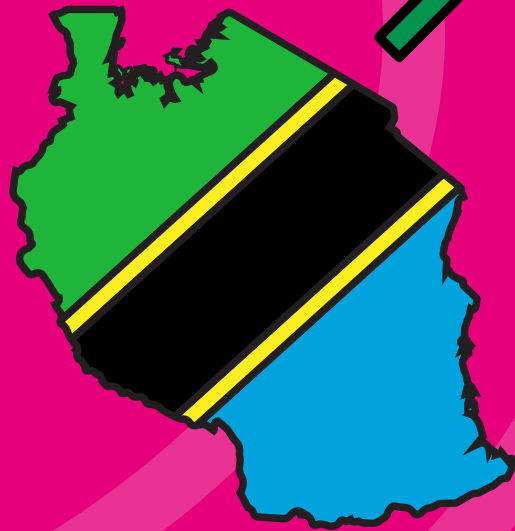


**TANZANIA**



**HIV PREVENTION  
A COMMUNITY  
PERSPECTIVE  
2023**

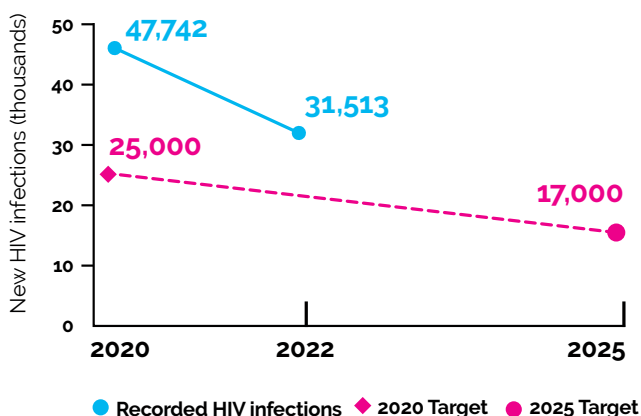
# SUMMARY OF CIVIL SOCIETY ANALYSIS

Tanzania is making progress in developing a National HIV Prevention Road Map and is engaging civil society and community groups in this process. The government has mechanisms in place to collect and monitor data from across health facilities and districts.

Building on the success of its voluntary medical male circumcision (VMMC) programmes, Tanzania needs to increase uptake of other prevention tools such as condoms and oral pre-exposure prophylaxis (PrEP), as well as accelerating the registration process for new prevention technologies.

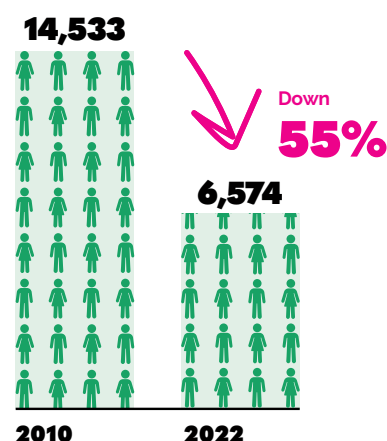
Tanzania also needs to work with communities and mobilise across government departments to promote a rights-based approach that will prevent human rights violations and increase the reach of HIV prevention services among key and vulnerable populations.

## NEW HIV INFECTIONS FOR ALL AGES



Source: The Global HIV Prevention Coalition

## NEW HIV INFECTIONS AMONG CHILDREN



Source: The Global HIV Prevention Coalition

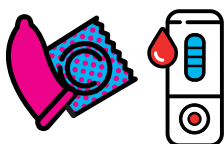


## KEY POPULATIONS

	Sex workers	Men who have sex with men	People who use drugs	Transgender people
Latest size estimate	2014	2014	2019	NO DATA
Estimated HIV prevalence	15.4%	8%	NO DATA	NO DATA
HIV prevention service coverage	90%	4%	11%	NO DATA
Avoidance of healthcare due to stigma and discrimination	NO DATA	NO DATA	NO DATA	NO DATA

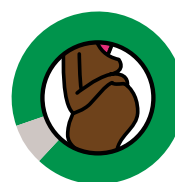
Source: [UNAIDS Key Populations Atlas](#), The Global HIV Prevention Coalition

## INTEGRATION



Health services delivering integrated services: HIV counselling and testing with SRH  
**NO DATA**

Source: [National Commitments and Policy Instruments Database](#)



**92%**

Coverage of pregnant women who receive ART to prevent vertical transmission.

