

**SAUTI YETU
COP21
OUR VOICES
TANZANIA**

COMMUNITY PRIORITY RECOMMENDATIONS

FOR PEPFAR TANZANIA IN COP21

In memory of:

His Excellency Benjamin William Mkapa

— *Third President of The United Republic of Tanzania*

His Excellency John Pombe Joseph Magufuli

— *Fifth President of The United Republic of Tanzania*



INTRODUCTION

Between 2016 and 2017, Tanzania carried out the Tanzania HIV Impact Survey (THIS)¹, which concluded that there were 1.4 million people living with HIV, 72,000 new cases of HIV annually in Tanzania and a prevalence of HIV of 5.0% amongst adults ages 15 to 64 years in Tanzania. Prevalence varied across the 31 regions, ranging from 0.0% in Kusini Unguja and Kaskazini Pemba, to 11.3% in Iringa, and 11.4% in Njombe. The overall prevalence of viral load suppression amongst adults, aged 15 years and older, living with HIV was 51.9%: 57.2% amongst women and 41.5% amongst men. The incidence of HIV infection amongst adults aged 15 years and older is 0.27% overall (0.16% amongst males and 0.38% amongst females).

Since then, a year after countries were supposed to have achieved the UNAIDS 90/90/90 targets², an estimated 1.3 million people are living with HIV in Tanzania are taking lifesaving HIV treatment. In 2019, 27,000 people

died unnecessarily from AIDS-related illnesses—and 77,000 people newly acquired HIV³. HIV prevalence amongst adults aged 15 years and older was 4.9%: 6.3% amongst females and 3.4% among males⁴.

1. https://phia.icap.columbia.edu/wp-content/uploads/2016/09/THIS_Final.pdf

2. <https://www.unaids.org/en/resources/909090>

3. Avert.org

4. Tanzania HIV Impact Survey

Tanzania continues to experience a serious Human Resource for Health (HRH)⁵ crisis. Shortages are 87.5% and 67% in private and public hospitals respectively. Community data⁶ also shows the country has 98,987 health workers; 47.53% of the total number (208,282) of health workers required for the optimal delivery of healthcare services in different health facilities across the country. In 2020 PEPFAR supported 21 new health workers to graduate from a pre-service training institution and 10,539 full-time health workers to work on any HIV-related activities, but the gaps are still high and a barrier to people living with HIV accessing HIV, TB and other health services and being retained in care.

The PEPFAR program continues to record unacceptably high rates of loss to follow up as shown in the country net new data results of 160,930 — 45.62% of the program's target of 352,774. Whilst viral suppression amongst people who have a viral load test is high (93.80%), viral load coverage remains low at only 75.87%.

Key populations and vulnerable populations, including men who have sex with men (MSM), transgender people, people who use drugs (PWUD), and sex workers are facing an unmet need for quality HIV treatment and prevention services. Fear of arrest and criminalisation, stigma and discrimination, continue to affect access to services. Policies such as the "Forced Anal Testing Circular" have also fueled fears amongst community members seeking services, and the ban on drop-in centres limits access to KP-friendly services.

Tanzania, amongst other PEPFAR countries, has been implementing index testing as part of the strategy to increase the number of people living with HIV in Tanzania who know their status. The testing approach includes all forms of partner notification and is a major focus of PEPFAR's programs. The latest data⁷ from PEPFAR Tanzania, however, shows 58% of people living with HIV in 2020 were found through index testing. Whilst the increase in numbers of people who know their status is laudable, PEPFAR backtracked on significant agreements made during the COP20 process to ensure safeguards safety of people living with HIV who were likely to face violence.

Our community discussions with people living with HIV show that index testing is being rolled out in communities without a plan to ensure that it does not cause harm. PEPFAR facilities are failing to consistently track gender-based violence and index testing is mandatory. Without adequate consideration for human rights and protections, index testing may increase levels of violence faced by

people living with HIV and reduce trust in health services and health service providers. PEPFAR needs to ensure that people living with HIV are protected from mandatory testing strategies implemented by partners on the ground and that outcomes of unethical partner notifications and cases of violence are systematically tracked and addressed.

The onset of the COVID-19 pandemic led to increased challenges in the supply chain system in Tanzania. People living with HIV also faced challenges accessing food as well as masks to protect themselves from getting COVID-19. Further, there was a decrease in the number of people who visited health facilities for testing and treatment services due to fear of contracting COVID-19. Those currently on treatment were shifted to multi-month dispensing but received less support to remain on treatment through support groups and health talks at the facility.

The draft of the Tanzania CSO engagement strategy recognises that community systems are particularly important for ensuring that HIV programs reach excluded and marginalised populations whose health and human rights are compromised. It is in this spirit that civil society continues to engage with the Government of Tanzania and PEPFAR to share expertise, experience and knowledge on the best options for service delivery and funding. Even in a virtual COP process, we look forward to keeping that collaboration and ensuring that the voices of communities are not left behind as goals for the country's HIV response are being set.

To support our input, we have developed the "**Sauti Yetu — COP21⁸**" as our People's COP — outlining Tanzania's community experience, recommendations and priorities for COP21. These recommendations were developed in consultation with PLHIV, key and vulnerable populations, community-based organisations (CBOs), non-governmental organisations (NGOs), and faith-based organisations (FBOs) amongst other stakeholders with collective experience at the forefront of Tanzania's HIV and TB response populations. It also includes the findings of communities following fact-finding missions throughout 2020 in PEPFAR supported facilities across the country and through community dialogues, focus group discussions with people living with HIV, analysis of FY19 and FY20 data as well as community scorecards. The results of this data collection are described below and provide not only evidence of the reality of what's happening on the ground, but also justification for our community recommendations.

5. Addressing the Human Resource Crisis in Tanzania. Available at: <https://www.researchgate.net/publication/262536265>
[Addressing the human resource for health crisis in Tanzania The lost in transition syndrome](#)

6. Tanzania Human resource for health (HRH) ARE WE ON TRACK? By Benjamin Mkapa foundation

7. PEPFAR Q4 data set

8. Sauti Yetu means "Our voices" in Swahili.

PRIORITY INTERVENTIONS FOR COP21

1. COVID-19

COVID-19 has proven to be a huge challenge for health systems across the world. Whilst we have limited information on the scale of the COVID-19 outbreak in Tanzania, we commend the government for creating the “*Interim Guidance on Provision of HIV Prevention and Care Services in the Context of COVID-19 outbreak in Tanzania*” that set out recommendations for healthcare workers and PLHIV visiting HIV service delivery points. We also commend the government for the creation of educational material for the public on how to protect themselves from COVID-19 in June 2020 and recommend more collaboration with communities and PEPFAR to reach all people in Tanzania with information.

PEPFAR’s efforts to decongest facilities have also proven effective as people now have access to longer prescriptions. However, communities of PLHIV and key populations have faced great challenges since COVID-19 began. The nutrition and personal protective equipment (PPE) distribution exercise supported by UNAIDS revealed that a majority of the community members have limited access to COVID-19 prevention tools and little knowledge of the disease.

PEPFAR needs to work hand in hand with the Government of Tanzania and civil society to ensure that service recipients have access to COVID-19 awareness and prevention tools and ensure that HIV and TB treatment and viral suppression services are uninterrupted, as most people continue to avoid the facilities for fear of contracting COVID-19, especially now with a new wave.

Implementation of services was also a challenge as programs reprogrammed their community-based activities in response to COVID-19 leading to the gaps in community service delivery. The program needs to innovate to ensure that community services e.g. support groups, community outreach, treatment literacy, continue for PLHIV as we respond to COVID-19.

COVID-19 has also resulted in global supply chain challenges and Tanzania has not been spared. Shortage of commodities

meant that people had less access to prevention and treatment for HIV and other comorbidities. One of the key programs that has been affected is the roll out of PrEP. National roll out of the PrEP program was supposed to commence on May 1 2022, but due to delays in procurement and shipment of PrEP commodities, it is yet to be rolled out.

COP21 target: Supply chains that had affected HIV service delivery in the country, including the national roll out of the PrEP program addressed.

COP21 Target: Cloth reusable masks procured and distributed to all PEPFAR supported sites to be provided to any healthcare user arriving at the facility to access services who does not have access to a mask in COP21 and the remainder of COP20.

COP21 Target: Partnership strengthened with civil society and communities of people living with HIV on the COVID-19 risks messaging, and community engagement in awareness creation programs.

2. Testing

2.1. HIV Self Testing

Tanzania’s PHIA data pointed to the need for the country to increase knowledge of HIV status amongst people living with HIV⁹. We commend the government on the signing of the HAPCA amendment and regulations and approving the national HIV self-testing framework that led to the finalisation of HIV self-testing policies required for a countrywide rollout in COP20.

The program however needs to increase and implement targeted distribution of HIV self-test kits specifically tailored to those populations with low coverage and at ongoing high HIV risk, to ensure that testing is brought closer to those who are hard to reach by the facility as data by the end of Q4 showed only 70,898

(27.15%) of the target was achieved against a target of 261,110.

PEPFAR should also track and report numbers of those returning to the facility after a positive outcome after using the self-testing method and track cases of partner violence raised by communities when using HIV self test kits that are not reported and documented to effectively use the approach to reach PLHIV.

COP21 target: Increased and targeted roll-out of HIVST distribution from 27% to 100% by the end of COP20.

COP21 target: Increase index testing target to 400,000.

9. Tanzania HIV Impact Survey

COP21 target: Develop a tracking mechanism system to monitor confirmatory results and speed-up countrywide roll-out of HIV self-testing.

COP21 target: Countrywide roll out of HIV self-testing is implemented accessible to all populations.

2.2. Index testing

In a bid to improve knowledge of HIV status amongst PLHIV in the country and to improve the program's ability to reach populations with a lesser perception of risk and those who often do not visit health facilities for HIV testing, PEPFAR introduced index testing in COP19. Whilst index testing was effective at finding those who did not know their status, it came with increasing complaints from communities of PLHIV and key populations of mandatory index testing, violation of human rights of those who were going to the facility, and increased violence amongst people who had gone through index testing.

As a result, communities of PLHIV and key populations in the last COP processes advocated for safeguards to protect people from the harms of index testing and PEPFAR responded in COP20 by stating:

- + "In COP20, we will continue to roll out index testing with fidelity, with a continued emphasis on ensuring that services offered are of high quality, non-coercive, and confidential. Working closely with civil society to develop and roll out community-led monitoring efforts will play a key role to achieve this goal." SDS Pg 3
- + "And all efforts will be complemented by efforts to address widespread stigma and discrimination that leads to fear of testing and reduction in service quality for people living with HIV." SDS pg 3
- + "PEPFAR/T will establish a standardized and coordinated quality assurance (QA) system for HTS; focusing on both QA for Index testing and Optimized PITC performed by HCWs including support of all services for people diagnosed with HIV at those facilities. As IPs address intimate partner violence (IPV), community and facility partners will strengthen the inclusion of gender-based violence (GBV) screening through PEPFAR/T support by rolling out GBV screening and referrals in HTS settings with a focus in councils shown to have higher risk. IPs will increase the capacity of providers to effectively incorporate HIV testing messages, advocate for positive gender norms, and conduct GBV screening into testing and counselling sessions. Trained providers will provide appropriate referrals to safe space/shelters and linkages will be created with support groups and legal services." SDS pg. 29
- + "In COP20, the post-contact tracing adverse event screening for index clients will include physical and non-physical violence, undesired disclosure of status, identity, and conditioning of services on participation

in index testing, and will be developed with input from civil society organizations." SDS pg. 31

The inclusion of safeguards was a welcome addition in reducing violence faced by people living with HIV but PEPFAR did not implement the safeguards. 58% of new PLHIV found in 2020 were found through index testing, showing an increased number of health workers resorting to the strategy at the peril of service recipients. By the end of Q4 only 45% of those added to treatment remained.

Communities reported that people are subjected to index testing without the capacity to refuse. Concerns raised about index testing which people described as "mandatory" made it difficult for women to access services without bringing partners to the facility.

"Those who do not have partners are usually told to go to the village executive officer who would need to certify that they do not have partners. This makes most not return to the health facility and even eventually deliver at home."

"There are women who tend to bring fake partners due to various reasons, e.g. female sex workers (FSWs) who are engaged in sex with multiple partners."

"Some of the nurses in the Pwani region tend to employ a variety of techniques to identify pregnant women who come with fake partners. They sometimes request them to undress in front of their partners; if they happen to hesitate then they can automatically realise that the one who was brought is not the real partner."

Index testing forms should be reviewed and translated into Swahili and community healthcare workers, case managers and officers trained on safe index testing and safe tracking of partners and awareness creation supported at the community to reduce cases of mandatory index testing and introduce supportive disclosure.

COP21 Target: All COP20 agreements on the table below that ensure a rights-based approach to index testing that does not subject PLHIV to the risk of violence are implemented for the remainder of COP20 and in COP21.

COP21 Target: Communities of PLHIVs, KVPs and community led organisations supported to monitor and to create awareness on gender based violence / intimate partner violence as a result of index testing.

COP21 Target: Strengthened testing by training all health workers on preventing IPV and GBV when conducting index testing.

COP21 Target: Strengthened implementation and documentation of reporting mechanisms on IPV and GBV cases.

COP21 Target: Implementing partner and communities PLHIVs, KVPs and community led organisations strengthened on IPV and GBV prevention.

