GLOBAL HIV PREVENTION COALITION – UNITED REPUBLIC OF TANZANIA
COUNTRY POSITION PAPER

Summary Overview
In August /September 2017, the Tanzania Commission for AIDS (TACAIDS), with support from UNAIDS and UNFPA, undertook a multi-sectoral and inclusive country HIV prevention stocktaking and consultation exercise, in preparation for the launch of the Global HIV Prevention Coalition mid-October 2017. The Global HIV Prevention Coalition meeting is expected to endorse a set of concrete recommendations that can support better prevention policy making and programming and establish 2020 targets and a roadmap for the future.

The assessment and national consultation helped assess new policies, programmes, priorities, accelerated action and technical assistance needs towards achieving the global HIV prevention targets in the country. Key country priorities identified include the need:

1. to secure broader partnerships around primary prevention for HIV, reaching out to political and religious leaders/Champions at all levels, leveraging social media platforms (in particular that are youth or women led), engaging the private sector and media.
2. to secure continued leadership for the coordination and accountability framework for the set national prevention targets (including documenting what works well such as male circumcision expansion and comprehensive harm reduction community pilot)
3. to fast track incorporating/domesticating evidence based HIV prevention innovations and new tools and in particular rolling out PreP
4. to map existing programmes and gaps to scale up comprehensive programmes for young people (in particular girls) and key and vulnerable populations - groups where most new infections are occurring;
5. to increase domestic resources and the linkages with broader health financing efforts
6. to provide adequate funding and support to CSOs, including networks of key and vulnerable populations, to deliver prevention services
1. Background
Global trends in new HIV infections in adolescents and adults have been disappointing in recent years with stagnation amongst adults and only a very modest decline overall. Close to 2 million people are newly infected annually with almost 80% of new infections occurring in 20 countries, while also recognizing that in some others infections rates are particularly high. Without additional efforts on prevention, the Fast-Track Targets to end AIDS by 2030 will not be met.

In the 2016 UN General Assembly Political Declaration on ending AIDS, UN members States reaffirmed the commitment to primary prevention, alongside treatment, to reduce the number of new HIV infection to under 500,000 by 2020, by setting global programmatic prevention targets to provide access to combination prevention young people and key populations, condom programmes, voluntary medical male circumcision (VMMC) and Pre-exposure prophylaxis (PrEP).

UNAIDS and UNFPA have therefore joined together to convene a Global HIV Prevention Coalition of governments, donors, implementers and communities to change the prevention dynamic. The purpose of the Coalition will be to endorse a set of concrete recommendations that can support better prevention policy making and programming and establish targets and a roadmap for the future.

The Coalition’s inaugural meeting will be held on 10-11 October 2017 in Geneva, Switzerland. The main objectives of the first Coalition meeting are to: Agree to create a dynamic platform for exchange between HIV prevention champions and implementers; Propose mechanisms to strengthen accountability of all stakeholders as well as technical support, towards achieving the 2016 Political Declaration prevention targets and commitments; and Define critical steps and milestones to ensure effective prevention programme scale-up.

In preparation of the inaugural meeting and the endorsement of a global prevention roadmap national consultations are being organized in the most affected countries on key elements of the roadmap. Country consultations are preceded by a stocktaking exercise.

The country consultation of the United Republic of Tanzania took place on 5th September 2017 in Dar es Salaam. This reports aims at summarizing key findings and priorities to improve the likelihood of achieving the targets relevant to the country by the end of 2020. Key elements from this report are expected to be incorporated in the global roadmap which will also include recommendations to/commitments by international organizations and donors.

Following the Coalition meeting in October, implementation of the roadmap will begin, supported by international partners. A technical support mechanism will be identified to support countries in the implementation of their roadmaps.

2. Country stocktaking exercise and national consultation - overview of the process
UNAIDS and UNFPA supported the Tanzania Commission for AIDS (TACAIDS) to conduct the stock taking exercise and the country consultation before the Coalition meeting.

The stocktaking exercise and national consultation involved key prevention stakeholders, from across many sectors and an additional opportunity for written comments was also given to additional stakeholders to ensure broad representation.

