

**SAUTI YETU
COP22
OUR VOICES
TANZANIA**

COMMUNITY PRIORITY RECOMMENDATIONS

FOR PEPFAR TANZANIA IN COP22





INTRODUCTION

Despite the disruptions resulting from over two years of COVID-19, Tanzania's progress in strengthening its HIV response remains positive. In 2021 more People Living with HIV knew their status, were enrolled on treatment and achieved viral load suppression.

However, major barriers stand in the way of eliminating AIDS as a public health challenge in Tanzania. More than 1,700,000 adults and children are living with HIV, 200,000 of whom do not know their status. In 2020, 32,000 people died due to AIDS and 68,000 were newly infected with HIV. Women continue to bear a disproportionate burden of the disease: the HIV prevalence rate for women aged 15-49 is twice as high as for men of the same age (6% compared to 3.3%) and more than 63% of new HIV cases in 2020 were among women.¹

In FY21, 202,859 people were newly enrolled on treatment, a lower figure than the previous three years.² In the first quarter of 2021, more than 4% of patients (almost 50,000 people) were lost to follow up. Treatment interruption levels remain low among established clients. However, among new clients who have been on antiretroviral treatment (ART) for less than three months, approximately 10% experienced an interruption to their treatment. Interruptions in care were greatest among young adults aged 20-30. Average viral

load coverage rates remained consistent at around 90% although they were as low as 70% in some regions such as Ruvuma. Viral load coverage for children under one was less than 20%.³ A steady improvement in viral load suppression continued in FY21. Over 90% of people on ART achieved viral suppression although rates are not consistent across populations groups. Viral suppression rates are 64% for men aged 15-25 and just 59% for children under 15.⁴

110,000 children are living with HIV in Tanzania, with more than 10,000 children being newly infected each year. Expanded services to prevent HIV infection during pregnancy, labour and breastfeeding have successfully averted 18,000 new infections among children. However, early infant diagnosis (EID) coverage is just 55%, the perinatal infection rate (including the transmission of HIV during breastfeeding) is 11.12% and only 54% of children with HIV are receiving ART.⁵ PEPFAR reported losing more children on treatment than those who started treatment during FY21 Q4, and

1. UNAIDS data. United Republic of Tanzania. 2020.
2. PEPFAR Tanzania FY21 Q4 POART, 8 December 2021.
3. PEPFAR Tanzania FY21 Q4 POART, 8 December 2021.
4. PEPFAR Tanzania Country Operational Plan 2021. Strategic Direction Summary, 11 May 2021.
5. UNAIDS data. United Republic of Tanzania. 2020.

persistently high rates of treatment interruptions among children with HIV.⁶ Among PEPFAR sites reporting PMTCT_STAT and PMTCT_EID, EID coverage at 2 months post-delivery is only 79% at FY21 Q4, a decrease from 84% reporting in FY21 Q2.⁷ This trajectory must be reversed in 2022.

High levels of HIV prevalence persist among key and vulnerable populations (KVPs), particularly people who inject drugs (15.5%), sex workers (15.4%) and men who have sex with men (8.4%). Targeted programs for sex workers and people who use drugs have demonstrated considerable success in increasing HIV testing and status awareness.⁸ Within PEPFAR programs, significant gaps remain between those who are reached and those who are tested. For example, only 21% of adolescent girls and young women reached by PEPFAR programs are tested for HIV.⁹ However, around 95% of those who are tested and found positive, are successfully linked to care and treatment (ART).

PEPFAR's data for FY2021 highlights huge disparities in coverage and outcomes between different communities in Tanzania. A new national HIV impact survey is critically needed to get an accurate picture of progress and equity gaps in the HIV response across different regions and for different demographics. The last Tanzania HIV Impact Survey (THIS) was carried out in 2016-17. Many programs and policy decisions are still being made based on this old data without considering the changing realities of communities at risk of and living with HIV.

Several welcome adaptations were made to Tanzania's HIV program in 2021 in response to COVID-19. These included scaling-up multi-month dispensing of ARVs, community-based treatment programs and distribution of self-testing kits, however, there was a continuous reduction in the number of self test kits being distributed as the financial year progressed; the highest in Q3¹⁰. In Q4 of FY21, more than 200,000 clients of PEPFAR programs based in Dar es Salaam received six-month supplies of ARVs, reducing the pressures of monthly facility appointments for both people living with HIV and health facilities staff. Data from PEPFAR's programs have reinforced the effectiveness of such community-level and differentiated approaches to service delivery in securing continued improvements in continuity of care and viral suppression.¹¹

A priority for PEPFAR in COP22 must be accelerating progress on prevention, particularly among KVPs, youth and children. In FY21, PEPFAR fell short of its targets on pre-exposure prophylaxis (PrEP) because the PrEP framework had not been endorsed. As a result, just 33,828 people were enrolled as PrEP candidates.¹² PEPFAR Q4 data reports that in FY21 there was an 860% increase in the number of sites prepared to enrol/offer PrEP to new clients, rising from 210 sites on October 1st, 2021, to 2,019 sites by December. Infrastructure must now be extended to get PrEP closer to all communities in need, including pregnant and breastfeeding women. Concerted efforts are also needed to address the low uptake of voluntary medical male circumcision across the

country especially amongst older male age groups. PEPFAR however needs to develop a catch up plan to reach its VMMC target of 707,986 from its FY21 achievement of 593,932.

The human resources for health crisis, supply chain challenges and other health system weaknesses reported by civil society in *Sauti Yetu — COP21*, remain ongoing barriers to progress. A backlog in viral load testing and stockouts of key drugs and commodities continues to interrupt the treatment of HIV and opportunistic infections such as TB in many regions.

The implementation of policies to increase HIV case detection continue to raise ethical and safety concerns among communities. Index testing has contributed to more Tanzanians knowing their HIV status but lack of safeguards continue to result in coercive, poor quality services and contributed to increased incidence of intimate partner violence/gender-based violence (IPV/GBV) and fuelled discrimination and injustices faced by PLHIVs. The right to be safe, the right to be protected by the law, the right to safety, the right to take medication etc are violated when safe and ethical index testing is not taken into consideration.

In FY21, 11 grants through the Ambassador Small Grants program for community-led monitoring (CLM) began implementation, and 12 new grants were awarded to support CLM.¹³ We recommend reconsideration of these funding arrangements for COP22, given barriers to an effective implementation described in *Sauti Yetu — COP22*. The findings from CLM in Tanzania, and recommendations from *Sauti Yetu — COP22* are vital sources of information for PEPFAR and the Government of Tanzania about the true picture of the HIV response, from the perspectives of directly impacted communities on the ground.¹⁴

Community experiences and evidence, summarised here in the second People's COP for Tanzania, demonstrate where PEPFAR's investments are having the greatest impact and the positive gains that must be sustained through COP22. At the same time, the *Sauti Yetu — COP22* process continues to highlight gaps in the response and those populations that continue to be left behind. These recommendations were developed in consultation with PLHIV, key and vulnerable populations, community-based organisations (CBOs), non-governmental organisations (NGOs), academia 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 2021 in PEPFAR supported facilities across the country and through community dialogues, focus group discussions with people living with HIV, analysis of FY20 and FY21 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.

6. PEPFAR Fiscal Year FY2022 Planning Level Letter for Tanzania. 19 January 2022.

7. PEPFAR Tanzania FY21 Q4 POART, 8 December 2021.

8. UNAIDS data. United Republic of Tanzania. 2020.

9. PEPFAR Tanzania FY21 Q4 POART, 8 December 2021.

10. PEPFAR Tanzania FY21 Q4 POART, 8 December 2021.

11. PEPFAR Tanzania FY21 Q4 POART, 8 December 2021.

12. PEPFAR Tanzania FY21 Q4 POART, 8 December 2021.

13. PEPFAR Tanzania FY21 Q4 POART, 8 December 2021.

14. PEPFAR Fiscal Year FY2022 Planning Level Letter for Tanzania. 19 January 2022.



COMMUNITY PRIORITIES INTERVENTIONS FOR COP22

This table reflects community priorities for inclusion in COP22. Some are priorities that have been included in past People's COPs but have not yet been fully implemented.

COP22 TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
1. COVID-19		
COP22 Target: Cloth reusable masks (PPE) and sanitisers procured and distributed to all PEPFAR supported sites to be provided to mothers, young women and adolescents and key populations arriving at the facility to access services without masks in COP22 and the remainder of COP21.	COP21, COP22	No
COP22 Target: PEPFAR supports at least 20 community organisations to provide outreach campaigns on vaccine literacy on COVID-19 to increase uptake of vaccine services	COP21 COP22	In Part
COP22 Target: PEPFAR should support GoT to ensure rapid and voluntary access to COVID-19 vaccination for key and vulnerable communities.	COP22	No
COP22 Target: PEPFAR to build capacity of HCWs and CHWs at all PEPFAR-supported sites to offer COVID-19 prevention, vaccination, and case management services through virtual and on-the-job.	COP22	No
COP22 Target: Integrate COVID-19 services including vaccination with HIV services at all PEPFAR-supported sites.	COP22	No
2. TANZANIA'S PHIA		
COP22 Target: PEPFAR will implement an inclusive PHIA that ensures that alongside general population data, an emphasis is also put on collecting data among key and vulnerable populations left behind in the HIV response.	COP22	No
COP22 Target: PEPFAR meaningfully engages PLHIV, KVP organisations and community members in planning, decision-making and data collection for the PHIA.	COP22	No
COP22 Target: PEPFAR will resource the PHIA with additional funding above the COP22 allocation of \$449,000,000.	COP22	No
3. TESTING		
3.1. Self-test kits		
COP22 Target: PEPFAR will increase the HIV self-test target to 2,000,000.	COP21, COP22	In Part
COP22 Target: Immediately fast-track distribution of HIV self-test kits to the community to fill gaps by the start of COP22.	COP21, COP22	In Part
COP22 Target: PEPFAR will fund both community-led and facility-led awareness campaigns on HIV self-testing at the community level to increase knowledge of self-test kit use, create demand and increase uptake of self-tests among at least five million people.	COP21, COP22	No
COP22 Target: PEPFAR will incorporate self-test kits in digital vending machines and expand to a further two districts to increase distribution of HIV self-test kits at the community levels.	COP22	No
3.2. Voluntary Index testing		
COP22 Target: PEPFAR will monitor acceptance rates versus safety concerns by facility and flag any site with safety concerns for immediate remedial action/steps.	COP21, COP22	No
COP22 Target: PEPFAR will support a fast track certification process that moves quickly, and that includes the temporary halting of all facilities which do not meet minimum requirements from conducting index testing until the requirements are met.	COP21, COP22	No
COP22 Target: PEPFAR will implement the agreements of COP21 on safe and ethical index testing.	COP21, COP22	In Part
COP22 Target: PEPFAR will fast-track the assessment of all 2,930 sites offering index testing and include PLHIV and KVPs in the site assessment teams.	COP21, COP22	No

COP22 TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
COP22 Target: PEPFAR will assess whether implementing partners record partner risk assessment and whether they still contact partners regardless of reported violence.	COP21, COP22	No
COP22 Target: PEPFAR to immediately review the 30% of sites that are not ensuring client safety during contact elicitation at facilities. All healthcare providers must ascertain if the individual's partners have ever been violent and record the answer to this question before contacting the said sexual partners of PLHIV. None of the contacts that have ever been violent or are at risk of being violent should ever be contacted to protect the individual and other sexual partners the contact may have that are unknown.	COP22	No
COP22 Target: PEPFAR will ensure that all health workers are trained in IPV risk assessment.	COP21, COP22	In Part
COP22 Target: PEPFAR must ensure that prior to implementing (or re-implementing) index testing in any facility, there are adequate post-IPV services available for PLHIV at the facility or by referral, and all PLHIV who are screened should be offered this information. PEPFAR will actively track all referrals to ensure individuals access them and referral sites have adequate capacity to provide services to the individual.	COP21, COP22	In Part
COP22 Target: PEPFAR will report on 1) sites where implementing partners passed or failed the assessment; and 2) information on on-site assessment from 2021 and every quarter after that.	COP21, COP22	In Part
COP22 Target: PEPFAR will report aggregated index testing services data starting with high volume facilities (e.g. those identifying >20 HIV positive per month).	COP21, COP22	No
COP22 Target: PEPFAR will report aggregated index testing services data on low volume facilities. + 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.	COP21, COP22	No
COP22 Target: Quarterly reporting for each facility will entail the following variables aggregated for clients aged >15 years across the entire index testing cascade: + # 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 + # of contacts screened positive for potential violence + # of contacts for whom permission was not given to contact		No
4. PREVENTION		
4.1. Pre-exposure prophylaxis (PrEP)		
COP22 Target (fast track): 360,000 people are enrolled onto PrEP by the start of COP22.	COP21, COP22	In Part
COP22 Target: Increase PrEP targets to 347,000.	COP22	No
COP22 Target (fast track): PrEP refills extended to 3 month supply for individuals using PrEP for more than three months.	COP22	No
COP22 Target (fast track): Implement DSD for PrEP to simplify service delivery, including community collection of PrEP refills.	COP22	No
COP22 Target (fast track): PEPFAR will fund 12 community organisations to engage in demand creation activities at the community level and refer people most at risk of getting HIV for PrEP services at the facility.	COP21, COP22	No
COP22 Target: All HIV negative pregnant and breastfeeding women will be offered PrEP.	COP22	No
COP22 Target: PEPFAR should fast track implementation of new WHO Guidance on Simplified PrEP Implementation.	COP21, COP22	No
COP22 Target: PEPFAR should support acceleration of roll out of CAB LA and the DVR.	COP21, COP22	In Part

COP22 TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
COP22 Target: Strengthened monitoring and evaluation of the PrEP program data to evaluate and document program improvement.	COP22	No
COP22 Target: PEPFAR will expand digital vending machines to a further two districts funded and placed in various parts of the country to increase the distribution of PrEP at the community level.	COP22	No
4.2 Condom and Lubricants		
COP22 Target: PEPFAR should work with GoT to update the following guidelines (including Standard Operating Procedures and Job Aids for implementation) to include lubricated condoms: + The National Condom Distribution Guide + The National Guideline for Comprehensive Package of HIV interventions for Key and Vulnerable Population	COP22	No
COP22 Target: PEPFAR should ensure that lubricated condoms are easily available at all facilities (not only upon request or in public spaces that make it difficult to pick them up).	COP21, COP22	In Part
COP22 Target: PEPFAR should procure lubricated condoms for distribution by community-based organisations within the community.	COP21, COP22	In Part
COP22 Target: PEPFAR should strengthen the supply chain to ensure effective quantification and a steady supply of lubricated condoms.	COP21, COP22	In Part
COP22 Target: Increased fund allocation from \$500,000 (COP21 planning letter) to \$1,500,000 for lubricated condoms purchase.	COP21, COP22	In Part
COP22 Target: PEPFAR will expand digital vending machines to a further two districts to increase the distribution of lubricated condoms at the community level.	COP22	No
4.3 DREAMS		
COP22 Target: DREAMS interventions expanded to 3 additional councils, Lindi, Kibaha and Chalinze.	COP21, COP22	No
4.4 AGYW Forum		
COP22 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.	COP21, COP22	No
5. PAEDIATRIC DIAGNOSIS, TREATMENT AND VIRAL SUPPRESSION		
5.1. Diagnosis		
COP22 Target: PEPFAR will review all PEPFAR-supported sites to ensure that the files of mothers and their children are linked and they receive services at the same time to avoid multiple trips to the facility.	COP21, COP22	No
COP22 Target: PEPFAR will review all PEPFAR-supported sites to ensure that the necessary services required to offer HIV testing and treatment services to children are available. This must include equitable distribution of diagnostic machines. PEPFAR will also address all stockouts of reagents that cause samples to be delayed and/or rejected.	COP21, COP22	In Part
COP22 Target: PEPFAR will procure additional POC EID machines to increase machines from 83 to 95.	COP21, COP22	In Part
COP22 Target: PEPFAR will ensure turnaround time for all EID test results is reduced to one day from collection to return to the caregiver.	COP21, COP22	In Part
COP22 Target: PEPFAR will ensure all children born to HIV positive mothers are tested in under 2 months.	COP21, COP22	In Part
5.2. Paediatric Treatment		
COP22 Target: PEPFAR will fund PLHIV-led community-level treatment literacy support for pregnant and breastfeeding mothers on the importance of treatment and adherence for children living with HIV.	COP21, COP22	In Part
COP22 Target: Immediate review of the mother to mother and mentor mother programmes to ensure recruitment of women living with HIV to support peers.	COP21, COP22	In Part
COP22 Target: Prioritised and fast-tracked viral load tests and results for paediatrics (1 day) and mothers (7 days) to ensure that mothers and children with high viral loads are able to receive results and support quickly.	COP22	No
COP22 Target: No stockouts of paediatric ARVs.	COP21, COP22	No
COP22 Target: Immediate phase-out of nevirapine regimens for children.	COP21, COP22	No
COP22 Target: Complete optimisation of paediatric ARV regimens and ensure full uptake of DTG 10 mg dispersible tablets	COP21, COP22	In Part

COP22 TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
COP22 Target: Immediate, same-day linkages to effective paediatric ART services in place to ensure all positive test results at birth lead to immediate initiation of appropriate ART for newborns with HIV.	COP22	No
COP22 Target: Scale-up POC-VL testing to all children under 4 years to improve immediate treatment support for those with suppression challenges	COP22	No
6. KEY AND VULNERABLE POPULATIONS (KVPS)		
6.1. Gender-Based Violence		
COP22 Target: PEPFAR should ensure that GBV prevention services, as well as services for KPs who have experienced GBV, are available at all PEPFAR supported sites, either on site or by referral.	COP22	No
COP22 Target: PEPFAR should fund 5 KP-led organisations to build community knowledge around GBV, GBV reporting, GBV prevention, and GBV services.	COP22	No
COP22 Target: PEPFAR should fund 5 KP-led organisations to sensitise and build knowledge among law enforcement, MTAKUA, community and religious leaders on issues related to KPs, GBV and the GBV response.	COP22	No
6.2. Medically Assisted Therapy (MAT).		
COP22 Target: PEPFAR should ensure that harm reduction services — including medically assisted treatment such as methadone, morphine for children, and other drug dependence treatment — are made available at double the number of health facilities currently supported.	COP21, COP22	No
COP22 Target: PWUDs have access to take-home doses of methadone to decongest facilities.	COP21, COP22	No
COP22 Target: Established service delivery points in Morogoro, Arusha, Shinyanga and one satellite in Mwanza to reach more PWUD.	COP21, COP22	No
COP22 Target: PEPFAR funded PWUD-led community organisations employed as counsellors, and outreach workers to improve demand creation, psycho-social support and counselling and knowledge of HIV status, treatment and retention for PWUD.	COP21, COP22	No
COP22 Target: PEPFAR funded PWUD-led community organisations supported to offer MAT clients economic and life skills empowerment as part of service delivery.	COP21, COP22	No
COP22 Target: PEPFAR should fund 2 mobile clinics for MAT.	COP21, COP22	No
COP22 Target: PEPFAR and Global Fund should ensure that all KPs are offered voluntary hepatitis testing at drop-in centres, including for reinfections when accessing HIV prevention, treatment, or other harm reduction services — and the preventative HBV vaccine should be offered at the time of return of HIV results, depending on other health conditions, previous treatment experience, and potential drug-drug interactions. All people diagnosed with HBV and/or HCV should be offered treatment, care, and linked to wraparound services.	COP22	No
6.3. Women who use drugs		
COP22 Target: PEPFAR should ensure that MAT services are expanded to include the following minimum package of services: + Access to methadone + Access to naloxone + Shelter for women (and their children) who might not have a place to go once enrolled on methadone + Sexual and reproductive healthcare for women offered in the same place as the methadone to offer pregnancy service, STI screening, cancer screening etc. + Sanitary equipment for menstruation + Access to HIV testing and treatment + Access to ART for PLHIV + Access to hepatitis B testing & vaccination + Access to TB screening and treatment + Access to cervical cancer screening and treatment + Access to psychosocial support and counselling + Access to economic empowerment and life skills + Support with post-recovery re-engage with the community and family.	COP22	No
6.4. Key Population Targets		
COP22 Target: COP22 prevention targets should be increased in COP22 to KP_PREV 291,915: including 259,776 (FSW), 23,124 (MSM), 9,015 (PWID).	COP21, COP22	In Part
COP22 Target: Increased number of KPs enrolled on ART from 9,280 to 13,920.	COP21, COP22	In Part