Deliverables	PEPFAR Action Item
<p>PEPFAR messaging to implementing partners will be devoid of a targeted % expectation from index testing.</p> <p>Index testing services will be offered to all eligible clients at facilities that meet the certification requirement.</p> <p>PEPFAR IPs will collect and report routine data on the following index testing indicators:</p> <ol style="list-style-type: none"> 1. # offered index testing 2. # who accepted index testing after counselling 	<ul style="list-style-type: none"> + PEPFAR will communicate to all IPs that there is no longer a specific target for index testing. + IPs will immediately communicate to and remove any index testing-related targets that may have been in place at supported sites/facilities. + IPs will immediately re-orient staff that index testing is voluntary and that clients can decline the service for any or no reason. + IP work plans will not include targets for index testing. + Although not reported, facility index testing tools will be used to collect # of clients offered and accepted or declined index testing services. These data will be presented at quarterly review meetings with stakeholders + PEPFAR will work with IPs to ensure proper documentation in the index testing registers in order to enable the collection of acceptance and refusal rates per facility and IP.
<p>PEPFAR IPs will monitor acceptance rates and offer technical assistance/QI where acceptance rates are higher than best practices suggest ensuring consent is meaningful.</p>	<ul style="list-style-type: none"> + IPs will report on a monthly basis on the following indicators: <ol style="list-style-type: none"> 1. Total # of newly-diagnosed and virally- unsuppressed individuals offered index testing 2. Total # accepted and number of contacts solicited + IPs will monitor acceptance rates versus safety concerns by facility and flag any site with safety concerns for immediate remedial action/steps. + PEPFAR will follow-up with IPs on any additional mentorship and supervision with regards to the message that index testing is voluntary and also ensure that the 5 Cs outlined in the HTS policy guideline are observed at all times.
<p>PEPFAR will carry out investment in proactive monitoring for adverse events and quality.</p>	<ul style="list-style-type: none"> + PEPFAR IPs will use the REDCap Index Testing Minimum Program Components Tool to assess supported sites on index testing program gaps and training needs. This will not be considered as a certification tool, as it will only be used to assess the quality of services. Data from the assessments will be shared with the Ministry of Health and other stakeholders. Ministry of Health and other stakeholders may/will participate in the assessment process as part of the stakeholder/community monitoring processes. + PEPFAR in collaboration with the Ministry of Health and other stakeholders will develop a multi-pronged, routine, continuous site monitoring plan covering: <ul style="list-style-type: none"> • IPs role in site monitoring/QA including mentorship and supervision • How to leverage/refine existing SIMS index testing monitoring questions to ensure they respond to safety monitoring aspects within index testing modalities/strategies • CHMTs' roles in quarterly monitoring of index testing programs • How the community-led monitoring plan will be included in the quality monitoring plan/process for index testing programs. • The schedule for routine monitoring by all multi-sectoral stakeholders.
<p>PEPFAR will support a certification process that moves quickly, in which any facility that does not meet minimum requirements will be temporarily halted from conducting index testing until these requirements are met.</p> <p><i>Note: Facilities that implement index testing are expected to meet certification criteria; however, it is noted that not every PEPFAR-supported facility will implement index testing.</i></p>	<ul style="list-style-type: none"> + Participants during the certification process will include GOT, CSOs, and other stakeholders + Certification goals will entail the following: <ul style="list-style-type: none"> • An index testing services' certification tool for the facilities/sites adapted by councils and stakeholders from the PEPFAR draft certification document • Index testing certification for counsellors, including a minimum of at least 1-year experience, aligned to GOT certifications, and based on a stakeholder-adapted PEPFAR draft certification document • Index testing certification for index testing supervision and mentorship
<p>PEPFAR will share data on index testing cascades with GOT and other stakeholders as part of the monitoring system for all facilities moving forward.</p>	<ul style="list-style-type: none"> + PEPFAR will report aggregated index testing services data starting with high volume facilities (e.g. those identifying >20 HIV positive per month) + Monthly reporting for each facility includes: <ul style="list-style-type: none"> • Aggregated # of clients aged >15 years offered index testing services (aggregated both newly diagnosed, and clients virally suppressed) • Aggregated # of clients aged >15 years accepting index testing services (aggregated both newly diagnosed, and clients virally suppressed) • Of those clients aged >15 years accepting index testing services, number of contacts listed by ages <15 years and >15 years. + If a facility reports <20 clients offered index testing services in that month, a blank facility report with the note "low numbers reported" will be submitted + PEPFAR will itself continue to assess sites with low volumes of clients offered index testing services (<20 clients per month). This will enable a phased approach by stakeholders by strategically focusing on facilities that report significant findings. + Quarterly reporting for each facility will entail the following variables aggregated for clients aged >15 years across the entire index testing cascade <ul style="list-style-type: none"> • # of clients offered index testing services • # of clients who accepted index testing services • Of those accepted, # of contacts elicited by age disaggregation of ages <15 years and >15 years • Of the contacts elicited by the above age groups, # contacted, # known positive, # eligible for testing, # newly-diagnosed HIV positive, # HIV negative, and # HIV positives linked to care.

3. Prevention

3.1. Pre-exposure prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) is an additional tool to help HIV-negative people protect themselves from getting HIV that involves the use of antiretroviral medicines to reduce the risk of becoming infected. PLHIV and key and vulnerable population communities have been advocating for access to PrEP in the country for those at higher risk including AGYW, key populations and serodiscordant couples, based on the finalisation of government policies. Last year, in response to the community's demand for PrEP NOW! PEPFAR and the government agreed to launch the PrEP program quickly and to initiate 180,000 new people on PrEP in COP20.

In FY20, however, PEPFAR only enrolled 7,147 people on PrEP; 22% of their target of 32,423. We are concerned that delays in PrEP rollout is denying people from accessing the prevention option. We are also concerned about the delays in the procurement and shipment of PrEP commodities. Our conversations with community members targeted for PrEP show great demand for the services amongst those who knew about PrEP, however, there is still a need to increase PrEP awareness in the community. PrEP is also mostly found in key population hotspots and needs to be expanded to reach other populations also at high risk e.g. AGYW and serodiscordant couples. To facilitate uptake by these populations in need, the COP21 budget for PrEP must be at least \$18 million¹⁰, which was the figure budgeted in COP20 and must maintain targets.

In order to improve access to PrEP, the program needs to:

- + Prioritise rapid assessment and adoption of the best practices — some identified in the context of COVID-19 in neighbouring countries—that support “differentiated service delivery” for PrEP. These include:
 - Multi-month, community based dispensing — including at homes;
 - Use of key and vulnerable population-led groups as service providers — offering counselling, adherence support and information, even as prescriptions come via government health service;
 - Use of DREAMS graduates and ambassadors as PrEP adherence supporters and mentors;
 - Use of virtual and M-Health strategies to support refills, adherence and address the social and psychological aspects of regular pill-taking.
- + Measure “effective” use to evaluate the program — focusing solely on initiation and retention is an ART-based approach to monitoring and evaluating. Starting, stopping and restarting PrEP is common — similar to contraceptive use — “effective PrEP use” refers to the context in which a person uses PrEP during the period in which he or she or they are at risk. In the SEARCH study, PrEP introduction reduced incidence, even with high overall levels of discontinuation because people who needed PrEP remained on it. Expanding the PrEP program should focus on de- medicalising PrEP — per emerging best practices — simplifying and focusing on user preferences.
- + Ensure sufficient **infrastructure and human resources** to conduct initial HIV tests and prescribe oral PrEP.
- + Create tools to help potential clients and healthcare workers understand **who should use oral PrEP**.
- + Create and disseminate clear and informative

communication on oral PrEP for general public audiences.

- + Develop **demand generation strategies** targeted to the unique needs of different populations.
- + **Create Linkages** amongst HTC, oral PrEP prescription and oral PrEP access to enable uptake.
- + **Inform clients** on how to effectively use oral PrEP for all end-user populations.
- + Ensure sufficient **resources** to roll out plans for demand generation.
- + Work with community organisations to increase uptake of PrEP.

Finally, new options for PrEP will be available soon. The Dapivirine Vaginal Ring (DVR) has been recommended as an additional prevention option by the World Health Organization (WHO) and the International Partnership for Microbicides (IPM). The IPM is expected to submit a regulatory dossier in Tanzania in 2021 as this was one of the trial countries for the ring studies. ViiV, the product developer of long-acting injectable cabotegravir (CAB-LA) has said it will submit its licensure applications in trial countries first; Tanzania is not on this list. However, COP21 should see support for rapid scale-up of oral PrEP programs and concrete, intentional steps to prepare for a broader PrEP program. COP21 Tanzania should include PEPFAR's technical and if necessary financial resources for a guidelines review and policy development process to support 1) Tanzanian regulatory review of licensure applications for the dapivirine vaginal ring and injectable long-acting cabotegravir; 2) design of pilot projects and communications campaigns with the active engagement of civil societies emphasising individual choice and not prioritising specific groups for specific strategies, i.e. on the basis of adherence requirements.

COP21 Target: Scaled up implementation of COP targets by PEPFAR to ensure 100% implementation including in Tanzania's mainland.

COP21 Target: Finalisation and approval of the country's PrEP implementation framework draft in partnership with the government.

COP21 Target: PrEP target retained at 180,000 people at high risk.

COP21 Target: Community organisations supported with funding to create demand and refer people at high risk for PrEP services at the facility.

COP21 Target: Country dialogue on PrEP implementation supported in Tanzania's mainland that will incorporate service recipients, CSOs, IPs, community and other key stakeholders.

COP21 Target: Launched national process to review regulatory dossiers for Dapivirine Vaginal Ring (DVR) and, eventually, long-acting cabotegravir for prevention (CAB-LA) whilst simultaneously starting work to identify program models, provider training needs and civil society roles in leading communications and program design.

10. https://www.state.gov/wp-content/uploads/2020/01/Tanzania_COP-2020_Part-1-of-Planning-Letter.pdf

3.2. Lubricated Condoms

Access to prevention and condoms are a key part of the HIV response for both women and men. The SDS20 highlighted “inadequate domestic financing for the procurement of ARVs, HIV rapid test kits (RTKs), condoms”¹¹. During the COP21 PEPFAR country retreat, the government presented a gap of about USD15 million needed to adequately support the country’s condom programming. To ensure that PEPFAR Tanzania is supporting the country to fully respond to the prevention needs of people in Tanzania, the PEPFAR program needs to support beyond “assisting the GOT to adopt a total market approach for condoms by directly supporting the social marketing sector, which complements GFATM support for male and female condoms distributed within the public sector”¹². A total market strategy uses the comparative advantages of all sectors — public, non profit, and commercial — to strengthen programs that distribute condoms for the prevention of HIV. Such efforts can increase the number of condom users, reduce the need for subsidies, increase access to condoms, and reduce the financial burden of HIV prevention activities on the public sector¹³, but the program needs to include an allocation of more resources for purchasing lubricated condoms.

Our discussion with community members showed a high demand for lubricated condoms but a lack of access to female condoms which were mostly found at the pharmacies and considered expensive at Tshs 5000 to Tshs 6000 and lubricants were difficult to find even for purchase. Condoms in the market currently are also described by community members as itchy and there are worries about product quality. Civil society have also continuously recommended lubricants to be supported by PEPFAR Tanzania as part of the response and are yet to receive a response.

The program needs to support the full science of prevention and ensure that people have access to all prevention options.

WHY LUBRICATED CONDOMS?¹⁴

To reduce dryness during intercourse that increases exposure to HIV and STIs. Evidence suggests that physical barriers covering the cervix offer safe and effective protection against HIV as well as STIs that themselves exacerbate the risk of HIV infection¹⁵. Vaginal dryness during sex is common and can happen for many different reasons, including the increase in hormone levels during the menstrual cycle, stress and medication. Lack of natural lubrication levels can occur to all persons. Access to lubricants ensures that people are protected from skin breakage which could in essence expose them to unknown diseases from their partners.

COP21 Target: PEPFAR supported water-based lubricated condoms to be distributed to men and women supported by community organisations at all sites.

COP21 Target: A strengthened supply chain to ensure effective quantification and a steady supply of lubricated condoms.

COP21 Target: Increased fund allocation from \$500,000 (COP21 planning letter) to \$1,500,000 for lubricated condoms purchase.

3.3. Adolescent Girls and Young Women (AGYW)

3.3.1 DREAMS Program

The COP21 planning letter highlights continued new HIV infections in adolescent girls and young women (AGYW) as one of the fundamental challenges for the HIV response in Tanzania. There is great need to expand DREAMS to more vulnerable councils. Currently, the DREAMS program is implemented in 11 councils. Timiza Malengo, the Global Fund-supported AGYW program, will be expanding to 18 districts in the new funding cycle making 29 AGYW supported districts out of the 169 total number of districts. Dodoma, Pwani and Morogoro should urgently be considered for expansion in the DREAMS program due to the Standard Gauge Railway, Tanga due to fast-growing cement production companies (truck drivers) and the introduction of Uganda–Tanzania Crude Oil Pipeline project, and Lindi region due to the seasonal harvesting of cashew nuts over the years. These new developments expose AGYW to new vulnerabilities. DREAMS should be extended to these regions to address the emerging sexual and reproductive health needs and ensure that young people have the necessary tools and skills to protect themselves.

COP21 Target: DREAMS interventions expanded to 50 additional councils.

3.3.2 Adolescent Girls and Young Women (AGYW) Forum

Tanzania is home to 12 million adolescents (10-19 years)¹⁶ and 5 million young adults (20-24 years), equivalent to a third of the entire population of the country. Of the 6.2 million AGYW and young people aged between 15-24 years¹⁷, an estimated 40% contribute to new infections acquired each year¹⁸. Out of these, AGYW hold the majority share (80%). Vulnerability to HIV infections amongst AGYW has been attributed to structural factors including impoverished living, child-led households, sexual violence, gender violence, as well as lack of education.

Despite the high HIV burden shouldered by AGYW, they are not adequately involved in the design, implementation and monitoring of HIV and sexual and reproductive health services amongst AGYW. This lack of involvement has resulted in sub-optimal solutions in addressing the needs of AGYW, exacerbating challenges, rates of HIV infections, cases of GBV, teen pregnancies and STIs. Community reports by women

11. COP 20 Tanzania pg 21

12. SDS COP 20 Tanzania pg 43

13. <https://www.shopsplusproject.org/resource-center/using-total-market-approaches-condom-programs>

14. <https://www.ippf.org/blogs/lube-5-great-reasons>

15. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2442038/>

16. <https://www.unicef.org/tanzania/stories/tanzanias-most-vulnerable-adolescents>

17. COP 20 Tanzania

18. THIS 2016/17



living with HIV indicate a lack of interventions in regions with high rates of vulnerabilities amongst AGYW and WLHIV¹⁹

PEPFAR needs to increase collaboration with youth organisations working with AGYW and technically support the establishment of an AGYW-led Forum that will coordinate AGYW and contribute to the meaningful involvement in HIV and sexual and reproductive health interventions that are targeted at them in the country.

COP21 Target: AGYW Forum established in conjunction with CSO to advance the meaningful engagement of young people led and run by adolescent girls and young women.

3.4. Voluntary Medical Male Circumcision (VMMC)

According to THIS²⁰, there are 7 million men aged 15-29, 57% had received VMMC, leaving a gap of 1.7 million men still yet to be reached. In COP20 PEPFAR committed to supporting 100% of VMMC in the country. Key areas of concerns continued to include low VMMC uptake amongst older age groups 24 and above and those highly mobile, distance to facility, lack of privacy due to the structural set-

up of facilities, economic constraints, emotional reservations, perceived irrelevance, and traditional and cultural norms.

By the end of Q4, the number of males circumcised as part of the VMMC HIV prevention program within the reporting period was only 536,489, 67.91% of the total target of 790,032. Due to COVID-19 fears, fewer people visited the facility for prevention services, however, the need for VMMC is still high and the program needs to innovate VMMC services for males 15 years and older.

The country now also has a revised guidance that allows surgical VMMC for those 15 or older and as stated in the planning letter, whilst Shang ring may be considered for those below age 15 with headquarters approval, it should be limited to those age 13 or above who are able to understand the procedure and provide informed consent, along with parental consent as dictated by local laws. All VMMC providers must also adhere to the requirements for reporting notifiable adverse events.

COP21 Target: Demand creation and innovation strengthened in the provision of VMMC.

COP21 Target: Civil society engaged in sensitisation and demand creation for VMMC services.

COP21 Target: Maintenance of 100% support for the VMMC program by PEPFAR.