- Government – Tanzania AIDS Commission (TACAIDS), Zanzibar AIDS Commission (ZAC), President’s Office, Prime Minister’s Office, Ministry of Health, National AIDS Control Programme (NACP), Zanzibar Integrated HIV TB Leprosies Programme (ZIHTLP), Ministry of Constitutional and Legal Affairs, Ministry of Transportation and Ministry of Agriculture
- Development partners- USAID, Centers for Disease Control and Prevention (CDC), Bill and Melina Gates Foundation (BMGF), GIZ, Clinton Health Access Initiative (CHAI), Global Fund to fight HIV/AIDS, TB and Malaria (Global Fund), U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) etc
- International/national Civil Society – Médecins du Monde (MdM), T-MARC, Tanzania Youth Alliance (TAYOA), JHPIEGO, Management and Development for Health (MDH), ICAP, Population Services International (PSI) and Association of Tanzanian Employers (ATE),
• Networks living with HIV - National Council of People living with HIV/AIDS in Tanzania (NACOPHA), Zanzibar Association of People living with HIV/AIDS (ZAPHA+), Network of Young people living with HIV (YNP+)
• Networks of key populations – Warembo Forum, Community Health Education Services & Advocacy (CHESA), Bridge Initiative Organization (BIO), Tanzania Network of People who use Drugs (TANPUD), Zanzibar Youth, Education, Environment Development Support Association (ZAYEDESA), Tanzania Community Empowerment Foundation (TACEF), House of Empowerment and Awareness in Tanzania (HEAT),
• Media – Daily News, Uhuru and Mtanzania,

The stocktaking exercise and consultation were guided by the five discussion papers drafted by global multi-partner working groups1 which were presented and discussed. Main guiding questions for the exercises were:

1. Are there full sets of national HIV prevention (and related) targets aligned with the 2016 Political Declaration on HIV and AIDS?
2. Is the country on track to reach these targets and commitments?
3. What are the key barriers preventing the prevention targets from being reached?
4. What policy and environment changes and/or new investment are required to reach the targets?
5. What management arrangements need to be put in place to ensure prevention programmes are scaled up, systematic and sustainable?

A national consultant was hired by UNAIDS to facilitate the entire process. On 29 August 2017, TACAIDS hosted a one-day technical working group session with a group of experts to appraise the country position with regards to five prevention pillars, based on the five discussion papers and desk review done by the consultant. The Consultant also conducted key informant interviews in particular to confirm funding commitments.

Following the technical working group session and key informants interviews, TACAIDS hosted a National Consultation for one day on 5 September 2017 to help assess new policies, programmes, priorities, accelerated action and technical assistance needs towards achieving the global HIV prevention targets. The country consultation involved main stakeholders participating in the national HIV response. Delegates from Zanzibar also attended this meeting. During the meeting, the 5 discussion papers and findings from the stocktaking exercise were presented and discussed.


3. Tanzania epidemiological context
Tanzania Mainland has endured a severe HIV epidemic for almost three decades and remains among the high burden countries in Sub-Saharan Africa. The HIV prevalence among adults in Tanzania Mainland was last estimated at 5.3% among adults aged 15 - 49 years, but with marked heterogeneity among age groups, geographical regions and socio-demographic subgroups.2

HIV prevalence is higher among the Key Populations including men having sex with men (MSM), people who inject drugs (PWID) and female sex workers (FSW). The HIV prevalence of FSW is estimated at 26%, MSM 25% and PWIDs 36%.3 The THMIS 2012 shows HIV prevalence is higher among women than men, at 6.3 % and 3.9%, respectively.

The prevalence of HIV is at least than 2% among 15-19 years for both males and females and then increases with age for both sexes. The age disparities in new HIV infections suggest increased numbers of new infections among younger

1 Multi-partner working groups drafted short discussion papers on 1) Leadership and financing, 2) Prevention targets, 3) prevention service delivery and implementation, 4) Person-centred approach and 5) Need for technical support
2 Tanzania HIV and Malaria Indicator Survey 2012
3 Consensus Estimates on Key Population Size and HIV prevalence in Tanzania through IBBS studies conducted between 2010 and 2014
populations, with 40% of new infections occurring in young people aged 15-24, and 80% of these new infections among young girls.

Mainland Tanzania is demarcated into 26 regions, of which nine show HIV prevalence above the national average. HIV prevalence is higher in urban areas than in rural areas. Njombe region has the highest prevalence estimate (14.8%) followed by Iringa (9.1%) and Mbeya (9%). Manyara and Tanga regions have the lowest HIV prevalence of less than 2%.

