

Country progress report - United Republic of Tanzania

Global AIDS Monitoring 2020



Contents

- I. Overall - Fast-track targets
- II. HIV testing and treatment cascade - Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020
- III. Prevention of mother-to-child transmission - Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018
- IV. HIV prevention; Key populations - Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners
- V. Gender; Stigma and discrimination - Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020
- VI. Knowledge of HIV and access to sexual reproductive health services - Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year
- VII. Social protection - Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020
- VIII. Community-led service delivery - Ensure that at least 30% of all service delivery is community-led by 2020
- IX. HIV expenditure - Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers
- X. Empowerment and access to justice - Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights
- XI. AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Overall

Fast-track targets

Progress summary

HIV prevalence in Tanzania is characterized by significant heterogeneity across age, gender, social-economic status and geographical location, implying differentials in the risk of transmission of infection. HIV prevalence has steadily declined over the past decades from 7% in 2003 to 4.6% in 2018 in adults 15 -49 years. The HIV burden is higher in urban areas than in rural areas - 7.5% versus 4.5% respectively. Njombe region has the highest prevalence estimate (11.4%) followed by Iringa (11.3%) and Mbeya (9.3%). Lindi region has the lowest HIV prevalence of less than 1%.

The Tanzania PHIA (THIS) of 2016/17 shows that HIV prevalence is higher among women than men, standing at 6.2 % and 3.1% respectively. The prevalence of HIV is less than 2% among 15-19 years for both males and females and then increases with age for both sexes. Age disparities in new HIV infections suggest an increase in the numbers of new infections among younger populations.

The PHIA further estimated that 62% of PLHIV know their status; 90.9% of those who know their status are on treatment and 87.7% on treatment virally suppressed.

The draft 2020 Tanzania HIV estimates suggest that among 15 – 49 years old in 2019, HIV prevalence was 4.6%, and 58,000 new HIV infections. There were 6,500 new infections among children below 15-year-olds. About 100% of pregnant women living with HIV received ART for PMTCT, and 78% of children living with HIV are on ART. Important to note that about 50% all new infections are from the 15 – 29 years old age group.

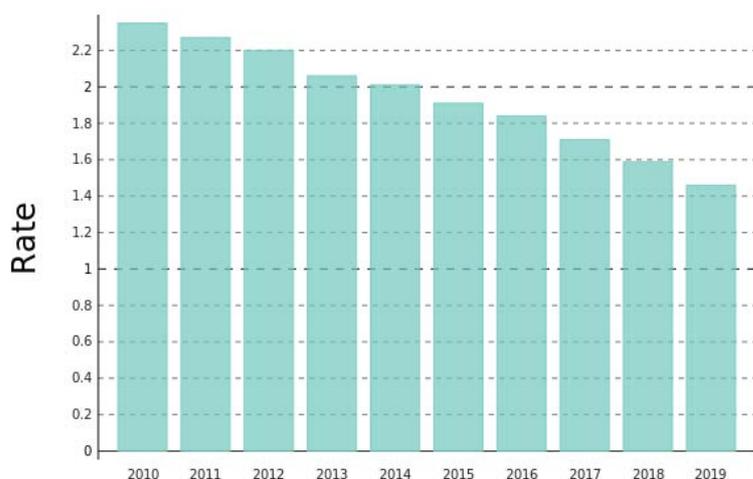
Planning and implementation of the national multisectoral and decentralized HIV and AIDS response in Tanzania is guided by the National Multisectoral HIV and AIDS Strategic Framework (NMSF IV) – 2018/17 to 22/23 and the National Health Sector HIV Strategic Plan 2017 - 2022. Given the multisectoral nature of the response, implementation takes place at national, regional, district and community levels based on individual stakeholder's mandate, comparative advantage, resources and technical expertise. Implementing partners are drawn from government agencies, civil society organisations, communities, private sector and supported by development partners. NMSF IV recognises that meaningful community and PLHIV engagement and empowerment has great potential to contribute to increased coverage of services, sustained access and utilisation, and long-term sustainability of the national response.

Tanzania has benefited from strong investments by international donors and government contribution to address the HIV epidemic. Despite progress being made, HIV/AIDS remains the main cause of mortality and premature death in Tanzania, which has an estimated

population of 54.5 million (IHME, 2016). Tanzania has adopted the Fast Track targets, aiming to “treat all” and strengthen linkages to care.

3.1 HIV incidence rate per 1000, United Republic of Tanzania (2010-2019)

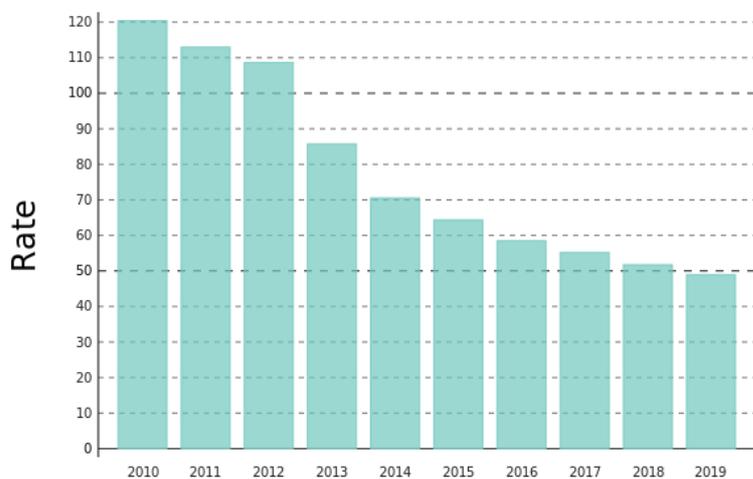
Number of people newly infected with HIV in the reporting period per 1000 uninfected population



Source: Spectrum file

1.7 AIDS mortality per 100 000, United Republic of Tanzania (2010-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

United Republic of Tanzania is on track to reach 90-90-90 by end of 2020. Analysis of programme data as at September 2019 by the National AIDS Control Programm (NACP) puts the 90-90-90 cascade for Tanzania at 78%-78%-88%. As of December 2019, about 1,277,012 PLHIV were on ART (850,485 women and 426,527 men).

AIDS related death has been declining among all ages over the past 10 years. This has largely been attributed to the efficacy and increased coverage of treatment. In 2019, it is estimated that AIDS related deaths dropped from 25,000 to 24,000.

Policy questions (2019)

Is there a law, regulation or policy specifying that HIV testing:

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) Is mandatory for certain groups

