Discrimination Day was officially observed sparking national awareness and dialogue. Ethical clearance for the implementation of the Stigma Index 2.0 protocol was secured. A national forum for key and vulnerable populations was established as a platform for policy dialogues between stakeholders and beneficial groups.

By the end of 2021, current resources are used effectively and efficiently, and domestic resources for the HIV response represent at least 15% of the public expenditures.

SLOW PROGRESS

In the 2018-2019 fiscal year, the total budget expenditure for the national HIV response amounted to about US\$ 5.3 million, which constitutes 10.1% of the Government's total public spending (NASA, 2018/19).

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

The United Republic of Tanzania, with significant support from the Joint Team, made notable advances in transitioning 92% of eligible patients on ART to Dolutegravir-based treatment regimen. Additional point-of-care for HIV early infant diagnosis (EID) services were established, increasing the volume of tests performed and reducing the test-result turnaround time by 18 days. Plans to open another 50 point-of-care sites will enable the country to achieve its national target on EID coverage by the end of 2021. The Joint Team supported the development and implementation of a national condom distribution plan anchored on strengthening community level distribution contributing to the 16% increase in condom distribution between 2019 and 2020. The Government was supported to improve the quality of comprehensive sexuality education in schools and build the capacity of educators benefiting more than seven million students in the country. At community level, more than 500 000 adolescents and youth were reached with Joint Team-led Sexual and Reproductive Health and HIV programmes. Through the newly established Key Populations Forum, efforts were also made to increase active involvement of key populations in the planning, implementation, and monitoring of HIV programmes in the country.

HIV TESTING AND TREATMENT

UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

As a result of advocacy and technical support, the implementation framework for integrated HIV self-testing for people aged 18 years and above in health facilities and communities was approved in Tanzania Mainland and all regions have been sensitized to start implementation in 2021. The framework includes distribution of HIV self-testing kits through private sector and in workplace programmes.

With Joint Team support, a pilot HIV testing implementation project is on-going in Mufindi district to improve HIV testing and linkage to services for adolescent boys and young men and adult men from informal workplaces in remote setting. An estimated 2324 workers from 4 lumbering and mining camps received HIV testing. 1813 employees from the Association of Tanzania Employers and Trade Union Congress accessed HIV testing through workplace programmes paid by their employers—the Joint Team advocated for and coordinated this effort.

Increased technical support resulted in 92% of eligible adults transitioning to the Dolutegravir-based treatment (DTG) regimen and 89% children aged 0-14 years living with HIV were transitioned to the optimized regimens. Analysis was conducted to document reasons behind slower transition among children and the results informed decisions to fast-track expansion of optimized regimens. Recommendation from the analysis included the need for regular follow up

and monitoring of children living with HIV who are on treatment to ensure that targets for transitions are met, and removal of old regimens from facilities that were slow in transitioning children in their care in a timely manner. The active toxicity surveillance, and the acquired HIV drug resistance survey were also launched, and the first round of results are expected in 2021.

With support from the Joint Team, a community-based ART delivery model was implemented in six high HIV burden districts in Njombe region, leading to improved treatment adherence and viral load suppression outcomes among 1696 adolescent and young people living with HIV. This model allows people living with HIV to receive ART services through community-based mobile- and home-based platforms. In Zanzibar, as part of a differentiated service delivery model, 97% of children aged 0-14 years, adolescents and young people living with HIV (478 in total) received psychosocial support through 16 community-based groups covering all districts in the island.

In 2020, the Joint Team continued its support to integrate HIV treatment and nutrition services to improve the health outcome of vulnerable people living with HIV. As a result, 928 refugees living with HIV who are in care, received nutrition assessment and counselling services, of whom 195 found to be malnourished received nutritional supplements.

The Joint Team supported 78 ART clinics to provide integrated family planning and condom distribution, cervical cancer screening and referral, and STI screening and treatment services. Around 23 586 people living with HIV in Tanzania Mainland and 14 901 in Zanzibar received these integrated services in 2020.

PMTCT COVERAGE

POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

The Government, with the support from the Joint Team and other partners, established an additional 17 point-of-care (PoC) sites for HIV testing for EID services, reaching a total of 52 PoC sites in the country by end of 2020 and reducing the turnaround time from 21 days to three days. The launch of 50 additional sites is underway to achieve the national target of 100 PoC sites by the end of 2021.

A total of 20 mentor laboratory scientists and staff from 14 EID laboratories in poor performing districts received capacity building trainings and technical support, respectively. The national sample referral guidelines, procedure manuals, and system design have also been completed to improve specimen transportation and referral systems in the country.