The 2014 Modes of HIV Transmission (MOT) study in Tanzania mainland showed that majority of new infections in Tanzania occur in the context of stable heterosexual relationships (38.8%), casual heterosexual sex (28.9%), sex workers (1.3%) clients of sex workers (8.7%), partners of sex workers (3.3%), partners of people engaged in casual sex (7.6%), PWID (2.1%) and MSM (6.8%). Recent estimates indicate that the mother to child HIV transmission rate is 7.6%4.

UNAIDS Spectrum 2017 estimates the number of PLHIV in Tanzania to be 1,400,000. Of the PLHIV population, 110,000 (8%) are children aged less than 15 years, 161,000 (10%) are young people aged 15-24 years and 750,000 (54%) are women. ART coverage have been scaled up from 431,896 clients to reach 846,527 (63% of adults and children) by end of 2016.5

The number of new HIV infections has been declining significantly over the years. This is evidenced by UNAIDS Spectrum estimates (2017) that show a decline from 66,249 new HIV infections in 2013, to less than 55,000 new HIV infections in 2016, a 35% reduction. Considerable progress was made in reducing new infections among children in Tanzania — from 26 000 in 2005 to 10 000 in 2015 (a reduction of 62%).

In Zanzibar, the HIV prevalence has remained at 1% among general population, and is concentrated among groups of Key Populations (KPs) according to Tanzania Malaria and HIV Indicator Survey (THMIS) 2011/12: with HIV prevalence estimated at 11.3% among People Who Inject Drugs (PWID), 2.6% among Men who Have Sex with Men (MSM) and 19.3% among Female Sex Workers (FSW)6.

4. HIV Prevention pillars – country progress assessment

The UNAIDS 2016-2021 Strategy calls all stakeholders to strengthen the following five pillars of HIV prevention: Combination prevention among adolescent and girls and their male partners7, scaling up prevention programmes for key affected populations; including harm reduction for people who inject drugs where appropriate; strengthening national condom programmes; expanding VMMC in countries where it is recommended and the rapid incorporation of PrEP into national strategies.

The investment case for Mainland Tanzania confirms the prioritized pillars as most cost effective interventions in averting new infection as shown in figure 1.

During the stocktaking exercise and national consultation, the country discussed the five pillars and the 2 cross-cutting considerations on prevention financing & management. The findings for each are discussed below.

The pillar by pillar (and prevention financing & management) matrix for Tanzania mainland is attached.

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4 Tanzania National Spectrum file, 2015
5 National AIDS Control Program, Annual Progress report 2016
6 Integrated Behavioural and Biological Surveillance Survey (IBBSS) 2012.
7 Combination prevention among adolescent and girls and their partner refers to providing access to: biomedical prevention tools and methods, such as male and female condoms, pre-exposure prophylaxis and voluntary medical male circumcision, as well as addressing structural barriers to effective prevention including addressing harmful gender norms and gender-based violence, comprehensive sexuality education, economic empowerment, secondary education for girls and young women and girls, and community mobilization.
**Pillar 1: Comprehensive Program for Key Population (KP)**

**Overview:** HIV prevalence is higher among the Key Populations (KP) including MSM, PWID and FSW. There is country commitment to scale up combination prevention programming for key populations. This is demonstrated by earlier efforts to conduct KP size estimations in 2014, followed by development of the National Key and Vulnerable Population (KVP) Guidelines.

Based on the estimated population sizes, the country aims to reach 80% of FSW, 70% of PWID and 65% of MSM with combination prevention services by 2020. The targets are not fully aligned with the global prevention targets, as they are based on the realistic scale up plan informed by the baseline coverage data. The actual financial gap to achieve desirable (90% coverage) targets has not been estimated.

**Challenges and gaps:** Although the country policy allows for equal access of health services for all, there is prevailing stigma and discrimination towards member of KP at community level.

In Tanzania sex work, personal use of any narcotic drug or psychotropic substance and same sex relations are criminal offences.

Although the country has set up standards for establishing KVP friendly services, their coverage is limited, and there is still limited access to comprehensive services adapted for KP, in particular there is low coverage of comprehensive harm reduction services for PWID. Tanzania noted challenges in providing adequate screening and management of STIs and in commodities provision for members of KP.

There is still limited involvement of KVP in program design, planning, implementation and monitoring and evaluation, and decision-making. There is also paucity of adequate programmatic data to inform KP programming.