Yes

Military

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

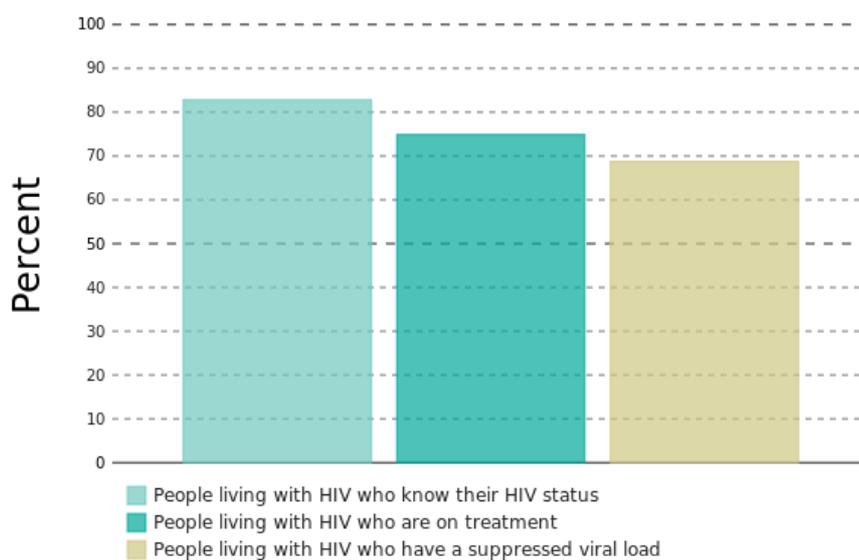
a) For adults and adolescents

Yes; Implemented in many (>50–95%) treatment sites

b) For children

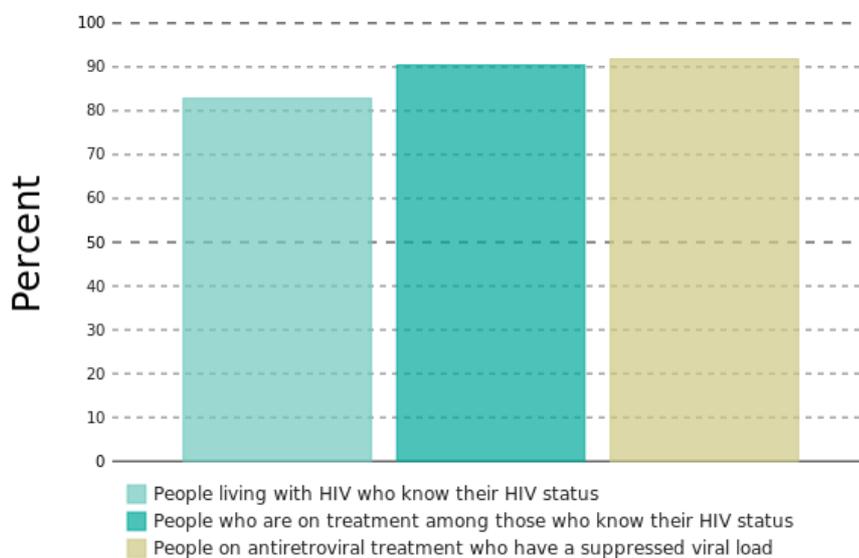
Yes; Implemented in many (>50–95%) treatment sites

HIV testing and treatment cascade, United Republic of Tanzania (2019)



Source: Spectrum file

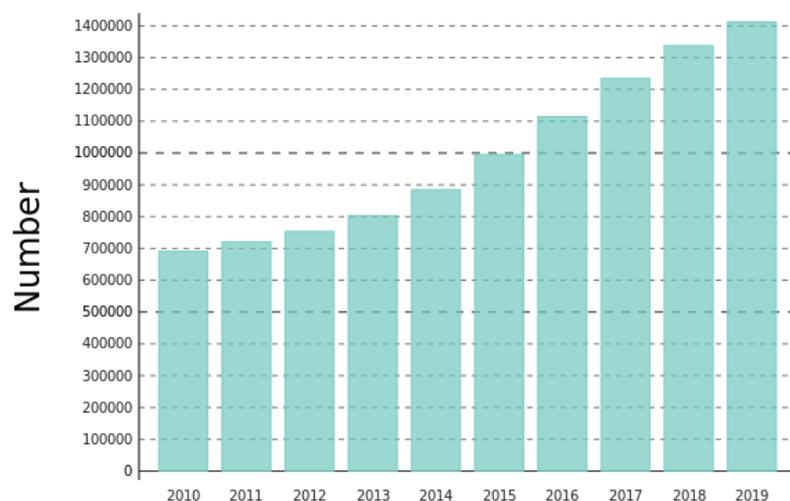
Progress towards 90-90-90 target, United Republic of Tanzania (2019)



Source: Spectrum file

1.1 People living with HIV who know their HIV status, United Republic of Tanzania (2010-2019)

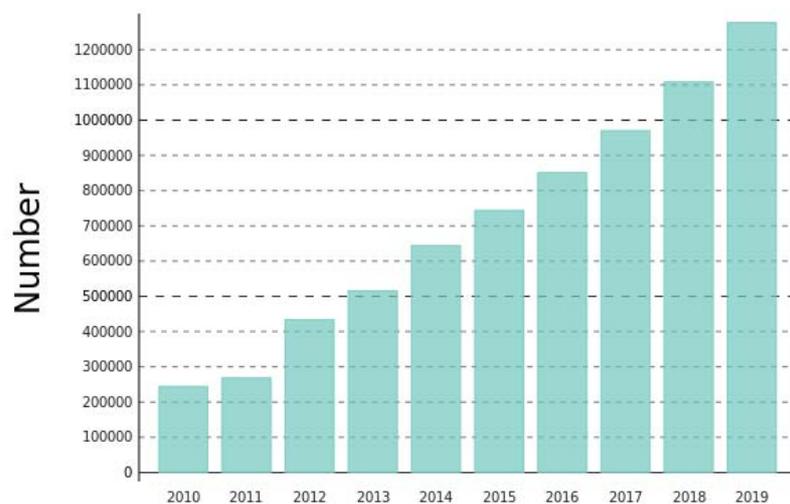
Number of people living with HIV who know their HIV status



Source: Spectrum file

1.2 People living with HIV on antiretroviral therapy, United Republic of Tanzania (2010-2019)

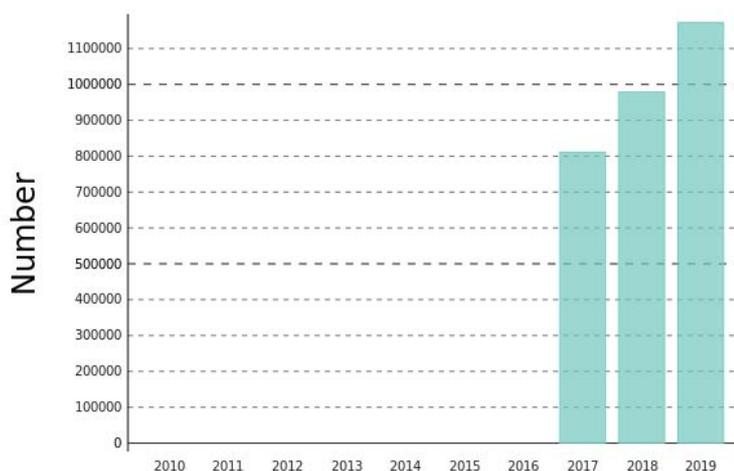
Number of people on antiretroviral therapy



Source: Spectrum file

1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, United Republic of Tanzania (2010-2019)

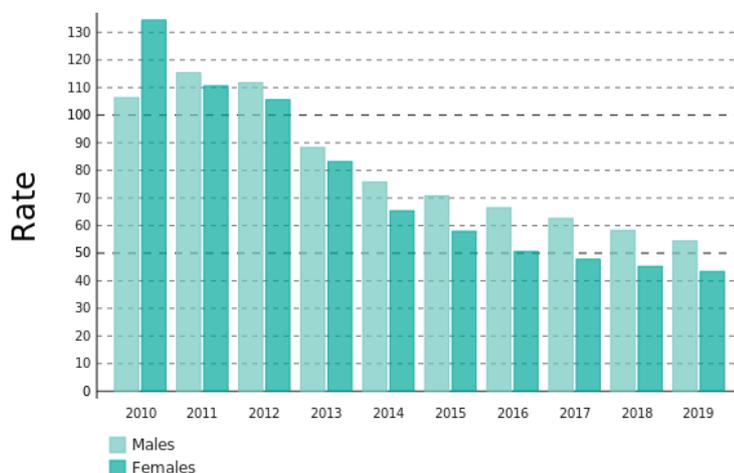
Number of people living with HIV with suppressed viral loads



Source: Spectrum file

1.6 AIDS mortality rate per 100 000, United Republic of Tanzania (2010-2019)

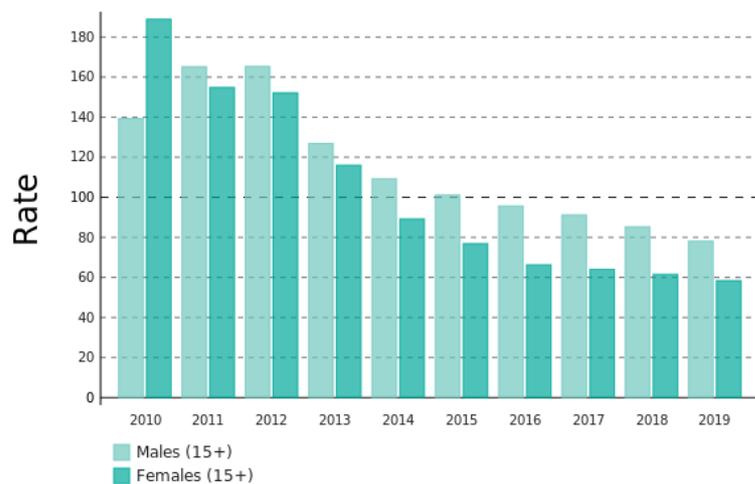
Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.6 AIDS mortality rate per 100 000 among adults, United Republic of Tanzania (2010-2019)