Source: The Global HIV Prevention Coalition

## STRUCTURAL BARRIERS



LEGAL ENVIRONMENT	CRIMINALISED?
Same-sex sexual acts	CRIMINALISED
Sex work	CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Transgender people	CRIMINALISED
Criminalisation of gender expression	CRIMINALISED
HIV transmission, non-disclosure, or exposure	CRIMINALISED

Source: [UNAIDS Laws and Policies Analytics](#), [Human Dignity Trust](#)

## TANZANIA



## GENDER VIOLENCE



**29.6%**

of women experienced physical and/or sexual intimate partner violence in the last 12 months

Source: [UN Women](#)

## STIGMA



Latest stigma index report conducted in

**2013**

Source: [Global Network of People Living with HIV \(GNP+\)](#)

## FINANCING



15% Abuja Declaration target

**5.18%** of government budget to health expenditure

Source: [UNICEF](#)



International funding for HIV prevention

**99%**

Source: [UNAIDS Financial Dashboard](#)

Domestic funding for HIV prevention

**1%**

## ADOLESCENTS AND YOUNG PEOPLE



SRHR services without parental consent

**✗ No, for adolescents under 18 years old**



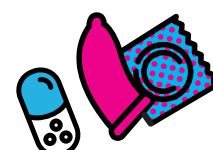
HIV testing without parental consent

**✓ For adolescents over 15 years**



National CSE curricula in place

**✓ Primary & secondary**



**43%**

Knowledge of HIV prevention amongst adolescents (aged 15-24)

Source: [UNAIDS Laws and Policies Analytics](#), [UNESCO](#), [AIDSinfo](#)



# PROGRESS AGAINST THE 2025 ROAD MAP: A CIVIL SOCIETY ANALYSIS

## ACTION

# 1

## EVIDENCE-DRIVEN ASSESSMENT OF HIV PREVENTION PROGRAMME NEEDS AND BARRIERS



The current National Strategic Plan (NSP) for 2022–2026 was developed with minimal input from civil society and community representatives. It focuses on biomedical and behavioural interventions and lacks information on structural barriers, despite there being some targeted interventions on stigma, discrimination and gender-based violence (GBV). The hostile legal and political environment for key populations remains unacknowledged, which in turn leads to a lack of commitment and investment to address these barriers.

Tanzania lacks up-to-date and accurate population size estimates (PSEs) for key populations, apart from an ongoing Integrated Biological and Behavioural Surveillance

(IBBS) survey focused on sex workers and people who inject drugs. The release date for the next report remains uncertain.

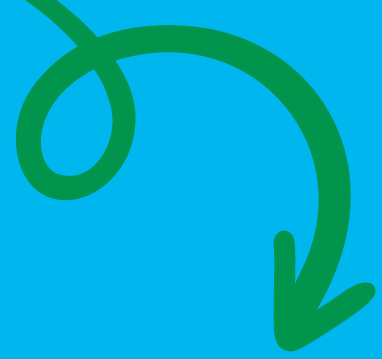
### RECOMMENDATIONS

- ✓ Secure additional funding to conduct accurate PSEs for all key and vulnerable communities, with a specific focus on other high-risk populations, not included in the current IBBS.
- ✓ Prioritise addressing legal and policy barriers for key and vulnerable populations, in the strategies and interventions that are implemented now, in funding proposals and in the next NSP.