COP22 TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
COP22 Target: In conjunction with KVPs and the Ministry of Health, increase knowledge on the importance of the IBBS study and KP programming.	COP21, COP22	In Part
COP22 Target: Trans* people and MSM included in the next IBBS.	COP21, COP22	No
COP22 Target: Scale-up of IBBS to Shinyanga, Tanga, Arusha na Kagera regions.	COP21, COP22	No
6.5. Accessible and Quality Services for Key Populations		
COP22 Target: PEPFAR should fund 5 KP-led organisations to offer comprehensive quality services to KPs.	COP21, COP22	In Part
COP22 Target: PEPFAR should evaluate all KP partners for compliance with the KP-Competency Minimum Required Standards.	COP22	No
COP22 Target: PEPFAR to work with GoT to ensure that 6MMD for KPs is supported and implemented.	COP21, COP22	No
6.6. KP specific services		
COP22 Target: PEPFAR should fund 5 KP-led organisations to create demand for both PrEP and PEP in all districts and enable direct links with a facility partner who will provide onsite services for HIV testing, PrEP and PEP.	COP21, COP22	No
COP22 Target: PEPFAR and GoT should ensure that trans* people are able to access hormone therapy and gender-affirming services closer to home. Where trans* people need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided with easy referral and adequate resources (including transport/money for transport) to uptake those services.	COP22	No
6.7 Structural Barriers		
COP22 Target: PEPFAR should work with GoT to strengthen the enabling legal environment for KVPs to have access to better health services.	COP22	No
COP22 Target: PEPFAR will engage KVP leadership and communities to ensure meaningful engagement and participation from intended beneficiaries on creating an enabling environment.	COP22	No
COP22 Target: PEPFAR will work together with GoT and stakeholders will assess laws, customs, traditions, and practices that infringe on the right to health for KVPs and develop an action plan to address them.	COP22	No
COP22 Target: PEPFAR will work with KVP-led organisations and rights organisations to support paralegals and legal aid providers to provide legal, social and rights-based assistance to KVP victims of unlawful arrest and unfriendly laws and practices.	COP22	No
7. DIFFERENTIATED SERVICE DELIVERY (DSD)		
COP22 Target: PEPFAR Tanzania to work with MoH to enable lay HCWs to distribute pre-packed ART refills for stable patients to enable more community refill DSD models specifically including community ART adherence clubs and community ART refill collection points.	COP22	No
COP22 Target: PEPFAR Tanzania to work with MoH to update DSD guidance to allow women stable on ART in DSD models the option to remain in their model alongside antenatal care.	COP22	No
COP22 Target: PEPFAR Tanzania to work with MoH to update DSD guidance to allow breastfeeding women to qualify as stable and implement 3MMD-6MMD aligned with MCH visits.	COP22	No
COP22 Target: Extended community ART countrywide (community refills should be led by community members especially KVP).	COP21, COP22	In Part
COP22 Target: 40% of PLHIV access their ART refills outside of the health facility in DSD models led by lay HCWs (including KP peers and stable ART patients).	COP21, COP22	In Part
COP22 Target: 20% of PLHIV access their ART refills through facility/community group DSD models to provide preferred psychosocial support.	COP21, COP22	In Part
COP22 Target: 70% of PLHIV cohort receiving 3MMD-6MMD (including all subpopulations) with quarterly reporting of ART refill length for all PLHIV on ART disaggregated by age categories and sub-district.	COP22	No
COP22 Target: Immediate countrywide roll-out of 6MMD to all eligible PLHIV and KVPs.	COP21, COP22	In Part
COP22 Target: Strengthened and supported supply chain to ensure scale-up of MMD and decentralised drug distribution (DDD).	COP21, COP22	No
8. ART CONTINUITY		
COP22 Target: PEPFAR to carry out analysis of specific district-level challenges to increase tailored support to the specific districts with high numbers of people interrupting treatment or disengaging from care.	COP22	No

COP22 TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
8.1. Viral load		
COP22 Target: All testing backlogs will be urgently cleared to ensure that PLHIV receive viral load tests and rapid test results.	COP22	No
COP22 Target: PEPFAR will organise an urgent dialogue with government and other relevant stakeholders to review and immediately address all policies causing stockouts including barriers to stock shipment.	COP21, COP22	No
COP22 Target: PEPFAR will ensure that functioning viral load testing machines are placed and maintained in all districts.	COP21, COP22	No
COP22 Target: PEPFAR will carry out a review of districts with low viral load coverage to ensure that they receive urgent support to improve coverage beginning with Mtwara, Manyara, Morogoro, Arusha, Iringa, Lindi and Ruvuma with lowest coverage.	COP22	No
COP22 Target: PEPFAR will ensure 100% viral load testing coverage.	COP21, COP22	No
COP22 Target: PEPFAR will institute a system to monitor 1) turnaround time (from viral load test taken to viral load results being in hand with PLHIV) and 2) sample loss, at all PEPFAR-supported sites.	COP21, COP22	No
COP22 Target: PEPFAR will support GoT to adopt a viral load database that allows clinicians to be able to see immediate viral load results in real time as they are uploaded to the dashboard, reducing turnaround time for viral load results.	COP21, COP22	No
8.2 Community-Led Treatment Literacy		
COP22 Target: PEPFAR should fund an expansion of PLHIV, KP, and AGYW led treatment literacy efforts through training, education, development of people-friendly materials, and through localised social mobilisation campaigns.	COP21, COP22	No
COP22 Target: PEPFAR will work with GoT to ensure that all healthcare workers provide accurate and easily understandable information (tailored to specific populations) on treatment adherence, the importance of an undetectable viral load, and the if undetectable, the availability of DSD options (less frequent ART refill collection closer to home with group support if desired) when talking to PLHIV, through consultations, counselling, outreach, and health talks at clinics.	COP22	In Part
8.3 Adherence Support Groups		
COP22 Target: PEPFAR will ensure there are support groups linked to 100% of PEPFAR supported sites led by PLHIV and that newly diagnosed PLHIV, PLHIV returning to care, or PLHIV struggling with adherence are provided with the option to be linked to these support groups.	COP22	No
COP22 Target: PEPFAR will revive support groups for adolescents and young people linked to 100% of PEPFAR supported sites	COP22	No
COP22 Target: PEPFAR will support mental health among PLHIV and KVPs as part of the support group package.	COP22	No
8.4 Men		
COP22 Target: All PEPFAR supported sites have at least one male nurse and one male counsellor in place leading to a greater uptake of services by men.	COP21, COP22	In Part
COP22 Target: All PEPFAR supported sites have at least one male clinic day (ensuring male staff are on duty) per week or Men's Corners integrated into service delivery to provide services specific to the needs of men.	COP21, COP22	In Part
COP22 Target: PEPFAR funds models such as father-to-father, to be implemented by PLHIV networks, to encourage male health-seeking behaviour.	COP21, COP22	No
8.5. Addressing Stigma, Discrimination, and Poor Staff Attitudes		
COP22 Target: All facility staff (clinical, non-clinical, administrative) at PEPFAR supported sites are trained and held accountable to provide a friendly and welcoming environment for all clients, including PLHIV and KPs returning to care after a late/missed scheduled visit, silent transfer from another facility, or treatment interruption.	COP21, COP22	No
COP22 Target: PEPFAR should ensure that all facility staff (clinical, non-clinical, administrative) are sensitised on friendly and appropriate service provision for key and vulnerable populations including understanding issues related to sexual orientation, gender identity, sex work, and drug use. KPs must be involved in the implementation of these sensitisation trainings.	COP21, COP22	No
COP22 Target: PEPFAR should fund KP-led literacy training on KVP issues at facilities and in the community in order to sensitise all facility staff (clinical and non-clinical) and the community at large and reduce overall stigma and discrimination.	COP21, COP22	No
COP22 Target: PEPFAR will work with PLHIV, KVP and people with disabilities living with HIV to reduce stigma at the facility and in the community at large.	COP21, COP22	No

COP22 TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
8.6 Young People		
COP22 Target: Comprehensive, user-friendly service delivery package for adolescents implemented offering prevention, treatment and SRH services to young people and adolescents.	COP22	No
9. STOCKOUTS		
COP22 Target: PEPFAR will strengthen the supply chain to ensure there is sufficient stock in all PEPFAR-supported facilities.	COP21, COP22	No
COP22 Target: PEPFAR to work with GoT to include communities of KVP and PLHIV in the commodity security meetings.	COP22	No
COP22 Target: PEPFAR will strengthen supply chain monitoring tools to ensure problem identification in a transparent and expeditious manner.	COP21, COP22	No
COP22 Target: PEPFAR will coordinate with GoT to fund quarterly coordination meetings to strengthen timely discussion on supply chain challenges.	COP22	No
10. HUMAN RESOURCES FOR HEALTH		
COP22 Target: PEPFAR collaborates with the government to hire 5,496 skilled health care workers and 25,000 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.	COP21, COP22	In Part
COP22 Target: PEPFAR will train 25,000 community health workers on HIV service delivery and patient retention support.	COP21, COP22	In Part
COP22 Target: PEPFAR will review the support provided to community health workers to ensure that they are fully supported to carry out tasks at the community level.	COP22	No
11. COMORBIDITIES		
11.1. Mortality		
COP22 Target: PEPFAR to work with GoT to reach consensus for immediate rollout of tracking and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidities.	COP21, COP22	In Part
COP22 Target: PEPFAR should prioritise tracking on morbidity and mortality outcomes among those age groups and populations with high treatment interruptions.	COP21, COP22	In Part
11.2. Advanced HIV Disease		
COP22 Target: Point of care diagnostic tools provided at all PEPFAR supported sites to allow CD4 detection, for patients to be assigned to care depending on whether their CD4 count is above or below 200 cells/ul.	COP21, COP22	No
11.3. Cryptococcal Meningitis		
COP22 Target: PEPFAR should support procurement, training, and provision of CrAg for all inpatient and outpatient facilities as a screening for all HIV positive inpatients and those presenting at outpatient facilities with AHD/AIDS (with CD4 cell count <200 cells/mm ³ or WHO HIV stage 3 or 4 in adults and adolescents).	COP21, COP22	No
COP22 Target: PEPFAR should support procurement, training, and provision of L-AmB for all facilities that currently provide infusions and flucytosine for inpatient and outpatient facilities for follow-up oral treatment.	COP21, COP22	No
COP22 Target: PEPFAR and GoT should ensure clear quantification and monitoring of cryptococcal meningitis (CM) including annually how many PLHIV: 1) develop CM; 2) receive optimal treatment for CM; 3) survive CM; 4) die of CM; 5) receive preventive treatment for CM; 6) receive a CD4 test; 7) CRAG+ getting lumbar puncture (LP); 8) LP negative getting fluconazole prophylaxis.	COP21, COP22	No
11.4 TB Preventive Therapy (TPT)		
COP22 Target: All eligible PLHIV and all eligible contacts of a person with pulmonary TB, including children and adolescents, should be traced and initiated on TPT.	COP21, COP22	In Part
COP22 Target: 700,337 PLHIV including children and adolescents be initiated and complete TPT within COP22, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. Of these, at least 30% should receive 3HP and 70% should be on IPT.	COP21, COP22	In Part

COP22 TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
COP22 Target: PEPFAR should work with GoT to complete incorporation of TPT within DSD models of HIV service delivery.	COP21, COP22	No
COP22 Target: PEPFAR should support GoT to finalise the National Tuberculosis & Leprosy Strategic Operational for 2020-2025. This includes installing a progressive LTBI policy with the government and stakeholder to ensure the purchase and rollout of 3HP with GoT.	COP21, COP22	No
11.5 TB Screening and Testing		
COP22 Target: 100% of PLHIV, including CLHIV, are screened for TB and COVID-19 upon presentation to care at every clinical encounter.	COP21, COP22	In Part
COP22 Target: 100% of PLHIV, including CLHIV, 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, COP22	No
COP22 Target: 100% of PLHIV, including CLHIV, 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 CLHIV) upon their first presentation to care.	COP21, COP22	No
COP22 Target: 100% of PLHIV, including CLHIV, with positive urine-LAM results immediately initiate TB treatment, while awaiting confirmatory rapid molecular test results.	COP21, COP22	No
COP22 Target: 100% of healthcare workers at PEPFAR-supported sites are trained to perform TB screening, urine-LAM, and rapid molecular testing among PLHIV in accordance with WHO recommendations and algorithms and appropriate approach for sputum scarce symptom positive but rapid molecular negative patients	COP21, COP22	No
COP22 Target: Procurement quantities of commodities required for urine-LAM and rapid molecular testing should each exceed the estimated number of PLHIV, including CLHIV, expected to present to care at PEPFAR-supported sites with advanced HIV disease or TB signs and symptoms in COP22.	COP21, COP22	No
COP22 Target: Integrate TB care into ART service delivery care including PMTCT, MCH, KVP program and adolescent health.	COP21, COP22	No
COP22 Target: Integrate IPT into the DSD model to ensure ease of services for PLHIV.	COP21, COP22	No
12. COMMUNITY-LED MONITORING		
COP22 Target: PEPFAR should fund USD 1 million for communities to implement community-led monitoring of sites across Tanzania including to gather evidence, analyse data, generate solutions, engage with duty bearers, and advocate for change in order to see swift corrective action. These resources are required to: + Pay, train and equip monitors, coordination and support staff to carry out the CLM cycle including with provision of tablets, data, and travel resources; + Implement a data collection system owned by communities to upload, collate and clean data and solutions; + Develop a data dashboard owned by communities to analyse and visualise data and solutions in real time as well as to support with project management; + Resources to engage with community members on key findings and crowdsource solutions; + Documentation, reporting and communication of results; + Effectively engage with duty bearers to share findings and recommended solutions.	COP21, COP22	In Part
COP22 Target: Key populations must be included as part of the organisations engaging in community-led monitoring in Tanzania and sufficient resources and effort allocated to monitoring KP communities.	COP21, COP22	In Part
COP22 Target: PEPFAR should allow communities collecting data to apply an equity lens in distribution of CLM funds to councils and regions ensuring the funds are sufficient to meet the minimum requirements of the particular councils/ regions.	COP21, COP22	No



PRIORITY INTERVENTIONS FOR COP22

1. COVID-19

- + **COP22 Target:** Cloth reusable masks (PPE) and sanitisers procured and distributed to all PEPFAR supported sites to be provided to mothers, young women and adolescents and key populations arriving at the facility to access services without masks in COP22 and the remainder of COP21.
- + **COP22 Target:** PEPFAR supports at least 20 community organisations to provide outreach campaigns on vaccine literacy on COVID-19 to increase uptake of vaccine services.
- + **COP22 Target:** PEPFAR should support GoT to ensure rapid and voluntary access to COVID-19 vaccination for key and vulnerable communities.
- + **COP22 Target:** PEPFAR to build capacity of HCWs and CHWs at all PEPFAR-supported sites to offer COVID-19 prevention, vaccination, and case management services through virtual and on-the-job
- + **COP22 Target:** Integrate COVID-19 services including vaccination with HIV services at all PEPFAR-supported sites

“Most of the AGYW cannot enter a hospital because they are required to have a mask. The challenge is that they cannot afford to buy a mask regularly” — Community Member

PEPFAR's efforts to decongest facilities through multi-month dispensing (MMD) and differentiated service delivery (DSD) options have proven effective to support overall retention and viral load suppression levels. Importantly, fewer trips to the facility also reduce the risk of PLHIV getting COVID-19. However, not everyone currently benefits from MMD and DSD. Children, mothers, adolescent girls and young women (AGYW) and key populations (KPs) are deemed ineligible, and still face multiple repeated trips to the clinic just to collect ARV refills. Not only does this impact overall retention levels, but it also puts people at risk of getting COVID-19.

In COP21, PEPFAR proposed *“to integrate COVID-19 prevention measures in all static sites including: universal screening for COVID-19, reinforcing handwashing at the entry point, regular disinfection of working surfaces, maintaining social distance, and mask-wearing for both clients and service providers to ensure*

their safety” (page 53, COP21 SDS). Further, PEPFAR proposed to *“procure and distribute PPE and other infection prevention commodities, noting that the bulk of the commodities are anticipated to be supported through Tanzania’s C19RM Global Fund application. Through thoughtful PPE procurement and distribution, PEPFAR Tanzania will enable that HCWs and implementing partner staff to safely implement PEPFAR activities, while minimizing disruptions to service delivery”* (page 102-103, COP21 SDS).

One ongoing challenge is that not everyone can afford to buy masks. Those without a mask are then turned away from the facility and refused access to services, including HIV prevention and ART refills. Being refused entry to health services can lead to treatment interruptions and even disengagement from care altogether. Alternatively, people share masks in order to gain entry to the site, putting them at additional risk of contracting COVID-19.

For example, interviews with women who use drugs in December 2021 revealed many could not afford to purchase a mask. Communities have recommended that PEPFAR procure and distribute reusable cloth masks at all PEPFAR supported sites for any clients without a mask since the People’s COP21. However, this has not been implemented.

Further interviews with adolescent girls and young women (AGYW) revealed additional COVID-19 related challenges, including the suspension of support group services and increased overall fear of COVID-19 exposure at the facility. This led to decreased adherence among the groups interviewed and, in some cases, disengagement.

A further challenge raised included AGYW's inability to attend school, putting additional economic strain on households. This also meant that AGYW had to visit facilities closer to home to collect ART refills. This resulted in several challenges. Some AGYW disengaged from care due to a fear of being recognised in their communities at local facilities, others struggled with accessing transfer letters to change facilities, while others were faced with short supplies as facilities faced stockouts.

As PEPFAR distributes PPE, they also need to support education of healthcare workers, either virtually or through on-the-job training, on COVID-19 prevention, vaccination, and case management. PEPFAR should integrate COVID-19 services, including setting up vaccine stations, in all PEPFAR-supported sites to make it easier for PLHIV to get information and vaccination as part of routine visits to facilities.

2. Tanzania's PHIA

- + **COP22 Target:** PEPFAR will implement an inclusive PHIA that ensures that alongside general population data, an emphasis is also put on collecting data among key and vulnerable populations left behind in the HIV response.
- + **COP22 Target:** PEPFAR meaningfully engages PLHIV, KVP organisations and community members in planning, decision-making and data collection for the PHIA.
- + **COP22 Target:** PEPFAR will resource the PHIA with additional funding above the COP22 allocation of \$449,000,000.

Tanzania's last Population-Based HIV Impact Assessment (PHIA) (2016-2017) was instrumental in shaping the national HIV response. The PHIA led to a strengthened focus on HIV testing, which was identified as the biggest gap to the provision of services. This year the PEPFAR Planning Level Letter (PLL) recommends and sets aside funding for another PHIA to

assess progress made by Tanzania to bridge gaps in service delivery. PLHIV and KPs must be meaningfully involved in the process from the onset, to share ideas on the development of the PHIA, support with finding hard to reach communities by identifying hot spots, and participate as part of the data collection teams. PEPFAR should also ensure that deliberate efforts are made to collect data among key and vulnerable populations to ensure sufficient data is available to support programming on populations missed by the HIV programme.

According to the COP22 Planning Level Letter, the PHIA will be funded out of the PEPFAR COP22 budget of \$449,000,000. This is particularly concerning given that PHIA's are crucial but expensive. PEPFAR funding has already been reduced by 5% since last year and must cover huge programmatic gaps with the reduced resources. In this regard, the PHIA should be funded with additional resources so that a diminished budget does not negatively impact the HIV response as the study is prioritised.

3. Testing

Overall knowledge of HIV status has greatly improved since the increased focus on HIV testing following the PHIA. Many PLHIV continue to seek testing services to learn of their HIV status. However, while overall testing numbers are high, testing rates remain low among KPs, adolescents and young people (15-24 years), and children. Further, testing interventions in both community and facility settings should be run on standardised ethics. This should ensure testing teams are not given unrealistic index targets that compromise HIV screening practices and deprive clients of adequate time to receive counselling and provide informed consent.

3.1. Self-test kits

- + **COP22 Target:** PEPFAR will increase the HIV Self-Test target to 2,000,000.
- + **COP22 Target:** Immediately fast-track distribution of HIV self-test kits to the community to fill gaps by the start of COP22.
- + **COP22 Target:** PEPFAR will fund both community-led and facility-led awareness campaigns on HIV self-testing at the community level to increase knowledge of self-test kit use, create demand and increase uptake of self-tests among at least five million people.
- + **COP22 Target:** PEPFAR will incorporate self-test kits in digital vending machines and expand to a further two districts to increase distribution of HIV self-test kits at the community levels.

PEPFAR increased self-testing targets in COP21 from 261,110 (FY20) to 938,901 (FY21). This is commendable and is needed to reach populations that do not visit the facility often. In COP22, these targets should be increased to extend reach further. However, despite very high demand at a community level for self-test kits, it is concerning that achievement of these targets is very low (70,898 - 27.15% FY20) and (400,238 - 42.63% FY21). We recognise supply chain challenges affected distribution

previously, but now that these challenges have been resolved, rapid distribution of self-test kits must meet community demand. Consultations at the community level reveal that test kits are **inaccessible** as there are insufficient kits in distribution to meet community demand. PEPFAR should ensure that communities can easily access self-testing. To maintain high demand, PEPFAR must work with PLHIV communities and KP groups to communicate that new supply is available.