**Opportunities:** Tanzania has established partnerships with development partners and their implementing partners to provide services to KP. Strengthening and a better coordination of these partnerships will avoid duplication and increase efficiencies in providing KP services. There is also need for greater community empowerment, awareness raising, and improve service delivery at the community level. On-going country support through PEPFAR and Global Fund provides an
avenue for a stronger involvement of KVP in program design, planning, implementation and monitoring & evaluation to maximize the outcome and ensure sustainability.

In addition, the country leadership has shown great interest in scaling up the MAT program, and it is hoped it will also translate in a commitment for the scale up of comprehensive harm reduction interventions. There are also on-going IBBSS and recently finalized size estimation in 5 regions that can be utilized to improve the KP size estimates.

In addition, the country has set up a KVP monitoring and evaluation framework which will support tracking of KVP across the continuum of services. The regular review of KVP guidelines based on feedback from Implementing Partners and affected communities will support M&E efforts.

**Pillar 2: Pre-Exposure Prophylaxis**

**Overview:** Tanzania is conducting PreP demonstration studies to determine acceptability and feasibility of this intervention in the country. Findings will be used to inform the scale up of the intervention. At the moment Prep national targets haven’t been set, but they are expected to be aligned to the 90-90-90 global targets. Sero-discordant couples and KVP including vulnerable AGYW will be prioritized. The financial gap has not been established. The necessity to be fast in incorporating evidence based innovations such as pre exposure prophylaxis was noted.

**Opportunities:** The country is committed to roll out PreP interventions to prioritized groups after the demonstration studies are completed. A TWG has been established to collect findings and lessons learned and to recommend policy needs. There is adequate commitment from development partners to support scale up of PreP.

**Pillar 3: Adolescent Girls and Young Women (AGYW)**

**Overview:** Adolescent Girls and Young Women (AGYW) are at higher risk of HIV infection and at the same time, have limited access and uptake of HIV and reproductive health services compared to adults. Of the new HIV infection, about 40% come from adolescents and young people (15-24). Girls are twice more likely to be infected The Tanzanian population is predominantly young, with over two thirds (63%) of the total population below 24 years.

The vulnerability to new HIV infections among young women and girls has been attributed to a variety of behavioural, biological and structural factors.

Cognisant of this fact, Tanzania has expressly prioritized investments in AGYW in national plans such as the Third Health Sector HIV and AIDS Strategic Plan8, and The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child and Adolescent Health in Tanzania9.

Currently, the country is implementing an AGYW HIV programme through DREAMS initiative in 7 districts and plans to replicate similar intervention in the 10 next highest HIV burden districts using USD 18m Global Fund support for year 2018-2020. These sub-national interventions have set coverage targets. However, there are no national AGYW targets and the total financial gap has not been established.

**Challenges and gaps:** There is limited data on the level of vulnerability which makes it difficult to design or plan for a nation-wide programme. There is a need for geographical prioritisation among AGYW to identify who is contributing to the new infections, and a need to ensure the country reaches out to AGYW who are already HIV positive.

There is limited sex and age segregated data, particularly for lower age brackets 10-14 and 15-19years to facilitate appropriate targeting of interventions.

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8 [www.nacp.go.tz/site/download/hshsp3final2014.pdf](http://www.nacp.go.tz/site/download/hshsp3final2014.pdf)
Overall, the best practices such as provision of Youth Friendly Services and comprehensive sexuality education are of limited coverage.

Despite its effective penetration, Tanzania has not leveraged to the use of media and social media (incl youth led platforms) to consistently communicate on HIV prevention among young people. There are also social and cultural factors such as arranged/early marriage (Marriage law allows for young girls from 14 years to be legally married), teen pregnancies, female genital mutilation, which continue to put the girl child at an increased risk of acquiring HIV.

Age of consent for accessing reproductive health services including HIV testing and family planning is currently set at 18 years limiting access for young people. There are also limited options for alternative education or re-entry education program for those who drop out early for various reasons.

There is no accurate and comprehensive mapping of existing programmes and gaps to scale up comprehensive programmes for young people (in particular girls).

**Opportunities:** There are on-going efforts to incorporate age appropriate comprehensive sexuality education in Primary and Secondary school curriculum which need to be intensified.

Communities in Tanzania are known to have structures which can be used to conduct dialogues between girls and parents, goodwill ambassadors, influential people including celebrities.

The country can also benefit from increased partnership with media houses and use of social media, including social media platforms that are youth led, for social and behaviour change communication (SBCC).