## ACTION

# 2

## PRECISION PREVENTION APPROACH



Tanzania has national and sub-national targets but does not have specific targets by population type. The mapping for high-risk districts guides service delivery and investment but there is a disproportionate focus on young women and girls, leaving other populations behind.

The lack of accurate PSEs for key populations means that targets are not evidence-based, nor are they ambitious enough. The HIV prevention targets were reviewed during the recent country proposal processes for the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund, but there is no forum to review progress against the agreed targets. While community and civil society representatives are involved in these processes, their engagement is not always meaningful.

There are few targets on addressing the structural barriers faced by key populations, as well as widespread human

rights violations and the de-registration of some key population-led organisations. High levels of stigma have resulted in a ban on lubricants, which are recommended for effective condom programming for high-risk populations. Although the NSP prioritises community-led service delivery, there are no targets on this.

### RECOMMENDATIONS

- ✓ Include comprehensive and precise national and sub-national targets on HIV prevention for key populations as part of the National HIV Prevention Road Map.
- ✓ Ensure that spaces are created for community and civil society organisations to engage meaningfully in target setting and review processes at national and sub-national level.

## ACTION

# 3

## COUNTRY INVESTMENT NEEDS



The proportion of government budget allocated to the health sector has decreased from 11.2% in 2021–2022 to 5.18% in 2022–2023, which is far below the Abuja Declaration target of 15%, and the 12% target set in the 5th Health Sector Strategic Plan.

The NSP is fully costed, although a large funding gap exists. The NASA 2019–2020 and 2020–2021 reports showed that Tanzania relies on donors for more than 90% of HIV financing, with funding for HIV prevention declining. The Global Fund's most recent guidance is for Tanzania to allocate at least 50% of the upcoming grant towards HIV prevention. In 2015, Tanzania established the AIDS Trust Fund (ATF), which aimed to finance 30% of the national HIV response. However, it is yet to be seen where the ATF funds go, with some sources suggesting that only 10% of the funds are for HIV commodities.

Another concern is that, within the HIV prevention budget, only a small percentage supports key populations. From 2019 to 2021, only 1.6% was spent on sex workers; 1.6% was

spent on men at high risk of HIV; and 2.3% was spent on programmes for people who inject drugs.

In a welcome move, the Tanzania Commission for AIDS (TACAIDS) – with the support of PEPFAR – has established a Sustainability Technical Working Group (TWG) that is focused on HIV financing. This includes some community and civil society representatives. The Bill for Universal Health Insurance Coverage was passed by Parliament on 1 November 2023, but it is still not clear whether the package will include specific measures for key and vulnerable populations.

### RECOMMENDATIONS

- ✓ Monitor and hold the Country Coordinating Mechanism (CCM) accountable following Global Fund guidance to allocate at least 50% of the upcoming grant towards HIV prevention.
- ✓ Improve the transparency of the AIDS Trust Fund, including publishing details about the money raised and spent.

## ACTION

# 4

## HIV PREVENTION POLITICAL LEADERSHIP



TACAIDS is responsible for coordinating the multi-sectoral work on HIV prevention, including through TWGs, organising national dialogues and special events, and working across departments on issues such as GBV and comprehensive sexuality education (CSE). Staffing gaps, particularly in the Policy Planning and Research and National Response Coordination divisions, mean that – while TACAIDS can perform its function – it needs further capacity to lead the national response. TACAIDS does involve key and vulnerable populations in strategic and policy spaces as part of a public health approach, but this relationship is occasionally constrained due to the political climate.

Civil society groups find the TWGs, which meet quarterly, a welcome space to discuss implementation, guidelines and plans, and to provide feedback. However, there is a need to ensure a greater diversity of community representation in TWGs and to ensure that the contributions of community organisations are heard and valued.

There is a worrying lack of political commitment to HIV prevention, especially in the face of opposition to a rights-based approach. For example, concerns and unfounded objections from religious and traditional leaders delayed the approval of the PrEP Implementation Framework for over a year due to concerns that PrEP would promote promiscuity among young women and girls.