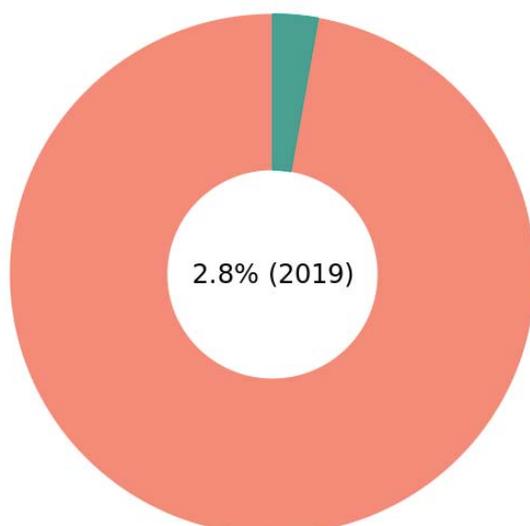
Total number of adults who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.7 HIV testing volume and positivity, United Republic of Tanzania

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 10 556 502

Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

PMTCT service provisions has been sustained over 2018 and 2019. Community intervention service package for eMTCT have improved by using Community Health Workers (CHWs). UNICEF, WHO and other partners have scaled up support to improve community knowledge, awareness, attitudes, perceptions and behaviours around PMTCT and Pediatric HIV care and treatment. This has in turn improved on reduction in stigma, and increased community engagement. Estimated percentage of pregnant women living with HIV who received antiretrovirals for preventing mother-to-child-transmission has increased to about 100% in 2019. Children on treatment has increased from 60,000 in 2018 to 61,000 in 2019.

Policy questions (2019)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: <2%; 2021

Elimination target(s) (such as the number of cases/population) and year: <2000 per 100000 live-births; 2021

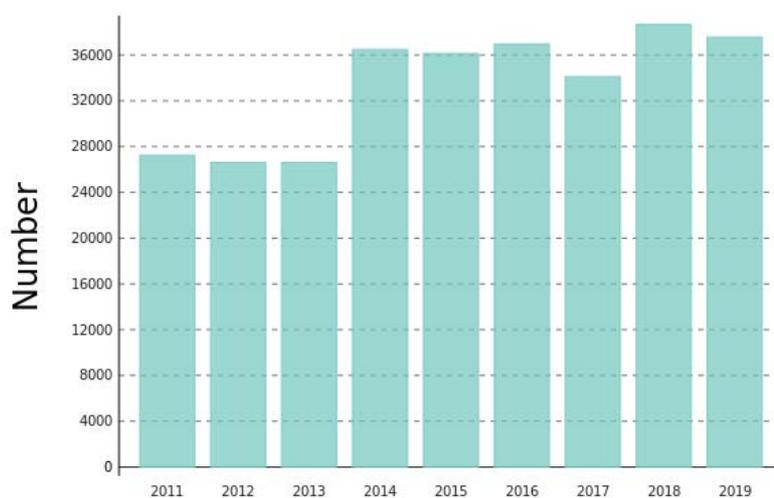
Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age

Implemented countrywide (>95% of treatment sites)

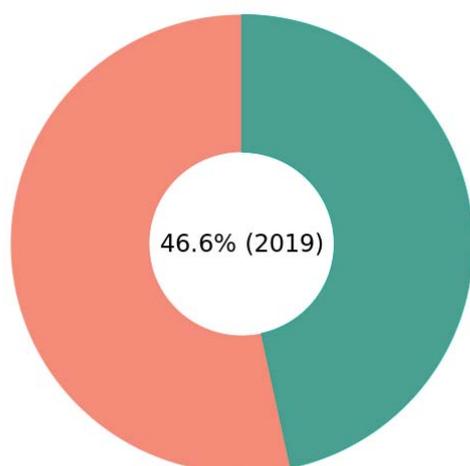
2.1 Early infant diagnosis, United Republic of Tanzania (2011-2019)

Number of infants who received an HIV test within two months of birth



2.1 Early infant diagnosis, United Republic of Tanzania (2018-2019)

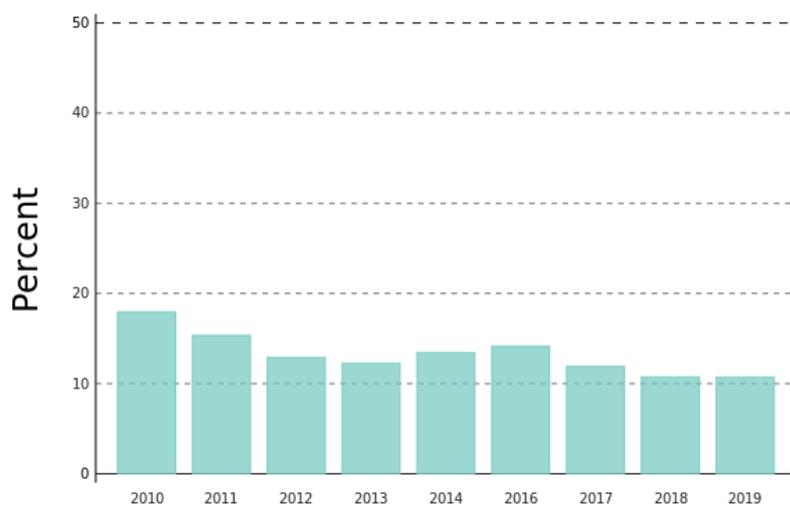
Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



↓ 47.7% (2018)

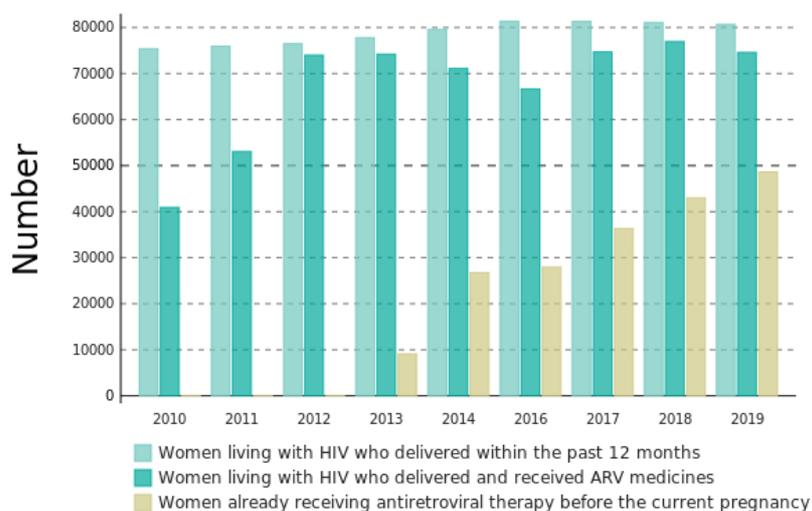
2.2 Mother-to-child transmission of HIV, United Republic of Tanzania (2010-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



Source: Spectrum file

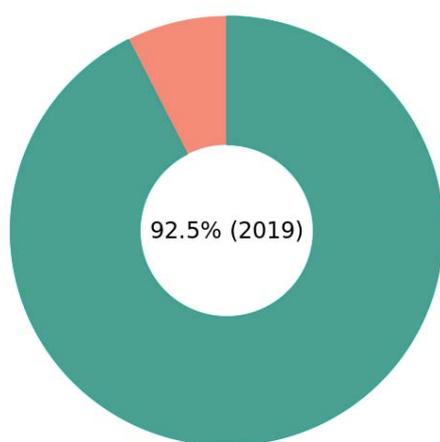
2.3 Preventing mother-to-child transmission of HIV, United Republic of Tanzania (2010-2019)



Source: Spectrum file

2.3 Preventing mother-to-child transmission of HIV, United Republic of Tanzania (2018-2019)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV

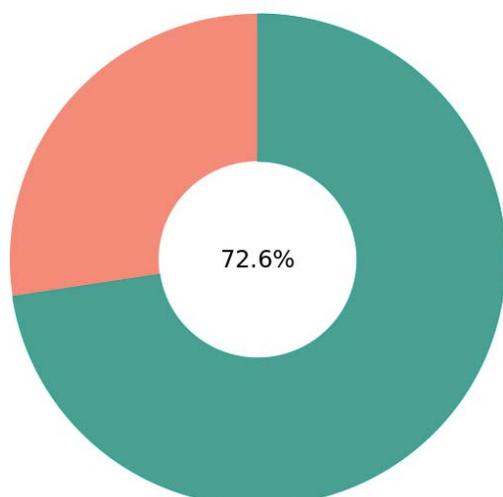


↓ 94.91% (2018)

Source: Spectrum file

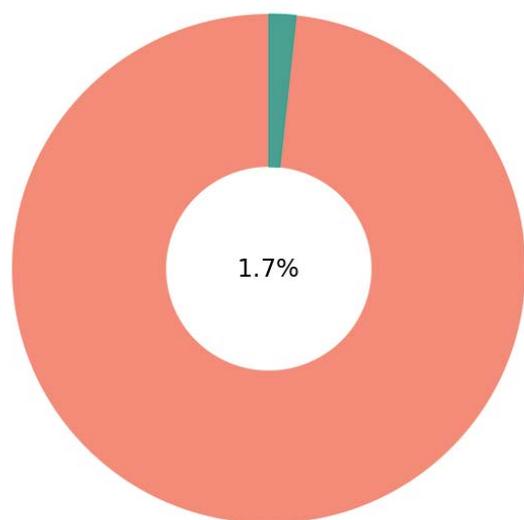
2.4 Syphilis among pregnant women, United Republic of Tanzania (2019)

Percentage of pregnant women tested for syphilis



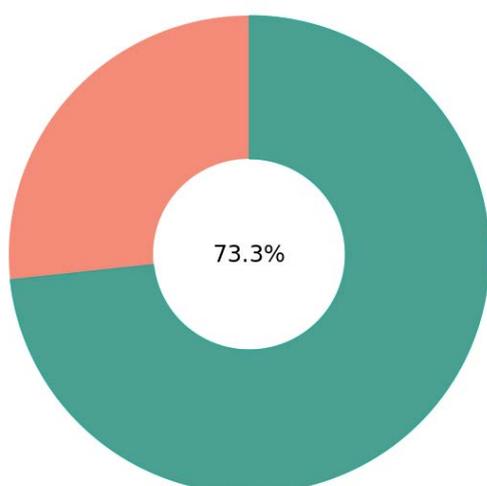
2.4 Syphilis among pregnant women, United Republic of Tanzania (2019)

Percentage of pregnant women tested positive for syphilis



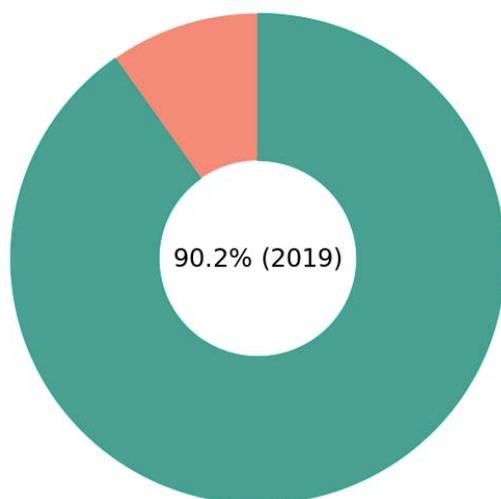
2.4 Syphilis among pregnant women, United Republic of Tanzania (2019)

Percentage of pregnant women on treatment among those who tested positive



2.6 HIV testing in pregnant women, United Republic of Tanzania (2018-2019)

Percentage of pregnant women with known HIV status



↓ 91.2% (2018)

HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

Government of Tanzania made full commitment in 2018 to scale-up PrEP for key populations and discordant couples as well as initial roll out of self-testing. PrEP for the targeted population groups has been on the immediately scale-up nationwide, including expanding eligibility criteria to adolescent girls and young women.

Voluntary Medical Male Circumcision (VMMC) among males aged 10–29 years remains a priority. By the end of 2019 over 4,000,000 males had been circumcised meeting 2020 target of 84% uptake. Majority of clients receiving VMMC services are adolescent boys.

Condoms distributed annually increased to 29,037,100 in 2019 from 28,589,379 in 2018. The newly developed National condom strategy for 2019 – 2023 is expected to galvanize the Total Market Approach agenda and to facilitate the distribution of condoms beyond the health system structures to the community level.

A Key Populations Forum (KPF) was established and succeeded to operate as a platform of exchange between Government and development partners in mainland. KPs service delivery packages have been defined for CSW, MSM, Prison inmates and PWID. To address the structural barriers towards access to HIV services among KPs, 125 law enforcers, local government leaders, attorney general office and representatives from line ministries were trained to understand the importance of creating an enabling environment.

An Assessment of the implementation of KVP guidelines and national HIV strategies in 2019 indicated that facility led community outreach sessions was the most preferred approach to receive KVP services among the KVP groups. However, the provision of KVP HIV services package was not always integrated with other services and that persistent stigma and

discrimination remain the major hindrance for the KVP to access services in the facilities.

UN have engaged with representatives from KPs in Zanzibar to act as peer educators and facilitate referral of their peers to HIV services - 50 MSM and 90 FSW were trained. In follow up, KPs led peer education group were established.

Policy questions: Key populations (2019)

Criminalization and/or prosecution of key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- Selling sexual services is criminalized
- Buying sexual services is criminalized
- Ancillary activities associated with selling sexual services are criminalized
- Ancillary activities associated with buying sexual services are criminalized
- Profiting from organizing and/or managing sexual services is criminalized

Men who have sex with men

- Yes, imprisonment (14 years - life)

Is drug use or possession for personal use an offence in your country?

- Drug use or consumption is specified as a criminal offence

Legal protections for key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- No

Men who have sex with men

- No

People who inject drugs

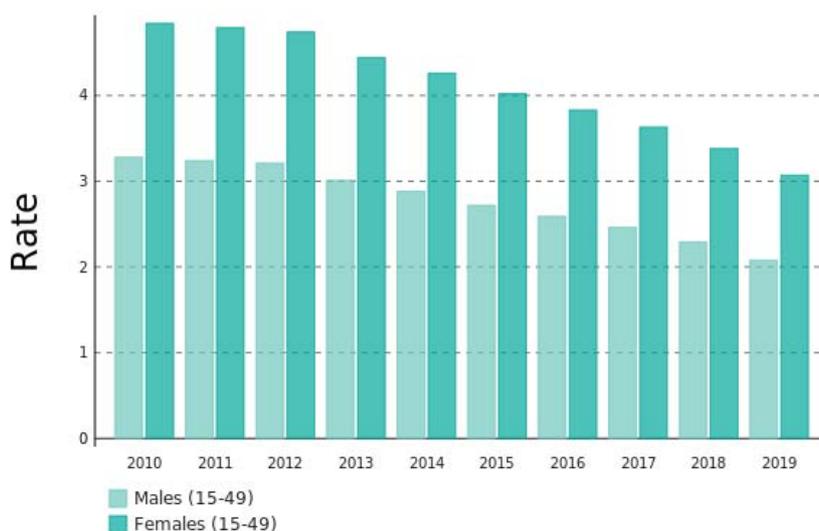
- No

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

Yes, PrEP guidelines have been developed and are being implemented

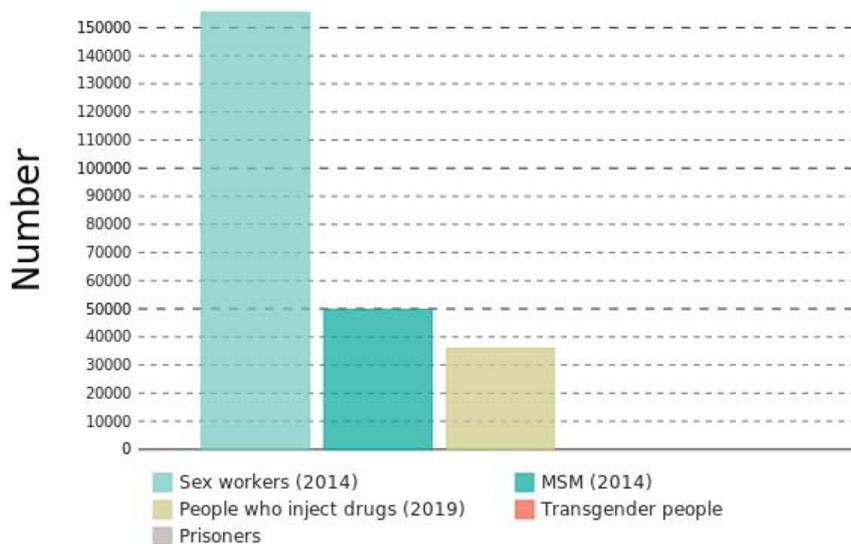
3.1 HIV incidence rate per 1000, United Republic of Tanzania (2010-2019)