A total of 63 nutritionists, clinicians, and nurser were trained to ensure integration of PMTCT and nutrition services in health facilities in five regions with high burden of HIV and malnutrition.

In 2020, about 12 439 pregnant women who live in refugee camps, were tested for HIV, and all 97 who tested positive were put on ART.

HIV PREVENTION

POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

In 2020, the Joint Team supported youth-led peer education and media outreach activities reaching 120 677 adolescent and young people in three regions in Tanzania Mainland with adolescent sexual and reproductive health (SRH) and HIV prevention information and services. Support was also provided to the ONGEA radio programme—an edutainment radio drama series for adolescent and young people—to scale-up programmes around SRH, HIV, gender-based violence (GBV), menstrual hygiene, nutrition, and girls' education to an additional 16 districts in Tanzania Mainland and 11 districts in Zanzibar. The programmes were aired on 26 community radios reaching 240 859 adolescents and young people in Tanzania Mainland and another 148 286 in Zanzibar.

Through support from the Joint Team, 213 750 learners from 475 schools received comprehensive sexuality education from well-trained teachers in 2020. Currently, an estimated 7.5 million learners from Tanzania Mainland are receiving quality comprehensive sexuality education.

Support was provided for the development of an integrated HIV module for institutions of higher education with three components—education, health services and workplace programmes—targeting learners aged 18-30 years, staff members of universities, and health care providers. The module will be rolled out in 2021 to reach 50 000 targeted learners. Workplace policies in three universities were reviewed and updated to include measures to end gender equality, and prevent sexual harassment, violence, stigma, and COVID-19 infection in workplaces.

As a result of technical support provided, the national condom distribution guide was developed and approved. The guide seeks the expansion of community-led condom distribution beyond the health system structures to improve access and uptake. In 2020, an estimated 195 061 019 male condoms were distributed in the country— a 16% increase from 2019.

Voluntary medical male circumcision (VMMC) among adolescent boys and young men aged 10-29 years remains a priority. In 2020, uptake of VMMC services declined by 33% from 2019 due to the COVID-19 pandemic. At 84% VMMC coverage among young boys aged 15-24 years, and at 78.5% for all age groups, Tanzania did not achieve its 90% target for 2020.

STIGMA REDUCTION AND EQUITY

UPSTREAM ADVOCACY; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

The Joint Team supported the operationalization of the Key Populations Forum as a platform of dialogue with various stakeholders, including the Government and development partners on progress and challenges around the national HIV response in Tanzania Mainland. The Joint Team also held four zonal and one national dialogue which identified structural policy and legal barriers impeding a strengthened and targeted HIV response. Findings from these discussions became the foundation for an action plan being developed by the Commission of Human Rights and Good Governance. Support was also provided for the development and ethical clearance of the Stigma Index 2.0 Protocol.

The ILO/WHO Health WISE tool was customized, and a monitoring and evaluation tool was developed to assess performance on workplace improvements in health facilities. The tool has eight modules that integrate HIV, tuberculosis, viral Hepatitis, and COVID-19 prevention and control within the context of biological hazards and other occupational hazards, including stigma, harassment, violence at workplace. In 2020, the tool was applied in 25 districts hospitals where 2894 healthcare workers benefitted from its implementation and efforts on improving workplace environment.

SUSTAINABILITY AND EFFICIENCY

UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS; RESOURCE MOBILIZATION

The Joint Team supported the development of the Global Fund 2021-2025 grant proposal and the PEPFAR Country Operation Plan (COP2020) securing US\$ 369 million and US\$ 480 million from the respective sources. Support and grants from the Global Fund and PEPFAR prioritized high impact HIV prevention and treatment programmes targeting adolescent and young people, men, pregnant women and children, and key populations. These funds were also aligned with other national strategies, including the Sustainable Development Goals, alignment of health/HIV investment, community engagement and primary prevention initiatives.

The Joint Team continued to advocate for sustainable financing and smart investment for the national HIV response. Engagement with high-level government authorities and the private sector resulted in a slight increase in domestic funding—public expenditure for HIV increased by

1.2% in 2020. Continued advocacy and technical support are needed to increase domestic resources through predictable annual increments in health budget allocations, AIDS Trust Fund, and subsequently through Universal Health Coverage.