Innovations such as the health vending machines in Mwanza and Dar es Salaam that provide HIV/AIDS health education and condom distribution should be assessed and expanded to more parts of the country, and their use also expanded to include the distribution of self-test kits.

3.2. Voluntary Index testing

- + **COP22 Target:** PEPFAR will monitor acceptance rates versus safety concerns by facility and flag any site with safety concerns for immediate remedial action/steps.
- + **COP22 Target:** PEPFAR will support a fast track certification process that moves quickly, and that includes the temporary halting of all facilities which do not meet minimum requirements from conducting index testing until the requirements are met.
- + **COP22 Target:** PEPFAR will implement the agreements of COP21 on safe and ethical index testing.
- + **COP22 Target:** PEPFAR will fast-track the assessment of all 2,930 sites offering index testing and include PLHIV and KVPs in the site assessment teams.
- + **COP22 Target:** PEPFAR will assess whether implementing partners record partner risk assessment and whether they still contact partners regardless of reported violence.
- + **COP22 Target:** PEPFAR to immediately review the 30% of sites that are not ensuring client safety during contact elicitation at facilities. All healthcare providers must

ascertain if the individual's partners have ever been violent and record the answer to this question before contacting the said sexual partners of PLHIV. None of the contacts that have ever been violent or are at risk of being violent should ever be contacted to protect the individual and other sexual partners the contact may have that are unknown.

- + **COP22 Target:** PEPFAR will ensure that all health workers are trained in IPV risk assessment.
- + **COP22 Target:** PEPFAR must ensure that prior to implementing (or re-implementing) index testing in any facility, there are adequate post-IPV services available for PLHIV at the facility or by referral, and all PLHIV who are screened should be offered this information. PEPFAR will actively track all referrals to ensure individuals access them and referral sites have adequate capacity to provide services to the individual.
- + **COP22 Target:** PEPFAR will report on 1) sites where implementing partners passed or failed the assessment; and 2) information on on-site assessment from 2021 and every quarter after that.
- + **COP22 Target:** PEPFAR will report aggregated index testing services data starting with high volume facilities (e.g. those identifying >20 HIV positive per month).
- + **COP22 Target:** PEPFAR will report aggregated index testing services data on low volume facilities.
 - » 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.
- + **COP22 Target:** Quarterly reporting for each facility will entail the following variables aggregated for clients aged >15 years across the entire index testing cascade:
 - » # 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
 - » # of contacts screened positive for potential violence
 - » # of contacts for whom permission was not given to contact

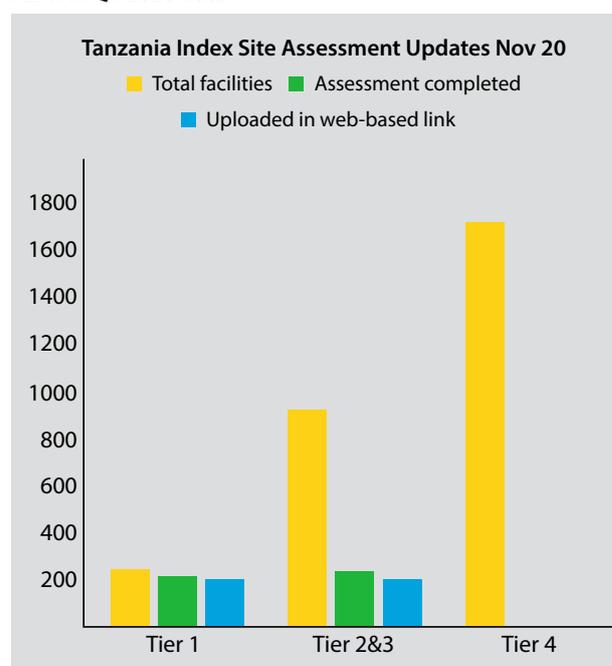
We commend PEPFAR for adopting many of the recommendations on index testing in the People's COP21. Ensuring that index testing is implemented safely and ethically is critical to ensure that individuals are not put at risk of violence and that their rights to consent, privacy, safety and confidentiality are not undermined. In addition, the manner that index testing is conducted will determine if PLHIV will be retained in care. If it is implemented in ways that cause harm to PLHIV, it will erode their trust in healthcare providers and ultimately lead to treatment interruptions and/or disengagement from care. However, while PEPFAR agreed with the recommendations from civil society, there has been very slow progress in implementing the measures required to offer safe and ethical index testing.

Tanzania is one of the countries with the highest positivity from index testing, with 56% of new PLHIV found through this modality. Of the 56% of PLHIV found through index testing

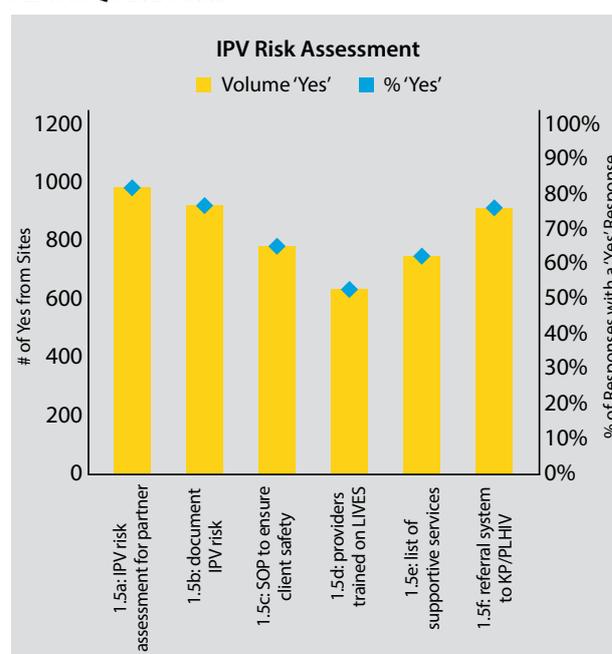
in 2021, by the end of Q4, only 60% of those individuals were still on treatment. This could have been the result of poorly conducted index testing. PEPFAR's data show that the majority of those newly tested had interrupted treatment at less than three months, most had transferred to other facilities (21,551), and most were older adolescents and young adults aged 15-39 years.

Acceptance rates also remain worryingly high. This means that PLHIV are likely not informed of their right to refuse index testing. Of those offered index testing, refusal rates of around 20% are to be expected. That does not show in the Tanzania data.

PEPFAR Q4 2020 data



PEPFAR Q4 2021 data



At a community level, we are still receiving many reports of women being denied HIV testing services if they do not bring their spouses for testing. Those without a spouse face additional unnecessary and problematic requirements of bringing a letter from the local government before receiving a test.



“There are regulations around index testing practice, that require women to bring their husbands for certain SRH services, or, as an alternative, an introduction letter from the local government”¹⁵

“Some discriminatory conditions raised in some places to pregnant women when they want to enrol at the Antenatal Clinic of bringing their spouse, which pushes aside FSW (female sex workers) because that condition can’t work for them. And later, they found themselves not attending the clinic during their pregnancy... not adhering to protecting their babies. For example, this was reported in some places in Iringa and Njombe if you don’t bring your spouse, you need a LGA letter, and sometimes fines were charged” — Community member

“Pregnant women who test HIV positive are coerced to bring their partners for testing. Several pregnant women are therefore forced to bring in men who are not actually their sexual partners. Those who cannot find eligible male partners are required to get a letter from the village elder certifying that the partner is at large. In essence, some health facilities are obsessed with finding male sexual partners at the expense of offering antenatal services. These incidents were reported in Kibaha, Chalinze, Morogoro Mc, Kilosa, Chamwino and Mpwapwa.” — Community member

Last year, PEPFAR shared information on their site assessment (Q4 2020), but we are yet to receive any information on the site assessment in COP21 or details about which implementing partners passed/failed. PEPFAR needs to fast-track this site assessment at all PEPFAR-supported sites and share the results.

While PEPFAR has made strides to assess IPV risk, according to PEPFAR data, the programme only reached 80% of PLHIV with an IPV screen. 100% of those being offered index testing

must get an IPV screen. However, 30% of sites were found not to be doing IPV screens in PEPFAR’s own assessment.

According to PEPFAR’s data, even fewer sites have been assessed this year as compared to last year for IPV risk — 1,156 sites (Q4 2020) down to 1,000 sites (Q4 2021)¹⁶. PEPFAR has 2,930 sites¹⁷ that are offering index testing, yet only half of those have been assessed for IPV risk, and of those assessed, only 50% of the healthcare workers have been trained in IPV risk assessment. PEPFAR needs to fast-track training of healthcare workers to ensure that we equip service providers with the skills they need to provide quality and safe services.

As PEPFAR assesses implementing partners on their records of IPV risk assessment, they also need to assess what happens at the facility level if violence is reported. It is a major concern and violation of people’s safety and privacy if the practice is still to contact all the partners of PLHIV regardless of reported violence. There is no point to the IPV screen if contacts are just notified of their exposure anyway. The concerns regarding contacting partners who have screened positive for IPV must also extend to other partners that the contact may have. Even if the index client’s individual belief is that they are no longer in danger from the contact, that contact may have other partners who index testing may put at risk if contacted.

PEPFAR must ensure that IPV services are offered to the client, either on site or by referral, where a risk of violence is found. PEPFAR must actively track all referrals to ensure that individuals access them and referral sites have adequate capacity to provide services to the individual. If no IPV services are available either at the facility or by referral, index testing should not be (re-)implemented. Screening for IPV without adequate IPV services to respond to an individual’s ‘positive’ screen is dangerous and unethical. Neither IPV screening nor index testing should be (re-)implemented if providers have not been trained on the WHO’s LIVES standard for first-line GBV support (nearly half the sites) until this is remediated.

PEPFAR must recognise that in Tanzania, of the adults subjected to gender-based violence, 96% are women¹⁸. The referral systems in place are not strong enough to provide the necessary services. PEPFAR must support the strengthening of these referral systems to ensure uptake of services.

15. Assessment of Barriers to HIV Services among Women who use Drugs, GF CRG TA SI Tanzania, Dec 2021

16. https://mer.amfar.org/location/Tanzania/HTS_TST

17. https://mer.amfar.org/location/Tanzania/HTS_TST

18. <https://allafrica.com/stories/202201270530.html>

4. Prevention

4.1. Pre-exposure prophylaxis (PrEP)

- + **COP22 Target (fast track):** 360,000 people are enrolled onto PrEP by the start of COP22.
- + **COP22 Target:** Increase PrEP targets to 347,000.
- + **COP22 Target (fast track):** PrEP refills extended to 3 month supply for individuals using PrEP for more than three months.
- + **COP22 Target (fast track):** Implement DSD for PrEP to simplify service delivery, including community collection of PrEP refills.
- + **COP22 Target (fast track):** PEPFAR will fund 12 community organisations to engage in demand creation activities at the community level and refer people most at risk of getting HIV for PrEP services at the facility.
- + **COP22 Target:** All HIV negative pregnant and breastfeeding women will be offered PrEP.
- + **COP22 Target:** PEPFAR should fast track implementation of new WHO Guidance on Simplified PrEP Implementation.
- + **COP22 Target:** PEPFAR should support acceleration of roll out of CAB LA and the DVR.
- + **COP22 Target:** Strengthened monitoring and evaluation of the PrEP program data to evaluate and document program improvement.
- + **COP22 Target:** PEPFAR will expand digital vending machines to a further two districts funded and placed in various parts of the country to increase the distribution of PrEP at the community level.

The approval of the national PrEP framework in September 2021 led to an increase in the number of people initiated on PrEP from 33,828 in FY20Q4 to 36,326 in FY21Q1, showing a steadily rising demand for PrEP in the community. Although, PrEP Framework was eventually approved, by the end of Q4, PEPFAR had enrolled 33,773 people on PrEP; only 18% of the 183,254 target. In the remainder of COP21, PEPFAR must aim to rapidly roll out PrEP to meet both targets set in COP20 and COP21.

Increased PrEP accessibility and availability is an important prevention option to reduce the number of people getting HIV, especially among those most at risk, such as AGYW, KPs, and those in serodiscordant relationships. This is critical to supporting national efforts to reduce HIV infections. PrEP should be offered to all eligible individuals at all PEPFAR-supported facilities to increase uptake.

PrEP services would benefit from the lessons learnt from many years of ART service provision, specifically the importance of simplifying, de-medicalising and integrating services. Differentiating PrEP services is critical to increasing uptake and improving effective adherence, including through community and home-based dispensing. PrEP refills should also be extended to 3 month supply for individuals using PrEP for more than 3 months.

PEPFAR also needs to measure “effective” use to evaluate the PrEP programme — 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 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 programme should focus on de-medicalising PrEP — per emerging best practices — simplifying and focusing on user preferences.

In order to increase demand for PrEP services, community organisations should be supported to engage in wide-reaching demand creation activities. While there is high demand among those community members who are aware of PrEP, many people remain unaware of PrEP and its benefits. Community-led PrEP literacy must be prioritised to ensure adequate demand for increased PrEP availability. PLHIV and KP led organisations have the best reach and are best placed to carry out these education and demand creation activities. Communities will need education on the benefit and importance of PrEP as well as the difference between PrEP and ART.

PrEP service delivery approaches have become simplified and streamlined globally, and new PrEP products are approved for use. As PEPFAR expands PrEP, the programme should reflect the latest scientific advances—in particular MMD for PrEP, WHO’s guidance on simplified PrEP implementation, and implementation of event-driven PrEP. The Vaginal Dapivirine Ring (DVR) and Long-Acting Cabotegravir (CAB LA) bimonthly injection are new biomedical interventions that should be rolled out nationally. DVR is included on WHO’s list of prequalified medicines and should be made available in Tanzania. CAB LA is superior compared with oral PrEP for communities at high risk of getting HIV and should be fast tracked for regulatory approval and urgent roll out.

“Women said they know many peers who are not aware of their HIV status. HIV testing services are not reaching a significant group of drug-using women... Only one of the women had ever accessed post-exposure prophylaxis (PEP) for HIV; most women were unaware of the existence of either PEP or PrEP (pre-exposure prophylaxis)”¹⁹.”

“An AGYW from Nyamatongo was reached at Eledevi Bar by a Community Outreach Volunteer (COV). She was sensitised on PrEP use and accepted PrEP from the provider. The next day when the COV came to see her, it was found that she had disposed of her medications. She claims that the minute she accepted the medication, her fellows laughed at her that she is using ARVs. Finally, she mixed water in the medication can and threw it away. The COV, then further explained to her but the AGYW did not care to listen. The AGYW is now no longer living at the Nyamatongo Village”—Service provider.

“A woman who came to the Sangabuye Facility was pregnant. She did the mandatory HIV test that came back negative for her but her husband was positive. The husband refused to use ARV because he is also

19. Assessment of Barriers to HIV Services among Women who use Drugs, GF CRG TA SI Tanzania, Dec 2021

a traditional medical practitioner. The woman gave birth and the child was negative. The woman is now pregnant with her second and still negative, she has now been enrolled to PrEP services because the husband still refuses to use ARV, the woman says she plans to leave him.”—Service Provider

COMPONENTS OF EFFECTIVE PREP ROLLOUT

- + Implement **differentiated service delivery for PrEP** including
 - » Multi-month dispensing
 - » Community and home-based dispensing
 - » 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
- + **Demedicalise and simplify PrEP** to focus 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.
- + Ensure sufficient **financial resources** to roll out plans for community-led demand creation generation.

4.2. Lubricated Condoms

- + **COP22 Target:** PEPFAR should work with GoT to update the following guidelines (including Standard Operating Procedures and Job Aids for implementation) to include lubricated condoms:
 - » The National Condom Distribution Guide
 - » The National Guideline for Comprehensive Package of HIV interventions for Key and Vulnerable Population
- + **COP22 Target:** PEPFAR should ensure that lubricated condoms are easily available at all facilities (not only upon request or in public spaces that make it difficult to pick them up).
- + **COP22 Target:** PEPFAR should procure lubricated condoms for distribution by community-based organisations within the community.
- + **COP22 Target:** PEPFAR should strengthen the supply chain to ensure effective quantification and a steady supply of lubricated condoms.
- + **COP22 Target:** Increased fund allocation from \$500,000 (COP21 planning letter) to \$1,500,000 for lubricated condoms purchase.
- + **COP22 Target:** PEPFAR will expand digital

vending machines to a further two districts to increase the distribution of lubricated condoms at the community level.

The People’s COP21 included recommendations for PEPFAR to procure and distribute lubricated condoms. The recommendations included requests to ensure:

- + A strengthened supply chain to ensure effective quantification and a steady supply of condoms.
- + The PEPFAR programme supports lubricant purchases. The total market approach will also review the cost of female condoms and lubricants for all populations to ensure affordability.
- + PEPFAR will support GoT to review the quality of condoms currently in the market.
- + PEPFAR supported water-based lubricated condoms to be distributed to clients supported by community organisations at all sites.
- + PEPFAR increases fund allocation from \$500,000 (COP21 planning letter) to \$1,500,000 for lubricated condom purchase.

Despite these recommendations, communities of PLHIV and KPs are still struggling to access these basic prevention tools. Lubricated and non-lubricated male and female condoms are simply not available at all. Discussions with community members show high demand but lack of access for both lubricated condoms and female condoms. Female condoms were mostly found at the pharmacies and considered expensive.

PEPFAR needs to support a steady supply of lubricated condoms that are placed in the toilets or other areas of the facility where people can take them without the fear of being seen by others. Access to prevention tools including condoms is a key part of the HIV response.

“Issues of female condoms have been a challenge in all regions, they are nowhere to be found.”

“Male condoms have been reported as a challenge. You may find out that almost all the dispensers where condoms are supposed to be, they are not there. Consumption is too high compared to availability” — Community Member

“Condom sensitisation especially to men should be prioritised. Scarcity of condoms has been a cry we have raised for a long time” — Community Member

“Condoms are scarce and failure to have them is a failure to influence clients, especially FSW who go for testing. It is a motivational item to them like the way lubricant is for MSM (MSM ask for lubricants before going to classes or testing, that is hard to influence them because lubricants are prohibited in the country)” — KP led service provider

“There is condom scarcity” — Service provider



WHY LUBRICATED CONDOMS?

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 infection. 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.

4.3. DREAMS

+ **COP22 Target:** DREAMS interventions expanded to 3 additional councils, Lindi, Kibaha and Chalinze.

The People's COP21 recommended that PEPFAR expand DREAMS interventions to 50 additional councils, including Dodoma, Pwani, Morogoro, Tanga and Lindi, to ensure increased access to services among AGYW. While Dodoma, Morogoro and Tanga have now been taken up by the Global Fund, Pwani and Lindi still remain. In the SDS, PEPFAR did not commit to taking up any of the suggested councils and, despite the need to quickly address the challenges faced by AGYW contributing to the rise in new infections, an explanation of why PEPFAR would not prioritise these districts was not provided.

Ask in People's COP21	PEPFAR's Response in PEPFAR SDS21
Expand DREAMS interventions to 50 additional councils, including Dodoma, Pwani, Morogoro, Tanga and Lindi, to ensure increased access to services among AGYW. <i>People's COP21</i>	<ul style="list-style-type: none"> + In order to assess DREAMS reach, inform programming for <u>potential expansion</u> and utilising funds in the most efficient way, the DREAMS team estimated the number of vulnerable girls in each SNU [...] Saturation denominators showed strong coverage in three of the operating SNUS, allowing the program <u>the option to extend to new councils.</u>" - pg. 41 + "In COP 21 DREAMS plans to reach 136,253 girls, adolescents and young women." - pg. 45 + From COP20 SDS, "By the end of FY 21, it is expected that 91,919 new AGYW (age 10-24) will be reached with DREAMS primary interventions." - pg. 39

This year's PLL continues to highlight the need for population-specific case identification and treatment continuity for priority populations. Despite more people being identified in FY21, gaps in TX_NEW persist among adolescents, with the largest gap in 15-19 years (5,369) in FY21 Q4. At the end of FY21, treatment interruption was highest among older adolescents and young adults aged 15-39 years at less than three months, with 12% of 15-19 years experiencing a treatment interruption (highest of all age bands). The PLL highlights challenges that communities have shared for a long time. We still call for the expansion of DREAMS to more vulnerable councils above the 11 that are currently supported. Even with the addition of Global Fund resources, the current DREAMS' reach is a drop in the ocean, given that Tanzania has 169 councils. We still recommend that Pwani is urgently considered for expansion in the DREAMS programme to mitigate the effect of the Standard Gauge Railway. We also recommend the inclusion of the Lindi region due to the seasonal harvesting of cashew nuts.

4.4. Adolescent Girls and Young Women (AGYW) Forum

+ **COP22 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.

Despite 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 among 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.