New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



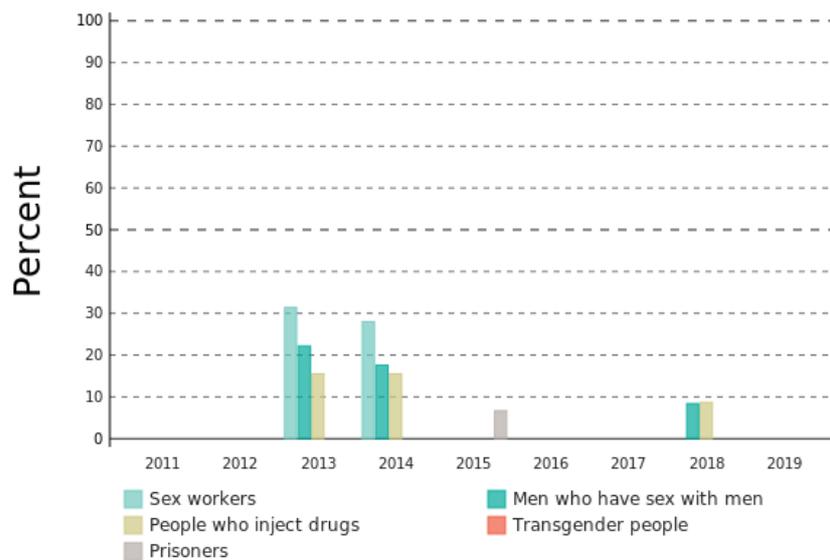
Source: Spectrum file

3.2 Estimates of the size of key populations, United Republic of Tanzania



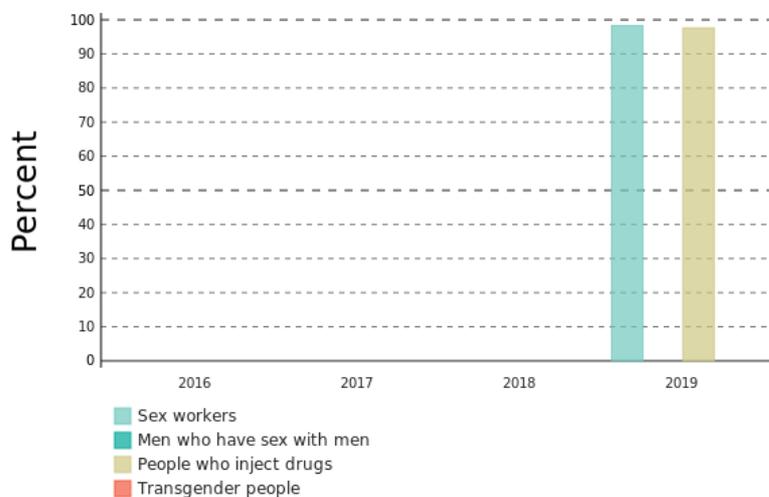
3.3 HIV prevalence among key populations, United Republic of Tanzania (2011-2019)

Percentage of specific key populations living with HIV



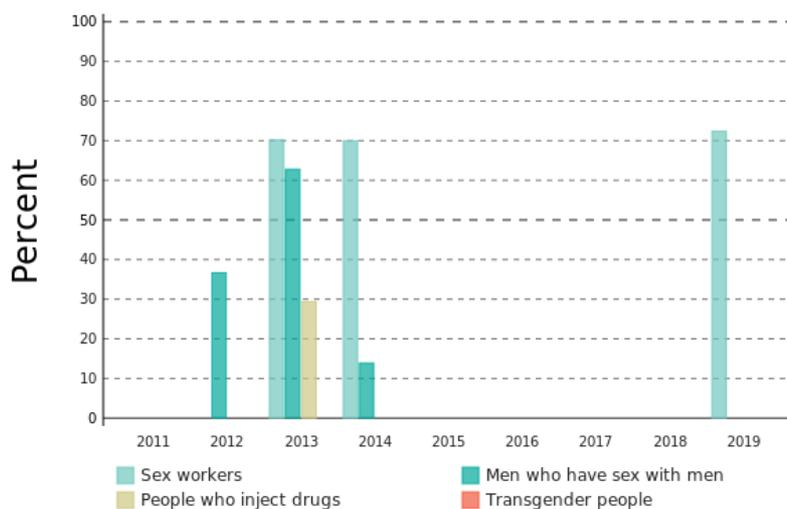
3.4 HIV testing among key populations, United Republic of Tanzania (2016-2019)

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



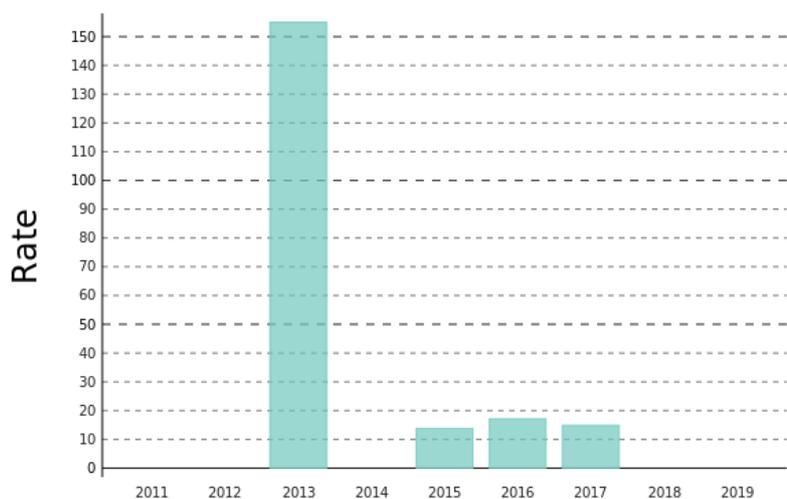
3.6 Condom use among key populations, United Republic of Tanzania (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



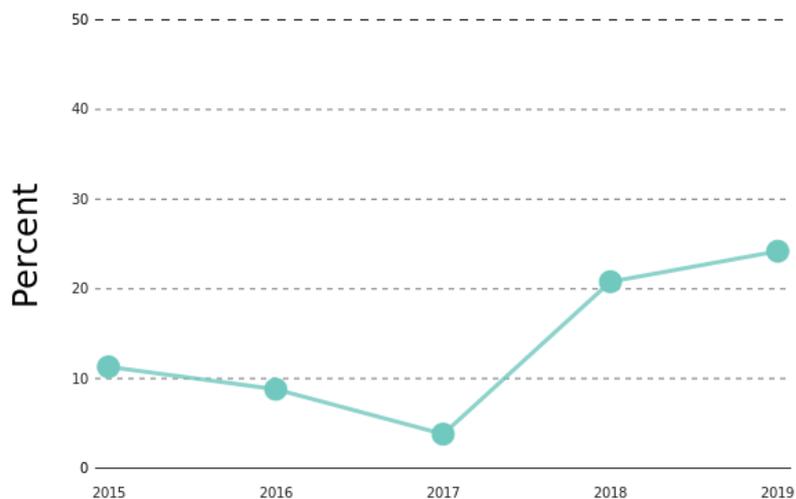
3.9 Needles and syringes distributed per person who injects drugs, United Republic of Tanzania (2011-2019)

Number of needles and syringes distributed per person who injects drugs per year by needle-syringe programmes



3.10 Coverage of opioid substitution therapy, United Republic of Tanzania (2015-2019)

Percentage of people who inject drugs receiving opioid substitution therapy (OST)