19. DWWT Community Scorecard Report along the Transport Corridor Districts, 2020
20. THIS 2016-2017



4. Paediatric diagnosis, treatment and viral suppression

4.1. Diagnosis

Tanzania's data shows a large gap in the treatment cascade for children who lag behind from knowledge of their status, to access to HIV treatment and finally retention. Only 70% of the children born to HIV-positive women received a test by 12 months of age. The program is currently funding POC EID at 52 sites and conventional testing for children but evidence shows that conventional testing for children takes a lot longer than testing using POC EID²¹. Children require to also know their HIV status as soon as possible and conventional testing does not give them that option. Improving the paediatric program will require increased investment in POC EID. Recently released guidelines from WHO²² also recommend point of care nucleic acid testing should be used to diagnose HIV amongst all infants and children younger than 18 months of age. As a result, PEPFAR needs to increase the number of POC EID machines to increase faster diagnosis and immediate initiation of treatment for HIV positive children.

COP21 Target: All Children <18 months old receive HIV diagnosis with POC EID, consistent with new WHO guidelines.

COP21 Target: Number of POC EID machines to improve quick diagnosis for children living with HIV increased from 52 to 65 machines.

COP21 Target: A day turnaround time for all EID test results from collection to return to the caregiver.

4.2. Paediatric Treatment

Children living with HIV should have access to optimal treatment options to improve treatment coverage and retention. Elimination of barriers to service delivery and access to optimal treatment

options for children begins with knowledge amongst mothers of the medicines children are taking and how best to take care of them. Increased education to mothers and caregivers will lead to better storage of paediatric medication, better knowledge of the importance of adherence, better knowledge of the need to seek support from peers and clinicians on the challenges for caring for the children, leading to improvement of outcomes. Support provided to mothers by peer mothers at the facilities also goes a long way to ensure that mothers feel supported in their journey with their children.

The inappropriate, suboptimal treatment options that are offered to children only increase poor outcomes and deaths amongst children. Phasing out the use of nevirapine is a key first step in ensuring that children have access to better regimens. By the time of the country's strategic retreat for COP21, nevirapine was still offered to children under 2 years despite what was to be a rapid phase-out for the drug. The program should strive to increase the coverage of DTG based regimens for infants and young children under 20 kg across the country.

COP21 Target: Increased treatment literacy and support amongst mothers and caregivers on the importance of treatment and adherence for children living with HIV.

COP21 Target: PLHIV led community-level treatment literacy for pregnant and breastfeeding mothers supported.

COP21 Target: Immediate phase-out of nevirapine regimens for children.

COP21 Target: Countrywide roll out of DTG for children, including children <20 kgs with new DTG formulation, and LPV/r-based regimens in the most friendly formulations, like LPV/r pellets or LPV/r granules.

21. https://www.ped aids.org/wp-content/uploads/2018/08/UNICEF-KCD-Satellite_Evidence-on-the-impact-of-POC_AIDS2018_Cohn_Sacks.pdf
 22. <https://www.who.int/publications/i/item/9789240022232>

5. Key and Vulnerable Populations

The success of the key population program is vital to the success of Tanzania's HIV response. Ensuring the health facilities provide stigma-free service delivery to communities of key populations will improve the number of visits to the facility and overall testing and retention numbers. Program data shows that the number of key populations reached with HIV prevention interventions by PEPFAR in FY20 continues to show the high demand for services amongst key and vulnerable populations. The program however needs to improve the quality of HIV testing, treatment and retention service to ensure more key populations are retained in care.

5.1. Key Population Investment Fund (KPIF)

The KPIF investment by PEPFAR allowed the program to go beyond the mandate of the country's operational plan to reach more key populations with services. The partnership forged with key population umbrella organisations, such as KVP Forum, assisted in ensuring KP led organisations were recommended and supported to implement KPIF programs. This investment improved opportunities for partnership with communities to provide quality and stigma-free services to key populations. Some implementing partners however are still yet to engage community organisation in the implementation of the initiative even though the support is ending by September 2021.

As the KPIF comes to a close, PEPFAR should absorb the successes of the KPIF and continue engaging KP led partners as implementers and fund the innovative approaches supported under the KPIF to sustain the success of the KPIF initiative.

COP21 Target: KPIF funded activities and lessons learnt absorbed into COP21.

COP21 Target: Key population led organisations whose capacity has been built during the KPIF are absorbed into the COP to increase the success of key population programmes.

COP21 Target: Implementation of remaining KPIF activities that are still yet to be implemented are fast tracked, including activities with community groups.

5.2. Medically Assisted Therapy

Access to methadone services has greatly improved the quality of life of people who use drugs (PWUD). Many PWUD are enrolled in the methadone program, but many more seek enrollment without success because the facilities are at capacity and are no longer able to take more clients. MAT clinics need to address the issue of uptake of clients at the clinics as the number of clients at the community level ready to start methadone is high, but MAT clinics are only enrolling a few at a time.

PWUD on methadone should also be allowed to access take-home doses. The program currently does not allow PWUD to travel due to the need to access methadone at the facility. When community members are arrested they are

unable to access methadone when in remand. PWUD are still required to visit the facility every day, even as we try to decongest the facilities, especially with COVID-19. Health workers have to cater to a large number of community members in a short period of time each day in health facilities that are understaffed. Take-home doses can help ease the burden on the facility and make it easier for the community members enrolled in the methadone program.

MAT clinics also only provide methadone and ARVs, but other services such as sexual and reproductive health services and psychosocial support amongst others, are not provided, increasing the time PWUD spend at facilities as they are referred to other service delivery points for the remaining services.

Women who use drugs are at even greater risk of HIV than their male counterparts whilst access to services are often limited. The program needs to improve services to women that are comprehensive and empowering.

For those already stable on methadone, reintegration into the community is a key part of service delivery. Provision of economic and life skills empowerment to MAT clients only enhances retention and supports PWUD to build life skills that support them to survive and make a living.

PEPFAR also needs to expand the MAT and ARV program to include PWUD in prisons and remand. Working with the judiciary to support PWUD in prison and remand to access services is key to ensuring continuity of service delivery.

COP21 Target: Double the number of PWUD are enrolled each day in the MAT program.

COP21 Target: PWUD have access to take-home dose to decongest the facilities.

COP21 Target: Established service delivery points in Morogoro, Shinyanga and satellites in Mwanza and Muheza district, Tanga Region to reach more PWUD.

COP21 Target: MAT services expanded to include sexual and reproductive health, STI screening, psychosocial and mental health support services.

COP21 Target: MAT clients empowered with economic and life skills empowerment as part of service delivery.

COP21 Target: Key population led organisations supported to strengthen the MAT service delivery at the community.

5.3 Key Population Targets

PEPFAR's efforts to ensure an ambitious program, despite the lack of current KP size estimates, should be commended. In COP21, PEPFAR should double the target number of KPs reached with testing and offered ART from COP20 targets of 72,570 receiving testing service and 7,252 PLHIV offered ART²³. This will ensure that more KPs are reached with services and community efforts are expanded to ensure more people are reached with services at the community level and improve case finding amongst KPs.

COP21 Target: At least double the number of key populations that are enrolled on ART from 7,252 to 14,504.

COP21 Target: In conjunction with KVPs and Ministry of Health, increase NIMRI knowledge on the importance of the IBBS study and key population programming.

5.4. Forced Anal Examination

Men having sex with other men (MSM) are subjected to forced anal examinations in order to generate "evidence" to determine if they are engaging in same-sex relations.²⁴ The practice is greatly reducing the number of MSM who visit health service delivery points. In the SDS20, the MOH recommended the revisions to the Government of Tanzania KVP technical working group to eliminate the need to form a second, multi-stakeholder advisory committee.

The MoHCDGEC also supported sensitising law enforcement and health care workers on forced anal exams by way of including content on sensitization into their training curricula.²⁵ Since the planning meeting communities affected have been part of the meetings to ensure that the sensitization interventions respond and speak to the needs of those directly affected.

COP21 Target: KVP Forum included in the planning and implementation of the sensitization against forced anal examinations as proof of same sex practice.

COP21 Target: Partnership increased with key and vulnerable population organisations to ensure more people are reached with services for an effective HIV response.

5.5. Quality services for key populations

As PEPFAR increases the target numbers of key populations offered services, the program should also improve the quality

of service offered to the community members to improve retention amongst those seeking services. Congested facilities, fear of COVID-19, fear of arrest, provision of services primarily at health facilities are greatly hindering access to services for key and vulnerable populations. Health facilities that close at 6pm are not appropriate for KVPs and moonlight clinics should be expanded to cater better for their needs.

PEPFAR should also consider the provision of services at the community level and support differentiated service delivery. KPs should be supported to receive 3 months (3MMD) or six months (6MMD) supply of ARVs rather than just one month. The services for KVP provided at the community level should be expanded to also include sample collection which should be taken from the hotspots for examination and the results returned to KVP at the community.

COP21 Target: Increased partnership with key and vulnerable population organisations to ensure more people are reached with services for an effective HIV response.

COP21 Target: Multi-month dispensing for key populations supported and implemented.

COP21 Target: Revised working hours for key population health facilities from closing at 6pm to becoming moonlight clinics.

5.6. Key Population Engagement

In COP19 and COP20 planning and implementation, communities of key populations greatly benefited from the partnership with PEPFAR and the MOH to ensure that communities are at the forefront of supporting the HIV response amongst key populations. From this partnership, the government and PEPFAR have benefited from the expertise of communities experiencing service delivery and tailored services and policy based on needs. The KVP Forum has been a conduit for information sharing and a bridge between government, PEPFAR and communities.

We commend both PEPFAR and the government for the effort and willingness to engage communities and going forward we seek to continue the work forged to improve service quality and ensure an effective and inclusive HIV response.

COP21 Target: Continued inclusion of key population representatives in the planning for the key population HIV program.

COP21 Target: Increased partnership with key population led organisations to ensure more people are reached with services for an effective HIV response.

23. COP 20 Tanzania pg 65 Standard Table 4.7.1

24. <https://www.ecoi.net/en/document/1249343.html#:~:text=The%20UN%20Special%20Rapporteur%20on,have%20also%20condemned%20the%20exams.>

25. COP 20 Tanzania pg 54



6. Treatment

1,338,493 people are currently receiving antiretroviral therapy accounting for 87% of those in need. PEPFAR propelled the country to reach that number by supporting the country to offer treatment to 274,808 people; 112% of their initial target. Whilst the numbers of those newly enrolled is commendable, the number of people retained in the program is a challenge. Only 45% (160,930) of the intended target was retained by PEPFAR. Half of PLHIV who started treatment disengaged from care. It is important for the program to review the reasons that lead to interruptions to care and formulate strategies to address them.

6.1 DTG/TLD

In order to improve retention of those on treatment, the program invested in DTG, which is highly effective, well-tolerated, and easier to take; has fewer interactions with other medicines (although some exist); has a high barrier to resistance, and has the capacity to be produced more affordably.

Roll out to pregnant and breastfeeding women was put on hold awaiting results of studies on neural tube defects (NTD). Women who opted for DTG were required to sign a consent waiver exempting hospitals of liabilities should they experience any problems as a result of DTG. Eventually, the study concluded that DTG intake had very minimal risk of NTD and indicated that DTG could also be administered to women. In January 2020, the circular authorising DTG scale-up was released and DTG transition improved to 88% of eligible clients, however, women still lag behind in the transition. The program needs to fast track the transition with the assistance of communities to ensure that all eligible PLHIV have access to DTG. Requests for consent waivers at the facilities for women to access TLD should be removed as they create unnecessary fear.

Increasing data has now also been released that PLHIV who metabolised efavirenz (EFV) more slowly developed a build-up of the drug in their bodies, blunting weight gain. In addition, it seems that tenofovir disoproxil fumarate (TAF) also blunts

weight gain. As PLHIV are moving to DTG now, the gain in weight would therefore be a return to their normal weight trajectory, a result of stopping EFV. Much more still needs to be understood about this evidence, however, one thing is clear, some PLHIV are putting on significant weight leading to clinical obesity and the risk of numerous non-communicable diseases (NCDs) associated with obesity. PLHIV will need knowledge on the increasing body weight and clinical staff must be trained and on hand to provide it.

COP21 Target: Immediate phase-out of TLE and enrollment of all eligible PLHIV to TLD in FY21.

COP21 Target: In conjunction with meaningful inputs from PLHIV, people-friendly topics are developed regarding weight and nutrition to be rolled out in all PEPFAR supported adherence clubs and support groups across the country.

COP21 Target: PEPFAR institutes tracking of weight gain amongst PLHIV, especially as more people transition or start on DTG. Where problematic weight gain is identified, clinicians refer PLHIV to a dietician in order to properly support the individual. Further, the PLHIV is screened for other NCDs associated with obesity.

7. Continuity in Care

7.1. 6MMD

We commend the government for implementing various types of differentiated service delivery (DSD) models including Decentralised Drug Distribution (DDD), 6 Multi-Month Dispensing (6MMD) and 3 Multi-Month Dispensing (3MMD). The efforts ensured that PEPFAR was able to offer 90% of eligible clients 3MMD and 74% of clients in Dar Es Salaam 6MMD. COVID-19 has increased the need to dispense medication for longer periods of time to ease fear amongst people living with HIV of contracting COVID-19 at the facility.

The program needs to consider MMD for all populations to ensure that all eligible PLHIV have access to longer medication and do not need to return to the facility multiple times. Some communities are excluded from MMD due to adherence challenges, pregnancy, or affiliation with a key population group without evaluation on whether the constant trips to the facility may be increasing the adherence challenges e.g. in cases where PLHIV have challenges with transportation to the facility. These populations would also benefit from MMD as it will ease the constant need to be at the facility. Working men who are also unable to visit the facility often would also benefit from MMD as it will ease requests for leave to visit the facility.

The program should prioritise fast implementation of 6MMD across the country for PLHIV. To support quality transition that ensures continuity of care, PEPFAR and government should strengthen and support the supply chain to ensure scale-up of MMD and Decentralised Drug Distribution (DDD) to guarantee extended ART refills for all populations (children over 2 years, adolescents, key populations) and support for people to access their refills outside of the health facility in differentiated service delivery models.

COP21 Target: Countywide roll out of 6MMD to all eligible PLHIV.

COP21 Target: Strengthened and supported supply chain to ensure scale-up of MMD and decentralized drug distribution (DDD).

COP21 Target: Extended community ART countrywide (community refills should be led by community members especially KVP).

7.2. Adherence support groups

An increase in the number of people on MMD will also lead to a decrease in the number of times PLHIV will be able to receive health education and peer support at the facility. PEPFAR needs to ensure that the support continues to be provided by the program at the community level. Leaving PLHIV without support might lead to less information about the need to remain adherent and reduce the understanding of the importance of medication. Communities of PLHIV

and key populations should be supported to continue to provide these services at the community level.

The offer of 6MMD should be paired together with differentiated service delivery models (DSD), elements of which are found in the updated guidance and implementation tool on differentiated service delivery²⁶. Community ART groups (CAGs), not yet a component of the program, should also be considered and limitations on those eligible for community-based ART distribution and for MMS addressed to ensure more people are able to benefit. In light of ongoing challenges and PEPFAR evidence on the impact of shifting to 6 months and 3 months dispensing, along with CAGs, PEPFAR Tanzania should ensure the ART programs it supports in Tanzania align with regional best practice, including in offering critical peer and psychosocial support like Community ART Clubs and consider the lessons learnt from the Uganda CAG model to review guidelines and guide implementation at the community level and increase access to service for all populations.