In the People's COP21, communities made a recommendation that PEPFAR should support young people to set up an Adolescent Girls and Young Women (AGYW) Forum to increase the engagement of young people in policy and implementation. However, in the SDS21, there was no mention of PEPFAR support for bringing the community together to organise and share community experiences with each other and with policy makers. In COP22, we continue to recommend that PEPFAR support the establishment of this forum to improve the quality of service provision to AGYW.

5. Paediatric diagnosis, treatment and viral suppression

5.1. Diagnosis

- + **COP22 Target:** PEPFAR will review all PEPFAR-supported sites to ensure that the files of mothers and their children are linked and they receive services at the same time to avoid multiple trips to the facility.
- + **COP22 Target:** PEPFAR will review all PEPFAR-supported sites to ensure that the necessary services required to offer HIV testing and treatment services to children are available. This must include equitable distribution of diagnostic machines. PEPFAR will also address all stockouts of reagents that cause samples to be delayed and/or rejected.
- + **COP22 Target:** PEPFAR will procure additional POC EID machines to increase machines from 83 to 95.
- + **COP22 Target:** PEPFAR will ensure turnaround time for all EID test results is reduced to one day from collection to return to the caregiver.
- + **COP22 Target:** PEPFAR will ensure all children born to HIV positive mothers are tested in under 2 months.

While new infections among children ages 0-14 are reducing each year, 10,155 children still acquired HIV in 2020. The percentage of pregnant women who know their HIV status at antenatal care (ANC) is high (99%), ART targets were met (100%), and viral load suppression among pregnant (95%) and breastfeeding women (92%) is also high. Yet, proxy EID coverage at 2 months is only 79%. Too many babies are going untested.

Mothers go to facilities, get tested, and are offered treatment, yet children of those same mothers are not. The two (mother and child) should be linked. A review of sites should be undertaken to verify whether mothers and their children are linked and receive services at the same time to avoid multiple unnecessary trips to the facility.

Interviews with women who use drugs in December 2021 reveal the need for greater focus on this population to reduce mother to child transmission and improve paediatric diagnosis.

"In the Coast region, women started ANC services relatively late in their pregnancy and half of them dropped out before giving birth (in Dar the majority started in the first trimester of pregnancy and continued until giving birth). Some of the women living with HIV also started PMTCT services late (in the second trimester of their pregnancy), increasing the risk of HIV transmission to their unborn babies. All the women who used PMTCT services say they continued until after birth and are still on ART right now."²⁰

PEPFAR also needs to review sites to ensure that the necessary services required to offer HIV testing and treatment services to children are available. Stockouts of reagents caused samples to be delayed and rejected, which is a major area of concern.

In order to ensure the programme is prioritising children in the most affected districts first, an assessment of programme data

by districts needs to be implemented to ensure that placement of POCs and training of staff begins in these districts. A review of the OVC programme should also be conducted to ensure that children in key age bands are prioritised.

PEPFAR continues to fund conventional testing for children, yet evidence still shows that conventional testing for children takes much longer than testing using point of care early infant diagnosis (POC EID)²¹. COP22 needs to seriously consider POC EID for hard to reach areas. Tanzania, has areas without even the conventional platforms. There are areas with health facilities still performing poorly in coverage of children <2months and there are no nearby POC EID machines to serve them.

Children also need to know their HIV status as soon as possible and conventional testing does not give them that option. Improving the paediatric programme will require increased investment in POC EID. As stated in the PEPFAR COP Guidance, early infant diagnosis (i.e., HIV testing by 8 weeks of age; EID) of HIV-exposed infants (HEI) is another important opportunity for case finding and paediatric ART initiation. Guidelines from WHO²² recommend point of care nucleic acid testing to be used to diagnose HIV among all infants and children younger than 18 months of age. To improve paediatric diagnosis, the programme needs to invest in quicker methods of identification and testing for children. PEPFAR invested in an increase of POC machines (83 machines) however, the programme should add additional machines as the country is vast and the machines are still few and far between.

5.2. Paediatric Treatment

- + **COP22 Target:** PEPFAR will fund PLHIV-led community-level treatment literacy support for pregnant and breastfeeding mothers on the importance of treatment and adherence for children living with HIV.
- + **COP22 Target:** Immediate review of the mother to mother and mentor mother programmes to ensure recruitment of women living with HIV to support peers.
- + **COP22 Target:** Prioritised and fast-tracked viral load tests and results for paediatrics (1 day) and mothers (7 days) to ensure that mothers and children with high viral loads are able to receive results and support quickly.
- + **COP22 Target:** No stockouts of paediatric ARVs.
- + **COP22 Target:** Immediate phase-out of nevirapine regimens for children.
- + **COP22 Target:** Complete optimisation of paediatric ARV regimens and ensure full uptake of DTG 10 mg dispersible tablets.
- + **COP22 Target:** Immediate, same-day linkages to effective paediatric ART services in place to ensure all positive test results at birth lead to immediate initiation of appropriate ART for newborns with HIV.

20. Assessment of Barriers to HIV Services among Women who use Drugs, GF CRG TA SI Tanzania, Dec 2021

21. https://www.pedaid.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>

+ **COP22 Target:** Scale-up POC-VL testing to all children under 4 years to improve immediate treatment support for those with suppression challenges

We agree with PEPFAR COP Guidance that a treatment gap has persisted for children across the cascade. Ensuring adequate testing and treatment for this population is of paramount importance. The delay in diagnosis and initiation of treatment greatly increases mortality in children. According to POART data, there was a decline in the diagnosis of children and a decline in the number of children born to women living with HIV newly enrolled on ART this year (38,864) as compared to last year (47,746). The PLL also highlights, in FY21Q4, the programme lost 1,283 newly initiated children, largely due to treatment interruptions among children on ART for more than 3 months.

Immediate offer of same-day linkage to treatment (with no ART stockouts) to children is key to improving the cascade. PEPFAR must also ensure children can access optimised treatment regimens without interruption. While paediatric optimisation is high (94%), viral suppression also continues to be low, especially among the <1 year (77%) and those between the ages of 1-4 years (83%). This shows a need to aggressively fund efforts to provide mothers with support to take care of their children and invest in POC-VL for quicker assessment of how well children are doing. Treatment literacy on the different types of regimens and how to administer medication is key. Peer mothers living with HIV who have the skills and experience should be recruited as they can give first-hand support that mothers not living with HIV cannot provide.

6. Key and Vulnerable Populations

As PEPFAR COP Guidance emphasised, all countries must ensure HIV programmes and population equity, address outstanding barriers that threaten to derail the progress made in reducing new HIV infections and associated mortality, and tailor programmes to serve all populations. For Tanzania, as the country moves toward epidemic control, specific communities such as the KVPs will need increased emphasis. In COP22, PEPFAR will need a fully resourced and tailored programme for KPs that seeks to address all the barriers to quality HIV and TB service provision. Currently, there is still a major gap between KPs “reached” by PEPFAR with HIV prevention or outreach services, compared to KPs who actually access HIV testing, meaning that many KPs continue not to know their HIV status.

6.1. Gender-Based Violence

- + **COP22 Target:** PEPFAR should ensure that GBV prevention services, as well as services for KPs who have experienced GBV, are available at all PEPFAR supported sites, either on site or by referral.
- + **COP22 Target:** PEPFAR should fund 5 KP-led organisations to build community knowledge around GBV, GBV reporting, GBV prevention, and GBV services.
- + **COP22 Target:** PEPFAR should fund 5 KP-led organisations to sensitise and build knowledge among law enforcement, MTAKUA, community and religious leaders on issues related to KPs, GBV and the GBV response.

KPs face high levels of violence, harassment, and abuse daily because of their sexual orientation, gender identity, and work or drug use. This can happen at home, in the community, by the police and even at the health facility. Yet when KPs face this violence, many are unable to report it to the authorities given that these populations are criminalised, and often times law enforcement are also the perpetrators of this abuse. Law enforcement and facility staff who are not perpetrators of abuse are often ill-equipped to understand and address issues affecting KPs. The risk of arrest or additional abuse can keep KPs from ever reporting violence or accessing the necessary services post-violence.

Where KPs report abuse, GBV services are often not available either on site or by referral, or those services are themselves ill-equipped to serve KPs. Treating KPs in a dignified, safe and secure environment is critical to improving their uptake of GBV services. This should be considered across the PEPFAR programme; for example, through index testing practices, many KPs have faced additional threats of violence and abuse from partners or clients contacted for HIV testing.

One innovation by communities of KPs was to establish the Crisis Response Team coordinated by the KVP forum. The team brings together community members to respond to crises that disrupt HIV interventions for KVP in the country. The team trains and works with paralegals and community counsellors to respond to various crises and provide required referrals to community members. Funding to expand this work would also be an effective investment for PEPFAR’s structural interventions support.

“GBV victims tend to fear taking action against their perpetrators. The existence of an aggressive law enforcement system and laws hinders MSM from addressing their issues at the gender desk or reporting GBV at police stations at all.” — Community member

“There are stories of peers who have quit jobs just for their security after being threatened by index partners of their clients.” — Service provider

“[Organisation name concealed] is doing a good job to screen GBV and enrol the cases into the register, but unfortunately, their co-partner is failing to insert their data.” — Community organisation

“GBV targets are mainly based on AGYW; screening of GBV cases on other KVP is overlooked as there is no target. In Shinyanga region, MSM experience GBV but do not report due to the fear of incriminating themselves” — Service provider



6.2. Medically Assisted Therapy

- + **COP22 Target:** PEPFAR should ensure that harm reduction services — including medically assisted treatment such as methadone, morphine for children, and other drug dependence treatment — are made available at double the number of health facilities currently supported.
- + **COP22 Target:** PWUDs have access to take-home doses of methadone to decongest facilities.
- + **COP22 Target:** Established service delivery points in Morogoro, Arusha, Shinyanga and one satellite in Mwanza to reach more PWUD.
- + **COP22 Target:** PEPFAR funded PWUD-led community organisations employed as counsellors, and outreach workers to improve demand creation, psychosocial support and counselling and knowledge of HIV status, treatment and retention for PWUD.
- + **COP22 Target:** PEPFAR funded PWUD-led community organisations supported to offer MAT clients economic and life skills empowerment as part of service delivery.
- + **COP22 Target:** PEPFAR should fund 2 mobile clinics for MAT.
- + **COP22 Target:** PEPFAR and Global Fund should ensure that all KPs are offered voluntary hepatitis testing at drop-in centres, including for reinfections when accessing HIV prevention, treatment, or other harm reduction services — and the preventative HBV vaccine should be offered at the time of return of HIV results, depending on other health conditions, previous treatment experience, and potential drug-drug interactions. All people diagnosed with HBV and/or HCV should be offered treatment, care, and linked to wraparound services.

Tanzania was one of the first countries in sub-Saharan Africa to make the important decision to offer people who use drugs (PWUD) the option of lifesaving medically assisted therapy (MAT). This intervention saved many lives and offered a route out of illegal drug use. The MAT programme started in Tanzania and also offered education to countries in the region on how to run effective MAT programmes and led to the set up of

programmes in Kenya and other countries. However, while the programme should have grown based on lessons learnt and experience running the programme, more information on the number of PWUD who could benefit from the programme, and increased demand, scale-up has been slow and MAT is still only offered in 11 sites, leaving too many PWUDs without access to these critical harm reduction services.

The providers in the current sites are struggling with a lack of human resources to offer quality services and/or to enrol new PWUDs despite the high demand for MAT. While more people would like to be enrolled, services are capped due to the providers' incapacity to take on more clients.

Furthermore, PWUDs need decentralised MAT services due to the challenge and cost of travelling long distances to a central site to receive MAT or being forced to reside in the central location, a challenge only exacerbated by COVID-19. This has also led to people disengaging from the methadone programme. Masks at MAT sites are mandatory, not considering the plight of communities who cannot afford them but need daily MAT services. Naloxone, a key tool in preventing death from overdose, is still only accessible at the facility, instead of in the community where it is needed before it is too late. Those adherent to methadone also struggle to reintegrate back into society and find ways to survive. The inability to reintegrate has been a leading cause of relapse as people find it difficult to manage social and economic hardship brought by lack of employment.

Recommendations raised by communities in the People's COP21 were ignored by PEPFAR despite their importance in effectively responding to PWUD needs. In COP22, we continue to recommend the decentralisation of MAT satellite services to increase enrollment to the methadone programme. PEPFAR needs to fund additional staffing to lift the caps in enrollment. PEPFAR should also explore the option of take-home methadone doses to support individuals who are stable on methadone, and ease the burden on clinical staff to allow for increased enrollment. 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.

6.3. Women who use drugs

- + **COP22 Target:** PEPFAR should ensure that MAT services are expanded to include the following minimum package of services:
 - » Access to methadone
 - » Access to naloxone
 - » Shelter for women (and their children) who might not have a place to go once enrolled on methadone
 - » Sexual and reproductive healthcare for women offered in the same place as the methadone to offer pregnancy service, STI screening, cancer screening etc.
 - » Sanitary equipment for menstruation
 - » Access to HIV testing and treatment
 - » Access to ART for PLHIV
 - » Access to hepatitis B testing & vaccination
 - » Access to TB screening and treatment
 - » Access to cervical cancer screening and treatment
 - » Access to psychosocial support and counselling
 - » Access to economic empowerment and life skills
 - » Support with post-recovery re-engage with the community and family.

Among people who use drugs, women are often more vulnerable and overlooked. Their ability to enrol and remain on MAT is often highly dependent on male partners. Food, shelter and protection often comes from male partners, and women have few options to negotiate. MAT programmes, as currently designed, only provide medical options such as access to methadone and wound care but do not offer structural support needed by women who use drugs to remain in the programme. Services also do not include sexual and reproductive healthcare, psychosocial support and/or mental health.

Women who use drugs also often engage in sex work yet HIV prevention services offered to them are limited. Knowledge of prevention options and access to preventive commodities such as PrEP is limited. Condoms are also scarce, increasing vulnerability among women who use drugs. Under PEPFAR, women who use drugs continue to struggle to get access to service.

6.4. Key Population Targets

- + **COP22 Target:** COP22 prevention targets should be increased in COP22 to KP_PREV 291,915: including 259,776 (FSW), 23,124 (MSM), 9,015 (PWID).
- + **COP22 Target:** Increased number of KPs enrolled on ART from 9,280 to 13,920.
- + **COP22 Target:** In conjunction with KVPs and the Ministry of Health, increase knowledge on the importance of the IBBS study and KP programming.
- + **COP22 Target:** Trans* people and MSM included in the next IBBS.
- + **COP22 Target:** Scale-up of IBBS to Shinyanga, Tanga, Arusha na Kagera regions.

We commend PEPFAR for achieving KP targets, for the number of KPs reached with individual and/or small group-level HIV

prevention interventions (KP_PREV). PEPFAR should maintain momentum to ensure that KPs can access services needed. In COP22, PEPFAR should increase targets to exceed 20% more than the numbers achieved in COP21 as outlined in the table.

POPULATION	KP_PREV (RESULT POART FY21)	MINIMUM RECOMMENDED TARGETS FOR COP22
FSW	216,480	259,776
MSM	19,270	23,124
PWID	7,512	9,015
Total	243,262	291,915

The quality of size estimates has been stated as a limitation of the programme. We look forward to the implementation of the Integrated Biological and Behavioural Survey (IBBS) to provide better data than the last round, which is now 10 years ago. The implementation of the IBBS should be prioritised, and it should be implemented, finished and analysed as soon as possible. We are, however, concerned that the IBBS might not take include MSM or trans* populations into the study despite the obvious need for data to inform programming for these populations, where no data on tran* people exist and data on MSM is outdated. In the meantime, the team should use programme data and other sources rather than using outdated information.

For treatment, we recommend alignment of KP_PREV target with testing target to ensure that all people reached with prevention services are also offered testing. The COP22 target must ensure a 50% increase of the COP21 target number of KPs reached and offered ART; 13,920 PLHIV offered ART²³. This will ensure 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 among KPs.

6.5. Accessible and Quality Services for Key Populations

- + **COP22 Target:** PEPFAR should fund 5 KP-led organisations to offer comprehensive quality services to KPs.
- + **COP22 Target:** PEPFAR should evaluate all KP partners for compliance with the KP-Competency Minimum Required Standards.
- + **COP22 Target:** PEPFAR to work with GoT to ensure that 6MMD for KPs is supported and implemented.

As PEPFAR increases the target number of KPs offered services, PEPFAR should also improve the quality of service offered to improve retention. Congested facilities, fear of getting COVID-19, fear of arrest, and having to uptake services in the general facility, all are challenges to KPs accessing services.

We note that an emphasis has been placed on improved confidentiality and privacy for KPs, and this has increased the willingness of KPs to access services at the facility. However, more needs to be done to ensure confidentiality at all times. PEPFAR should ensure that this is a core piece of both KP-specific programming and PLHIV in the general programme. This is one of the key pieces of PEPFAR's KP-Competency Minimum

23. COP 20 Tanzania pg 65 Standard Table 4.7.1



Required Standards for all Implementing Partners Serving Key Populations²⁴, which all KP Partners in Tanzania must be evaluated against by the time COP22 targets are awarded.

PEPFAR should also consider the provision of services at the community-level and support differentiated service delivery (DSD). 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.

6.6. KP specific services

- + **COP22 Target:** PEPFAR should fund 5 KP-led organisations to create demand for both PrEP and PEP in all districts and enable direct links with a facility partner who will provide onsite services for HIV testing, PrEP and PEP.
- + **COP22 Target:** PEPFAR and GoT should ensure that trans* people are able to access hormone therapy and gender-affirming services closer to home. Where trans* people need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided with easy referral and adequate resources (including transport/money for transport) to uptake those services.

It is critical that KPs can access both PrEP and PEP as people most at risk of getting HIV. Ensuring that KPs and KP-led organisations are involved in developing and sharing knowledge on PrEP for demand creation to ensure the success of the PrEP programme in Tanzania. KP-led organisations should be involved in all the districts where PrEP is being made available.

Likewise, PEP is an important intervention for KPs and has been under-utilised in Tanzania. Quality prevention programming should make sure that KPs who choose not to be on PrEP know about PEP, including when they can use it and where they can access it.

Trans* people similarly are prevented from accessing needed services, including hormone therapy and gender-affirming services. Both should be provided to those who need it, including at convenient locations

and times. All HIV service providers should be prepared to refer trans* people to gender-affirming care services including hormone therapy.

6.7. Structural Barriers

- + **COP22 Target:** PEPFAR should work with GoT to strengthen the enabling legal environment for KVPs to have access to better health services.
- + **COP22 Target:** PEPFAR will engage KVP leadership and communities to ensure meaningful engagement and participation from intended beneficiaries on creating an enabling environment.
- + **COP22 Target:** PEPFAR will work together with GoT and stakeholders will assess laws, customs, traditions, and practices that infringe on the right to health for KVPs and develop an action plan to address them.
- + **COP22 Target:** PEPFAR will work with KVP-led organisations and rights organisations to support paralegals and legal aid providers to provide legal, social and rights-based assistance to KVP victims of unlawful arrest and unfriendly laws and practices.

KPs receiving services face ongoing challenges of stigma and discrimination. Health workers are still yet to understand KPs and often judge them based on their appearance, their work and their sexual orientation. KPs are afraid of sharing their health needs due to fear of exposure in their communities/homes that can lead to a risk of abuse, harassment or violence. The law has yet to catch up with the evidence of KPs and the critical need to offer quality services that respect the rights of these communities.

The challenges faced by communities of KVPs, also extend to their livelihood. Most KVPs find it difficult to gain employment and are often faced with challenges getting to the facility due to cost of transportation. Ensuring an enabling environment creates space for KVPs to feel safe to share information about their health without fear. It also allows people in communities to freely discuss and understand who KVPs are, which in turn reduces violence, which is at times a result of lack of understanding. Once the legal environments have been strengthened, health workers, people in communities where KVPs live, law enforcers who are then found to be perpetrators of violence and stigma, can more easily be held accountable.

24. COP22 Guidance: KP-Competency Minimum Required Standards for all Implementing Partners Serving Key Populations, pg. 429



7. Differentiated Service Delivery (DSD)

- + **COP22 Target:** PEPFAR Tanzania to work with MoH to enable lay HCWs to distribute pre-packed ART refills for stable patients to enable more community refill DSD models specifically including community ART adherence clubs and community ART refill collection points.
- + **COP22 Target:** PEPFAR Tanzania to work with MoH to update DSD guidance to allow women stable on ART in DSD models the option to remain in their model alongside antenatal care.
- + **COP22 Target:** PEPFAR Tanzania to work with MoH to update DSD guidance to allow breastfeeding women to qualify as stable and implement 3MMD-6MMD aligned with MCH visits.
- + **COP22 Target:** Extended community ART countrywide (community refills should be led by community members especially KVP).
- + **COP22 Target:** 40% of PLHIV access their ART refills outside of the health facility in DSD models led by lay HCWs (including KP peers and stable ART patients).
- + **COP22 Target:** 20% of PLHIV access their ART refills through facility/community group DSD models to provide preferred psychosocial support.
- + **COP22 Target:** 70% of PLHIV cohort receiving 3MMD-6MMD (including all subpopulations) with quarterly reporting of ART refill length for all PLHIV on ART disaggregated by age categories and sub-district.
- + **COP22 Target:** Immediate countrywide roll-out of 6MMD to all eligible PLHIV and KVPs.
- + **COP22 Target:** Strengthened and supported supply chain to ensure scale-up of MMD and decentralised drug distribution (DDD).