### RECOMMENDATIONS

- ✓ Foster an environment for more diverse representation of communities across the TWGs and ensure that they are supported to engage meaningfully and that their inputs are valued.
- ✓ Strengthen TACAIDS to lead a fully effective multi-stakeholder coordinated response for HIV prevention, and to catalyse political will in the context of rising opposition to right-based prevention approaches.

## ACTION

# 5

## COMMUNITY-LED HIV PREVENTION SERVICES



In Tanzania, most HIV prevention services are funded by PEPFAR and the Global Fund and are delivered by large implementing partners, some of which are international organisations. Community-led organisations are often engaged to support these by providing peer educators or a community focal person.

In recent years, there has been more acknowledgement of the need to enhance the role of communities and civil society in planning, implementation and monitoring to ensure a sustainable HIV response, but this is not always implemented. TACAIDS is being supported by the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the UN Children's Fund (UNICEF) to introduce a social contracting mechanism. However, only a few community networks were engaged in the initial phase and there is a lack of wider awareness about the mechanism development. It is still unclear how it will work in practice, what funding will be available and which types

of organisations will be eligible. A civil society/community engagement strategy has also been developed but has not been finalised.

There is no technical assistance (TA) plan and this is an important need, with many civil society and community organisations unable to meet the criteria for donor funding.

### RECOMMENDATIONS

- ✓ Engage civil society and communities in the development of social contracting mechanisms from start to finish.
- ✓ Work alongside relevant donors to develop targets that can measure and build on civil society's contribution to HIV prevention responses – aligning to UNAIDS' [30-80-60](#) targets.
- ✓ Develop a unified TA plan to support the capacity building of civil society and community networks.

**ACTION**

**6**

**REMOVE SOCIAL AND LEGAL BARRIERS**



Tanzania faces substantial obstacles to scaling up HIV prevention services for key populations, including criminalising laws, widespread stigma and human rights violations. The hostile environment makes it challenging for organisations to openly support key populations. Law enforcers have been observed using the possession of HIV prevention commodities (condoms/oral PrEP) to harass criminalised groups.

While there have been efforts to document human rights violations within specific programmes, reporting remains scarce due to the fear of reprisals. There is programmatic funding for training of paralegals but it is ad hoc, with access to justice remaining out of reach for most. Widespread stigma reduction measures are not being implemented consistently or at scale.

TACAIDS has introduced initiatives to address GBV, including a platform to report cases. However, awareness of these initiatives remains low. GBV and human rights training for police has been conducted and while there have been notable improvements in the attitudes of senior police leaders, this has not yet filtered down to the rest of the police force, who continue to harass key populations

Tanzania backs the Education Plus initiative, aimed at ensuring girls complete secondary school. In 2019, the age

of consent for HIV testing was lowered to 15, but awareness remains low. While the amendment also legalised HIV self-testing, the guidelines still require under 18s to be assisted/supervised with a healthcare provider, a parent/guardian or someone they trust.

Tanzania reaffirmed its support for the Eastern and Southern African Ministerial Commitment on CSE in 2023. Sexuality education is part of the national curriculum, with an e-learning platform for higher learning institutions by TACAIDS. However, curriculum quality and comprehensiveness remains a concern. Out-of-school youth receive limited interventions in select districts through donor-funded projects.

**RECOMMENDATIONS**

- ✓ **Implement specific interventions at scale to reduce stigma, discrimination and violence against key populations, especially in healthcare and law enforcement settings.**
- ✓ **Ensure that the sexuality education curricula sufficiently empowers communities and young people to understand issues related to HIV and sexual and reproductive health (SRH).**



## ACTION

# 7

## PROMOTE HIV PREVENTION INTEGRATION



Condom use is low in Tanzania but there are efforts to improve this, including through the introduction of condom dispensers and digital vending machines, engagement of the private sector, peer-to-peer models, and social networking strategies. However, challenges such as an inconsistent supply, inadequate funding and low risk perception of acquiring HIV amongst communities persist.