CONTRIBUTION TO THE COVID-19 RESPONSE

The Joint Team continued its advocacy, technical support and guidance, and partner and resource mobilization efforts to curb the impact of COVID-19 in the United Republic of Tanzania. As a result, US\$ 600 000 was raised for Zanzibar and US\$ 6 000 000 for Tanzania Mainland from the Global Fund COVID-19 Response Mechanism to support the national COVID-19 response.

A taskforce, led by the Ministry of Health, was also established to monitor, and guide the HIV response during the pandemic—stock of ARVs and HIV commodities and services were monitored regularly, and scientific and programmatic guidance and feedback were communicated to health facilities. The taskforce made several successful recommendations, for example, the Government scaled up the three-to-six-month multi-month dispensing (MMD) of antiretroviral drugs and community-based refills to ensure service continuity and adherence and minimize exposure to COVID-19 infection among people living with HIV. Although HIV testing declined in 2020 hindering the country from reaching its first 90% target, Tanzania managed to maintain growth in the number of people living with HIV accessing ART services because of these efforts. The percentage of people living with HIV retained in care over a 12-month period was at more than 90%. ART initiation also began to bounce back by June 2020, when the country lifted restrictions. Based on the feedback from the taskforce, HIV services were also put on the list of essential services to be maintained during the pandemic.

Around 160 healthcare workers were trained and received personal protective equipment (PPE) to ensure 254 715 children and adults living with HIV continue to access essential HIV and treatment services. Additional 182 healthcare volunteers were deployed in Tanzania Mainland to sustain PMTCT and reproductive, maternal and child health (RMNCAH) services. Ten medically assisted therapy clinics, serving 11 000 clients daily, received infrared thermometers and essential medical hygiene supplies. An estimated 250 000 people living with HIV received hygiene kits and another 1000 people from key population groups got nutritional support, thanks to the technical and financial support from the Joint Team.

The Joint Team provided technical support to develop information, education, communication (IEC) materials tailored for people living with HIV. Public service announcements promoting healthy nutrition were broadcasted on two radio stations with a combined audience of over four million. Support was provided for a public-private partnership reaching an estimated 500 000 workers in Zanzibar with television and radio COVID-19 awareness messages and IEC materials at workplaces.

200 trained community health workers and 75 community leaders supported community-led COVID-19 awareness creation efforts reaching 280 000 refugees and asylum seekers in camps. Screening and triage systems were established in 16 health facilities across all refugee camps and the community health workers were also trained on COVID-19 surveillance and active case finding.

The national COVID-19 call-centre received technical and capacity building support to manage an estimated 250 000 monthly calls on COVID-19 and other health enquiries, including from people living with HIV. Sixty women living with HIV also received orientation and IEC materials on COVID-19 and HIV to support 600 women in their communities, including women living with HIV.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team continued supporting the Government to implement combination HIV prevention interventions through the Tanzania Social Action Fund contributing to poverty reduction efforts by building gender equality and human capital. In 2019, an evaluation on the positive behavioural effects of combined HIV prevention and social protection strategies among adolescents was conducted and the results led to a decision to scale up the strategy at national level.

Cash Plus impact evaluation programmes supported by the Joint Team showed positive impacts around HIV and SRH knowledge, promoted safe behaviours, and increased gender-equitable attitudes and aspirations to run a business among adolescent girls and young women.

Advocacy and technical support were provided for the development and approval of the National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing 2021-2025 comprising six pillars: prevention of HIV, teenage pregnancies, and physical, sexual, and emotional violence; improving nutrition; keeping boys and girls in school; and developing skills for meaningful economic opportunities. An implementation plan was also developed and commitment from the government line ministries and development partners was secured to rollout the action plan in 2021.

The Joint Team seized the opportunity of the coincidence of PEPFAR COP20 and the Global Fund new cycle processes to push for high impact interventions and priorities i.e. Sustainability Agenda, Alignment of Health/HIV Investments, Community-engagement, and Primary Prevention. Needs of populations lagging behind (adolescent and young people, men, pregnant women and children from non-PEPFAR supported facilities, key populations) are expected to be addressed during the implementation.