Differentiated service delivery can simplify and adapt HIV services across the cascade, in ways that both serve the needs of PLHIV better and reduce unnecessary burdens on the health system. Yet, PLHIV in Tanzania have limited community DSD options due to continued requirement that ART refills be provided by trained HCWs (clinicians, nurses). WHO guidance has recommended ART distribution by lay providers since 2016. To ensure sufficient choice for PLHIV, community DSD models need to expand beyond mobile outreach staffed by HCWs. Tanzania has undertaken a high

quality study showing non-inferiority of community DSD models with ART refills distributed by a lay provider and patient preference for such models. DSD policy in Tanzania urgently needs to be revised to enable ART refill distribution by trained lay providers including through community ART adherence groups and community-based ART refill pick up points. Targets for community-based models and group support models staffed by lay providers are needed.

Pregnant and breastfeeding women (PBFW) in Tanzania remain excluded from stable DSD models as they are classified as unstable, only receiving one month of ART at a time. This is contrary to WHO 2021 guidance which specifically states that PBFW should be entitled to DSD for those stable. PEPFAR Tanzania should work with GoT to ensure DSD policy is revised to allow PLHIV who are already in DSD models when falling pregnant to remain in their DSD model alongside antenatal care if preferred. In addition, women during the breastfeeding period should be able to qualify as stable with 3-6MMD aligned with their maternal and child (MCH) return visits i.e. aligned with immunisation of their infant.

National policy also excludes PWUD, who are still only allowed one month supply. Anyone who identifies themselves as belonging to this key population is considered “high risk” and ineligible for MMD. PEPFAR should work with GoT to ensure that all eligible PLHIV from all populations can receive MMD to gain the benefits of longer supply. This policy will reduce overall ART continuity levels as those who disclose they are from these population groups will be forced to return monthly to the facility.

“As for HIV treatment, the women (who use drugs) appreciate that since the outbreak of COVID-19 (and until now) they receive their ARVs once every six months (when they go for viral load testing), instead of having to pick them up every month, as was the case before.”—Service provider

Stable children over the age of 5 years are entitled to DSD including 6MMD according to Tanzania’s DSD policy. Scale up of DSD access is required for children with reporting feedback to civil society to evaluate implementation outcomes against set targets.

8. ART continuity

- + **COP22 Target:** PEPFAR to carry out analysis of specific district-level challenges to increase tailored support to the specific districts with high numbers of people interrupting treatment or disengaging from care.

Each year, Tanzania gets closer to epidemic control and getting all PLHIV on treatment. In FY21, 117,119 new PLHIV were initiated on treatment, increasing the total number of adults and children currently receiving ART to 1,474,460 (95.01%) despite the impact of COVID-19. However, a closer look at the achievements showed:

- + After initiation the net number of people added to treatment in the period (NET_NEW) was very low across some districts. Only 9 districts achieved their NET_NEW targets out of 28 districts. PEPFAR missed targets in key places like Kigoma, Dodoma, Dar es Salaam, Mbeya, Arusha and Zanzibar — places where the programme is large and well established²⁵.
- + Among those on treatment, interruptions were highest among those who were on ART for more than 3 months (28,405).
- + Adolescents and young adults aged 15-39 years had the highest number of treatment interruptions at less than 3 months — highest of all age bands being 12% among 15-19 years.
- + Among KPs ART continuity ranged from as low as 41% for MSM to 73% for PWID in FY21

8.1. Viral Load

- + **COP22 Target:** All testing backlogs will be urgently cleared to ensure that PLHIV receive viral load tests and rapid test results.
- + **COP22 Target:** PEPFAR will organise an urgent dialogue with government and other relevant stakeholders to review and immediately address all policies causing stockouts including barriers to stock shipment.
- + **COP22 Target:** PEPFAR will ensure that functioning viral load testing machines are placed and maintained in all districts.
- + **COP22 Target:** PEPFAR will carry out a review of districts with low viral load coverage to ensure that they receive urgent support to improve coverage beginning with Mtwara, Manyara, Morogoro, Arusha, Iringa, Lindi and Ruvuma with lowest coverage.
- + **COP22 Target:** PEPFAR will ensure 100% viral load testing coverage.
- + **COP22 Target:** PEPFAR will institute a system to monitor 1) turnaround time (from viral load test taken to viral load results being in hand with PLHIV) and 2) sample loss, at all PEPFAR-supported sites.
- + **COP22 Target:** PEPFAR will support GoT to adopt a viral load database that allows clinicians to be able to see immediate viral load results in real time as they are uploaded to the dashboard, reducing turnaround time for viral load results.

We commend PEPFAR for improving viral load suppression rates; from 92% in FY20 to 97% in FY21. However, viral

load testing coverage in Tanzania only increased 77% to 86% between FY20Q3 and FY21Q4, highlighting the need to improve laboratory network optimisation to improve access to viral load tests and results. Viral load challenges resulting from policy issues should be prioritised for review and discussion with the national government and stakeholders to ensure that the country faces no reagent stockouts and/or equipment failures leading to backlogs.

As raised in the People's COP21, viral load turnaround time (TAT) continues to be high. PLHIV receiving a viral load test still complain 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.

Further, viral load test shortages among 2-month infants (110% FY20 Q4 to 80% FY21 Q4) are even more alarming as children need even more immediate support if they are failing treatment.

“Viral load samples are taken and transferred to Bugando Hospital in Mwanza. The turnaround time of the viral load results is at least one month and as many as three months. Sometimes the samples are lost or go bad. Some viral load results come back when they no longer reflect how the client is doing at that particular time” — Community Member

8.2. Community-Led Treatment Literacy

- + **COP22 Target:** PEPFAR should fund an expansion of PLHIV, KP, and AGYW led treatment literacy efforts through training, education, development of people-friendly materials, and through localised social mobilisation campaigns.
- + **COP22 Target:** PEPFAR will work with GoT to ensure that all healthcare workers provide accurate and easily understandable information (tailored to specific populations) on treatment adherence, the importance of an undetectable viral load, and the if undetectable, the availability of DSD options (less frequent ART refill collection closer to home with group support if desired) when talking to PLHIV, through consultations, counselling, outreach, and health talks at clinics.

Treatment literacy improves linkage and retention rates as people understand the importance of starting and remaining on treatment effectively. By becoming as informed as possible, people living with HIV are empowered to take control of their own health and sex lives.

In research from South Africa, peers were trained to provide U=U messaging along with invitations for HIV testing²⁶. Results from this randomised control trial highlighted that men who received the U=U messaging were 1.9 times as likely to be tested for HIV testing compared to those who didn't receive the messaging. This work highlights the importance of ensuring all people in Tanzania have greater HIV treatment literacy, including around U=U.

25. PEPFAR Tanzania FY21Q4 POART

26. <https://pubmed.ncbi.nlm.nih.gov/34057659/>

Treatment literacy is an effective public health intervention that can be used to strengthen HIV testing, HIV prevention, ART initiation, and long-term ART retention, as well as use of TPT and TB prevention, and COVID-19 prevention and vaccine literacy. Through the development of people-friendly materials, and social mobilisation campaigns at community level, treatment literacy ensures that people have access to the latest information about HIV, TB and COVID-19 and useful tools to prevent and/or manage them.

8.3. Adherence support groups

- + **COP22 Target:** PEPFAR will ensure there are support groups linked to 100% of PEPFAR supported sites led by PLHIV and that newly diagnosed PLHIV, PLHIV returning to care, or PLHIV struggling with adherence are provided with the option to be linked to these support groups.
- + **COP22 Target:** PEPFAR will revive support groups for adolescents and young people linked to 100% of PEPFAR supported sites.
- + **COP22 Target:** PEPFAR will support mental health among PLHIV and KVPs as part of the support group package.

One intervention to improve ART continuity among PLHIV is to ensure that there are support groups linked to all facilities that PLHIV can voluntarily join in order to get peer support. Support groups are critical to provide counselling and support services to people who have recently started treatment and those struggling on treatment or re-engaging in care after a treatment interruption. However, many support groups have been suspended due to COVID-19 and others have been suspended following the introduction of MMD.

Adherence support groups provide PLHIV with a place to get peer support and speak freely together about different regimens as well as to support each other through any side effects caused by the medication. PLHIV and KP-led organisations should be supported to continue to provide these services at the community level as people are now visiting facilities less often. Phone calls to check on PLHIV are more impersonal and less focused than a physical meeting.

We maintain that support groups, tailored to particular populations, play an important role in supporting on-going treatment literacy and peer support to ensure PLHIV stay on treatment. In response to the dissolution of the groups during COVID-19, PEPFAR should work with GoT to develop strategies for restarting suspended groups, while maintaining the safety of group members.

8.4. Men

- + **COP22 Target:** All PEPFAR supported sites have at least one male nurse and one male counsellor in place leading to a greater uptake of services by men.
- + **COP22 Target:** All PEPFAR supported sites have at least one male clinic day (ensuring male staff are on duty) per week or Men's Corners integrated into service delivery to provide services specific to the needs of men.
- + **COP22 Target:** PEPFAR funds models such as father-to-father, to be implemented by PLHIV networks, to encourage male health-seeking behaviour.

Male HIV diagnosis and ART coverage is much lower compared to women in Tanzania. Research in many African countries has shown that HIV-positive men are less likely to initiate ART, and those who do are more likely to present to clinics later, more ill and have poorer retention and worse clinical outcomes. Explanations put forward for men's low attendance and poor outcomes include notions of masculinity that are at odds with illness and 'good patient' behaviour, public health systems that are historically built around maternal and child health and systematic under-funding of men's services compared to women.

About 30% of HIV transmission occurs amongst stable partners and the HIV positive partner among sero-discordant couples is more commonly male than female. This together with growing evidence that ART reduces HIV mortality and morbidity more so if treatment is started early and potential benefits of viral load suppression in reducing transmission, make men a critical target population to reduce HIV incidence and mortality. Targeting specific populations that are most likely to transmit the virus like men for ART treatment and care could have important outcomes in preventing transmission to other populations. While index testing might be one of the most effective ways of finding new men living with HIV, creating space to support men starting treatment as well as long-term adherence for those not newly initiated will ensure a decrease in the treatment interruptions and improve viral suppression among those struggling with care.

8.5. Addressing stigma, discrimination, and poor staff attitudes

- + **COP22 Target:** All facility staff (clinical, non-clinical, administrative) at PEPFAR supported sites are trained and held accountable to provide a friendly and welcoming environment for all clients, including PLHIV and KPs returning to care after a late/missed scheduled visit, silent transfer from another facility, or treatment interruption.
- + **COP22 Target:** PEPFAR should ensure that all facility staff (clinical, non-clinical, administrative) are sensitised on friendly and appropriate service provision for key and vulnerable populations including understanding issues related to sexual orientation, gender identity, sex work, and drug use. KPs must be involved in the implementation of these sensitisation trainings.
- + **COP22 Target:** PEPFAR should fund KP-led literacy training on KVP issues at facilities and in the community in order to sensitise all facility staff (clinical and non-clinical) and the community at large and reduce overall stigma and discrimination.
- + **COP22 Target:** PEPFAR will work with PLHIV, KVP and people with disabilities living with HIV to reduce stigma at the facility and in the community at large.

PLHIV may miss appointments and when they do, the healthcare workers should meet them with support when they return to the facility. However, often when PLHIV return they are treated badly. KPs in particular are often treated very poorly by healthcare workers and non-clinical staff at the facility who at times shout, verbally abuse, or harass people, questioning people's sexuality or gender, and how or why they engage in sex work or take drugs. It is not safe for trans women to wear their preferred outfits or use their preferred names. People who use drugs are called "dirty". Women are forced to bring their partners for index testing, even when unsafe to do so or they don't want to. This poor treatment



and unwelcoming environment is a significant reason for PLHIV and KPs to disengage from care. A study from Zambia showed that patients were willing to wait 19 hours more or travel 45 km farther to see nice rather than rude providers.²⁷

Privacy violations and the disclosure of people's HIV status is also of concern for PLHIV who fear that clinicians will share their HIV status publicly or that other community members will see them accessing HIV services at the facility. As such many PLHIV register in facilities far from home to avoid being seen by community members they know and their status' either be advertently or inadvertently shared without their consent. People with disabilities face additional stigma and all facility staff (both clinical and non-clinical) need sensitisation on the needs of people with disabilities to ensure that quality services are offered.

“Women said they encountered stigmatising practices and attitudes practically everywhere in the Coast region ANC and PMTCT services. Some women mentioned feeling more stigmatised attending those services compared to those in Dar es Salaam. Some were made to wait unnecessarily long hours, others were called “dirty” because of their drug use. In some MAT Clinics Healthcare workers harassed clients leading to disengagement from care — Assessment of barriers to HIV services among women who use drugs.”

“Healthcare providers from SHDEPHA+ do not screen MSM well. Their poor attitudes and misconception against MSM make them fail to get enough details from the client, so the client becomes ineligible. This is a similar case to screening of GBV cases. Many MSM become ineligible once healthcare providers fail to screen individuals well due to their misconception and negative attitudes against MSM.” — Community member

“Children of FSW who are living with HIV have no mechanism to help them. Some children also

walk from Magu to Ilmela on foot just to come and collect ART refills.” — Service Provider

“There is still plenty of stigma towards PLHIV. AGYW hide their ARVs in mountains and some underground. This shows that there is still stigma and lack of understanding in HIV” — Service Provider

8.6. Young people

+ **COP22 Target:** Comprehensive, user-friendly service delivery package for adolescents implemented offering prevention, treatment and SRH services to young people and adolescents.

Young people continue to raise issues with treatment support services leading to interruptions. Since COVID-19 began, psychosocial support has been suspended to protect people from getting COVID-19 by ensuring physical distancing and reducing congestion.

Young people also continue to struggle with service delivery points that do not offer comprehensive services. Beyond treatment services, access to overall HIV prevention, STIs and other sexual and reproductive health services (including GBV support to victims) was also affected by COVID-19. Lack of information on what services are available and where to find the services has also led to reduced demand among young people. Constant stockouts of commodities such as PrEP and condoms are also barriers communities face.

POART Q4 FY21, also shows a large number of young people and adolescents reached but less than a quarter of those who actually receive a test e.g. Among AGYW aged between 15-19 years where the highest gaps are 201,102 were reached but only 37,919 were tested (19%) and among those in the age group of 20–24 years, 289,394 were reached but only 67,754 (23%) were tested. Efforts need to be made to ensure access to immediate testing and treatment.

27. Understanding preferences for HIV care and treatment in Zambia: Evidence from a discrete choice experiment among patients who have been lost to follow-up. August 2018. PLoS Med. Available at: <https://pubmed.ncbi.nlm.nih.gov/30102693/>

9. Stockouts

- + **COP22 Target:** PEPFAR will strengthen the supply chain to ensure there is sufficient stock in all PEPFAR-supported facilities.
- + **COP22 Target:** PEPFAR to work with GoT to include communities of KVP and PLHIV in the commodity security meetings.
- + **COP22 Target:** PEPFAR will strengthen supply chain monitoring tools to ensure problem identification in a transparent and expeditious manner.
- + **COP22 Target:** PEPFAR will coordinate with GoT to fund quarterly coordination meetings to strengthen timely discussion on supply chain challenges.

Stockouts in Tanzania are perennial. Every year PLHIV and KVPs raise concerns about missing commodities. Every year there is a new barrier to delivering the

services people need. Every year, PEPFAR responds that strengthening oversight & coordination for reliable supply chain systems to minimise stockouts and systems maintenance will be a priority. We are concerned that the system might not be as effective as people need to ensure lifesaving commodities reach PLHIV and KVPs.

As stated in the People's COP21, the programme 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 these commodities must be reviewed with more frequency and any foreseen challenges immediately addressed.

10. Human Resources for Health

- + **COP22 Target:** PEPFAR collaborates with the government to hire 5,496 skilled health care workers and 25,000 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.
- + **COP22 Target:** PEPFAR will train 25,000 community health workers on HIV service delivery and patient retention support.
- + **COP22 Target:** PEPFAR will review the support provided to community health workers to ensure that they are fully supported to carry out tasks at the community level.

Health workers are the backbone of the HIV response. PLHIV and KP rely on them to advise on the importance of testing, treatment and retention. Yet Tanzania faces a chronic shortage of qualified health workers particularly in the rural areas that has become a major barrier for accessing quality health services, leaving the populations most in need behind. The current shortage of human resources for all cadres stands at 52%. The eight lowest-performing regions in attaining the last UNAIDS 90 target are also the same regions facing a critical shortage of both skilled and unskilled health workers.

PLHIV, KPs 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 people. As the program transitions to offering PLHIV MMD, 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.

Our conversation with community health workers (CHWs) reveal they need more continuous training on HIV service delivery to improve their knowledge and support to communities. CHWs are required to reach PLHIV and KP in villages that are far but they have minimum to no transportation support and have to pay out of pocket. Due to these challenges in the cost of transportation, CHWs are more likely to be found at the facility supporting facility based interventions rather than at the community.

COP22 should focus on increasing human resource support in hiring and recruiting health staff for the poor performing sites that have human resource challenges to improve the quality of services offered to PLHIV and KPs. The HCWs will play a significant role in health facilities service delivery including counselling, testing, treatment sample collection, among others. Collaboration between clinical staff and lay providers will also improve knowledge transfer and skills to CHWs.

11. Comorbidities

11.1. Mortality

- + **COP22 Target:** PEPFAR to work with GoT to reach consensus for immediate rollout of tracking and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidities.
- + **COP22 Target:** PEPFAR should prioritise tracking on morbidity and mortality outcomes among those age groups and populations with high treatment interruptions.

In COP21, 32,000 people died of HIV related diseases²⁸. The PLL states that monitoring and reporting of morbidity and mortality outcomes, including infectious and non-infectious morbidity, is pending discussion with GoT stakeholders in COP22. PEPFAR must provide the timeline for strengthening monitoring and reporting of morbidity and mortality outcomes for PLHIV that is needed by PEPFAR and the Tanzania HIV programme. We recommend a swift system be put in place to monitor reasons for morbidity and mortality outcomes among PLHIV. As the programme nears epidemic control, mortality data becomes even more vital to ensuring that PLHIV live long and healthy lives by prioritising the programme's understanding of reasons and response to the biggest killers of PLHIV.

Districts with high numbers of treatment interruptions and low access to viral load testing should be prioritised for assessment. Populations with low adherence and age groups with high treatment interruptions should also be prioritised. The data should be shared quarterly for quick assessment and remediation to reduce mortality.

11.2. Advanced HIV Disease

- + **COP22 Target:** Point of care diagnostic tools provided at all PEPFAR supported sites to allow CD4 detection, for patients to be assigned to care depending on whether their CD4 count is above or below 200 cells/ul.

"An FSW tested in Nyamagana was in critical condition. Her sister came and asked to take her to Katoro with her where she works. After a while, she passed away. It was then discovered that she had tested back in 2015 and was found to be positive. When she came back this time, she was found to have progressed from HIV to AIDS and had developed a fungus in her brain, her CD4 count was 1 (One). Because of the OI, she was not even eligible to start ARV treatment immediately" — Service provider.

Advanced HIV disease (AHD), or AIDS, is a major challenge that needs addressing for people starting treatment late, or re-engaging after a treatment interruption. Despite

expanded access to ART, a significant proportion of people living with HIV still die of AIDS related illnesses every year.

However, just starting people on ART will not eliminate opportunistic infections and AHD. Instead AHD care needs to be enhanced at facility level. PLHIV struggling with care are often very sick and management of those needs must be better integrated through point of care technology when needed, and proper triage and immediate care plus referrals must also be in place to support people.

Many people who present to care with AHD are missed with clinical staging/symptom screening alone as they enter care or re-engage. CD4 testing is essential for diagnosing (especially asymptomatic) AHD. CD4 count remains the best diagnostic tool to assess a person's immune and clinical status, the risk of opportunistic infections, and guide clinical management, especially in patients with advanced HIV disease.

The provision of point of care (POC) diagnostic tools to allow CD4 detection allows PLHIV to be assigned to care depending on whether their CD4 count is above or below 200 cells/ul. This can lead to getting PLHIV onto an effective HIV treatment regimen as soon as possible to improve viral load suppression including rapid restart or rapid switch to second line treatment.

POC CD4 tests are available and affordable. The VISITECT CD4 Advanced Disease test is a semi-quantitative POC rapid diagnostic test (RDT) that costs US\$3.98 per test. Such tests can play an important role in reducing diagnostic delays that can result from PLHIV being lost to follow-up.