Other on-going investment in education sector, employment and social protection, in addressing gender based violence, access to decent employment for youth in general and livelihood promotion services in the poorest household’s families can be leveraged to support AGYW programming and in particular establish a minimum package for AGYW programming. These investments include existing Government’ initiatives to economically empower youth and women through established Youth Development Funds (YDF) and Women Development Funds (WDF) across districts; or a recent Government’s commitment to create a Youth Council.

**Pillar 4: Comprehensive Condom Programming**

**Overview:** Tanzania has developed a national multi-sectoral condom strategy that provides a framework for condom programing (2016-2018) through the total market approach. This strategy provides an entire market approach (public, social marketing, commercial) for condoms. As part of this strategy, Tanzania has rebranded the public-sector condoms to address perceptions of low quality. Generally, condom availability and accessibility have become more stable over recent year. The share of socio-marketed and in particular commercial condoms is also increasing pointing to sustainability.

Earlier, through NMSF III, the nation had set targets for condoms’ use at last sex to reach 55% of both men and women rural and urban areas who are engaged in multiple sexual partnership; 70% of young men and women aged 15-24; and 80% of KP by 2018. These targets are expected to be reviewed during the development of NMSF-IV in 2018. The condom strategy has set an output target, where Tanzania plans to distribute at least 150,000,000 pieces per year.

According to the condom strategy, available investments in the country indicate that there is no financial gap for condom commodities. However, the country has few resources for condom programming which is needed to better target free or subsidized products, reduce inefficiencies and overlaps, and create room for the private sector to increase its role.

**Challenges and gaps:** There is still limited access for condoms, especially among adolescents and youth, mainly due to stigma associated with asking or buying condom, cost, stock outs, poor marketing and distribution outlets range.

There is appropriate knowledge on where to access condoms, but knowledge on correct and consistent use of condoms is still not universal compounded with myth and misconception about condoms. In Tanzania, girls and women do not have enough skills to negotiate for condom use due to gender inequities and cultural norms.
Availability of data (incl market analytics) to inform condom programming is limited. Condom programming has also not adequately been integrated in reproductive health. Linkages between sexual and reproductive health rights and HIV need to come out more clearly.

Another prevailing challenge is the low programmatic knowledge on female condom distribution, accessibility, desirability and use by both men and women.

Opportunities: Under the total market approach, Tanzania has the opportunity to enhance access and utilization of condoms. One such opportunity is to use the community outlets to distribute public sector condoms.

The expected data from the 2017 Tanzania HIV Impact Survey (THIS) will inform programming on condom use/demand, and the update of the condom strategy.

The existence of a condom technical working group can support improvement of data collection, analysis and use to inform programming.

The country can also benefit from on-going capacity building on improving commodity security at national and sub-national level to improve forecasting, quantification and supply of condoms at all levels.

Pillar 5: Voluntary Medical Male Circumcision (VMMC)

Overview: The service delivery model for Voluntary Medical Male Circumcision (VMMC) in Tanzania gives priority to regions with low coverage of male circumcision and high burden of HIV transmission. The VMMC strategy in Tanzania aims at achieving 80% coverage in all regions of the country by 2018. The country is on-course for meeting these targets. 1.7 million procedures were conducted by the end of 2016, on the way towards a target of 2.8 million by 2018. The country target is to attain 90% male circumcision rate by 2022. The country funding landscape shows that available in-country resources will enable the country to reach these targets.

Challenges and gaps:

Initially, Tanzania’s VMMC strategy targeted young men aged 10 – 29 years for immediate impact. However, programmatic data showed that up to 40% of current VMMC clients are aged 10-14 years, calling for a more “older men” targeted approach.

The VMMC program also does not adequately meet adolescent needs in terms of age-appropriate approaches including counselling, communication and client-provider interactions.

It was also noted that VMMC services had not adequately focused on high risk groups or locations such as mines, fish landing sites, and other hotspots.

Opportunities: Tanzania should scale up the early infant male circumcision (EIMC) services in regions that have attained the 80% coverage target for adults and in non-priority regions as part of long-term sustainability.

During this last mile, the country can also expand VMMC services to high risk groups (including workplaces) with currently a low access to services.

Since it is very likely the country will reach saturation targets by 2020, Tanzania should also plan to document the VMMC success stories.