Men also require tailored support to reduce adherence and suppression challenges. The program needs to fund services that allow men to receive services from peers and caters for the challenge men experience with knowledge of HIV status and continuity in care.

COP21 Target: 40% of PLHIV access their ART refills outside of the health facility in DSD models led by stable recipients of care.

COP21 Target: 60% of PLHIV on MMD supported in group models by lay counsellors in Decentralized Drug Distribution (DDD) and community-based models.

COP21 Target: All PEPFAR sites have a male clinic day and male health workers to focus on men each week.

COP21 Target: PEPFAR funds models such as father-to-father, to be implemented by PLHIV networks, to encourage male health-seeking behaviour.

7.3. Viral Load

Viral load tests play a big role in keeping PLHIV knowledgeable about the effectiveness of the medication they are taking and the importance of adherence. The country's coverage remains at 75%, well below expectation. Whilst, In FY20 Q4, viral suppression was 93%, this only accounts for those PLHIV who did in fact get a viral load test. Viral load testing coverage in Tanzania steadily decreased from 86% to 74% from FY19 Q4 to FY20 Q4 according to the PEPFAR COP 21 planning letter.

The VL turnaround time (TAT) continues to be high. Communities of PLHIV receiving a viral load test complained of not getting results in time and having to repeat viral load tests due to loss of samples and or rejection for the samples provided. Delays in the results can take up to three to four months in some facilities.

26. https://differentiatedservicedelivery.org/Portals/0/adam/Content/NqQGryocrU2RTj58iR37uA/File/NATIONAL_GUIDELINES_FOR_THE_MANAGEMENT_OF_HIV_AND_AIDS_2019.pdf

Coverage of viral load is also affected by the PLHIV knowledge of the importance of viral load information and the importance of U=U. Community driven advocacy, awareness-raising and literacy are also critical in ensuring demand creation for VL monitoring for improved coverage and target achievements needed to improve health outcomes for PLHIV and requires adequate funding.

COP21 Target: Viral load testing machines placed, functioning and maintained in all districts.

COP21 Target: Viral load testing coverage to 100% of PLHIV.

COP21 Target: Adopt a viral load database (comparable to Kenya) that allows clinicians to be able to see viral load results in real time as they are uploaded to the dashboard, and receive a text message from the lab with the results in areas without access to the internet, leading to 100% of PLHIV on ART receiving an annual viral load test with results delivered in to PLHIV via SMS within a maximum of 10 days.

COP21 Target: PEPFAR Tanzania institutes a system to monitor turnaround time from viral load test to results being in hand with

the PLHIV and sample loss at every site.

COP21 Target: PLHIV and KP led groups develop PLHIV and KP friendly community-led HIV and TB treatment and prevention literacy materials and implement country-wide capacity building training using adequate PEPFAR funding.

COP21 Target: PLHIV and KP led groups mobilise communities around U=U messaging that ensure uptake of viral load testing services, through a PEPFAR funded social mobilisation campaign.

COP21 Target: Community-led HIV and TB treatment & prevention literacy materials are distributed by PEPFAR to all support groups and ART clinics to reduce information gaps and misinformation.

COP21 Target: Health worker led health talks take place at all PEPFAR-supported health centres to provide information to patients waiting for services including (but not limited to) prevention, testing, viral load, treatment adherence, advanced HIV, TPT, cervical cancer screening, that ensure uptake of these services.

8. Continuous Quality Improvement

8.1 Stockouts of Commodities

PLHIV visiting facilities reported a series of stockouts of both preventative and treatment commodities. Mothers at the facility for PMTCT services complained of stockouts of opportunistic infection drugs such as septrin, STI medication and ARVs for children that were only dispensed to mothers in 1-2 week intervals in some facilities. The PEPFAR planning letter also notes a series of stockouts including reagent stockouts and a VL sample backlogs of over 155,000. By the end of FY20 Q4, condoms are also facing shortages alongside delays in procurement and shipment of PrEP commodities.

The program needs to urgently address the challenges of stockouts and shortages of ARVs, TB medicines, contraceptives and other medicines and health technologies as they cause disruption, confusion, and cost to people, and in extreme cases detrimentally affect adherence and lead to disengagement from care.

Challenges with quantification and distribution of medication must be reviewed with more frequency and any foreseen challenges immediately addressed.

COP21 Target: Strengthened supply chain to ensure there is sufficient stock in facilities.

COP21 Target: Strengthened supply chain monitoring tools for problem identification in a transparent, expeditious manner.

8.2. Mortality

Monitoring mortality rates is a key part of ensuring the quality of services to PLHIV. In 2019, 27,000 people still died of HIV related diseases²⁷. The program needs to continuously monitor and update stakeholders on viral suppression and gaps in commodities needed for PLHIV and the program to assess whether treatment is working.

Mortality also needs to be assessed nationally (both high and low burden regions) and shared based on age groups to ensure that tailored support is offered to those increasingly disengaging from care and most in need of interventions to seek services earlier. PEPFAR currently supports the implementation of routine death (and birth) surveillance in multiple regions²⁸ but we propose optimisation for national scale-up and sustainability leaving no one behind.

The effectiveness of HIV services and reduction in mortality also greatly increases when people living with HIV receive services under one roof as referrals that are costly to PLHIV

27. <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/tanzania>

28. Q4 data set



are reduced. Apart from TB services, other services needed by PLHIV are often through referrals to other facilities and PLHIV are lost or struggle to access the services where they are referred to other service delivery points. Integration of service is key to supporting retention amongst PLHIV.

COP Target: Routine countrywide tracking of mortality that is differentiated by age and region.

COP Target: Integrate TB, sexual and reproductive health services into HIV service delivery points to reduce referrals of PLHIV.

8.3. Unique Identifying Codes (UIC)

Tracking people who disengage from care is a challenge for HIV the program. Due to fear, PLHIV who return to care prefer to register as new patients in new facilities if they feel that staff may reprimand or shout at them when re-engaging in care. PLHIV also need, from time to time, to change facilities in cases of poor service delivery and during general life changes that lead to movement from towns or regions in the country. Currently, transfers are a challenge with the need to persuade facilities to transfer files from one facility to another due to fears of loss of numbers attached to PLHIV at a given service delivery clinic.

Current test and start policies also make people newly diagnosed mostly start treatment at the same facility where

they were tested. Initiation to treatment and services is only immediate if the individual is initiated at the same facility that testing took place in. Linkage becomes more complicated if the individual is tested but wants to be linked to another facility. People living with HIV need the option of accessing medication and viral load services at the nearest facility which might not necessarily be their primary service delivery site.

Strengthening of the referral system is critical to ensure that individuals are rapidly linked to care in an appropriate facility to meet their needs. Facility Electronic Medical Records (EMRs) need to be up to date and functional, and roll out of unique patient identifiers needs to be scaled up to all facilities in order to ensure that facilities can keep track of transfers, and to ensure that people missing appointments or lost to follow up are not mistaken as self-transfers are tracked on time.

For populations who are criminalised that will be affected by such routine data, PEPFAR needs to work with government to ensure policies such as those in neighbouring countries like Kenya²⁹ are in place to safeguard the safety of communities seeking services and that policies are created to ensure that health data cannot be used against criminalised populations and people living with HIV.

COP Target: Countrywide scale-up of unique identifiers for patients across all sites.

COP Target: Development and implementation of data protection guidelines and policy in conjunction with government.

29. http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/2019/TheDataProtectionAct_No24of2019.pdf

9. Human Resources for Health

Health workers are the backbone of the HIV program. People living with HIV rely on them to advise them on the importance of testing treatment and retention. However, the health sites in the country are struggling to keep up with the demands of the HIV program.

PLHIV, key populations and community organisations all raised the challenges of shortages of health workers and how that increases drastically the amount of time spent at the facility and the quality of services received by the people.

As the program transitions to offering PLHIV longer medication, that will ease the burden on the healthcare system's day to day tasks but support needs to be enhanced for health workers working at the

community to find the people disengaging from care and supporting people still coming to the facility.

COP21 Target: PEPFAR collaborates with the government to hire 10,000 community health workers and/or expert patients to support the linkage and retention gaps and also provide adherence support and tracking of those who have disengaged from care.

10. Comorbidities

10.1. TB Prevention

In COP20, the Government of Tanzania was supportive of ongoing efforts to scale-up TB preventive treatment (TPT) to more than 75% of eligible clients on IPT. PEPFAR implementing partners aimed to achieve 100% IPT coverage of all eligible clients during COP20 by working in close collaboration with the government to ensure a reliable supply of isoniazid to increase the number of clients enrolled in and completing IPT. Although 60% of those eligible were reported to be on IPT/TPT in FY20, INH stockouts remained a challenge³⁰. In COP20, PEPFAR would support GOT to achieve the SNU prioritisation target of 545,194³¹. In COP20, PEPFAR committed to working with GOT to look into 3HP dependent on the FDC and the price.

There were considerable challenges in the uptake of new tools due to *“slow adoption and implementation of key evidence-based policies, guidelines and procedures to facilitate rapid scale-up and implementation with fidelity of ART optimization... including TPT”*³². This lack of appreciation for key evidence and WHO guidance was evidenced in the government's reluctance to introduce and scale-up short-course rifampentine-based TPT regimes, including 3HP, despite calls by HIV/TB advocates and PLHIV. This is one way to improve TPT retention rates as was promised in COP20³³.

In terms of overall TPT performance over the last year, out of a TB_PREV of 470,856, the results from Q4 of 2020 from the 2,448 reporting districts revealed a 85.85% (404,209) achievement in the initiation of IPT/3HP³⁴. These results are impressive and need to be scaled up if Tanzania is going to reach its UN HLM target of 870,700 by 2022. The country surpassed its target of initiating 153,680 PLHIV on IPT in 2020 and has the potential to do even better in FY21.

According to the COP21 Guidance, all PEPFAR-supported care and treatment programs should be fully engaged in aggressive TPT scale-up with clear timelines to 100% coverage, focusing

on rifampentine-based regimens. TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP21; targets have been set accordingly. For FY20, PEPFAR requires that the TB/HIV services must be integrated, including DSD and MMD models for both TB and TB preventive treatment (TPT). PEPFAR strongly recommends that completion of TB treatment and TPT should be assured for those who are started through the provision of psychosocial, nutritional, and adherence support, as needed³⁵. There is recognition that the supply of rifampentine has been limited due to manufacturing disruptions related to COVID-19, delays in ERP approval, as well as recent nitrosamine related alerts requiring additional quality control measures, PEPFAR mandates that countries should budget for full coverage, and plan to use optimal regimens (3HP) as supply allows. GOT will have to expedite policy preparedness to ensure the introduction and adoption of 3HP (both the MacLeods and Sanofi products).

In terms of 3HP supply chain, Rifampentine forecasting overview for COP21, the IMPAACT4TB project has offered a consignment of 60,898 3HP patient doses to government to be rolled out in September and October 2021. PEPFAR's COP21 minimum programme requirements for TPT note that the final TPT initiation result for COP20 was 408,444. The target for COP21 should be 1,530,337.

At the community level, the program needs to increase community awareness on TB prevention and side effects of IPT as people living with HIV fear the use of IPT and do not understand why they are on TB medication when they are not TB patients.

COP21 Target: All contacts of PLHIV with TB, including children and adolescents, are traced and 100% of those eligible initiated on TPT. TPT must be incorporated within DSD models of HIV service delivery.

30. Pg 53, COP 20 Tanzania

31. Pg 6, Final COP20 Approval Memo

32. Pg 73, COP 20 Tanzania

33. Pg 80, COP 20 Tanzania

34. https://mer.amfar.org/location/Tanzania/TB_PREV

35. PEPFAR Global Guidance Pg 354

COP21 Target: All 1,530,337 PLHIV including children and adolescents initiated and complete TPT within COP21, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. Of these, at least 70% should receive 3HP and 30% should be on IPT.

COP21 Target: Transition from IPT to rifampentine-based TPT: PEPFAR to support GOT to expedite the finalisation and adoption of the National Tuberculosis & Leprosy Strategic Operational for 2020-2025. This includes installing a progressive LTBI policy.

COP21 Target: PEPFAR support to 10 community organisations to provide treatment literacy on TB prevention and treatment and increase uptake of services and adherence.

10.2. TB Screening and Testing

One key driver of excess morbidity and mortality amongst PLHIV is that symptoms of TB or other risk factors are often overlooked by clinics and healthcare workers and that the opportunity for early TB diagnosis and treatment is missed.

In COP20, PEPFAR Tanzania committed to “strengthen TB screening” (pg. 37), ensure that “Whenever a person is identified with TB symptoms, that person will receive... TB testing (using the GeneXpert MTB/Rif Assay)” (pg. 37), “support the scale-up of LAM Assay for TB screening of HIV clients with advanced HIV disease” (pg. 62), “optimize the use of GeneXpert machines for TB diagnosis among PLHIV by ensuring the availability of cartridges” (pg. 37), and utilize point-of-care rapid molecular testing to “ensure reduction in TAT for VL/ EID and TB results leading to timely patient management” (pg. 73).

In COP21, Tanzania should reiterate and further expand its commitment to reduce preventable morbidity and mortality amongst PLHIV and their close contacts by implementing TB screening at every clinical encounter followed by TB diagnostic testing using urine-LAM and rapid molecular testing according to WHO guidelines and algorithms. As such, Tanzania should ensure that urine-LAM is universally available in all inpatient and outpatient settings where PLHIV present to care, that rapid molecular testing for TB is available at or near the point of care for rapid turnaround times to results and that sufficient quantities of urine-LAM and rapid molecular test commodities are procured.

To improve rates of TB detection amongst PLHIV in the PEPFAR programme in Tanzania in COP21, clinics, hospitals, and other PEPFAR sites should universally screen PLHIV, including children living with HIV (CLHIV), at every clinical encounter for TB symptoms and other risk factors, using the WHO four-symptom screen or other WHO-recommended screening tools including chest X-ray, C-reactive protein (CRP), or rapid molecular tests (Xpert MTB/RIF Ultra or Truenat MTB Plus and MTB-RIF Dx). PEPFAR Guidance states that “All PLHIV must be screened at every clinical encounter for TB symptoms and using available technologies consistent with international guidelines”³⁶.

PEPFAR Guidance also states that “For individuals who screen positive for TB symptoms, a WHO-recommended rapid molecular diagnostic test (e.g., Xpert MTB/RIF Ultra, Truenat MTB Plus and

Truenat MTB-Rif) should be used in conjunction with LF-LAM, if appropriate,” and that “LF-LAM should be performed in parallel to molecular diagnostic tests”³⁷. Clinics, hospitals, and other PEPFAR sites should ensure that both urine-LAM and rapid molecular testing is available on-site and implemented upon first presentation to care for all PLHIV, including children living with HIV, with TB signs and symptoms, who are seriously ill, or who have low CD4 counts <200 cells/mm³, in both inpatient and outpatient settings. In line with WHO guidance, TB treatment should be initiated immediately following positive urine-LAM results, while awaiting confirmatory results from rapid molecular testing. Whenever an individual is believed to be at risk of or is diagnosed with TB, PEPFAR Tanzania should ensure contact tracing is conducted amongst their household and other close contacts.