11.3. Cryptococcal Meningitis

- + **COP22 Target:** PEPFAR should support procurement, training, and provision of CrAg for all inpatient and outpatient facilities as a screening for all HIV positive inpatients and those presenting at outpatient facilities with AHD/AIDS (with CD4 cell count <200 cells/mm³ or WHO HIV stage 3 or 4 in adults and adolescents).
- + **COP22 Target:** PEPFAR should support procurement, training, and provision of L-AmB for all facilities that currently provide infusions and flucytosine for inpatient and outpatient facilities for follow-up oral treatment.
- + **COP22 Target:** PEPFAR and GoT should ensure clear quantification and monitoring of cryptococcal meningitis (CM) including annually how many PLHIV: 1) develop CM; 2) receive optimal treatment for CM; 3) survive CM; 4) die of CM; 5) receive preventive treatment for CM; 6) receive a CD4 test; 7) CRAG+ getting lumbar puncture (LP); 8) LP negative getting fluconazole prophylaxis.

Cryptococcal meningitis is the second leading cause of death for PLHIV, causing headaches, deafness, and blindness. If cryptococcal meningitis is not successfully diagnosed and treated it causes "cerebral herniation" – where the brain gets pushed down into the spinal canal due to increased

28. UNAIDS data. United Republic of Tanzania. 2020.



intracranial pressure. More than 1 in 10 HIV-related deaths are caused by cryptococcal meningitis and 75% of deaths from cryptococcal meningitis are in sub-Saharan Africa.

Cryptococcal antigen can be found in the body weeks before symptoms of meningitis. Cryptococcal antigen lateral flow assay (CrAg LFA) tests should be administered as screening tools for all PLHIV with CD4 cell count <200 cells/mm³ or WHO HIV stage 3 or 4 in adults and adolescents. This is a POC rapid test that is easy to administer (via venous blood or finger-prick) and is affordable (IMMY test is US\$2.00 a test; Biosynex: US\$2.40 a test).

If CrAg positive, PLHIV should receive pre-emptive fluconazole treatment to prevent development of CM and then be referred for a definitive lumbar puncture test. However, the CrAg test is critical given that time is of the essence: from a positive CrAg diagnosis to development of cryptococcal meningitis there is a median time of only 22 days. Such tests should be available and administered at all levels of the healthcare system, including primary healthcare.

WHO recommends fluconazole to prevent the development of cryptococcal meningitis disease for PLHIV who test positive for the cryptococcal antigen. Timely screening and provision of fluconazole is essential given the median

time to development of cryptococcal meningitis following a CrAg positive test is just 22 days. Where CrAg screening is not available, fluconazole should be given to PLHIV until the CD4 cell count is above <200 cells/mm³.^[3]

WHO recommends a combination of infusion and oral therapy to treat cryptococcal meningitis — 7 days of infusion of liposomal amphotericin B (L-AmB) followed by 14 days of oral therapy (fluconazole and flucytosine). Unfortunately, due to the cost and complexity of administering L-AmB, too often people with cryptococcal meningitis are treated with oral therapy alone, and oftentimes only with fluconazole monotherapy.

According to experts, mortality among those with cryptococcal meningitis treated only with fluconazole in routine care settings is around 70% 10 weeks after diagnosis, compared to 24% mortality at 10 weeks after exposure with L-AmB plus flucytosine. WHO is expected to recommend a new treatment regimen in March 2022 for a single one-day high dose of L-AmB (approximately 10 vials) via infusion. This is a welcome reduction from the current protocol which is for 7 days. The 1-day infusion means the treatment is not as difficult to administer, is easier for patients, and is more affordable. Following the infusion flucytosine and fluconazole should be taken orally for 14 days, according to WHO.

11.4. TB Preventive Therapy (TPT)

- + **COP22 Target:** All eligible PLHIV and all eligible contacts of a person with pulmonary TB, including children and adolescents, should be traced and initiated on TPT.
- + **COP22 Target:** 700,337 PLHIV including children and adolescents be initiated and complete TPT within COP22, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. Of these, at least 30% should receive 3HP and 70% should be on IPT.
- + **COP22 Target:** PEPFAR should work with GoT to complete incorporation of TPT within DSD models of HIV service delivery.
- + **COP22 Target:** PEPFAR should support GoT to finalise the National Tuberculosis & Leprosy Strategic Operational for 2020-2025. This includes installing a progressive LTBI policy with the government and stakeholder to ensure the purchase and rollout of 3HP with GoT.

“In the last COP we raised concerns about IPT, from dose management to side effects. The numbers seem fine but many people living with HIV are not finishing their prescriptions because of side effects they had. Among those who take it every month, there are challenges with correct use.”

While ART greatly reduces the risk of developing TB disease, TB preventive therapy (TPT) can further reduce TB sickness and deaths. The PLL minimum requirements state that all eligible PLHIV, including children and adolescents, should complete TPT, and cotrimoxazole where indicated, and TPT must be fully integrated into the HIV clinical care package at no cost to the patient. In COP21, the GoT was supportive of PEPFAR's efforts to scale-up TPT to 535,994, but PEPFAR only reached 298,915 people; an achievement of 55.77% of the target population. This is a high reduction from the 90% achievement last year. Among children under 15 years, the positivity rates are higher than the overall total numbers (2.6% among under 15s vs 1.8 in the total numbers). Specific efforts need to be made to prevent TB among children.

In COP20, PEPFAR committed to working with GoT to look into 3HP dependent on it being FDC and the price. However, to date purchase and distribution of 3HP is still yet to begin despite its superiority compared to IPT. The GoT should fast track *“adoption and implementation of key evidence-based policies, guidelines and procedures to facilitate rapid scale-up and implementation with the fidelity of ART optimization... including TPT”*²⁹. We are concerned that the cost-effectiveness evaluation that led to 3HP not being adopted, failed to take into account key concerns of PLHIV obtained through consultations including:

1. The challenges with course completion of IPT due to duration of course and side effects.

2. WHO guidance released in 2020 that endorsed the use of shorter regimens including the three months of weekly high-dose isoniazid and rifapentine (3HP).
3. The benefits of 3HP:
 - » 3HP is a shorter regimen taken in three months of weekly high dose as compared to 6 (6H) or 9 months of isoniazid (9H).
 - » Periodic Prophylaxis (WHIP3TB) study that showed patients on 3HP have higher treatment completion rates and less treatment interruption due to adverse events.
 - » PLHIV can start 3HP and TLD simultaneously for treatment naïve patients.
 - » For CLHIV, three months weekly isoniazid and rifapentine (3HP) has been demonstrated to be non-inferior to 6 to 9 months of INH (6-9H) for TB prevention.

The low uptake of TPT could be improved with shorter regimens that are easier to take, especially for children under 15, where the highest gaps are. We are concerned by the delays in rolling out 3HP by GoT. The special convening has not yet taken a decision to move policy and supply for 3HP. We, as communities, want to see a quick resolution to ensure that PLHIV have access to the best medication to prevent TB that also has least side effects. Tanzania runs the risk of remaining behind other PEPFAR-supported countries as they progress with 3HP rollout.

PEPFAR should integrate TPT to ongoing HIV DSD and MMD models to ensure that PLHIV can collect medicines with ART refills to simplify collection and better ensure adherence. We support the recommendation in PEPFAR COP Guidance to complement TB treatment and TPT with the provision of psychosocial, nutritional, and adherence support, as needed.

At the community level, increased community-led treatment literacy is needed around TPT to ensure PLHIV understand the benefits and side effects of IPT. Currently many PLHIV do not understand why they are on TB medication when they do not have TB.

11.5. TB Screening and Testing

- + **COP22 Target:** 100% of PLHIV, including CLHIV, are screened for TB and COVID-19 upon presentation to care at every clinical encounter.
- + **COP22 Target:** 100% of PLHIV, including CLHIV, 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 CLHIV) upon their first presentation to care.
- + **COP22 Target:** 100% of PLHIV, including CLHIV, with positive urine-LAM results immediately initiate TB treatment, while awaiting confirmatory rapid molecular test results.
- + **COP22 Target:** 100% of healthcare workers at PEPFAR-supported sites are trained to perform TB screening,

29. Pg 73, COP 20 Tanzania



urine-LAM, and rapid molecular testing among PLHIV in accordance with WHO recommendations and algorithms and appropriate approach for sputum scarce symptom positive but rapid molecular negative patients.

- + **COP22 Target:** 100% of PLHIV, including CLHIV, 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.
- + **COP22 Target:** Procurement quantities of commodities required for urine-LAM and rapid molecular testing should each exceed the estimated number of PLHIV, including CLHIV, expected to present to care at PEPFAR-supported sites with advanced HIV disease or TB signs and symptoms in COP22.
- + **COP22 Target:** Integrate TB care into ART service delivery care including PMTCT, MCH, KVP program and adolescent health.
- + **COP22 Target:** Integrate IPT into the DSD model to ensure ease of services for PLHIV.

Although treatable, TB deaths remain high partly due to lack of timely diagnosis and connection with treatment. One key driver of excess morbidity and mortality among PLHIV is that symptoms of TB or other risk factors are often overlooked by healthcare workers, and that the opportunity for early TB diagnosis and treatment is missed.

TB LAM tests are an affordable rapid POC TB tests for use among PLHIV that are proven lifesaving³⁰. WHO recommends that every PLHIV in a hospital, as well as all PLHIV with TB

signs & symptoms, or severely ill, or with AHD, receive a rapid LAM test. TB LAM tests can be administered at every level of the healthcare system and results are returned in just 25 minutes. Trained non-laboratory personnel (e.g nurses, HTC counsellors) can perform TB LAM tests. TB LAM should be confirmed by a rapid molecular testing (e.g. GeneXpert, Truenat), but TB treatment should be immediately started following a LAM-positive result, according to WHO.

A recent systematic review found that PLHIV receiving LAM testing in inpatient settings had a 15% lower risk of mortality, and LAM testing in outpatient settings may result in a large increase in the proportion of PLHIV started on TB treatment³¹. We are concerned that in the SDS21, PEPFAR did not commit to supporting LAM testing despite its importance in care for PLHIV.

PEPFAR should ensure that all supported sites 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. Bi-directional screening for TB and COVID-19 should be implemented at every clinical encounter. Whenever an individual is believed to be at risk of or is diagnosed with TB, contact tracing should be conducted among their household and other close contacts.

PEPFAR should also allocate sufficient budget to support the procurement of commodities required for urine-LAM testing and rapid molecular testing, in quantities that each exceed the number of PLHIV, including CLHIV, estimated to present to care at PEPFAR-supported sites with advanced HIV disease in COP22.

30. Gupta-Wright et al, Lancet, July 2018

31. Nathavitharana et al, Cochrane Reviews, August 2021

12. Community-Led Monitoring (CLM)

- + **COP22 Target:** PEPFAR should fund USD 1 million for communities to implement community-led monitoring of sites across Tanzania including to gather evidence, analyse data, generate solutions, engage with duty bearers, and advocate for change in order to see swift corrective action. These resources are required to:
 - » Pay, train and equip monitors, coordination and support staff to carry out the CLM cycle including with provision of tablets, data, and travel resources;
 - » Implement a data collection system owned by communities to upload, collate and clean data and solutions;
 - » Develop a data dashboard owned by communities to analyse and visualise data and solutions in real time as well as to support with project management;
 - » Resources to engage with community members on key findings and crowdsource solutions;
 - » Documentation, reporting and communication of results;
 - » Effectively engage with duty bearers to share findings and recommended solutions.
- + **COP22 Target:** Key populations must be included as part of the organisations engaging in community-led monitoring in Tanzania and sufficient resources and effort allocated to monitoring KP communities.
- + **COP22 Target:** PEPFAR should allow communities collecting data to apply an equity lens in distribution of CLM funds to councils and regions ensuring the funds are sufficient to meet the minimum requirements of the particular councils/ regions.

PEPFAR Tanzania is currently supporting 12 organisations to implement community-led monitoring (CLM). In 2021 civil society developed and tested standardised monitoring tools for each organisation to use, and data collection began in the various districts allocated by PEPFAR. PEPFAR released \$700,000 of the USD \$1.025 million allocated for CLM.

We continue to support CLM that combines systematic and routine data collection by communities with evidence-based advocacy to improve accountability, governance and quality of HIV and health services. CLM gives communities the tools and techniques to monitor the quality of HIV, TB and other health services provided at facilities and quickly escalate problems to duty bearers — including government, PEPFAR, and Global Fund — in order to advocate for change.

In order to be effective CLM must be owned and led by communities who are often the first to detect and diagnose problems. Monitors should be paid, trained, and resourced in order to engage in standardised monitoring. The most effective CLM efforts are based out of organisations or coalitions with organised groups or branches in communities — bringing multiple voices at the local level together to build power — and a central structure capable of managing the effort and connecting it with sub-national and national policy processes.

In COP22, PEPFAR should sufficiently increase funding for CLM to double the amount of sites monitored. In order to streamline data collection, tablets will be purchased to move

away from paper based data collection. Data will be uploaded through a data collection platform to allow for centralisation of information in one community-owned platform for ease of access and review. Information will be fed back to duty bearers as relevant levels to ensure corrective action can take place.

Currently the extremely low financing and the small grant system does not allow communities to adequately or fully invest in these system upgrades. This means we are unable to centralise parts of the CLM system — such as the data storage platforms — as each individual organisation is forced to create individual systems with resources that are far too low. Sites chosen by PEPFAR are at times remote and the distances between sites are long, meaning a monitor would have to travel hundreds of kilometres between sites, travelling for several days, without resources for travel, accommodation or food, in order to monitor. Further, the full CLM cycle cannot be implemented — including gathering evidence, analysing data, generating solutions, engaging duty bearers, and advocating for change — as there are no resources to document challenges, engage with the community to generate solutions, or to hold meetings to feedback to duty bearers. Quality CLM requires sufficient financing and coordination in order to be implemented effectively, fairly and sustainably. USD 25,000 across per year is completely inadequate to run any form of CLM.

In COP22, we support PEPFAR Global Guidance that states:

- + All PEPFAR programs are required to develop, support, and fund community-led monitoring (CLM) in close collaboration with independent, local civil society organisations and host country governments.
- + CLM should be designed to help PEPFAR programs and health institutions pinpoint persistent problems, challenges, barriers, and enablers to effective client outcomes at the site level and to advance equity and to support improvement in programs.
- + CLM should continue to ensure indicators are defined by communities and health service users,
- + CLM data should be additive and not a duplicate collection of routine data already available to PEPFAR through MER or SIMS.
- + In COP22, PEPFAR-supported community-led monitoring programs must include an explicit focus on key populations.
- + Utilize CLM to track and ensure accountability for a child, adolescent, and family-centred care
- + CLM remains a requirement in COP/ROP 2022 for all OUs, each OU is responsible for programming a portion of funds under the Community-Led Monitoring initiative.
- + During COP/ROP 2020, PEPFAR invested in the expansion of community-led monitoring, making it a requirement of all OUs, as a critical way to listen to community voices in the assessment of program quality and design of client-centred services. Community-led monitoring remains a requirement in FY 2023.

In COP22, PEPFAR Tanzania should fund CLM sufficiently and outside of the small grants mechanism to ensure that PLHIV and KVPs have the ability to fully monitor the quality of service provision and escalate performance problems — an indispensable strategy for enabling Tanzania to meet the 95-95-95 targets.