The Joint Team continued to advocate and provide technical support for the integration of HIV, tuberculosis, and malaria programmes and services across programmes and the health system. As a result, this integration was reflected in the new Health Sector Strategic Plan V (HSSP V) 2021-2026. The mainstreaming will strengthen linkages between health system improvements and disease control interventions towards achieving Universal Health Coverage in Tanzania Mainland.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The national HIV response is heavily reliant on external resources with PEPFAR contributing almost 70% and the Global Fund about 20% of the budget for the 2019/2020 fiscal year. Heavy reliance on external funding and insufficient domestic resource allocation, coupled with lack of coherent policy threaten the sustainability of the HIV response.</p>	<p>Continue evidence-based advocacy to increase domestic financing and efficiency and support the development of a fundraising strategy for the AIDS Trust Fund.</p> <p>Support the implementation of the Global Fund 2021-2024 grant and its alignment with PEPFAR COP.</p> <p>Assist in the implementation of the HSSP V, including integration of HIV services across the health system to ensure efficiency and sustainability and accelerate efforts towards Universal Health Coverage.</p>
<p>Despite evidence on high level of HIV-related stigma and discrimination at community and health facilities levels, investments to address this at large scale are insufficient. Access to tailored HIV services among key populations is still challenging, exacerbated by the non-conducive environment to scale up services.</p> <p>Economic disparity and harmful cultural practices remain main hindrances to eliminating gender inequalities. There is no policy and guideline to raise awareness in the negative impact of gender inequalities, violence, and discrimination against women and girls, people living with HIV and key populations.</p>	<p>Support the implementation of the Stigma Index 2.0 and provide technical assistance to civil society and the Government to improve the conduciveness of the environment for stigma-free comprehensive HIV service for key populations.</p> <p>Continue to advocate for additional resource and technically support the scale-up of HIV services for key populations, and stigma and discrimination reduction efforts, including workplace stigma and discriminating policies.</p> <p>Continue to advocate for additional resources and technically support the implementation of the Gender Operational Plan for the HIV Response.</p>
<p>Coverage of HIV prevention services among adolescent and youth remains low. National HIV coordination and decision-making mechanisms need significant support to strengthen their capacities.</p> <p>Condoms are not readily accessible for all—only 32% of the public sector condom requirement were funded in 2020 (NACP Condom quantity availability data 2018 – 2020). Slow progress in the scale-up of pre-exposure prophylaxis (PrEP), weak condom programme stewardship, and poor resource allocation to fully implement the Total Market Approach.</p>	<p>Provide technical support to implement HIV combination prevention services for adolescent and young people planned in the Global Fund 2021-2024 grant and PEPFAR DREAMS project.</p> <p>Continue advocacy and awareness creation efforts, including youth-led interventions, evidence-based inter-generational dialogues and briefings targeting political and religious leaders and influential people to promote comprehensive sexuality education.</p> <p>Support the implementation of the recently approved condom distribution guidelines and development of a monitoring and evaluation (M&E) system for condom distribution, and advocate for a Total Market Approach to ensure equitable and sustainable market.</p>

<p>Absence of a country-wide real-time monitoring system affects the accuracy of data on drugs and commodities stocks at sub-national level. There are also challenges in quantification of needs for the national HIV response. These challenges coupled with COVID-19 related delays in the global supply chain hampered efforts to expand six-month MMD of antiretroviral drugs beyond Dar es Salaam. Shortages of viral load and EID reagents, and condoms also resulted in delays in testing and prevention efforts.</p>	<p>Provide advocacy and technical support to overcome the national supply chain challenges, highlighted during COVID-19 pandemic, and ensure resilience of the system to external factors.</p> <p>Support rapid scale up of the six-month MMD beyond Dar es Salaam region.</p> <p>Provide technical support to strengthen the Sample Referral System aimed at increasing viral load testing coverage and reduce results turnaround time.</p>
<p>ART coverage among pregnant women living with HIV is lower in health facilities that are not supported by PEPFAR. This challenge also contributes to a lower uptake of EID services among HIV-exposed children. There is also slow progress towards transition to paediatric DGT10 regimen.</p>	<p>Support the implementation of case-based surveillance and management system for pregnant women living with HIV receiving services in health facilities that are not supported by PEPFAR.</p> <p>Provide technical support for the review of the current elimination of mother-to-child transmission of HIV (eMTCT) plan and the development a new eMTCT plan.</p> <p>Provide advocacy and technical support to scale up PoC and near PoC sites to achieve universal access of EID services for HIV-exposed children.</p> <p>Advocate for and support the development and implementation of transition plan for DTG 10 mg among children aged 0-14 years living with HIV, including local registration of the formulations, and updating of training packages and job aids for healthcare providers.</p>
<p>The COVID-19 pandemic exposed challenges around service provision, facility utilization, and quality of real-time data for rapid decision-making and service delivery.</p>	<p>Continue advocacy and technical support to strengthen HIV and health reporting systems to improve quality of real-time data to inform decision making in emergency and non-emergency situations and enhance accountability of stakeholders at sub-national level.</p>

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