In COP21, PEPFAR Tanzania should support training for healthcare workers on TB symptom screening and the use of other WHO-recommended screening tools; and on sample collection and preparation for urine-LAM and rapid molecular testing with Xpert MTB/RIF Ultra or Truenat MTB Plus and MTB-RIF Dx, including stool sample processing for children living with HIV. PEPFAR Guidance states that “Where appropriate, programs should ensure WHO-recommended rapid molecular TB diagnostic testing for children is done using both sputum and non-sputum specimen types (including stool) according to the WHO policy guidance for each test type”³⁸. Where TB tests are inconclusive but risk factors and the likelihood of TB are high, especially amongst children, PEPFAR Tanzania should support clinical/empirical TB diagnosis and treatment initiation. Additionally, PEPFAR Tanzania should commit to positioning rapid molecular testing platforms (GeneXpert, Trueprep/Truelab) as close as possible to the point of care at peripheral health centres in order to ensure rapid turnaround times to results and rapid linkage to appropriate TB treatment within five days of first presentation to care.

To ensure that TB screening and both urine-LAM and rapid molecular testing are being implemented in all settings where PLHIV present to care in COP21, PEPFAR Tanzania should set ambitious targets for TB screening and testing amongst PLHIV. PEPFAR Guidance states that “Procurement quantities of LF-LAM should exceed the number of PLHIV, including Children Living with HIV, who present to care with signs and symptoms of TB or advanced HIV disease in inpatient and outpatient settings, and sufficient budget should be allocated accordingly”³⁹. The PEPFAR planning letter reiterates this, stating that “Countries should budget adequately for commodities including urinary LAM”⁴⁰. PEPFAR Tanzania should allocate sufficient budgets to support the procurement of commodities required for urine-LAM testing (e.g., TB LAM urine assays, urine cups, pipettes, pipette tips, timers) and rapid molecular testing (e.g., test cartridges/chips, sample cups, sample processing kits including stool processing kits for children, pipettes, and pipette tips), in quantities that each exceed 90,000, the number of PLHIV, including children Living with HIV, estimated to present to care at PEPFAR-supported sites with advanced HIV disease in COP21. If a more sensitive urine-LAM assay becomes available and receives WHO endorsement during COP21, PEPFAR Tanzania should support its use. PEPFAR Guidance states that “In the meantime, programs should scale-up and implement the currently available LF-LAM test”⁴¹, Abbott’s Determine TB LAM Ag test.

COP21 Target: 100% of PLHIV, including children living with HIV, are screened for TB upon presentation to care at every clinical encounter.

36. PEPFAR Global Guidance pg. 354

37. PEPFAR Global Guidance pg. 348-349

38. PEPFAR Global Guidance pg. 359

39. PEPFAR Global Guidance pg. 361

40. PEPFAR COP21 Planning Letter pg. 21

41. PEPFAR Global Guidance pg. 361



COP21 Target: 100% of PLHIV, including children living with HIV, who present to care with signs and symptoms of TB or advanced HIV disease in inpatient and outpatient settings receive both urine-LAM and rapid molecular testing (including the use of stool samples among Children Living with HIV) upon their first presentation to care.

COP21 Target: 100% of PLHIV, including children living with HIV, with positive urine-LAM results immediately initiate TB treatment, while awaiting confirmatory rapid molecular test results.

COP21 Target: 100% of PLHIV, including children living with HIV, who are co-infected with TB receive confirmatory diagnostic test results and are linked to TB treatment in less than five days after their first presentation to care.

COP21 Target: PEPFAR to support the GoT to Procure quantities of commodities required for urine-LAM and rapid molecular testing which should each exceed 90,000, the estimated number of PLHIV, including Children Living with HIV, expected to present to care at PEPFAR-supported sites with advanced HIV disease in COP21 (according to PEPFAR data [individuals newly testing positive for HIV] and WHO estimates that 1 in 3 PLHIV present to care with AHD).

10.3. Cervical Cancer Screening and Treatment.

In FY19, 481 sites offered cervical cancer screening and treatment services. A total of 89,488 eligible women living with HIV aged 15-49 (12.8%) were screened. Despite not having a set aside budget and targets, many regions performed well on cancer screening in FY19 compared to the previous year. PEPFAR Tanzania

increased messaging to create demand, the requirement to report cervical cancer screening (CCS) indicators even without targets and targeted high-volume sites.

PLHIV however still face challenges accessing cervical cancer screening services in Tanzania due to lower number of HCWs trained on cervical cancer screening and pre-invasive lesions management, shortage of supplies for screening, data management issues (inadequate data accuracy), myths and misconceptions in the community on cervical cancer screening and low numbers of mentors to improve the quality screening and pre-invasive lesions management. To address these challenges, PEPFAR Tanzania IPs, in collaboration with Council Health Management Team, need to conduct outreach services to sites with no cervical cancer screening services by service providers, support facilities in data management, review, and use. PEPFAR Tanzania needs to also support coordination of the National Cervical Cancer Screening Program (CECAP) Technical Working Group (TWG), to closely monitor the implementation progress amongst high volume sites in high-disease burden regions.

COP21 Target: Increased number of national Cervical Cancer Prevention Program (CECAP) experts trained from 1470 to 5000.

COP21 Target: Strengthened supply chain of cervical cancer prevention and treatment commodities in all PEPFAR supported facilities.

COP21 Target: Strengthened documentation system of CECAP at all facilities providing cervical cancer screening.

COP21 Target: 10 Communities organisations financially supported to create awareness and demand creation campaigns for cervical cancer screening.

COP21 Target: Full integration of CECAP into HIV services.



11. Community-Led Monitoring (CLM)

Tanzania is a vast country where services are offered in a large geographical area can sometimes be difficult to reach. Communities of PLHIV and key and vulnerable populations have the capacity to monitor the quality of service offered at these service delivery sites and inform PEPFAR and government on the quality of services by documenting the users' experience and inform PEPFAR and government on the quality of services. PEPFAR has sent out two calls for funding to civil society for CLM but the rules are prohibitive to certain organisations leading to disparities in the monitoring of the quality of services offered.

The calls required all organisations applying to be registered under the NGO board excluding a large number of organisations that do not have the capacity to obtain the registration from participating in the call. PEPFAR's funds allocated for community monitoring per organisation were also too small to effectively monitor the quality of service delivery. For organisations to be effective at gathering information on the quality of service offered, the PEPFAR Tanzania program needs to effectively engage all populations meaningfully in CLM implementation.

COP21 must set aside resources to ensure that community-led monitoring can be rolled out to all populations and maintained and that issues identified can be addressed and resolved in a timely and satisfactory manner. The PEPFAR Tanzania program must include communities in decision making as they build the community monitoring system. The components of an effective CLM that PEPFAR should adopt include:

KEY COMPONENTS OF COMMUNITY-LED MONITORING:

- + Collaboration with communities of people living with HIV and key populations in planning and implementation of CLM where communities lead and PEPFAR supports not the other way around.
- + Provision of adequate funds to ensure that communities are able to do quality monitoring of the treatment sites.
- + Effective information sharing with community organisations to ensure the right sites are picked (high burden, low performing) in collaboration with communities for monitoring.
- + Consistent quarterly monitoring of selected PEPFAR supported facilities to collect robust data using standardised observational, patient/PLHIV, and healthcare worker surveys.
- + Ad hoc fact-finding missions to assess the state of other facilities less consistently monitored where issues are brought to our attention that needs follow up.

- + Surveys that monitor the quality of HIV and TB service provision at the facility, waiting times, staffing complements and shortages, staff attitudes, stockouts & shortages of health technologies (including diagnostics, treatments, and prevention methods), facility cleanliness and the state of infrastructure, TB infection control at the facility, as well as other key issues related to HIV and TB.
- + Monitoring results to be collated, cleaned, coded and published in a simple data dashboard model for tracking the state of service delivery.
- + Monitoring results to be linked to a model of accelerated response by MOH and PEPFAR and implementing partners to address issues outlined. Widespread and repeating issues to be presented at national level meetings in order to attempt to generate systemic solutions.
- + Resources that support staffing, travel, data collection, data analysis, communication and documentation, engaging duty bearers, and other costs to allow HIV led community groups to carry out the monitoring at the site level, document and upload results, and escalate any issues at the facility, district, national level as well as with donors and other program implementers.

COP21 target: *An inclusive and well-resourced community-led monitoring approach supported by PEPFAR to monitor the state of service provision at 26 PEPFAR supported sites in all districts.*

COP21 target: *Key populations included as part of the community led monitoring organisations.*

COP21 target: *PEPFAR to support an integrated CLM approach that will include other diseases associated with HIV like TB and STIs.*

SAUTI YETU COP21 PRIORITY INTERVENTIONS

PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS	COP20 & DATA, COP21 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP21	TARGET
	1. COVID-19		
	<p>“The following themes have emerged across all of PEPFAR-supported countries. As the economic impact of COVID continues to be seen at both national and community levels, it is more important than ever to use granular data and expand what is working in specific SNU’s for viral load coverage and suppression. We saw differential progress in this area independent of the impact of COVID19.” – Planning Level Letter pg. 1</p>	<p>PEPFAR will support the Government of Tanzania to put in place measures to ensure that HIV and TB service delivery remains uninterrupted by supply chain interruptions.</p> <p>To support ART continuity and access to HIV prevention, PEPFAR will procure cloth reusable masks to be provided to patients without masks to be able to access health services.</p> <p>PEPFAR will strengthen partnership with civil society and communities of people living with HIV to develop a community engagement strategy to communicate issues relating to COVID-19 information including prevention measures. Awareness creation programs will be developed in this community engagement strategy, in conjunction with CSO and PLHIV, to increase public awareness on COVID-19. TB and HIV messaging will be integrated into this community engagement strategy.</p>	<p>COP21 target: Supply chains that had affected HIV service delivery in the country, including the national roll out of the PrEP program addressed.</p> <p>COP21 Target: Cloth reusable masks procured and distributed to all PEPFAR supported sites to be provided to any healthcare user arriving at the facility to access services who does not have access to a mask in COP21 and the remainder of COP20.</p> <p>COP21 Target: Partnership strengthened with civil society and communities of people living with HIV on the COVID-19 risks messaging, and community engagement in awareness creation programs.</p>
	2. TESTING		
	2.1. HIV Self Testing		
	<p>“COP20 Identification Strategies for Screening Better and Testing Smarter: [...] HIV self-testing scale-up country-wide” – pg. 31</p> <p>“The program will introduce HIVST for high-risk females in facility and community-based settings.” – pg. 34</p> <p>“In FY19, a total of 37,908 clients were provided with HIV self-testing kits. In COP19, PEPFAR/T, in collaboration with GoT and IPs, are comprehensively scaling up HIV self-testing in three regions, while in COP20 HIVST will be scaled-up countrywide including promotion of and linkage to HIVST through peers, community workers, and health facility staff.” – pg. 49</p> <p>By Q4 the target was 261,110, only 27% was achieved (70,592), the gap is 73% (190,528). – Q4 data</p> <p>HIVST HAPCA amendment signed and regulations endorsed by the GOT, and national HIV self-testing Framework approved. – Q4 data set</p>	<p>In COP21, PEPFAR supported facilities will increase HIVST distribution and roll out HIVST countrywide. HIVST will be offered in a more targeted manner to those in need (e.g. key populations, AGYW, men etc). For test kits distributed in the community, PEPFAR will document and record tests distributed — disaggregated by age and sex — and establish a follow up mechanism to ensure that all those with a reactive self test are reporting back to the facility for a confirmatory test.</p>	<p>COP21 target: Increased and targeted roll-out of HIVST distribution from 27% to 100% by the end of COP20.</p> <p>COP21 target: Increase index testing target to 400,000</p> <p>COP21 target: Develop a tracking mechanism system to monitor confirmatory results and speed-up countrywide roll-out of HIV self-testing.</p> <p>COP21 target: Countrywide roll out of HIV self-testing is implemented accessible to all populations.</p>

PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS	COP20 & DATA, COP21 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP21	TARGET
	<p>2.2 Index testing</p> <p>“Special emphasis will be on the quality of index testing services, including the counselling itself, ensuring these are client-centred, safe, non-coercive, private, and confidential.” – pg. 29</p> <p>“PEPFAR/T is committed to ensuring that all index testing services are client-centred. PEPFAR/T has demonstrated its ability to successfully scale-up index testing, and the focus now is on quality. PEPFAR/T will draw on the core tenets of high-quality services, with an overall goal of ensuring that services are non-coercive, private, and confidential. PEPFAR/T will not be using targets to drive performance, but rather emphasize the importance of index testing to identify undiagnosed contacts.” – pg. 57</p> <p>“Continue to ensure that interested clients select their preferred notification method. Finally, PEPFAR/T is looking forward to collaborating with CSOs and communities to adopt a monitoring approach that makes sense and serves the best interests of all clients.” – pg. 57</p> <p>“Special emphasis will be on the quality of index testing services, including the counseling itself, ensuring these are client-centered, safe, non-coercive, private, and confidential. This will include routine tracing of intimate partner violence and reporting of any related adverse events.” – pg. 29</p>	<p>In COP21, PEPFAR will fast track the rollout of safeguards to ensure confidentiality of data collected through the implementation of index testing. PEPFAR will support the creation of tools to track IPV in scale-up index testing among the most vulnerable including site monitoring and review tools and engage community actors in the review. PEPFAR will not enforce index testing targets in COP21 and index testing targets as a percent of all new HIV positive diagnoses will not be communicated to implementing partners.</p> <p>PEPFAR will support community-based monitoring to ensure that index testing respects the rights of the recipients of service including confidentiality and voluntary testing.</p> <p>All sites will undergo a certification process, and no sites will implement index testing without certification. Implementing partners will fully comply in screening all clients for a risk of violence before contacting partners. No contacts who have ever been violent or are at risk of being violent will ever be contacted in order to protect the individual and other partners the contact may have that are unknown. Further, index testing is always voluntary, for both partners and children, and this is explained to all PLHIV. Post contacting the contacts, healthcare providers will follow-up with the individual after a reasonable period to assess whether there were any adverse events—including but not limited to violence—and refer them to the IPV services if the answer is yes. If no IPV services are available either at the facility or by referral, index testing will not be (re-)implemented. All referrals will be actively tracked to ensure individuals access them and referral sites have adequate capacity to provide services to the individual. All adverse events are monitored through a proactive adverse event monitoring system capable of identifying and providing services to individuals harmed by index testing. Comment boxes and other passive systems are necessary but inadequate. Index testing will not continue at the facility for any population where an IP cannot meet these demands.</p>	<p>COP21 Target: All COP20 agreements that ensure a rights-based approach to index testing that does not subject PLHIV to the risk of violence are implemented for the remainder of COP20 and in COP21. (See recommendations on the table above implemented.)</p> <p>COP21 Target: Communities of PLHIVs, KVPs and community led organisations supported to monitor and to create awareness on gender based violence / intimate partner violence as a result of index testing.</p> <p>COP21 Target: All health workers supporting the index testing trained on intimate partner violence, gender-based violence and adverse effects prevention.</p> <p>COP21 Target: Strengthened implementation and documentation of reporting mechanisms on IPV and GBV cases.</p> <p>COP21 Target: Implementing partner and communities PLHIVs, KVPs and community led organisations strengthened on IPV and GBV prevention.</p>