PRIORITY INTERVENTIONS

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
1. COVID-19		
<p>“Efforts will also be directed towards moving forward with nationwide 6MMD roll out and ensuring that supply chain policies are strengthened.” -SDS pg. 3</p> <p>“Above-site investments focus on supporting all of these priorities through supply chain strengthening to deliver life-saving commodities” - SDS pg. 4</p> <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.” - SDS pg. 15</p> <p>“PEPFAR/T will strengthen oversight and coordination for reliable supply chain systems which will include rolling out of the Global RFP” - SDS pg. 38</p> <p>“PEPFAR/T is committed to working alongside stakeholders and the GoT to strengthen condom supply-chain and distribution systems to ensure condom availability at facility and community levels. - SDS pg. 44</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).” - SDS pg. 51</p> <p>“PEPFAR will ensure Truvada commodity needs for the PrEP program are met and maintained.” - SDS pg. 58</p> <p>“PEPFAR/T will enhance supply chain data availability for accurate and complete forecasts and orders by strengthening data management systems.” - SDS pg. 58</p> <p>“Finally, the allocated funds will support implementation of risk communication and community engagement (RCCE) activities. RCCE activities are vital in stopping the outbreak and controlling its amplification. RCCE draws heavily on both formal and informal community structures which include volunteers, frontline personnel, and key community influencers. In many cases these groups do not have prior training on the COVID-19 outbreak. Various modalities of sending messages to communities will be used, including mass media campaigns and printed materials. Previous USG investments into developing RCCE messages for COVID will be expanded and updated.” -SDS pg. 103</p>	<p>PEPFAR will procure and distribute reusable cloth masks (PPE) and sanitisers for all PEPFAR supported sites to be provided to mothers, young women and adolescents and key populations arriving at the facility to access services without masks in COP22 and the remainder of COP21.</p> <p>PEPFAR will support at least 20 community organisations to provide outreach campaigns on vaccine literacy on COVID-19 to increase uptake of vaccine services.</p> <p>PEPFAR will support GoT to ensure rapid and voluntary access to COVID-19 vaccination for key and vulnerable communities.</p> <p>PEPFAR will build the capacity of HCWs and CHWs at all PEPFAR-supported sites to offer COVID-19 prevention, vaccination, and case management services through virtual and on-the-job.</p> <p>PEPFAR will Integrate COVID-19 services including vaccination with HIV services at all PEPFAR-supported sites.</p>	<p>COP22 Target: Cloth reusable masks (PPE) and sanitisers procured and distributed to all PEPFAR supported sites to be provided to mothers, young women and adolescents and key populations arriving at the facility to access services without masks in COP22 and the remainder of COP21.</p> <p>COP22 Target: PEPFAR supports at least 20 community organisations to provide outreach campaigns on vaccine literacy on COVID-19 to increase uptake of vaccine services.</p> <p>COP22 Target: PEPFAR should support GoT to ensure rapid and voluntary access to COVID-19 vaccination for key and vulnerable communities.</p> <p>COP22 Target: PEPFAR to build capacity of HCWs and CHWs at all PEPFAR-supported sites to offer COVID-19 prevention, vaccination, and case management services through virtual and on-the-job.</p> <p>COP22 Target: Integrate COVID-19 services including vaccination with HIV services at all PEPFAR-supported sites.</p>
2. TANZANIA'S PHIA		
<p>The PEPFAR COP/ROP 22 notional budget for Tanzania is \$449,000,000 inclusive of all new funding accounts and applied pipeline. All earmarks and program directives provided below must be met. Additionally, this level assumes that DoD AFRICOS will be funded at the same level as in COP21 and that a PHIA will be funded for COP22 from within this envelope. PLL22 pg 3</p> <p>Conduct a new PHIA (THIS 2.0) for Tanzania in COP 22 and utilize data to assess progress towards epidemic control and inform testing, treatment and prevention strategies. PLL22 pg 5</p>	<p>PEPFAR will implement an inclusive PHIA that ensures that alongside general population data, an emphasis is also put on collecting data among key and vulnerable populations left behind in the HIV response.</p> <p>PEPFAR will engage PLHIV, KVP organisations and community members in planning, decision-making and data collection for the PHIA.</p> <p>PEPFAR will resource the PHIA with additional funding above the COP22 allocation of \$449,000,000.</p>	<p>COP22 Target: PEPFAR will implement an inclusive PHIA that ensures that alongside general population data, an emphasis is also put on collecting data among key and vulnerable populations left behind in the HIV response.</p> <p>COP22 Target: PEPFAR meaningfully engages PLHIV, KVP organisations and community members in planning, decision-making and data collection for the PHIA.</p> <p>COP22 Target: PEPFAR will resource the PHIA with additional funding above the COP22 allocation of \$449,000,000.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
3. TESTING		
3.1. HIV Self- Test Kits		
<p>“For COP21, PEPFAR/T will continue to address the broad gaps in coverage across age and sex bands through enhanced, evidence-based implementation of four key aspects of client-centered HIV case finding approaches: index testing, optimized PITC, HIV self-testing scale-up, and client centered targeted community testing, including peer/social network testing (SNT) approaches for key and priority populations with focus in geographic hot spots on areas where new diagnoses are occurring.” - SDS pg. 27</p> <p>“For COP21, PEPFAR/T will continue to address the broad gaps in coverage across age and sex bands through enhanced, evidence-based implementation of four key aspects of client-centered HIV case finding approaches: index testing, optimized PITC, HIV self-testing scale-up, and client centered targeted community testing, including peer/social network testing (SNT) approaches for key and priority populations with focus in geographic hot spots on areas where new diagnoses are occurring.” - SDS pg. 27</p> <p>“PEPFAR/T will continue to increase coverage and fidelity of safe and ethical index testing, optimized PITC using the national HIV risk screening tool, targeted scale-up of HIV self-testing” - SDS pg. 28</p> <p>“COP21 Identification Strategies with COVID 19 risk mitigation measures [...] HIV self-testing scale up country-wide” -SDS pg 29</p> <p>“PEPFAR/T will continue to increase coverage and fidelity of safe and ethical index testing, optimized PITC using the national HIV risk screening tool, targeted scale-up of HIV self-testing” -SDS pg. 28</p> <p>“For HIV self-testing, in COP21 PEPFAR/T Will continue working closely with the GOT to scale up HIV Self testing services in both community and facility settings with a focus on high risk and hard to reach populations like men” -SDS pg. 30</p> <p>“During COP20 and COP21, with most of the policy and commodity barriers experienced before addressed, and the HIV self-testing implementation framework endorsed, PEPFAR/T will continue supporting the scale-up the to all regions of Tanzania, targeting men, key and vulnerable populations.” - SDS pg. 31</p> <p>“Focusing on the cascade of HIVST services in FY20, nearly 80% of the kits have been distributed to females, primarily FSWs and AGYWs. Other groups reached include MSM, PWID, serodiscordant couples and other vulnerable populations. Over two third of the kits were used by the assisted method. Close to 90% of the results were returned with a positivity rate of 6%. 97% of the confirmed HIV positive clients were linked to ART services.” - SDS pg. 31</p> <p>“Complementing the index testing and HIV self-testing (HIVST) services, PEPFAR/T will scale up this modality especially among the KP, men and adolescents.” - SDS pg. 32</p>	<p>PEPFAR will increase the HIV Self-Test target to 2,000,000.</p> <p>PEPFAR will immediately fast-track distribution of HIV self-test kits to the community to fill gaps by the start of COP22.</p> <p>PEPFAR will fund both community-led and facility-led awareness campaigns on HIV self-testing at the community level to increase knowledge of self-test kit use, create demand and increase uptake of self-tests among at least five million people.</p> <p>PEPFAR will incorporate self-test kits in digital vending machines and expand to a further two districts to increase distribution of HIV self-test kits at the community levels.</p>	<p>COP22 Target: PEPFAR will increase the HIV Self-Test target to 2,000,000.</p> <p>COP22 Target: Immediately fast-track distribution of HIV self-test kits to the community to fill gaps by the start of COP22.</p> <p>COP22 Target: PEPFAR will fund both community-led and facility-led awareness campaigns on HIV self-testing at the community level to increase knowledge of self-test kit use, create demand and increase uptake of self-tests among at least five million people.</p> <p>COP22 Target: PEPFAR will incorporate self-test kits in digital vending machines and expand to a further two districts to increase distribution of HIV self-test kits at the community levels.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
3.2 Voluntary Index testing		
<p>"In COP21, HIV case finding will continue to be emphasized. We will regain our momentum for index testing, ensuring that services offered are of high quality, non-coercive, and confidential." -SDS pg. 2</p> <p>"In COP21, HIV case finding will continue to be emphasized. We will regain our momentum for index testing, ensuring that services offered are of high quality, non-coercive, and confidential. Results from ongoing index testing site assessments will inform quality improvement efforts. PEPFAR/T will ensure that civil society organizations (CSO) are engaged in guiding these activities. Continuing to work closely with civil society to roll out community-led monitoring efforts will also play a key role to achieve this goal." -SDS pg. 2</p> <p>"The site-level assessment tool of Index Testing Minimum Requirements will continue to be used to ensure sites are implementing index testing safely and ethically. Site level data from this assessment can be shared with civil society and other stakeholders." - SDS pg. 19</p> <p>"The tracking of quality implementation of index testing will include the use of established system of monitoring intimate partner violence and reporting of any related adverse events." - SDS pg. 27</p> <p>"Implementing partners will not be held to index testing targets set in the data pack. - SDS pg. 27</p> <p>"In COP21, 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. 29</p> <p>"Finally, HTS providers will continue supporting refresher trainings on the new revised HTS M&E tools and safe and ethical index testing training packages, including competency assessments of non-laboratory HIV rapid testers in community settings as part of the national certification program to ensure the quality of testing" - SDS pg. 30</p> <p>"HURU kits and curriculum (+ new modules on sexual violence prevention for 9-14-year-olds) [...] Community-based HIV and GBV prevention (Stepping Stones)" - SDS pg. 39</p> <p>"Sexual Violence Prevention (IM Power/IM Safer)" - SDS pg. 40</p> <p>"PEPFAR/T has indicators to track IPV on index testing services among KP" - SDS pg. 50</p> <p>"Additionally, PEPFAR/T will continue to address challenges identified in index testing site assessments to ensure rights-based approach and incidents of IPV and GBV are reported. - SDS pg. 52</p> <p>"National index AE tool in use, national CTC2 chart incorporates elicitation form to track IPV" - SDS pg. 119</p> <p>Minimum program requirements say "Scale-up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of IPV is established. All children under age 19 with an HIV-positive biological parent should be offered testing for HIV." - SDS pg. 119</p>	<p>PEPFAR will monitor acceptance rates versus safety concerns by facility and flag any site with safety concerns for immediate remedial action/steps.</p> <p>PEPFAR will support a fast track certification process that moves quickly, and that includes the temporary halting of all facilities which do not meet minimum requirements from conducting index testing until the requirements are met.</p> <p>PEPFAR will implement the agreements of COP21 on safe and ethical index testing.</p> <p>PEPFAR will fast-track the assessment of all 2,930 sites offering index testing and include PLHIV and KVPs in the site assessment teams.</p> <p>PEPFAR will assess whether implementing partners record partner risk assessment and whether they still contact partners regardless of reported violence.</p> <p>PEPFAR will immediately review the 30% of sites that are not ensuring client safety during contact elicitation at facilities.</p> <p>PEPFAR will ensure that all health workers are trained in IPV risk assessment.</p> <p>PEPFAR will ensure that prior to implementing (or re-implementing) index testing in any facility, there are adequate post-IPV services available for PLHIV at the facility or by referral, and all PLHIV who are screened should be offered this information. PEPFAR will actively track all referrals to ensure individuals access them and referral sites have adequate capacity to provide services to the individual.</p> <p>PEPFAR will report on 1) sites where implementing partners passed or failed the assessment; and 2) information on on-site assessment from 2021 and every quarter after that.</p> <p>PEPFAR will report aggregated index testing services data starting with high volume facilities (e.g. those identifying >20 HIV positive per month).</p> <p>PEPFAR will report aggregated index testing services data on low volume facilities.</p> <ul style="list-style-type: none"> - 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. <p>Quarterly reporting for each facility will entail the following variables aggregated for clients aged >15 years across the entire index testing cascade:</p> <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 - # of contacts screened positive for potential violence - # of contacts for whom permission was not given to contact. 	<p>COP22 Target: PEPFAR will monitor acceptance rates versus safety concerns by facility and flag any site with safety concerns for immediate remedial action/steps.</p> <p>COP22 Target: PEPFAR will support a fast track certification process that moves quickly, and that includes the temporary halting of all facilities which do not meet minimum requirements from conducting index testing until the requirements are met.</p> <p>COP22 Target: PEPFAR will implement the agreements of COP21 on safe and ethical index testing.</p> <p>COP22 Target: PEPFAR will fast-track the assessment of all 2,930 sites offering index testing and include PLHIV and KVPs in the site assessment teams.</p> <p>COP22 Target: PEPFAR will assess whether implementing partners record partner risk assessment and whether they still contact partners regardless of reported violence.</p> <p>COP22 Target: PEPFAR to immediately review the 30% of sites that are not ensuring client safety during contact elicitation at facilities. All healthcare providers must ascertain if the individual's partners have ever been violent and record the answer to this question <u>before</u> contacting the said sexual partners of PLHIV. None of the contacts that have ever been violent or are at risk of being violent should ever be contacted to protect the individual and other sexual partners the contact may have that are unknown.</p> <p>COP22 Target: PEPFAR will ensure that all health workers are trained in IPV risk assessment.</p> <p>COP22 Target: PEPFAR must ensure that prior to implementing (or re-implementing) index testing in any facility, there are adequate post-IPV services available for PLHIV at the facility or by referral, and all PLHIV who are screened should be offered this information. PEPFAR will actively track all referrals to ensure individuals access them and referral sites have adequate capacity to provide services to the individual.</p> <p>COP22 Target: PEPFAR will report on 1) sites where implementing partners passed or failed the assessment; and 2) information on on-site assessment from 2021 and every quarter after that.</p> <p>COP22 Target: PEPFAR will report aggregated index testing services data starting with high volume facilities (e.g. those identifying >20 HIV positive per month).</p> <p>COP22 Target: PEPFAR will report aggregated index testing services data on low volume facilities.</p> <ul style="list-style-type: none"> - 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. <p>COP22 Target: Quarterly reporting for each facility will entail the following variables aggregated for clients aged >15 years across the entire index testing cascade:</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
		<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 - # of contacts screened positive for potential violence - of contacts for whom permission was not given to contact.
4. PREVENTION		
4.1. Pre-exposure prophylaxis (PrEP)		
<p>“There are 4 COP21 strategies that address community engagement, program improvements and coordination and reaching the most vulnerable AGYW with the comprehensive DREAMS package: [...] 4) increasing PrEP uptake in DREAMS councils including demand creation, education, and initiation support.” - SDS pg. 44</p> <p>“PrEP has been prioritized for groups of people who have substantial risk of acquiring HIV: serodiscordant couples; AGYWs; pregnant and breastfeeding women; MSM; transgender individuals; sex workers; and PWID. The national PrEP program will provide a comprehensive set of services in line with GoT guidelines and circulars - SDS pg. 50-51</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).” - SDS pg. 51</p> <p>“Once the PrEP implementation framework is signed by the GoT, PEPFAR/T will scale-up PrEP among KP groups.” - SDS pg. 52</p> <p>“PEPFAR/T will intensify demand creation activities for awareness and promotion of effective use and retention on PrEP and will engage communities as needed in development and roll-out of key messages - SDS pg. 58</p> <p>“PEPFAR will ensure Truvada commodity needs for the PrEP program are met and maintained.” - SDS pg. 58</p> <p>“PEPFAR/T is also supportive of exploring the feasibility of the vaginal ring (DVR) and eventually, long-acting cabotegravir (CAB-LA) for prevention.” - SDS pg. 58</p> <p>“At the time that this SDS was drafted the GoT had not yet finalized a national PrEP implementation framework nor had it released a circular that would empower facilities to implement the framework and roll-out PrEP. GOT has committed to finalize/ sign the implementation framework and demand creation materials in May 2021 to begin scale-up of PrEP.” - SDS pg. 58</p>	<p>PEPFAR will enrol 360,000 people onto PrEP by the start of COP22.</p> <p>PEPFAR will increase PrEP targets to 347,000.</p> <p>PEPFAR will support PrEP refills extended to 3 month supply for individuals using PrEP for more than three months.</p> <p>PEPFAR will implement DSD for PrEP to simplify service delivery, including community collection of PrEP refills.</p> <p>PEPFAR will fund 12 community organisations to engage in demand creation activities at the community level and refer people most at risk of getting HIV for PrEP services at the facility.</p> <p>PEPFAR will offer all HIV negative pregnant and breastfeeding women PrEP.</p> <p>PEPFAR will fast track implementation of new WHO Guidance on Simplified PrEP Implementation.</p> <p>PEPFAR will support acceleration of roll out of CAB LA and the DVR.</p> <p>PEPFAR will strengthen, monitor and evaluate the PrEP program data to evaluate and document program improvement.</p> <p>PEPFAR will expand digital vending machines to a further two districts funded and placed in various parts of the country to increase the distribution of PrEP at the community level.</p>	<p>COP22 Target (fast track): 360,000 people are enrolled onto PrEP by the start of COP22.</p> <p>COP22 Target: Increase PrEP targets to 347,000.</p> <p>COP22 Target (fast track): PrEP refills extended to 3 month supply for individuals using PrEP for more than three months.</p> <p>COP22 Target (fast track): Implement DSD for PrEP to simplify service delivery, including community collection of PrEP refills.</p> <p>COP22 Target (fast track): PEPFAR will fund 12 community organisations to engage in demand creation activities at the community level and refer people most at risk of getting HIV for PrEP services at the facility.</p> <p>COP22 Target: All HIV negative pregnant and breastfeeding women will be offered PrEP.</p> <p>COP22 Target: PEPFAR should fast track implementation of new WHO Guidance on Simplified PrEP Implementation.</p> <p>COP22 Target: PEPFAR should support acceleration of roll out of CAB LA and the DVR.</p> <p>COP22 Target: Strengthened monitoring and evaluation of the PrEP program data to evaluate and document program improvement.</p> <p>COP22 Target: PEPFAR will expand digital vending machines to a further two districts funded and placed in various parts of the country to increase the distribution of PrEP at the community level.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
4.2. Lubricated Condoms		
<p>“PEPFAR/T is committed to working alongside stakeholders and the GoT to strengthen condom supply-chain and distribution systems to ensure condom availability at facility and community levels. - SDS pg. 44 Condom and lubricant line looks to be for \$1,000,000 (blurred text in the SDS) SDS pg 144</p>	<p>PEPFAR will work with GoT to update the following guidelines (including Standard Operating Procedures and Job Aids for implementation) to include lubricated condoms: - The National Condom Distribution Guide - The National Guideline for Comprehensive Package of HIV interventions for Key and Vulnerable Population</p> <p>PEPFAR will ensure that lubricated condoms are easily available at all facilities (not only upon request or in public spaces that make it difficult to pick them up).</p> <p>PEPFAR will procure lubricated condoms for distribution by community-based organisations within the community.</p> <p>PEPFAR will strengthen the supply chain to ensure effective quantification and a steady supply of lubricated condoms.</p> <p>PEPFAR will increase funding allocation from \$500,000 (COP21 planning letter) to \$1,500,000 for lubricated condoms purchase.</p> <p>PEPFAR will expand digital vending machines to a further two districts to increase the distribution of lubricated condoms at the community level.</p>	<p>COP22 Target: PEPFAR should work with GoT to update the following guidelines (including Standard Operating Procedures and Job Aids for implementation) to include lubricated condoms: - The National Condom Distribution Guide - The National Guideline for Comprehensive Package of HIV interventions for Key and Vulnerable Population</p> <p>COP22 Target: PEPFAR should ensure that lubricated condoms are easily available at all facilities (not only upon request or in public spaces that make it difficult to pick them up).</p> <p>COP22 Target: PEPFAR should procure lubricated condoms for distribution by community-based organisations within the community.</p> <p>COP22 Target: PEPFAR should strengthen the supply chain to ensure effective quantification and a steady supply of lubricated condoms.</p> <p>COP22 Target: Increased fund allocation from \$500,000 (COP21 planning letter) to \$1,500,000 for lubricated condoms purchase.</p> <p>COP22 Target: PEPFAR will expand digital vending machines to a further two districts to increase the distribution of lubricated condoms at the community level.</p>
4.3 DREAMS		
<p>“In order to assess DREAMS reach, inform programming for potential expansion and utilizing funds in the most efficient way, the DREAMS team estimated the number of vulnerable girls in each SNU [...] Saturation denominators showed strong coverage in three of the operating SNUS, allowing the program the option to extend to new councils.” - SDS pg. 41</p> <p>“In COP 21 DREAMS plans to reach 136,253 girls, adolescents and young women.” - SDS pg. 45</p> <p>From COP20 SDS, “By the end of FY 21, it is expected that 91,919 new AGYW (age 10-24) will be reached with DREAMS primary interventions.” - SDS pg. 39”</p>	<p>PEPFAR will expand DREAMS interventions to 3 additional councils including Lindi, Kibaha and Chalinze to ensure increased access to services among AGYW.</p>	<p>COP22 Target: DREAMS interventions expanded to 3 additional councils, Lindi, Kibaha and Chalinze.</p>
4.4 AGYW Forum		
<p>No mention.</p>	<p>In COP22, PEPFAR will support an AGYW Forum to be established in conjunction with CSO to advance the meaningful engagement of young people led and run by adolescent girls and young women.</p>	<p>COP22 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.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
5. PAEDIATRIC DIAGNOSIS, TREATMENT AND VIRAL SUPPRESSION		
5.1. Diagnosis		
<p>“For pediatric identification, in COP21 PEPFAR/T will strengthen mentorship to HCPs on quality DBS sample collection to reduce rejection rate. Also increase EID point of care from to from 64 in COP20 to 83 in COP21.” - SDS pg. 36</p> <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 turnaround time and low EID coverage especially in hard-to-reach areas.” - SDS pg. 49</p> <p>“In collaboration with MOH, PEPFAR/T will monitor data driven utilization of point of care Testing (POCT) for VL, EID and TB testing in hard to reach councils and priority populations. Of the 264 GeneXpert platforms that were placed through the TB program, there are currently 63 GeneXpert platforms doing VL/ EID and TB testing.”-SDS pg. 77</p> <p>“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.” - SDS pg. 86”</p>	<p>PEPFAR will review all PEPFAR-supported sites to ensure that the files of mothers and their children are linked and they receive services at the same time to avoid multiple trips to the facility.</p> <p>PEPFAR will review all PEPFAR-supported sites to ensure that the necessary services required to offer HIV testing and treatment services to children are available. This will include equitable distribution of diagnostic machines. PEPFAR will also address all stockouts of reagents that cause samples to be delayed and/or rejected.</p> <p>PEPFAR will procure additional POC EID machines to increase machines from 83 to 95. PEPFAR will ensure turnaround time for all EID test results is reduced to one day from collection to return to the caregiver.</p> <p>PEPFAR will ensure all children born to HIV positive mothers are tested in under 2 months</p>	<p>COP22 Target: PEPFAR will review all PEPFAR-supported sites to ensure that the files of mothers and their children are linked and they receive services at the same time to avoid multiple trips to the facility.</p> <p>COP22 Target: PEPFAR will review all PEPFAR-supported sites to ensure that the necessary services required to offer HIV testing and treatment services to children are available. This must include equitable distribution of diagnostic machines. PEPFAR will also address all stockouts of reagents that cause samples to be delayed and/or rejected..</p> <p>COP22 Target: PEPFAR will procure additional POC EID machines to increase machines from 83 to 95.</p> <p>COP22 Target: PEPFAR will ensure turnaround time for all EID test results is reduced to one day from collection to return to the caregiver.</p> <p>COP22 Target: PEPFAR will ensure all children born to HIV positive mothers are tested in under 2 months.</p>