Tanzania achieved the 2020 VMMC target of 100% attributed to community engagement, targeted interventions for communities with lower levels of circumcision, a strong investment case and funding from PEPFAR. Currently the focus is to encourage men and boys to take up HIV testing, with a recent campaign championed by the Prime Minister.

There is growing demand for – and plans to scale up – oral PrEP services. The National PrEP Implementation Framework has been approved and oral PrEP services are being expanded for pregnant and breastfeeding women, and for vulnerable young women and girls. PrEP is currently funded by PEPFAR with the Global Fund also recently committing resources.

While the government has endorsed Undetectable=Untransmissible (U=U) as an approach, there are no guidelines in place. There are comprehensive

packages of services for young people tailored by age and gender, but these are limited to districts covered by donor-funded programmes. Of the five key populations, minimum service packages exist for female sex workers and people who inject drugs, with coverage of these limited to donor-funded districts.

The government is committed to integrating services, with the Ministry of Health recently revising the new Health Sector Strategic Plan to include an integrated programme for HIV, syphilis and hepatitis B. This year, PEPFAR has introduced non-communicable disease screening across 103 care and treatment services centres. The Global Fund is also providing free cervical cancer screening for women living with HIV.

### RECOMMENDATIONS

- ✓ Mobilise resources to introduce and/or scale up minimum service packages for young women and girls and for all key and vulnerable populations.
- ✓ Address the challenges to ensure a consistent and adequate supply of condoms.
- ✓ Expand PrEP services to meet the increased demand amongst high-risk groups and develop U=U guidelines to support this as an effective prevention approach.





**ACTION****8****NEW HIV PREVENTION TECHNOLOGIES**

There is some resistance in Tanzania to the Dapivirine Vaginal Ring (DVR). The Tanzania Medicines and Medical Devices Authority (TMDA) rejected the registration of the DVR in 2022. This was due to concerns about its efficacy and fears that it would be prioritised by communities over other effective options like oral PrEP and condoms. An appeal for reconsideration was submitted, with notes about implementation including information to clients on all available prevention methods, and a reminder that the DVR should be used with condoms. The TMDA is reviewing the appeal, seeking assurance from the Ministry of Health that this will take place.

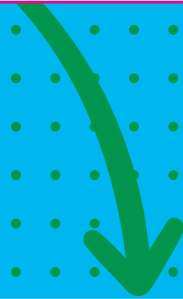
Currently, there seems to be less resistance to the registration of Cabotegravir Long-Acting Injectable PrEP (CAB-LA), with advocates hoping this will be approved by September 2024. Even when the DVR and CAB-LA are registered, however, there are still challenges ahead. For example, the current PrEP Implementation Framework only briefly mentions the new technologies but there remains no

clinical and programme guidance for either. Tanzania is also entirely dependent on donor funding, with PEPFAR unwilling to fund the DVR while supply concerns and the high costs, particularly of CAB-LA, will make access a challenge.

Innovations adopted during COVID-19 continue to be used, including HIV self-testing, multi-month dispensing, digital condom dispensers and virtual platforms for official government meetings such as TWGs.

**RECOMMENDATIONS**

- ✓ Accelerate the process to approve and register the DVR and CAB-LA as HIV prevention options and engage with donors ahead of registration to mobilise funding that can support their rapid rollout.
- ✓ Revise the PrEP Implementation Framework to include programmatic and clinical guidance for the new technologies.