COP20 & DATA, COP21 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP21	TARGET
3. PREVENTION		
3.1. Pre-exposure prophylaxis (PrEP)		
<p>“In COP20, the policy focus will be on scaling up PrEP and self-testing and supporting roll out of Tanzania’s unique identification strategy.” – pg. 4</p> <p>“GOT and USG will continue work side-by-side throughout this process to ensure that proposed policy changes quickly roll-out at facility and patient levels.” – pg. 4</p> <p>“However, in FY20, the PrEP_NEW annual target has only been met by 8% due to a shortage of Truvada for PrEP clients in the country. The USG technical team is working with MOCDECH to ensure the program is well positioned to strengthen supply chain coordination, demand creation and monitoring in order to achieve the substantial increase in targets proposed in COP20 (180,000 PrEP_NEW).” – pg. 49</p> <p>“The national PrEP program will provide a comprehensive set of services in line with GoT guidelines and circulars.” – pg. 49</p> <p>“In COP20, PEPFAR/T systems investments will focus on addressing key systems barriers identified which include the following: [...] Slow adoption and implementation of key evidence based policies, guidelines and procedures to facilitate rapid scale up and implementation with fidelity of ART optimization, Viral Load/Early Infant Diagnosis optimization, HIV self-testing, PrEP, TB Preventive Therapy (TPT), Differentiated Care Service Delivery Models, Multi Month Dispensing, use of lay workers, biometric unique identifier, and other key strategies across scale up councils and key populations” – pg. 73-74</p> <p>“In FY20, NACP and above site partners have completed a detailed review of KVP screening tools, KVP service registers, and PrEP client tools. The aim of this review is to carefully plan approaches and new tools that support monitoring, program performance and person-centered care while working to also protect KVPs from stigma, discrimination or other adverse events. A recent driver of program performance has been the scale up of index testing. Over the coming year, Tanzania will roll out these new tools and develop data systems to support their implementation and data use. Screening tool and register will identify KVP type but will not track individual identity. NACP is also introducing a new HIV Prevention Client card that will support person-centered care and follow up for PrEP services but will not include KVP type.” – pg. 77</p>	<p>In COP21 PrEP will be fully integrated into comprehensive packages for AGYW (DREAMS) as well as KPs.</p> <p>PEPFAR will immediately implement the policies adopted during the year on PrEP and support GOT to finalise and approve the country’s PrEP implementation framework draft</p> <p>The program will immediately address the slow scale-up of PrEP access and work with community organisations to increase demand and address the challenge of stockout of Truvada for PrEP clients in the country.</p> <p>PEPFAR will maintain the targets proposed in COP20 (180,000 PrEP_NEW) and scale up demand creation to increase uptake.</p> <p>PEPFAR will support the PrEP scale-up plan in Tanzania and hold dialogues on PrEP implementation in Tanzania mainland collaboration with services recipients, CSOs, IPs, community and other key stakeholders to increase demand and knowledge on PrEP.</p> <p>PEPFAR will support the GoT to launch a national process to review regulatory dossiers for Dapivirine Vaginal Ring (DVR). While, simultaneously starting work to identify program models, provider training needs and civil society roles in leading communications and program design.</p>	<p>COP21 Target: Scaled up implementation of COP targets by PEPFAR to ensure 100% implementation of targets including in Tanzania’s mainland.</p> <p>COP21 Target: Finalisation and approval of the country’s PrEP implementation framework draft in partnership with the government.</p> <p>COP21 Target: PrEP target retained at 180,000 people at high risk.</p> <p>COP21 Target: Community organisations supported with funding to create demand and refer people at high risk for PrEP services at the facility.</p> <p>COP21 Target: Country dialogue on PrEP implementation supported in Tanzania’s mainland that will incorporate service recipients, CSOs, IPs, community and other key stakeholders.</p> <p>COP21 Target: Launched national process to review regulatory dossiers for Dapivirine Vaginal Ring (DVR) and, eventually, long-acting cabotegravir for prevention (CAB-LA) whilst simultaneously starting work to identify program models, provider training needs and civil society roles in leading communications and program design.</p>

PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS

PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS	COP20 & DATA, COP21 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP21	TARGET
	<p>3.2. Condom and Lubricants</p> <p>“In COP20, PEPFAR/T will continue to support and enable the engagement of the private for-profit sector, including local commodity manufacturing companies. Within the National Health System and Service Delivery domain, there is inadequate domestic financing for the procurement of ARVs, HIV rapid test kits (RTKs), condoms, and supply chain related costs.” – pg. 21</p> <p>“In COP20, PEPFAR/T will continue to assist the GOT to adopt a total market approach for condoms by directly supporting the social marketing sector, which complements GFATM support for male and female condoms distributed within the public sector. Support for condom programming will remain national in scope, with condom promotion activities limited to scale-up councils where targets are set for comprehensive prevention interventions. PEPFAR/T will work with a local social marketing organization to gradually transition its socially marketed branded condoms to become self-sustaining by leveraging their program income”- pg. 43</p> <p>“Condom Supply and Total Market Approach (TMA): (a) The TMA HIV commodities core group is using evidence from PEPFAR-funded assessments that shows consumer willingness to pay for condoms and illustrates how untargeted distribution of free condoms will destroy potentially sustainable markets. The TACAIDS subcommittee on condoms has inserted TMA narrative in revisions of the national condom strategy and has connected TACAIDS leadership with private sector suppliers as part of TMA advocacy.” – pg. 88</p> <p>“the proposed massive distribution of free condoms threatens established commercial markets and modestly priced condom markets being nurtured by social enterprise. The fact that the Global Fund-supported program of free condoms in Tanzania has stalled for so long is due, in part, to the success of PEPFAR/T in resolutely championing TMA. TMA advocacy will continue at the national level but in COP20, it will be supplemented by interventions at carefully selected subnational levels where local GoT authorities, private sector capacity, and potential consumer demand present market creation opportunities.” – pg. 89</p>	<p>In COP21 PEPFAR will strengthen the condom supply chain management system to address stockouts of commodities.</p> <p>The PEPFAR program will support lubricant purchase for both men and women</p> <p>The total market approach will also review the cost of female condoms and lubricants for both populations to ensure affordability.</p> <p>PEPFAR will support GoT to review the quality of condoms currently in the market.</p>	<p>COP21 Target: PEPFAR supported water-based lubricated condoms to be distributed to men and women supported by community organisations at all sites.</p> <p>COP21 Target: A strengthened supply chain to ensure effective quantification and a steady supply of condoms.</p> <p>COP21 Target: Increases fund allocation from \$500,000 (COP21 planning letter) to \$1,500,000 for lubricated condom purchase.</p>
	<p>3.3 Adolescent Girls and Young Women (AGYW)</p> <p>3.3.1 DREAMS program</p> <p>“DREAMS delivers a comprehensive set of evidence-based age-appropriate biomedical, behavioral, and structural interventions that have been proven to reduce the risk of HIV in AGYW. These efforts include expanding and deepening coverage within the existing priority councils by saturating priority geographic areas and population groups with combination prevention interventions, ensuring targeted testing with improved testing yields for AGYW and reaching the most vulnerable girls.” – pg. 39</p> <p>“DREAMS reaches the most vulnerable AGYW who may have increased susceptibility to experiencing violence. To help connect those experiencing different forms of violence to available resources and support in the community, in COP20 Implementing Partners staff involved in direct service delivery will also be trained on how to enquire about violence and offer first-line support (LIVES) in response to disclosures of violence.” – pg. 43</p>	<p>PEPFAR will expand DREAMS interventions to 50 additional councils including Dodoma, Pwani and Morogoro, Tanga and Lindi, to ensure increased access to services among AGYW.</p>	<p>COP21 Target: DREAMS interventions expanded to 50 additional councils.</p>

PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS	COP20 & DATA, COP21 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP21	TARGET
	3.3.2 Adolescent Girls and Young Women (AGYW) Forum		
N/a	PEPFAR will support an adolescent and young women forum to increase the engagement of young people in policy and implementation.	COP21 Target: AGYW Forum established in conjunction with CSO to advance the meaningful engagement of young people led and run by adolescent girls and young women.	
3.4. VMMC			
<p>"In COP20 PEPFAR/T will finance 73% of clinical care, treatment and support, 100% of Voluntary Medical Male Circumcision (VMMC), 88% of orphans and vulnerable children (OVC), 100% of laboratory activities, 76% of prevention of mother to child transmission of HIV (PMTCT), 79% for priority population prevention, and 67% for health systems strengthening." – SDS20 pg 17</p> <p>"According to 2016-2017 THIS, of the 7 million men aged 15-29, 57% had received a VMMC, leaving a remaining gap of 1.7 million men to be reached." – SDS20 pg 26</p> <p>"The program will continue to be a priority for HIV prevention as highlighted in the Tanzania National Country Operational Plan for VMMC (2014-2017), Health Sector HIV/AIDS Plan 2017 -2022 and the proposed National Operational Manual for Sustainable VMMC 2020 -2024." – SDS20 pg 50</p> <p>"In FY19, PEPFAR/T supported 778,084 circumcisions, which accounted for 104% of the annual target of 748,738. The total number of VMMC performed in COP19 is expected to be 805,053. Building on efforts from COP19 and the new PEPFAR VMMC guidance, the COP20 strategy is to maintain high coverage among 15-29-year-old men in councils where circumcision coverage already exceeds 80% and achieve 80% coverage in councils where circumcision coverage is lower." – SDS20 pg 51</p>	<p>PEPFAR will continue to fully support the VMMC program in COP21. The program will also work with implementing partners and civil society to improve recent results seen in implementation that only reached half of the targets. VMMC will focus on ages 15 years and older and increase reach among those harder to reach and mobile populations. PLHIV and KP led groups will mobilise communities around VMMC demand creation to ensure uptake of VMMC services, through a PEPFAR funded social mobilisation campaign.</p>	<p>COP21 Target: Demand creation and innovation strengthened in the provision of VMMC.</p> <p>COP21 Target: Civil society engaged in sensitisation and demand creation for VMMC services.</p> <p>COP21 Target: Maintenance of 100% support for the VMMC program by PEPFAR.</p>	

PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS	COP20 & DATA, COP21 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP21	TARGET
4. PEDIATRIC DIAGNOSIS, TREATMENT AND VIRAL SUPPRESSION			
4.1. Diagnosis			
<p>“Furthermore, PEPFAR/T will scale-up the use of GeneXpert – near point of care (POC) – for EID testing to address challenges related to the long turn-around time and low coverage.” – pg. 35</p> <p>“In collaboration with MOH, PEPFAR/T will monitor data-driven utilization of Point of Care Testing (POCT) for viral load, EID, and TB testing in hard to reach councils and priorities populations. The POCT equipment will be placed strategically to complement conventional platforms in order to ensure reduction in turnaround time for VL/EID and TB results leading to timely patient management.” – pg. 81-82</p> <p>“PEPFAR /T is working with MOH/NACP to address reported unreliable support for mPIMA even within the existing few sites with mPIMA. However, the program believes that with existing capacity within conventional and POCT test options will be able to support EID testing for the country.” – pg. 35</p> <p>“PEPFAR/T will scale-up VL demand creation activities; improve the sample tracking electronic system using QR codes; and reduce lab result turnaround time through remote login laboratory requests and use of the POC-based early infant diagnosis (EID) for VL testing in hard to reach facilities mapped in collaboration with GOT.” – pg. 62</p> <p>“During COP20, PEPFAR/T will continue to support timely VL/EID test result return and utilization, striving to reduce turnaround time to improve efficiency; optimization of laboratory VL/EID testing services, including improvements on specimen transport and results return system; tracking turnaround time (TAT); optimal placement of VL/EID testing platforms; and improving supply chain management.” – pg. 72</p> <p>“52 POCT sites doing EID testing. Sample Referral Guideline and Procedure Manual developed.” – Planning Level Letter pg. 17</p>	<p>In COP21, PEPFAR will track turnaround times for EID results from testing to the lab back to the facility and to the caregivers/parents and the time it takes caregivers/parents to return to the facility in the case of a positive test result. The data collected will immediately be used to inform and reduce the long turnaround time for EID test results.</p> <p>PEPFAR will also support the increase of point of care early infant diagnosis (POC EID) for early detection for children from 52 to 65 machines.</p>	<p>COP21 Target: All Children <18 months old receive HIV diagnosis with POC EID, consistent with new WHO guidelines.</p> <p>COP21 Target: Number of POC EID machines to improve quick diagnosis for children living with HIV increased from 52 to 65 machines.</p> <p>COP21 Target: A day turnaround time for all EID test results from collection to return to the caregiver.</p>	
4.2. Treatment			
<p>“The GoT introduced Lopinavir granules based on a quantification completed by mid-2019. Currently, PEPFAR/T and GoT are accelerating the transition of optimal regimens for children. Between FY19 Q1 and FY20 Q1, Tanzania decreased NVP based regimen from 58% to 33%, and EFV-based regimen from 30% to 20%, while dolutegravir (DTG) based regimen increased from 0% to 25%, and Lopinavir syrup from 11% to 18%.” – pg. 36</p> <p>“PEPFAR/T has also worked with GoT on a plan to phase out Nevirapine (NVP) and efavirenz (EFV)-based regimens.” – pg. 36.</p> <p>“In addition to implementing approaches to improve ART coverage among this group, PEPFAR/T is working to support GoT in transitioning out suboptimal pediatric regimens, including NVP based regimens. PEPFAR/T has supported the introduction of lopinavir granules use for young children and DTG for children weighing above 20kg and will continue to support rollout throughout the country.” – pg. 48</p> <p>“In February 2020, the GoT released a circular emphasizing this regimen. With support from The Global Fund, the GoT is committed to removing Nevirapine based regimen from facilities.” – pg. 54</p> <p>“Pediatric care will also be a priority as the program continues to transition away from Nevirapine based regimens for pediatric HIV clients, and transition to LPV/r or DTG based regimens, depending on age and weight.” – pg. 55</p>	<p>COP21 will ensure that all eligible children are offered optimised treatment regimens through rapid transition to DTG based regimen for all infants and children who are ≥ 4 weeks of age and who weigh ≥ 3 kg, rollout out of LPV/r granules, and remove all NVP- and EFV-based ART regimens.</p> <p>Treatment literacy led by HIV positive caregivers and other directly impacted communities will be funded by PEPFAR to be provided for mothers of children living with HIV and other caregivers to improve case finding, treatment adherence and retention to care.</p> <p>Further, PEPFAR will implement specific clinic days at facilities for children, with community engagement strategies to reach mothers with relevant messaging and demand creation at the community level using mobile clinics.</p>	<p>COP21 Target: Increased treatment literacy and support amongst mothers and caregivers on the importance of treatment and adherence for children living with HIV.</p> <p>COP21 Target: Immediate phase-out of nevirapine regimens for children.</p> <p>COP21 Target: Countrywide roll out of DTG for children, including children <20 kgs with new DTG formulation, and LPV/r-based regimens in the most friendly formulations, like LPV/r pellets or LPV/r granules.</p> <p>COP21 Target: PLHIV led community-level treatment literacy for pregnant and breastfeeding mothers supported.</p>	

PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS	COP20 & DATA, COP21 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP21	TARGET
	5. KEY POPULATIONS		
5.1. Key Population Investment Fund (KPIF)			
N/a	In COP21, PEPFAR will absorb the KPIF activities to ensure a continuity of innovative service delivery. Community organisations empowered by the grant will be absorbed into the COP service delivery process to ensure that the program is able to reach more key populations with services.	<p>COP21 Target: KPIF funded activities and lessons learnt absorbed into COP21.</p> <p>COP21 Target: Key population led organisations whose capacity has been built during the KPIF are absorbed into the COP to increase the success of key population programmes.</p> <p>COP21 Target: Implementation of remaining KPIF activities that are still yet to be implemented are fast tracked, including activities with community groups.</p>	
5.2. Medically Assisted Therapy.			
<p>“Lastly, in FY19, PEPFAR/T provided medication-assisted therapy (MAT) services to 4465 PWID. This is 73% of the annual target (6097). Among those reached, 4175 (93.5%) were male and 290 (6.5%) were female. In the reporting period, Henry Jackson Foundation overachieved due to low target setting. However, in FY19, African Medical and Research Foundation (AMREF) reported only KP_MAT results for Zanzibar and did not include Tanga, which resulted in its underperformance of 15.7% of the annual targets. AMREF, in collaboration with CDC, will soon establish MAT services in Tanga. Moreover, MDH has opened two MAT clinics in Bagamoyo and Kibaha in order to increase MAT services among PWID.” – pg. 50</p>	<p>In COP21, PEPFAR will work with GOT and stakeholders to ensure that the number of PWUD enrolled to the methadone program each day doubles. Service delivery points will be established in Morogoro, Shinyanga and one satellite in Mwanza to reach more PWUD and there will be an expansion and integration of sexual and reproductive health, STI screening, psychosocial and mental health support services at MAT clinics. MAT clients will be empowered with economic and life skills empowerment as part of service delivery. The program will also work with the GOT and stakeholders to create and implement policy and circulars on take-home dose for stable clients on methadone to decongest the facilities.</p>	<p>COP21 Target: Double the number of PWID are enrolled each day in the MAT program.</p> <p>COP21 Target: PWID have access to take-home dose to decongest the facilities.</p> <p>COP21 Target: Established service delivery points in Morogoro, Shinyanga and satellites in Mwanza and Muheza district, Tanga Region to reach more PWUD.</p> <p>COP21 Target: MAT services expanded to include sexual and reproductive health, STI screening, psychosocial and mental health support services.</p> <p>COP21 Target: MAT clients empowered with economic and life skills empowerment as part of service delivery.</p> <p>COP21 Target: Key population led organisations supported to strengthen the MAT service delivery at the community.</p>	

COP20 & DATA, COP21 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP21	TARGET
5.3 Key Population Targets.		
<p>“Cumulatively for FY19, implementing partners reached 232,235 KP/PP with the core intervention package, which was 81% of the annual target. A total of 220,369 (94.8%) clients were tested for HIV during the FY19 reporting period, 32,602 (14.79%) were identified positive, and 29,252 (89.7%) were documented as linked to ART. While some of these “unlinked” persons may be clients who came for testing a second or third time without reporting prior knowledge of status, efforts are still needed to maximize linkage. PEPFAR/T will do so through utilizing proven best practices such as linkage case management, a strategy used to increase linkages to treatment, disclosure and adherence. This has proved to be effective through the Bukoba Combination Prevention Evaluation.” – pg. 48</p> <p>“Lastly, in FY19, PEPFAR/T provided medication-assisted therapy (MAT) services to 4465 PWID. This is 73% of the annual target (6097). Among those reached, 4175 (93.5%) were male and 290 (6.5%) were female. In the reporting period, Henry Jackson Foundation overachieved due to low target setting. However, in FY19, African Medical and Research Foundation (AMREF) reported only KP_MAT results for Zanzibar and did not include Tanga, which resulted in its underperformance of 15.7% of the annual targets. AMREF, in collaboration with CDC, will soon establish MAT services in Tanga. Moreover, MDH has opened two MAT clinics in Bagamoyo and Kibaha in order to increase MAT services among PWID.” – pg. 48</p>	<p>PEPFAR will double the numbers of key populations receiving testing services to increase case finding in the community.</p> <p>In order to move forward with the IBBS, PEPFAR will also prioritize collaboration with NIMRI to enhance the importance of key population programs and the need for size estimates.</p>	<p>COP21 Target: At least double the number of key populations that are enrolled on ART from 7,252 to 14,504.</p> <p>COP21 Target: In conjunction with KVPs and Ministry of Health, increase NIMRI knowledge on the importance of the IBBS study and key population programming.</p>
5.4. Forced Anal Examination		
<p>“Circular to prohibit forced anal examinations. The Minister of Health will not be revising the circular to prohibit forced anal examination as discussed during the COP19 planning meetings. The Minister of Health rather endorsed the CSO-led KVP Forum and recommended revisions to the GoT’s KVP Technical Working Group (TWG). These revisions eliminate the need to form a second, multi-stakeholder advisory committee, as the TWG can serve this function. MoHCDGEC also supports sensitizing law enforcement and health care workers on forced anal exams by way of including content on sensitization into their training curricula.” – pg. 54</p>	<p>PEPFAR will work together with GOT and communities of key populations to ensure that sensitization is provided to health workers and law enforcement agencies on the perils of forced anal testing. The joint team will work together to come up with a roadmap on sensitization and implement it jointly.</p>	<p>COP21 Target: KVP Forum included in the planning and implementation of the sensitization against forced anal examinations as proof of same sex practice</p> <p>COP21 Target: Partnership increased with key and vulnerable population organisations to ensure more people are reached with services for an effective HIV response.</p>
5.5. Quality services for Key populations		
<p>“In the context of treatment, PEPFAR/T will build on current efforts to roll out 6-multi-month dispensing (6MMD) and complete the transition to Dolutegravir-based regimens, so that in COP20, efforts to strengthen linkage and retention efforts will continue to minimize patient loss. This will include a renewed emphasis on treatment literacy at facility and community levels. Community-ART enrollment and refills will continue for key and vulnerable populations.” – pg 3</p>	<p>PEPFAR will support multi-month dispensing among key populations to increase retention and reduce the number of KVPs visits to the facility.</p> <p>The program will also invest in ensuring that KP service delivery points offer moonlight clinics that cater to key populations to ensure an increase in uptake of prevention and treatment service.</p>	<p>COP21 Target: Increased partnership with key and vulnerable population organisations to ensure more people are reached with services for an effective HIV response.</p> <p>COP21 Target: Multi-month dispensing for key populations supported and implemented.</p> <p>COP21 Target: Revised working hours for key population health facilities from closing at 6pm to becoming moonlight clinics.</p>

COP20 & DATA, COP21 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP21	TARGET
5.6. Key Population Engagement.		
<p>“Also, PEPFAR/T, in collaboration with GoT and CSOs, have established a national KP Advisory Committee composed of KPs who will work closely with the GoT to ensure the health needs of KPs are met across the whole portfolio of HIV prevention, care and treatment activities. Communities of women and children, and key populations including men who have sex with men, transgender individuals, sex workers, people who inject drugs, and people in prisons and other closed settings are not being adequately and sustainably supported by public-sector mechanisms.” – Planning Level Letter pg. 2</p>	<p>In COP21, PEPFAR will continue to prioritise the engagement of communities of key populations. The engagement of communities has been instrumental in the implementation and quality of the PEPFAR program and joint decision making between PEPFAR, GOT and communities represented by groups like the KVP forum have been key in quick implementation.</p>	<p>COP21 Target: Continued inclusion of key population representatives in the planning for the key population HIV program. COP21 Target: Increased partnership with key population led organisations to ensure more people are reached with services for an effective HIV response.</p>
6. TREATMENT		
6.1 DTG/ TLD		
<p>“Use of Dolutegravir (DTG) based regimen. The use of the Dolutegravir based regimen is now implemented in all facilities following the GoT circular that was released in February 2020. In terms of the proportion of eligible clients receiving DTG based regimen, the phase I and II facilities are at 80%, and phase III facilities are at nearly 30%. MoHCDGEC released a circular that instructs facilities to proceed with TLD transition in the remaining facilities throughout the country. With support from The Global Fund, the GoT is committed to removing Nevirapine based regimen from facilities. This monumental achievement of scaling up the Dolutegravir-based regimen needs to be sustained in order to improve program outcomes in COP20. In addition to implementing approaches to improve ART coverage among this group, PEPFAR/T is working to support GoT in transitioning out suboptimal pediatric regimens, including NVP based regimens. PEPFAR/T has supported the introduction of lopinavir granules use for young children and DTG for children weighing above 20kg and will continue to support rollout throughout the country.” – pg. 48</p>	<p>In COP21 PEPFAR will ensure a complete rollout of DTG to all adults and children. All PLHIV will be offered TLD within the context of informed choice and will be provided with all the information before transition. PEPFAR will institute tracking of weight gain amongst PLHIV. Where problematic weight gain is identified, clinicians will refer the PLHIV to a dietician in order to properly support the individual, further the PLHIV will be screened for other NCDs associated with obesity. In conjunction with meaningful inputs from PLHIV, people friendly materials and topics will be developed to help people in diet and nutrition, to be rolled out across PEPFAR supported clinics, DSD models and support groups.</p>	<p>COP21 Target: Immediate phase-out of TLE and enrollment of all eligible PLHIV to TLD in FY21. COP21 Target: In conjunction with meaningful inputs from PLHIV, people-friendly topics are developed regarding weight and nutrition to be rolled out in all PEPFAR supported adherence clubs and support groups across the country. COP21 Target: PEPFAR institutes tracking of weight gain amongst PLHIV, especially as more people transition or start on DTG. Where problematic weight gain is identified, clinicians refer PLHIV to a dietician in order to properly support the individual. Further, the PLHIV is screened for other NCDs associated with obesity.</p>
7. CONTINUITY IN CARE		
7.1. 6MMD		
<p>“3MMD scale-up continues (90% of eligible clients receiving). 6MMD started in Dar es Salaam in March 2020 and 74% of eligible clients received it by the end of September 2020. Based on stock analysis, 6MMD expansion is slowed pending stock arrival in Q3 2021.” – Q4 POART slides pg. 10</p>	<p>COP21 will increase the number of people living with HIV with access to 6MMD across the country and ensure that supply chain systems are able to ensure that the country has no stock-outs of medication. Community ART will be extended countrywide and community refills will be led by PLHIV.</p>	<p>COP21 Target: Countywide roll out of 6MMD to all eligible PLHIV. COP21 Target: Strengthened and supported supply chain to ensure scale-up of MMD and decentralized drug distribution (DDD). COP21 Target: Extended community ART countrywide (community refills should be led by community members especially KVP).</p>

	COP20 & DATA, COP21 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP21	TARGET
PRIORITY INTERVENTIONS	<p>7.2. Adherence support groups</p> <p>“Anticipated community engagement activities carried out through implementing partners will include health education and promotion, dissemination of U=U materials, as well as policy and advocacy activities at the national, regional and district levels. U=U messaging will be disseminated and shared in clinical settings, via community outreach events, on websites, and social media platforms” – pg. 14.</p> <p>“PEPFAR/T will continue to prioritize engagement with PLHIV and KP communities and organizations to build on their experience carrying out peer support, outreach, awareness-raising, and treatment literacy to ensure program success. This will, in part, be achieved through the KP Forum that was established in COP19.” – pg. 61</p>	<p>In COP21 PEPFAR will work with communities to improve retention of PLHIV on treatment. In order to provide this support, PLHIV will be supported through an increase in community adherence groups (CAGs), 6MMD, and the establishment of support groups at a community level by PLHIV and key populations. 60% of eligible PLHIV will be collecting ART refills through a DSD model by the end of COP21.</p> <p>All PEPFAR supported sites have at least one male clinic day (ensuring male staff are on duty) per week integrated into service delivery to provide services specific to the needs of men. Further father to father models that encourage health seeking behaviour by men will be funded by PEPFAR.</p>	<p>COP21 Target: 40% of PLHIV access their ART refills outside of the health facility in DSD models led by stable recipients of care.</p> <p>COP21 Target: 60% of PLHIV on MMD supported in group models by lay counsellors in Decentralized Drug Distribution (DDD) and community-based models.</p> <p>COP21 Target: All PEPFAR sites have a male clinic day and male health workers to focus on men each week.</p> <p>COP21 Target: PEPFAR funds models such as father-to-father, to be implemented by PLHIV networks, to encourage male health-seeking behaviour.</p>

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TARGET

7.3. Viral Load

“PEPFAR/T will continue to improve counseling to promote retention in PMTCT through same-day and weekly tracking of clients to ensure they are linked and maintained on treatment, including regular updates of national tools, as well as, monthly, data driven, M&E patient follow-up status to achieve viral load suppression among beneficiaries of PMTCT.” – SDS pg. 34

“In COP20, the PEPFAR/T OVC program will intensify its focus on prevention of HIV infection among children, reducing the pediatric HIV treatment gap, tracking viral load results and suppression for all enrolled C/ALHIV (in collaboration with clinical partners), addressing high rates of sexual violence among adolescents, and mitigating the risks faced by children of parents/caregivers with poor adherence to ART.” – SDS pg. 45

“Achievement against VL suppression targets was under 75% for all IPs except EGPAF (79%).” – Planning Level Letter pg. 15

PEPFAR will ensure 100% coverage of viral load. PEPFAR will ensure that 100% of PLHIV eligible for a viral load test receive test results in a maximum of 10 days. The program will improve testing and results and introduce innovation that reduced repeat testing and delayed results. PLHIV and KP led groups will mobilise communities around U=U messaging that ensure uptake of viral load testing services, through a PEPFAR funded social mobilisation campaign.

COP21 Target: Viral load testing machines placed, functioning and maintained in all districts.

COP21 Target: Viral load testing coverage to 100% of PLHIV.

COP21 Target: Adopt a viral load database (comparable to Kenya) that allows clinicians to be able to see aviral load results in real time as they are uploaded to the dashboard, and receive a text message from the lab with the results in areas without access to the internet, leading to 100% of PLHIV on ART receiving an annual viral load test with results delivered in to PLHIV via SMS within a maximum of 10 days.