3.11 Active syphilis among sex workers, United Republic of Tanzania (2011-2019)

Percentage of sex workers with active syphilis



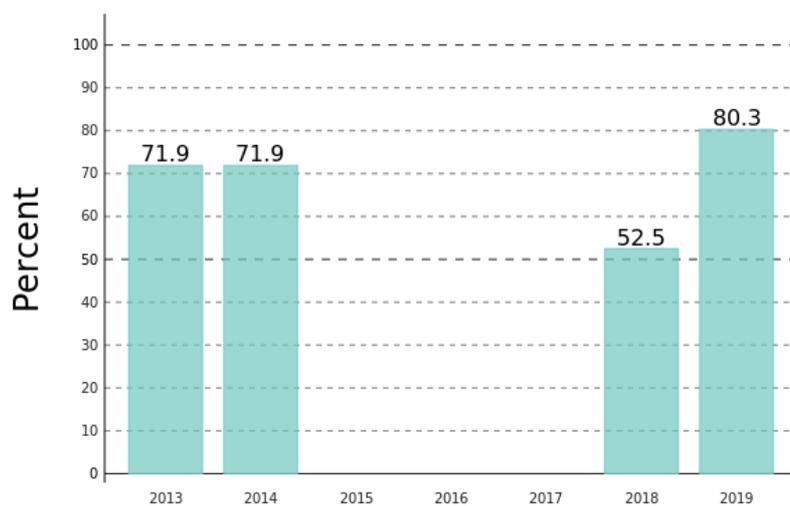
3.12 Active syphilis among men who have sex with men, United Republic of Tanzania (2011-2019)

Percentage of men who have sex with men with active syphilis



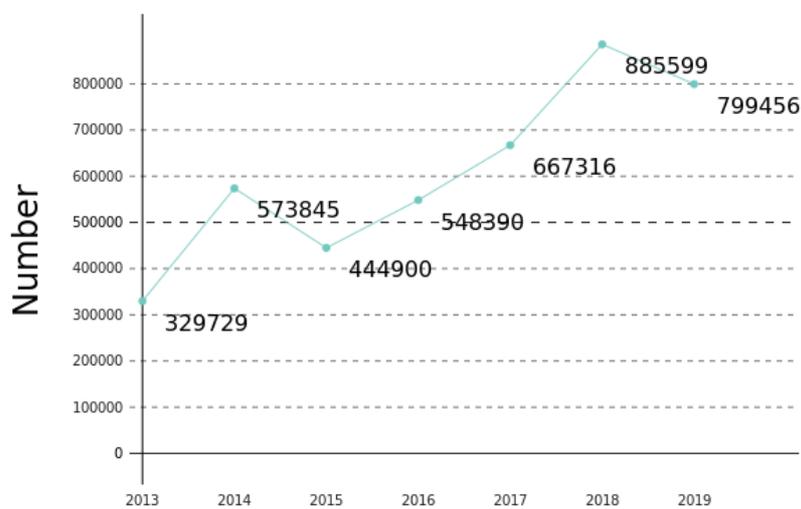
3.16 Prevalence of male circumcision, United Republic of Tanzania (2013-2019)

Percentage of men 15-49 that are circumcised



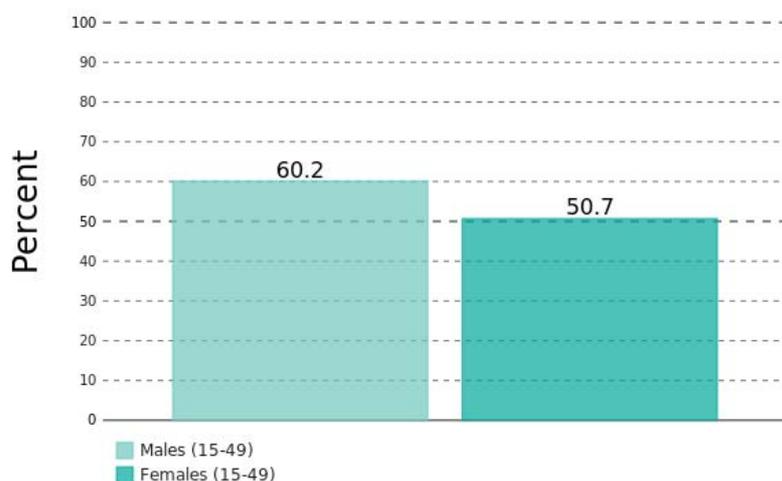
3.17 Annual number of males voluntarily circumcised, United Republic of Tanzania (2013-2019)

Number of male circumcisions performed according to national standards during the past 12 months



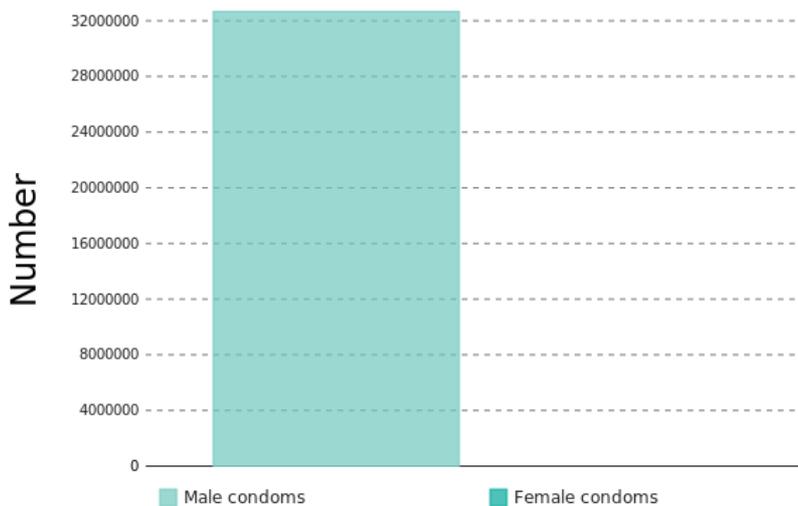
3.18 Condom use at last high-risk sex, United Republic of Tanzania (2012)

Percent of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months



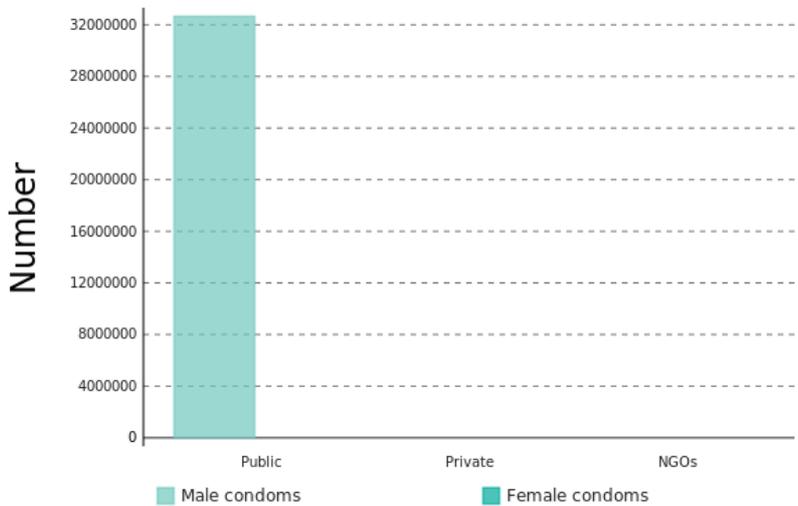
3.19 Annual number of condoms distributed, United Republic of Tanzania (2019)

Number of condoms distributed during the past 12 months



3.19 Annual number of condoms distributed, United Republic of Tanzania (2019)

Number of condoms distributed during the past 12 months



Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

A Gender Assessment of the National HIV/AIDS response in Tanzania Mainland was carried out in 2019. Issues regarding predominant gender inequalities, access to comprehensive SRHR services and various forms of violence against women and girls were all assessed through the process, and recommendations for scaling up of successful models to address these issues were put forward.

With UN support, 75 women living with HIV from 5 priority locations were empowered on how to conduct advocacy initiatives that seek to demand for better policy on provision of stigma-free HIV services. The advocacy training has been drawing on and strengthening capacity of the already established network in TNW+

Policy questions (2018)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

No

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What protections, if any, does your country have for key populations and people living with HIV from violence?