Cross-cutting Considerations: Prevention Management and Finance

Overview: Tanzania HIV funding is largely dependent on donor support. External funding represents over 90% of HIV investments in the country. Main funding agencies include PEPFAR, Global Fund, UN agencies and World Bank. In a bid to increase domestic funding, the country has established the AIDS Trust Fund (ATF), which is expected to fast track increase of domestic investment. The country has also expressed commitment to increase health insurance coverage to its population, with a target of ensuring that 50% of Tanzanians are insured by 2020.
In Tanzania, HIV prevention is managed and coordinated in a multi-sectoral approach through the Tanzania Commission for AIDS, which is established by law and reports to the Permanent Secretary of the Prime Minister’s Office. The National AIDS Control Programme, coordinates the Health Sector response and reports to the Ministry of Health. At Sub-national level, the Regional and Council Health Management Teams (RHMT and CHMTs) coordinate stakeholders and implementers at their respective level. Stakeholders are also coordinated through technical working groups e.g. Prevention TWG

**Challenges and gaps:**

Tanzania HIV funding is largely donor dependent, and donor priorities affect country plans.

It has also noted that, the rapid shifting in dynamics and priorities in HIV response has posed coordination and prioritisation challenges between AIDS Commission, Ministry of Health, and Central and Local Government Authorities.

The lack of standardised HIV prevention packages of interventions across the country was also noted.

**Opportunities:** The ATF has developed a fund-raising plan and fund regulations which specifically stipulate that 25% of funding should be allocated for prevention. The medium term funding commitments from PEPFAR and Global Fund give the country an opportunity to gradually increase its own funding while learning on cost-effective ways to ensure sustainability.

Through TACAIDS, the country has conducted a Legal Environmental Assessment in 2015 and its recommendations are currently being implemented.

Tanzania is also reviewing existing coordination bodies aiming at increasing efficiency. There is also expressed political commitment and willingness to revitalize prevention efforts aiming at reaching the 2020 global targets.

5. **Country recommendations for new policies, programmes, priorities, accelerated action and technical assistance needs towards achieving the global HIV prevention targets**

The renewed investments by PEPFAR and the Global Fund have stimulated the country to leverage on high impact interventions provided by the 2016 Tanzania Investment Case with the choice of maximum technical efficiency (TE) scenario, in order to achieve 75% reduction of new infection by 2020. This scenario requires significant increase in resources and adoption of cost-effective interventions and programmatic efficiencies\(^{10}\) as illustrated below in figure 2. The coverage targets under this scenario and the reference scenario (limited technical efficiency scenario) by year 2020, are shown in table 1 below.

\(^{10}\) Tanzania IC identified ART, HTS, SW, PMTCT and critical enablers e.g. community mobilization among technical efficient interventions
In reaffirming prevention efforts and ensuring that the 2020 targets are achieved, Tanzania has set the following priorities, organized as per the five global guiding discussion papers, including to show the synergies between different pillars.

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**Figure 2: Tanzania Number of new HIV infection 2010-2030, Limited TE and Max TE scenarios**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Maximum plus TE</th>
<th>Limited plus TE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ART (% of all PLHIV)</td>
<td>81%</td>
<td>45%</td>
</tr>
<tr>
<td>HIV Testing Services</td>
<td>36%</td>
<td>27%</td>
</tr>
<tr>
<td>PMTCT</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>VMMC (circumcision for young men and adults)</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Condoms promotion</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Key population outreach:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sex workers</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>- MSM</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>- PWID</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>PrEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sex workers</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>- Young women and girls</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>Cash transfers</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>Behavior change (including mass media, community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mobilization, school-based education and outreach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to out-of-school youth</td>
<td>High</td>
<td>Low</td>
</tr>
</tbody>
</table>

**Table 1: 2020 Country targets under Limited TE and Maximum TE scenarios according to the Tanzania Investment Case (2030 target for PreP)**

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11 The Limited plus Technical Efficiencies scenario illustrates the progress that could be made with better prioritization of the current spending. New infections decline by 36% by 2020, and by 44% by 2030.