**ACTION****9****REAL-TIME PREVENTION PROGRAMME MONITORING**

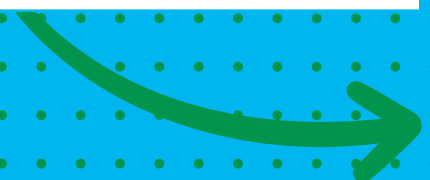
Tanzania has mechanisms in place to collect data at health facility level (public and private) from all districts on a monthly basis, via the HIV surveillance system. The data is captured in the Health Management Information System (HMIS), which generates routine integrated reports that are used for monitoring the health sector. While the data is only disaggregated by gender, age and location, the quality of the data collected and monitored is good. The reports are shared with civil society during TWG meetings convened by TACAIDS. However, civil society remains concerned that the data concentrates primarily on biomedical interventions, as that is the focus of the indicators.

Tanzania also has community-led monitoring (CLM), which focuses on issues such as stigma and the quality of HIV prevention, treatment and care. This has resulted in concrete wins such as action plans being developed for example, on supply chain management and interventions to reduce stigma and discrimination, improved attitudes

from healthcare workers and renovations of health facilities to enhance confidentiality. However, there is a need for further technical and financial support to enable community organisations to fully harness this data as a tool for advocacy. The community organisations implementing CLM are also discussing ways to capture the data from different CLM initiatives in one centralised database, and to be able to draw cross-cutting conclusions and recommendations from it.

**RECOMMENDATIONS**

- ✓ Scale up investment and financial support for CLM and advocacy on HIV prevention, including in supporting a more centralised approach to data collection and analysis, which can better inform programming, financing and advocacy.
- ✓ Improve technical support for civil society organisations to conduct CLM and use the data for advocacy.



**ACTION****ACCOUNTABILITY FOR HIV PREVENTION****10**

The process of developing the National Road Map and setting milestones in Tanzania began in August 2023 and consultations are still in progress. While community and civil society representatives are engaged in this process, some report that their input is not always taken into account.

TACAIDS provides regular reports on the national HIV response to UNAIDS using the standard tools and platforms. However, community engagement in monitoring and reporting on progress is weak and sporadic. For example, community input is often sought at the last minute when TACAIDS is asked for additional information or clarifications on specific interventions and programme pillars. Communities are not routinely included in exercises such as the validation of Global AIDS Monitoring (GAM) data.

TACAIDS submitted the Global HIV Prevention Coalition (GPC) annual country survey, assessing progress against the new Road Map in 2023 but this has not been shared with civil society. Community and civil society organisations are not sufficiently aware of the indicators, tools and opportunities to contribute meaningfully to monitoring

Tanzania's progress on HIV prevention. TACAIDS and the government also need to be more receptive to CLM data, both as a vital source of information that can inform planning and reporting, and as an important gateway towards building a stronger partnership between communities and government for the HIV response.

**RECOMMENDATIONS**

- ✓ Include input from communities and civil society to finalise the National Road Map.
- ✓ Meaningfully include civil society and communities in all reporting and monitoring of progress such as the GPC survey, data validation, TWGs and progress meetings.
- ✓ Use CLM data strategically to improve information provision for reporting, programming and planning, and as the basis for new partnerships between government and civil society and communities.
- ✓ Develop a monitoring and accountability tool that monitors the quality and coverage of national HIV prevention programmes.



## METHODOLOGY

As a member of the Global HIV Prevention Coalition (GPC), Frontline AIDS plays a key role convening civil society and community organisations to demand accountability for HIV prevention in their countries.

After the launch of the HIV Prevention 2025 Road Map, Frontline AIDS supported 126 organisations in 10 countries to play an active role in supporting their government to develop national Road Maps and holding their governments accountable for national and global commitments on HIV prevention.

As part of this process, community-led coalitions in these countries worked together to assess their country's progress against the 10-Point Action Plan outlined in the new Road Map, through reviewing key documents, agreeing on collective assessments and gathering input from government stakeholders.

These *HIV Prevention Accountability reports* voice the priorities of civil society and community organisations and offer an alternative to the official assessments put forward by national governments.

## ACKNOWLEDGEMENTS

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National research and analysis: sincere thanks to the country coalition partners below and the coordinating partner for Tanzania, DARE for Progress.

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