- General criminal laws prohibiting violence
- Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population
- Programmes to address intimate partner violence*
- Programmes to address workplace violence
- Interventions to address police abuse
- Interventions to address torture and ill-treatment in prisons

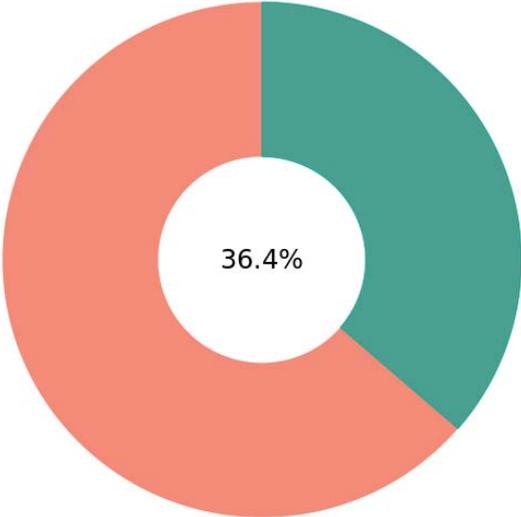
Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exist but are not consistently implemented

Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?

Yes

Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



Knowledge of HIV and access to sexual reproductive health services

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

The economic empowerment initiatives enhanced about 1,170 vulnerable adolescents and youth (800 females and 370 males) from two (2) regions to access credit funds through established Revolving Fund mechanism and access HIV impact mitigation measures, create access to HIV services, care and treatment.

To date, 2,720 vulnerable adolescents were enrolled in “Cash Plus” interventions in three regions. Of the total, 1,301 already completed their SRH-HIV education and livelihood training, received small grants and implemented business plans. The model was included in the Productive Social Safety Net (PSSN) Phase II, a critical step for further scale up in 2020. There has been a roll-out of the livelihood strengthening intervention as part of combination prevention through the PSSN programme. Fifteen thousand in-school girls were reached with prevention intervention and 11,000 out of school AGYW benefited.

Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school

Yes

b) Secondary school

Yes

c) Teacher training

Yes

5.1 Young people: Knowledge about HIV prevention, United Republic of Tanzania (2012)

Percentage of women and men 15-24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission



Social protection

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

The UN provided support to Government to review Social Protection programs and assess their sensitivity to HIV and AIDS. The assessment noted a lack of HIV sensitivity on the social protection programs provisions in Tanzania, and hence put forward recommendations among which included extending the social protection coverage to include all. The current ongoing development of the new social protection policy considers such recommendations.

The Employment Code of Conduct on HIV and AIDS for workplaces informed eight big companies to implement HIV Workplace Programmes/Policies to protect the rights of PLHIV workers in mainland.

Policy questions (2019)

Does the country have an approved social protection strategy, policy or framework?

Yes, and it is being implemented

a) Does it refer to HIV?

No

b) Does it recognize people living with HIV as key beneficiaries?

No

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

No

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d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize children affected by HIV as key beneficiaries?

No

f) Does it recognize families affected by HIV as key beneficiaries?

No

g) Does it address the issue of unpaid care work in the context of HIV?

No

What barriers, if any, limit access to social protection programmes in your country?

- Lack of information available on the programmes
- Complicated procedures
- Fear of stigma and discrimination
- Lack of documentation that confers eligibility, such as national identity cards
- Laws or policies that present obstacles to access
- High out-of-pocket expenses

Community-led service delivery

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

Through the Health Sector HIV Strategic Plan (HSHSP) 2017 -2022, the GOT has fully committed to increasing on community-led HIV services as a way of broadening the reach of services, supporting retention in care, increasing demand, monitoring quality, advancing human rights and combating stigma and discrimination. The strategy further acknowledged that building strong community programs will translate into louder community voices and facilitate the attainment of the HIV and AIDS service delivery targets.

The GOT has already initiated community ART initiation and refills for up to three months. Scale-up to 6-month dispensing was reversed due to challenges encountered with stock and keeping up with supply chain management. Task sharing policy implementation has also been adopted to address gaps in human resources for health (HRH). PEPFAR has continue to support the implementation of the Task Sharing policy, in conjunction with the differentiated HIV SDM roll out.

Community based interventions for HIV and AIDS have continued to improve. Over the past couple of years more Councils are including Community Based HIV and AIDS Services (CBHS) in their plans and attracting more support from implementing partners for HIV-related community-based interventions. The coordination of CBHS in regions and districts has improved significantly through the work of regional and district HBC coordinators.

A draft CSO Engagement Strategy was developed to enhanced capacity of CSOs to act as key players in the development, implementation and review of the national HIV response. The strategy will transform CSOs from being mere participants into key role players that enrich the quality of services, policies, strategies and programmes in the AIDS response.

Policy questions (2019)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?

- Registration of HIV CSOs is possible
- HIV services can be provided by CSOs/CBOs
- Services to key populations can be provided by CSOs/CBOs
- Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

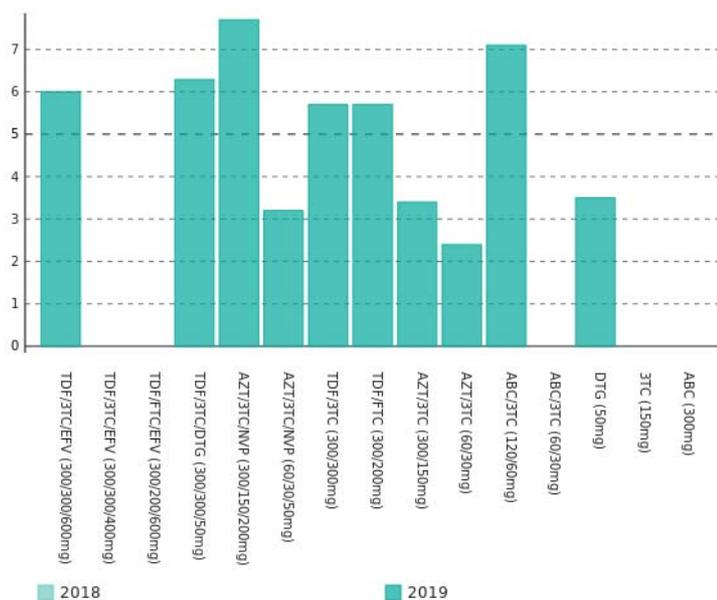
HIV expenditure

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

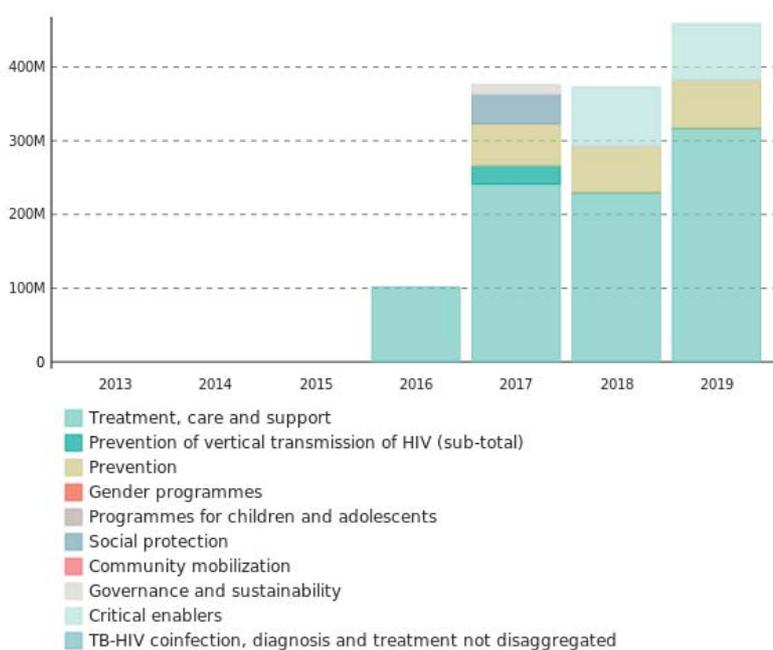
Progress summary

Although the HIV response has benefitted from increasing external contributions since 2016, domestic contributions have not increased as much as expected. Moreover, key donors, including PEPFAR and Global Fund, have indicated that external resources may flatline or decrease in coming years, which could have serious consequences given that donors account for 90% of financing. Despite high coverage of ART, only 61% of PLHIV are aware of their status. This shortfall on the first 90 not only means that testing coverage and yield will have to be improved, but the absolute number of PLHIV on ART will have to increase by approximately 450,000 to reach the 90-90-90 targets. Growing these volumes will have to be done under a shifting financing context. The HIV financing outlook is however worrisome: following significant increases from 2015-17 and peaking to about USD 600 M in 2018 – with 90% of this coming from external sources. Domestic financial contributions have not been rising – 10.4% in 2015, 10.5% in 2016 and 8.6% in 2017. With this trend, progress towards national goals may have to be achieved with potentially less money.