COP21 Target: PEPFAR Tanzania institutes a system to monitor turnaround time from viral load test to results being in hand with the PLHIV and sample loss at every site.

COP21 Target: PLHIV and KP groups develop PLHIV and KP friendly community-led HIV and TB treatment and prevention literacy materials and implement country-wide capacity building training using adequate PEPFAR funding.

COP21 Target: PLHIV and KP led groups mobilise communities around U=U messaging that ensure uptake of viral load testing services, through a PEPFAR funded social mobilisation campaign.

COP21 Target: Community-led HIV and TB treatment & prevention literacy materials are distributed by PEPFAR to all support groups and ART clinics to reduce information gaps and misinformation.

COP21 Target: Health worker led health talks take place at all PEPFAR-supported health centres to provide information to patients waiting for services including (but not limited to) prevention, testing, viral load, treatment adherence, advanced HIV, TPT, cervical cancer screening, that ensure uptake of these services.

PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS	COP20 & DATA, COP21 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP21	TARGET
	8. CONTINUOUS QUALITY IMPROVEMENT		
	8.1. Stock outs of commodities		
	<p>“PEPFAR/T will also participate in a newly revived National Lab TWG, coupled with monthly supply chain meetings this forum will ensure minimal interruptions in the lab commodity supply chain.” – pg. 15</p>	<p>COP21 PEPFAR will ensure that the supply chain systems allow for full support of commodities required to support the HIV prevention and treatment program. All PEPFAR supported districts will be adequately stocked by supporting the supply chain at a facility level. In addition supply chain monitoring tools will be strengthened to allow for public monitoring and problem identification in a transparent, expeditious manner.</p>	<p>COP21 Target: Strengthened supply chain to ensure there is sufficient stock in facilities. COP21 Target: Strengthened supply chain monitoring tools for problem identification in a transparent, expeditious manner.</p>
8.2. Mortality			
<p>“COP20, PEPFAR/T will continue to rely on this approach to ensure success as we strive to achieve continued success in pursuit of 95-95-95 goals. This will include specific focus on continuing to rapidly accelerate ART enrollment and strengthen retention with the goal of community viral load suppression and morbidity and mortality reduction, while complementing these initiatives by preventing new infections.” – pg. 3</p> <p>“PEPFAR/T COP20 systems investments build on previous years PEPFAR investments and FY20 program shifts and achievements. The main program shifts in COP19 were focused on ensuring rapid progress in finding PLHIV, effectively linking them to care and retaining them on life-saving antiretroviral treatment, reducing HIV-related morbidity and mortality, and breaking the chain of HIV transmission (U=U) to achieve sustained epidemic control.” – pg. 73</p>	<p>PEPFAR will routinely track mortality among PLHIV across the country and disaggregate the data by age and gender to better understand PLHIV needs and causes of death. PEPFAR will also integrate more services including TB and SRH in the HIV service delivery sites to reduce loss to follow up of patients currently referred to other facilities.</p>	<p>COP Target: Routine countrywide tracking of mortality that is differentiated by age and region. COP Target: Integrate TB, sexual and reproductive health services into HIV service delivery points to reduce referrals of PLHIV.</p>	
8.3. Unique Identifying Codes (UIC)			
<p>“Use Case testing of two matching algorithms within the National Health Client Registry (NHCR) has been successfully conducted. Recommendation for biometric use has been shared with eGOV agency for final approval. Testing of fingerprint module in NHCR has been conducted. Requirements for the functionality of connections between multiple health-related systems have been developed.” – Planning Level Letter pg. 18</p> <p>“System investments should also be aligned to achieving and maintaining minimum program requirements for COP including adoption and use of unique identifiers, building country capacity in disease surveillance and other core competencies to achieve and maintain epidemic control including country ability to perform continuous quality improvement.” – Planning Level Letter pg. 23</p>	<p>PEPFAR will scale up the use of unique identifiers in PEPFAR supported sites countrywide to ensure easy transfers for PLHIV and a reduction in re-registering for services among PLHIV.</p>	<p>COP Target: Countrywide scale-up of unique identifiers for patients across all sites. COP Target: Development and implementation of data protection guidelines and policy in conjunction with government.</p>	

COP20 & DATA, COP21 PLANNING LETTER

LANGUAGE TO INCLUDE IN COP21

TARGET

9. HUMAN RESOURCES FOR HEALTH

“To address gaps in HRH and supply chain, PEPFAR/T shall continue to support the implementation of the task sharing policy, in conjunction with the HIV differentiated service delivery model (DSM) roll out.” – pg. 7

“PEPFAR will continue advocating for using lay counselors as self-testing agents. During COP20 discussion, PEPFAR/T also agreed to hire 5000 community workers to support important prevention and treatment-related demand creation activities.” – pg. 54

“PEPFAR/T will continue to collaborate and coordinate with GoT and the Global Fund to address key human resources for health gaps that stand as key barriers to fully implementing activities required for epidemic control involving civil society on strategy and key activities. The investment will target allocative efficiency and improved performance of community health workers using evidence-based approaches to estimate the site level needs and client-centered approaches.” – pg. 17

PEPFAR recognises the country’s need for 10000 health workers. The program will strive to continue supporting the increase in community health workers needed to fill gaps in linkage, retention and community service delivery.

COP21 Target: PEPFAR collaborates with the government to hire 10,000 community health workers/ expert patients to support the linkage and retention gaps and also provide adherence support and tracking of those who have disengaged from care.

10 COMORBIDITIES

10.1 TB Prevention

“Finally, the GOT is supportive of ongoing efforts to scale-up TB preventive treatment (TPT) to more than 75 % of eligible clients on IPT. PEPFAR/T aims to achieve 100% IPT coverage of all eligible clients during COP20 by working in close collaboration with the government to ensure a reliable supply of Isoniazid to increase the number of clients enrolled in and completing IPT.” – pg. 7

Implementing partners will be expected to scale up TB preventive therapy to reach all eligible PLHIV including children and adolescents — of these, at least 70% should receive 3HP and 30% should be on IPT. All contacts of PLHIV with TB, including children and adolescents, should be traced and all those eligible will be initiated on TPT. TPT will be incorporated within DSD models of HIV service delivery, even with IPT/TPT. Where indicated, cotrimoxazole will be fully integrated into the HIV clinical care package at no cost to the patient. The program will also work with communities to educate people on TB prevention and treatment and support the transition from IPT to rifampentine-based TPT.

PEPFAR will work with GoT to finalize and adopt and implement the National Tuberculosis & Leprosy Strategic Operational for 2020-2025. PLHIV and KP led groups will mobilise communities around TPT messaging that ensure uptake of TPT services, through a PEPFAR funded social mobilisation campaign.

COP21 Target: All contacts of PLHIV with TB, including children and adolescents, are traced and 100% of those eligible initiated on TPT. TPT must be incorporated within DSD models of HIV service delivery.

COP21 Target: 545,194 PLHIV including children and adolescents be initiated and complete TPT within COP21, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. Of these, at least 70% should receive 3HP and 30% should be on IPT.

COP21 Target: Transition from IPT to rifampentine-based TPT: PEPFAR to support GOT to expedite the finalisation and adoption of the National Tuberculosis & Leprosy Strategic Operational for 2020-2025. This includes installing a progressive LTBI policy.

COP21 Target: PEPFAR support to 10 community organisations to provide treatment literacy on TB prevention and treatment and increase uptake of services and adherence.

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10.2 TB Screening and Testing

“Furthermore, PEPFAR/T will scale-up the use of GeneXpert – near point of care (POC) – for EID testing to address challenges related to the long turn-around time and low coverage.” – pg. 35

“Given that Same Genexpert machines are targeted for EID, TB and VL (special groups), increased workload is likely to happen at some of these testing Sites.” – pg. 35

“Despite high reported coverage of TB screening (99.5%) among PLHIV, program data show low numbers of people with HIV who screen positive (42,387), and low numbers of people diagnosed with TB (9,785). To address this, PEPFAR/T will strengthen TB screening with fidelity for case detection by focusing on screening quality improvement (QI) measures, on the job training for health care workers, close partner management on TB management, and involve local government for close monitoring and follow-up. Additionally, the screening that is used prior to HIV testing includes screening for TB symptoms. This allows for an integrated approach to HIV and TB screening. Whenever a person is identified with TB symptoms, that person will receive both HIV testing and TB testing (using the GenXpert MTB/Rif Assay). PEPFAR/T will also optimize the use of GeneXpert machines for TB diagnosis among PLHIV by ensuring the availability of cartridges and intensifying mentorship on the use of the machines.” – pg. 37

“PEPFAR/T will also support the scale-up of LAM Assay for TB screening of HIV clients with advanced HIV disease and will continue to use data and explore opportunities for Multiplexing and diagnostic integration for POC HIV and TB testing within the existing diagnostic Network.” – pg. 62

“POCT based TB/HIV testing will be data driven to complement conventional platforms in order to ensure reduction in TAT for VL/EID and TB results leading to timely patient management.” – pg. 73

Furthermore, PEPFAR/T will scale-up the use of GeneXpert – near point of care (POC) – for TB and EID testing to address challenges related to the long turn-around time and low coverage.

Despite high reported coverage of TB screening (99.5%) among PLHIV, program data show low numbers of people with HIV who screen positive (42,387), and low numbers of people diagnosed with TB (9,785). To address this, PEPFAR/T will strengthen TB screening at every clinical encounter with fidelity for case detection by focusing on screening quality improvement (QI) measures, on the job training for health care workers, close partner management on TB management, and involve local government for close monitoring and follow-up. Additionally, the screening that is used prior to HIV testing includes screening for TB symptoms. This allows for an integrated approach to HIV and TB screening. Whenever a person is identified with TB symptoms, that person will receive both HIV testing and TB testing. TB testing will include the use of both urine-LAM and rapid molecular testing (GenXpert/Truenat) upon first presentation to care in inpatient and outpatient settings, with immediate TB treatment initiation following positive urine-LAM results, while awaiting confirmatory rapid molecular test results (utilizing stool samples for rapid molecular testing among children living with HIV). PEPFAR/T will also optimize the use of GeneXpert machines for TB diagnosis among PLHIV by ensuring the availability of cartridges and intensifying mentorship on the use of the machines to enable rapid turnaround times to results with linkage to TB treatment in less than five days from first presentation to care.

PEPFAR/T will also support the scale-up of LAM Assay to be used in combination with rapid molecular testing for TB diagnosis of HIV clients with signs and symptoms of TB, severe illness, or advanced HIV disease, will procure LAM Assay and rapid molecular test (GeneXpert/Truenat) commodities in quantities that each exceed 90,000, the estimated number of PLHIV, including CLHIV, expected to present to care at PEPFAR-supported sites with advanced HIV disease in COP21, and will continue to use data and explore opportunities for Multiplexing and diagnostic integration for POC HIV and TB testing within the existing diagnostic Network.

COP21 Target: 100% of PLHIV, including children living with HIV, are screened for TB upon presentation to care at every clinical encounter.

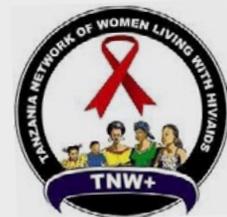
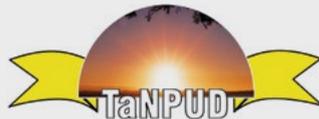
COP21 Target: 100% of PLHIV, including children living with HIV, who present to care with signs and symptoms of TB or advanced HIV disease in inpatient and outpatient settings receive both urine-LAM and rapid molecular testing (including the use of stool samples among Children Living with HIV) upon their first presentation to care.

COP21 Target: 100% of PLHIV, including children living with HIV, with positive urine-LAM results immediately initiate TB treatment, while awaiting confirmatory rapid molecular test results.

COP21 Target: 100% of PLHIV, including children living with HIV, who are co-infected with TB receive confirmatory diagnostic test results and are linked to TB treatment in less than five days after their first presentation to care.

COP21 Target: PEPFAR to support the GoT to Procure quantities of commodities required for urine-LAM and rapid molecular testing which should each exceed 90,000, the estimated number of PLHIV, including Children Living with HIV, expected to present to care at PEPFAR-supported sites with advanced HIV disease in COP21 (according to PEPFAR data [individuals newly testing positive for HIV] and WHO estimates that 1 in 3 PLHIV present to care with AHD).

PRIORITY INTERVENTIONS • PRIORITY INTERVENTIONS	COP20 & DATA, COP21 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP21	TARGET
	10.3. Cervical Cancer Screening and Treatment.		
	<p>“Funding for cervical cancer screening and treatment of pre-invasive lesions. The target for screening must be equal to half of the TX_CURR for women age 25-49. All teams performing cervical cancer screening must adhere to the PEPFAR screening guidance and report into the cervical cancer MER indicators. Basic treatment should be available for pre-cancerous lesions at the site of screening except under exceptional circumstances. All sites performing screening should establish clear referral mechanisms for patients needing treatment not available on site such as LEEP or evaluation for potential invasive cancer. Patient referral between sites should be facilitated and outcomes of the referral tracked to assure appropriate treatment and to allow reporting of results.” – Planning Level Letter pg. 22</p>	<p>PEPFAR will support the GoT to increase the number of CECAP experts trained and to ensure the supply chain of commodities is sufficient to all PEPFAR supported facilities screening cervical cancer. PEPFAR will also support the GoT to ensure the documentation of cancer screening is strengthened and support the communities for awareness and demand creation campaigns for cervical cancer screening.</p>	<p>COP21 Target: Increased number of national Cervical Cancer Prevention Program (CECAP) experts trained from 1470 to 5000.</p> <p>COP21 Target: Strengthened supply chain of cervical cancer prevention and treatment commodities in all PEPFAR supported facilities.</p> <p>COP21 Target: Strengthened documentation system of CECAP at all facilities providing cervical cancer screening.</p> <p>COP21 Target: 10 Communities organisations financially supported to create awareness and demand creation campaigns for cervical cancer screening.</p> <p>COP21 Target: Full integration of CECAP into HIV services.</p>
	11. COMMUNITY-LED MONITORING (CLM)		
	<p>“Several meetings were convened to identify the indicators, methodology, reporting structure, and geographic areas of focus. CSOs will be fully engaged in implementation of the community-led monitoring (CLM) activities under UNAIDS coordination. Findings from CLM will be discussed with GoT and recommendations for improvements related to client-centered HIV care and treatment reached in consensus.” – pg. 25</p> <p>“CSOs have developed a framework for community-led monitoring and have begun to identify priority indicators- including specific indicators for KVP services and stigma and discrimination – to measure.” – pg. 62-63</p>	<p>PEPFAR will continue to directly fund civil society organizations to conduct community-led monitoring of HIV services with the intent of identifying and addressing challenges clients face in accessing care..</p>	<p>COP21 target: An inclusive and well-resourced community-led monitoring approach supported by PEPFAR to monitor the state of service provision at 26 PEPFAR supported sites in all districts.</p> <p>COP21 target: Key populations included as part of the community led monitoring organisations.</p> <p>COP21 target: PEPFAR to support an integrated CLM approach that will include other diseases associated with HIV like TB and STIs.</p>



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