12 Maximum plus Technical Efficiencies, illustrates progress that could be made with increased funding. Additional investment will help the country to averts 76% new infections by 2020 and 88% by 2030.
A. Leadership and financing

- Increase prevention leadership at national and sub-national level. Specifically, high level political leadership—“prevention champions” commitments will be solicited. Other influential leaders including religious and community leaders, and celebrities who influence young people will be engaged.
- Increase domestic resources for prevention, including through strengthening the private sector coordination for stronger public private partnerships (PPP) for delivery of HIV prevention interventions and linking with broader health financing efforts.
- Improve coordination and accountability framework for the set national prevention targets.
- Ensure balance between prevention and treatment efforts as per the example set through the ATF funding balance between treatment and prevention.
- Implement the Legal Environmental Assessment recommendations including ensuring the enforcement of existing laws and to actively address policy and legal obstacles that address the programmatic and policy changes, and create an enabling environment for prevention programmes for adolescents, young people and key populations.
- Invest in community-led HIV programmes from design, implementation to monitoring and evaluation.
- Increase partnership with the private sector and expand workplace programs to reach men with prevention services, including in the informal sector.
- Increase partnerships with media houses to better reflect the country programmatic efforts in local media.
- Leverage the power of social media platforms (incl community-led) for community mobilisation.

B. Aligning national programmatic prevention targets and improved accountability

- Align country HIV prevention targets with global targets considering funding landscape and current epidemiological profile. The revised country 2020 targets will be determined in the NMSF-IV, which is expected to be developed in 2018. There is a need for prevention targets that are specific for young people, adolescents and children.
- Set similar 90 90 90/cascade targets for social behavior change communication and mass media engagement.
- Fast track implementation of PreP.
- Improve monitoring and evaluation, including by routinely track KP reached and condoms distributed.
- Invest in gathering and sharing lessons learned from best practices such as the VMMC program and community Harm Reduction Programme in Temek, Dar es Salaam. Tanzania has made efforts in both prevention and treatment which are not well publicized.

C. Increasing systematic and efficient service delivery at scale

- Review the country’s prevention operational plan and roadmap based on the findings of the NMSF-III final evaluation.
- Continue a multi-sector approach and participation to enable the country to mainstream HIV prevention in other sectors.
- Increase involvement of private sector in the HIV response to increase sustainability, including to support for the upcoming update of the National Private Sector Strategic Plan on HIV and AIDS.
- Invest more in operational research to ensure we know what is missing in our programmes across all pillars.
- Leverage on-going investments in education, employment and social protection sectors, in addressing gender based violence and community mobilization for social change, to support AGYW programming.

D. Ensuring prevention choices: A people-centered approach to HIV prevention.

- Engage with implementing partners, civil society (including from outside the health sphere), religious organizations, women and youth’s movements, and community organizations as valuable partners in developing and driving solutions to prevent HIV.
- Seize opportunities to integrate HIV primary prevention into universal health coverage schemes.
- Increase the pace for timely country adoption of innovative technologies, including HIV self-testing and pre-exposure prophylaxis.
- Strengthen male involvement in all interventions.

E. Needs for technical Assistance
To support the country towards reaching the HIV fast track targets, the country has identified the following technical assistance needs.

**In relation to KP programming**
- To effectively implement a KP cascade monitoring system for KP with use of unique identifier to track and link beneficiaries across the continuum of services
- To determine effective methods of removing KP related stigma at community and facility level
- To document lessons and best practices in delivering KP friendly services from health facility using facility based, outreach and community models

**In relation to Prep**
- To effectively/quickly scale up PreP, including ways to effectively manage PreP cohort in order to address Loss To Follow Up and adherence issues

**In relation to AGYW**
- To determine the magnitude of the AGYW problem-countrywide and quantify existing gap and set targets
- To understand the drivers of vulnerability and patterns of transmission in order to design efforts to effectively tackle them
- To collect lessons, findings and best practices on implementation of DREAMS and Global Fund-funded AGYW program to inform national scale up
- To determine best ways to leverage investment and resources from other support services e.g. education, social protection funds (such as Tanzania Social Action Fund -TASAF) and on-going youth and women development programs at sub-national levels (across regions and districts)
- To determine the minimum package of services for AGYW that will avert highest number of HIV infection

**In relation to condoms**
- To develop a comprehensive M&E system for condom distribution, accessibility and use including a baseline assessment for the female condom (accessibility, desirability and use, accessibility, etc.)
- To assess the feasibility of setting up a condom production industry within the region based on a market assessment

**In relation to VMMC**
- To determine and document impact of VMMC programme in reducing new infections in targeted regions

**In relation to prevention and management of HIV prevention**
- To improve domestic contribution and strengthen resource mobilization, management and coordination
- To identify effective ways of engaging national and sub-national leaders to champion HIV prevention