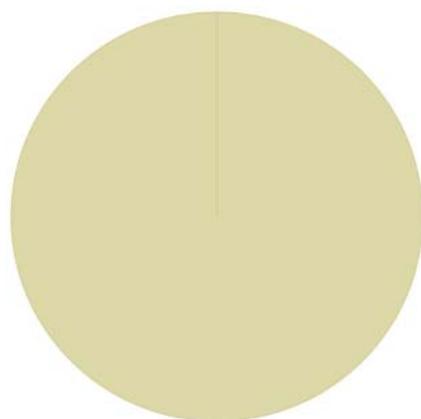
8.2 The average unit prices of antiretroviral regimens (in US\$), United Republic of Tanzania (2018-2019)



8.3 HIV expenditure by programme category, United Republic of Tanzania (2013-2019)



Share of effective prevention out of total, United Republic of Tanzania (2019)



■ Focused prevention

■ Other prevention

■ Other HIV expenditure

Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

The National Council of People living with HIV (NACOPHA), under a grant from Irish Aid, organized ten legal literacy workshops reaching nearly 400 key and vulnerable populations and 100 duty bearers (gender desk officers, legal officers, media, police, social service, local Government, AIDS officials) in the ten highest impacted districts (Mbeya, Songwe, Katavi, Iringa, Nyombe, Ruvuma, Mwanza, Shinyanga, Kagera and Pwani). During these workshops, participants were apprised of the contents of the Constitution, the HIV/AIDS Control and Prevention Act, and pathways in the district for resolution of legal and human rights issues.

A series of policy dialogues were organized in 5 zones encompassing the 10 highest impact districts by the Tanzania AIDS Commission (TACAIDS). These dialogues brought duty bearers at high levels (regional commissioners, police, gender desk officers, Government health and legal service providers, education focal points for HIV) together to review current epidemiology status and structural barriers preventing effective HIV prevention and treatment efforts. Representatives from key populations (MSM, FSW, PWID) served on panels to present their experiences in each of the zonal dialogues.

Through these exchanges, the Tanzania Commission on AIDS (TACAIDS) has identified some critical areas to advance work on removal of structural barriers, including, but not limited to: carrying out a campaign against stigma and discrimination, strengthen engagement of law enforcers in KVP HIV programming initiatives; expand dialogues nationally; improve KVP-focused and KVP-led CSOs on HIV response efforts; strengthen capacity of gender desk officers on KVP and Stigma and discrimination issues; work on economic empowerment for KVP; strengthen the engagement of local structures for resilience and sustainability of HIV response.

Policy questions (2018)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale at the national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

No

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

- Complaints procedure
- Mechanisms of redress
- Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

- Mechanisms are not sensitive to HIV
- Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

A five Year HIV/AIDS/TB Strategic Plan (2019-2023) developed with UN support, guides the implementation of HIV/AIDS/TB in prisons. Introduction of optimized PITC in TB settings for presumptive TB clients. Despite high reported coverage of TB screening (99%) among PLHIV, program data shows low numbers of people with HIV who screen positive (39,444), and low numbers of people diagnosed with TB (13,601). To address the low number PLHIV who screen for TB, the government has strengthened TB screening with fidelity for case detection by focusing on screening measures. The use of Gene-Xpert machines for TB diagnosis among PLHIV is being optimized by ensuring the availability of cartridges and intensifying mentorship on the use of the machines.

Nationally, almost 360,000 women were screened with Visual Inspection with Acetic Acid (VIA) for cervical cancer in 2019 (Jan-Sept). In the same time period, 89% of eligible girls (14 years old) received HPV first dose vaccine, and 43% received the second dose.

In an effort to increase demand for cervical cancer screening through community-based approaches, in collaboration of the Ministry of Health, Tanzania Health Promotion Support and the Tanzania Network of Women living with HIV (TNW+), a model approach (“Jali Afya”) was used. Through this approach, 17,018 WLHIV were sensitized by other WLHIV on cervical cancer prevention services, with 13,104 (77%) of them taking up cervical cancer screening services. Of the 475 of these women with positive diagnosis of lesions via Visual Inspection with Acetic Acid (VIA) application, 470 were treated either on the same day or on subsequent days, with cryotherapy or LEEP.

This successful model demonstrated effective use of community agents to create demand and to improve treatment efficiently (lower cost than use of dedicated health staff). This approach has been used to leverage funds from Global Fund to scale up intervention and integrate into a national holistic approach in collaboration with major service providers such as Aga Khan.

Policy questions (2019)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

Yes

b) The national strategic plan governing the AIDS response

Yes

c) National HIV-treatment guidelines

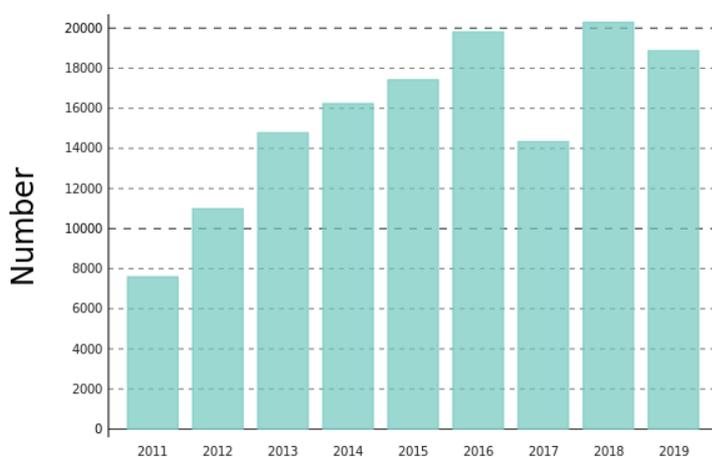
Yes

What coinfection policies are in place in the country for adults, adolescents and children?

- Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV
- Intensified TB case finding among people living with HIV
- TB infection control in HIV health-care settings
- Co-trimoxazole prophylaxis

10.1 Co-managing TB and HIV treatment, United Republic of Tanzania (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



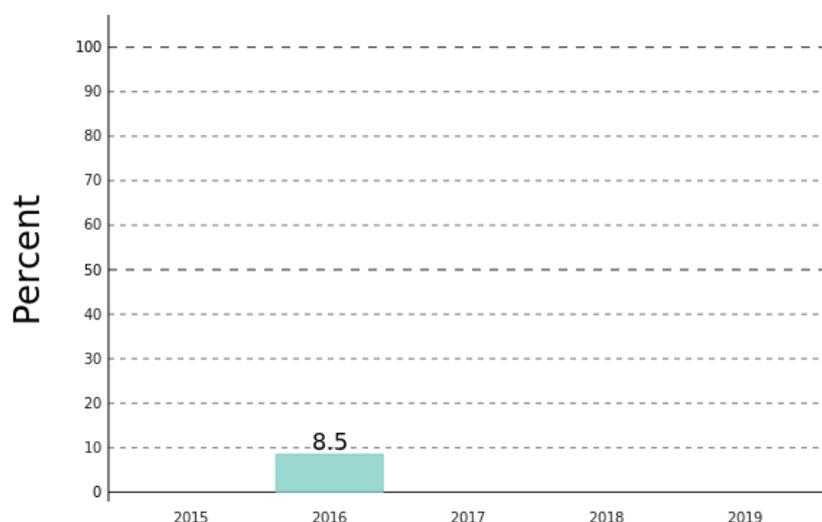
10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, United Republic of Tanzania (2015-2019)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, United Republic of Tanzania (2015-2019)

Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period



10.4/10.5 Sexually transmitted infections, United Republic of Tanzania (2013-2019)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months