5.2. Paediatric Treatment		
<p>“Efforts to strengthen linkage and retention to minimize patient loss will include a renewed emphasis on treatment literacy at facility and community levels” - SDS pg. 3</p> <p>“We will continue strengthening and supporting PLHIV-support groups and networks to improve overall quality of services to increase continuum of treatment and achieve viral suppression for both adults and children living with HIV.” - SDS pg. 31”</p> <p>“Tanzania is on track for pDTG 10 introduction and rollout. The pDTG 10mg is included in HIV/TB treatment guidelines.” - SDS pg. 35</p> <p>“Clients identified to have challenges in adherence to treatment, retention in care, and/or attaining viral suppression receive the necessary attention through designated days where the clinic is focused to address group and individual issues through enhanced adherence counseling coupled with peer support. These designated clinic days, coupled with greater frequency of visits, if feasible, or remote and virtual check-ins, if in-person visits pose a barrier, offer service providers the space they need to focus on special needs in order to identify and address unique, individual barriers in the spirit of client-centered care. - SDS pg. 37</p> <p>“Optimized pediatric ARV regimen for children ≥ 20 kg is now continuing in Phase I, Phase II, and Phase III facilities as part of the transition to dolutegravir-based regimens. - SDS pg. 57</p> <p>“Similar activities for the introduction of pediatric granules and pDTG are ongoing” - SDS pg. 60</p> <p>Minimum program requirements “Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are >4 weeks of age and weigh >3kg, and removal of all NVP and EFV based ART regimens” SDS pg. 228</p>	<p>PEPFAR will fund PLHIV-led community-level treatment literacy support for pregnant and breastfeeding mothers on the importance of treatment and adherence for children living with HIV.</p> <p>PEPFAR will immediately review the mother to mother and mentor mother programmes to ensure recruitment of women living with HIV to support peers.</p> <p>PEPFAR will prioritise and fast-tracked viral load tests and results for paediatrics (1 day) and mothers (7 days) to ensure that mothers and children with high viral loads are able to receive results and support quickly.</p> <p>PEPFAR will immediately phase out all nevirapine and immediately address stockout outs of paediatric ARVs.</p> <p>PEPFAR will complete optimisation of paediatric ARV regimens and ensure full uptake of DTG 10 mg dispersible tablets.</p> <p>PEPFAR will scale-up MMD for CLHIV and simplify the implementation of 3MMD for children 2- <5 years of age.</p> <p>PEPFAR will ensure immediate, same-day linkages to effective paediatric ART services in place to ensure all positive test results at birth lead to immediate initiation of appropriate ART for newborns with HIV</p> <p>PEPFAR will scale-up POC-VL testing to all children under 4 years to improve immediate treatment support for those with suppression challenges</p>	<p>COP22 Target: PEPFAR will fund PLHIV-led community-level treatment literacy support for pregnant and breastfeeding mothers on the importance of treatment and adherence for children living with HIV.</p> <p>COP22 Target: Immediate review of the mother to mother and mentor mother programmes to ensure recruitment of women living with HIV to support peers.</p> <p>COP22 Target: Prioritised and fast-tracked viral load tests and results for paediatrics (1 day) and mothers (7 days) to ensure that mothers and children with high viral loads are able to receive results and support quickly.</p> <p>COP22 Target: No stockouts of paediatric ARVs.</p> <p>COP22 Target: Immediate phase-out of nevirapine regimens for children.</p> <p>COP22 Target: Complete optimisation of paediatric ARV regimens and ensure full uptake of DTG 10 mg dispersible tablets.</p> <p>COP22 Target: Scale-up MMD for CLHIV and simplify the implementation of 3MMD for children 2- <5 years of age.</p> <p>COP22 Target: Immediate, same-day linkages to effective paediatric ART services in place to ensure all positive test results at birth lead to immediate initiation of appropriate ART for newborns with HIV.</p> <p>COP22 Target: Scale-up POC-VL testing to all children under 4 years to improve immediate treatment support for those with suppression challenges</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
6. KEY POPULATIONS		
6.1. Gender-Based Violence		
<p>Community-based mobile health units provide a one-stop suite of services including HIV testing, Family Planning (FP), screening for gender-based violence (GBV), TB, and substance/alcohol use, and escorted GBV referrals. SDS pg 43</p>	<p>PEPFAR will ensure that GBV prevention services, as well as services for KPs who have experienced GBV, are available at all PEPFAR supported sites, either on site or by referral. PEPFAR will support KP-led organisations to build community knowledge around GBV, GBV reporting, GBV prevention, and GBV PEPFAR will sensitise law enforcement, MTAKUA, community and religious leaders on issues related to KPs, GBV and the GBV response.</p>	<p>COP22 Target: PEPFAR should ensure that GBV prevention services, as well as services for KPs who have experienced GBV, are available at all PEPFAR supported sites, either on site or by referral.</p> <p>COP22 Target: PEPFAR should fund 5 KP-led organisations to build community knowledge around GBV, GBV reporting, GBV prevention, and GBV services.</p> <p>COP22 Target: PEPFAR should fund 5 KP-led organisations to sensitise and build knowledge among law enforcement, MTAKUA, community and religious leaders on issues related to KPs, GBV and the GBV response.</p>
6.2. Medically Assisted Therapy		
<p>Additionally, PEPFAR/T, in collaboration with IPs, will continue identifying local CSOs that will work with KP, especially PWID, FSW and MSM, in order to accelerate geographic expansion of services. - SDS pg. 51</p> <p>“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.” - SDS pg. 52</p> <p>“PEPFAR/T will establish additional satellite MAT clinics to decongest current MAT facilities and increase MAT services among PWID” - SDS pg. 52</p> <p>Last available data in COP is in FY19, PEPFAR/T provided medication assisted therapy (MAT) services to 4465 PWID.- pg. 52</p> <p>Same table in COP20 shows a KP testing target for FY20 of 72,570 - SDS pg. 65</p>	<p>PEPFAR will ensure that harm reduction services — including medically assisted treatment such as methadone, morphine for children, and other drug dependence treatment — are made available at double the number of health facilities currently supported.</p> <p>PEPFAR will support take-home doses of methadone for PWUD to decongest facilities. PEPFAR will establish service delivery points in Morogoro, Arusha, Shinyanga and one satellite in Mwanza to reach more PWUD. PEPFAR will collaborate with PWUD-led community organisations to hire community members as counsellors, and outreach workers to improve demand creation, psycho-social support and counselling and knowledge of HIV status, treatment and retention for PWUD.</p> <p>PEPFAR will fund PWUD-led community organisations to offer MAT clients economic and life skills empowerment as part of service delivery.</p> <p>PEPFAR will fund 2 mobile clinics for MAT. PEPFAR and Global Fund will ensure that all KPs are offered voluntary hepatitis testing at drop-in centres, including for reinfections when accessing HIV prevention, treatment, or other harm reduction services — and the preventative HBV vaccine should be offered at the time of return of HIV results, depending on other health conditions, previous treatment experience, and potential drug-drug interactions. All people diagnosed with HBV and/or HCV should be offered treatment, care, and linked to wraparound services.</p>	<p>COP22 Target: PEPFAR should ensure that harm reduction services — including medically assisted treatment such as methadone, morphine for children, and other drug dependence treatment — are made available at double the number of health facilities currently supported.</p> <p>COP22 Target: PWUDs have access to take-home doses of methadone to decongest facilities.</p> <p>COP22 Target: Established service delivery points in Morogoro, Arusha, Shinyanga and one satellite in Mwanza to reach more PWUD.</p> <p>COP22 Target: PEPFAR funded PWUD-led community organisations employed as counsellors, and outreach workers to improve demand creation, psycho-social support and counselling and knowledge of HIV status, treatment and retention for PWUD.</p> <p>COP22 Target: PEPFAR funded PWUD-led community organisations supported to offer MAT clients economic and life skills empowerment as part of service delivery.</p> <p>COP22 Target: PEPFAR should fund 2 mobile clinics for MAT.</p> <p>COP22 Target: PEPFAR and Global Fund should ensure that all KPs are offered voluntary hepatitis testing at drop-in centres, including for reinfections when accessing HIV prevention, treatment, or other harm reduction services — and the preventative HBV vaccine should be offered at the time of return of HIV results, depending on other health conditions, previous treatment experience, and potential drug-drug interactions. All people diagnosed with HBV and/or HCV should be offered treatment, care, and linked to wraparound services.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
6.3. Women who use drugs		
No mention.	PEPFAR will ensure that MAT services are expanded to include access to methadone, naloxone, shelter for women (and their children) who might not have a place to go once enrolled on methadone, sexual and reproductive healthcare for women offered in the same place as the methadone, pregnancy service, STI screening, cancer screening, sanitary equipment for menstruation, access to HIV testing and treatment, access to ART for PLHIV, access to hepatitis B testing & vaccination, TB screening and treatment, cervical cancer screening and treatment, psychosocial support and counselling, economic empowerment and life skills and support post-recovery re-engage with the community and family.	<p>COP22 Target: PEPFAR should ensure that MAT services are expanded to include the following minimum package of services:</p> <ul style="list-style-type: none"> - Access to methadone - Access to naloxone - Shelter for women (and their children) who might not have a place to go once enrolled on methadone - Sexual and reproductive healthcare for women offered in the same place as the methadone to offer pregnancy service, STI screening, cancer screening etc. - Sanitary equipment for menstruation - Access to HIV testing and treatment - Access to ART for PLHIV - Access to hepatitis B testing & vaccination - Access to TB screening and treatment - Access to cervical cancer screening and treatment - Access to psychosocial support and counselling - Access to economic empowerment and life skills - Support with post-recovery re-engage with the community and family.
6.4 Key Population Targets		
<p>KP testing targets for FY22 is 99,530 - SDS pg. 67</p> <p>FY22 KP_MAT target is 5,978 - SDS pg. 72</p> <p>“CDC proposes three surveillance activities for COP21. This includes completion of the Bio-behavioral survey and size estimation among FSW, MSM, and PWID in mainland Tanzania (IBBS);” - SDS pg. 99</p>	<p>PEPFAR will increase the numbers of key populations receiving testing services to increase case finding in the community.</p> <p>PEPFAR will in conjunction with KVPs and the Ministry of Health, increase knowledge on the importance of the IBBS study and KP programming.</p> <p>PEPFAR will ensure that Trans* people and MSM included in the next IBBS.</p> <p>PEPFAR will scale-up IBBS to include Shinyanga, Tanga, Arusha na Kagera regions.</p>	<p>COP22 Target: COP22 prevention targets should be increased in COP22 to KP_PREV 291,915: including 259,776 (FSW), 23,124 (MSM), 9,015 (PWID).</p> <p>COP22 Target: Increased number of KPs enrolled on ART from 9,280 to 13,920.</p> <p>COP22 Target: In conjunction with KVPs and the Ministry of Health, increase knowledge on the importance of the IBBS study and KP programming.</p> <p>COP22 Target: Trans* people and MSM included in the next IBBS.</p> <p>COP22 Target: Scale-up of IBBS to Shinyanga, Tanga, Arusha na Kagera regions.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
6.5. Accessible and Quality Services for Key Populations		
<p>“In addition, to effectively target client-centered, facility-led, community-based HTS activities, PEPFAR/T will continue to integrate nighttime and moonlight testing activities to better reach key and priority populations and communities surrounding KVP hotspots” - SDS pg. 30</p> <p>Additionally, PEPFAR/T, in collaboration with IPs, will continue identifying local CSOs that will work with KP, especially PWID, FSW and MSM, in order to accelerate geographic expansion of services. - SDS pg. 51</p> <p>“In COP20 [suspected typo, likely should be COP21], 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” - SDS pg. 78</p> <p>“multi-month dispensing has been scaled up with 77% of eligible clients receiving at least three months ART. - SDS pg. 87</p>	<p>In COP22, PEPFAR will fund 5 KP-led organisations to offer comprehensive quality services to KPs.</p> <p>PEPFAR will evaluate all KP partners for compliance with the KP-Competency Minimum Required Standards.</p> <p>PEPFAR will work with GoT to ensure that 6MMD for KPs is supported and implemented.</p>	<p>COP22 Target: PEPFAR should fund 5 KP-led organisations to offer comprehensive quality services to KPs.</p> <p>COP22 Target: PEPFAR should evaluate all KP partners for compliance with the KP-Competency Minimum Required Standards.</p> <p>COP22 Target: PEPFAR to work with GoT to ensure that 6MMD for KPs is supported and implemented.</p>
6.6. Key specific service		
<p>“On the prevention front, continued engagement of the KVP Forum will ensure that KVP activities are being implemented effectively at the community level.” - SDS pg. 3</p> <p>“In COP20 [presumed typo, left from previous COP, should be OP21], PEPFAR/T will continue engaging KP groups in the design and implementation of KP programs.” - SDS pg. 52</p> <p>“In COP 21 PEPFAR/T will work to incorporate lessons learned from KPIF into ongoing activities and will continue to work with and support the KVP Forum.” - SDS pg. 52</p> <p>“To continue to foster a grassroots network of indigenous organizations and drive more local investment, PEPFAR/T will also engage with CSOs – both those receiving PEPFAR funding through sub-awards and those not receiving PEPFAR funds – through quarterly PEPFAR partner meetings. Engagement will also continue through continued collaboration with and support for the KVP Forum, and through regular monitoring of CLM small grantees.” - SDS pg. 63”</p>	<p>In COP22, PEPFAR will fund 5 KP-led organisations to create demand for both PrEP and PEP in all districts and enable direct links with a facility partner who will provide onsite services for HIV testing, PrEP and PEP.</p> <p>PEPFAR will work with GoT to ensure that trans* people are able to access hormone therapy and gender-affirming services closer to home. Where trans* people need specialised care from a drop-in centre or public health facility offering specialised care, they will be provided with easy referral and adequate resources (including transport/ money for transport) to uptake those services.</p>	<p>COP22 Target: PEPFAR should fund 5 KP-led organisations to create demand for both PrEP and PEP in all districts and enable direct links with a facility partner who will provide onsite services for HIV testing, PrEP and PEP.</p> <p>COP22 Target: PEPFAR and GoT should ensure that trans* people are able to access hormone therapy and gender-affirming services closer to home. Where trans* people need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided with easy referral and adequate resources (including transport/ money for transport) to uptake those services.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
6.7 Structural Barriers		
<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. SDS pg 38</p> <p>DREAMS addresses some of the key drivers of teen pregnancy and early marriage through behavioral and structural interventions including: support for continued education; puberty and body awareness education; FP and RH education and services; sexual violence prevention; and parent and community sensitization on the effects of harmful social and gender norms Pg 44</p>	<p>In COP22, PEPFAR will work with GoT to strengthen the enabling legal environment for KVPs to have access to better health services. PEPFAR will engage KVP leadership and communities to ensure meaningful engagement and participation from intended beneficiaries on creating an enabling environment. Further, working with GoT and stakeholders, PEPFAR will assess laws, customs, traditions, and practices that infringe on the right to health for KVPs and develop an action plan to address them.</p> <p>PEPFAR will work with KVP-led organisations and rights organisations to support paralegals and legal aid providers to provide legal, social and rights-based assistance to KVP victims of unlawful arrest and unfriendly laws and practices.</p>	<p>COP22 Target: PEPFAR should work with GoT to strengthen the enabling legal environment for KVPs to have access to better health services.</p> <p>COP22 Target: PEPFAR will engage KVP leadership and communities to ensure meaningful engagement and participation from intended beneficiaries on creating an enabling environment.</p> <p>COP22 Target: PEPFAR will work together with GoT and stakeholders will assess laws, customs, traditions, and practices that infringe on the right to health for KVPs and develop an action plan to address them.</p> <p>COP22 Target: PEPFAR will work with KVP-led organisations and rights organisations to support paralegals and legal aid providers to provide legal, social and rights-based assistance to KVP victims of unlawful arrest and unfriendly laws and practices.</p>
7. DIFFERENTIATED SERVICE DELIVERY (DSD)		
<p>“In the context of treatment, PEPFAR/T will build on current efforts to roll out 6-month dispensing (6MMD) [...] Efforts will also be directed towards moving forward with nationwide 6MMD roll out and ensuring that supply chain policies are strengthened.” - SDS pg. 3</p> <p>“Community-ART enrollment and refills will continue for key and vulnerable populations and be expanded to the general population as part of continued efforts to decongest health facilities. - SDS pg. 3</p> <p>Efforts will also be directed towards moving forward with nationwide 6MMD roll out and ensuring that supply chain policies are strengthened. -SDS pg. 3</p> <p>“All PEPFAR/T supported community implementing partners will scale-up community ART refills by offering multi-month dispensing through mobile clinics.” - SDS pg. 15</p> <p>“PEPFAR/T continued to support decentralized drug distribution (DDD) for ART refills and other HIV care services including TB, TPT, FP, CECAP as well as VL sample collection.” -SDS pg. 56</p> <p>“The MoHCDGEC approved the start of 6MMD in the Dar es Salaam region in March 2020 and 73% of eligible 6MMD clients received it by December 2020. Scale-up to all other regions are planned for FY 21 pending stock arrival in Q3 2021.” - SDS pg 58”</p> <p>“The following will be <u>implemented across the country</u>: [...] • <u>Expansion of community ART distribution</u>: improve ART continuity and provide client-centered services through the expansion of community ART for recipients at high risk of treatment interruption as per Ministry of Health guidelines.” - SDS pg. 104</p> <p>Minimum program requirements “Adoption and implementation of differentiated service delivery models for all clients with HIV including 6 MMD, decentralized drug distribution, and services designed to improve identification and ART coverage and continuity for different demographic and risk groups. [next steps] Continue monitoring stock levels. Work to further scale-up community ART distribution. Include 6MMD in supply plan with clear implementation timeline.” - SDS pg. 118”</p> <p>Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential)” - SDS pg. 118</p>	<p>In COP22, PEPFAR will work with GoT to enable lay HCWs to distribute pre-packed ART refills for stable patients to enable more community refill DSD models specifically including community ART adherence clubs and community ART refill collection points.</p> <p>In COP22, PEPFAR will work with GoT to update DSD guidance to allow women stable on ART in DSD models the option to remain in their model alongside antenatal care. Further, PEPFAR will work with GoT to update DSD guidance to allow breastfeeding women to qualify as stable and implement 3MMD-6MMD aligned with MCH visits.</p> <p>Community ART will be extended countrywide (community refills will be led by community members especially KVP). 40% of PLHIV will access their ART refills outside of the health facility in DSD models led by lay HCWs (including KP peers and stable ART patients); and 20% of PLHIV will access their ART refills through facility/ community group DSD models to provide preferred psychosocial support. 70% of PLHIV will receive 3MMD-6MMD (including all subpopulations) with quarterly reporting of ART refill length for all PLHIV on ART disaggregated by age categories and sub-district.</p> <p>PEPFAR will support immediate countrywide roll-out of 6MMD to all eligible PLHIV and KVPs. PEPFAR will work with GoT to strengthen and support the supply chain to ensure scale-up of MMD and decentralised drug distribution (DDD).</p>	<p>COP22 Target: PEPFAR to work with GoT to enable lay HCWs to distribute pre-packed ART refills for stable patients to enable more community refill DSD models specifically including community ART adherence clubs and community ART refill collection points.</p> <p>COP22 Target: PEPFAR to work with GoT to update DSD guidance to allow women stable on ART in DSD models the option to remain in their model alongside antenatal care.</p> <p>COP22 Target: PEPFAR to work with GoT to update DSD guidance to allow breastfeeding women to qualify as stable and implement 3MMD-6MMD aligned with MCH visits.</p> <p>COP22 Target: Extended community ART countrywide (community refills should be led by community members especially KVP).</p> <p>COP22 Target: 40% of PLHIV access their ART refills outside of the health facility in DSD models led by lay HCWs (including KP peers and stable ART patients).</p> <p>COP22 Target: 20% of PLHIV access their ART refills through facility/community group DSD models to provide preferred psychosocial support.</p> <p>COP22 Target: 70% of PLHIV cohort receiving 3MMD-6MMD (including all subpopulations) with quarterly reporting of ART refill length for all PLHIV on ART disaggregated by age categories and sub-district.</p> <p>COP22 Target: Immediate countrywide roll-out of 6MMD to all eligible PLHIV and KVPs.</p> <p>COP22 Target: Strengthened and supported supply chain to ensure scale-up of MMD and decentralised drug distribution (DDD).</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
8. ART CONTINUITY		
<p>To address treatment interruption among new clients, PEPFAR/T will continue to implement the Linkage Case Management (LCM) program and will explore extending LCM beyond the routine six-week period to up to 6 months for specific at-risk populations (i.e., adults 20-29 years old), so that newly diagnosed clients can be monitored to the viral suppression as a clinical outcome of interest. SDS Pg 37</p>	<p>PEPFAR will carry out an analysis of specific district-level challenges in COP21 to increase tailored support to the specific districts with high numbers of people interrupting treatment or disengaging from care in COP22.</p>	<p>COP22 Target: PEPFAR to carry out analysis of specific district-level challenges to increase tailored support to the specific districts with high numbers of people interrupting treatment or disengaging from care.</p>
8.1. Viral Load		
<p>“Refocusing viral load testing to prioritize high throughput platforms will enable PEPFAR/T to strengthen the viral load testing systems and minimize supply chain disruptions.” - SDS pg. 3</p> <p>“During COP20, PEPFAR/T, in collaboration with the GoT, will seek to leverage the U=U message to support and enhance retention efforts, medication adherence, and early initiation on ART. In addition, the U=U campaign will further be leveraged to combat HIV-related stigma. 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. Primary messages will include medication adherence, prevention of sexual transmission of HIV, viral load monitoring, staying undetectable, and other relevant prevention considerations. Additionally, PEPFAR/T will train and capacitate health care workers about U=U and how to communicate the message and support their clients living with HIV.” - SDS pg. 14</p> <p>“The goal of the country is to place two Gene Xpert machines per council, currently there are 26 councils without the machines” - SDS pg. 35</p> <p>“During COP21, PEPFAR/T support work collaboratively with the GoT to support a transition to better utilization of high throughput VL test platforms (Roche & Abbott) [...] efforts will also focus on strengthening oversight & coordination for reliable supply chain systems to minimize stock-outs and systems maintenance.” - SDS pg. 77”</p> <p>“In collaboration with MOH, PEPFAR/T will monitor data driven utilization of point of care Testing (POCT) for VL, EID and TB testing in hard to reach councils and priority populations. Of the 264 GeneXpert platforms that were placed through the TB program, there are currently 63 GeneXpert platforms doing VL/ EID and TB testing. Of the 264 platforms, 88% of them have the GXAlert electronic system and data from these is reported centrally in a separate database, with on-going efforts to bring this data to the Open LDR. - SDS pg. 77</p> <p>“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.” -SDS pg. 86</p>	<p>In COP22, PEPFAR will ensure that all testing backlogs are urgently cleared to ensure that PLHIV receive viral load tests and rapid test results. PEPFAR will organise an urgent dialogue with government and other relevant stakeholders to review and immediately address all policies causing stockouts including barriers to stock shipment.</p> <p>PEPFAR will ensure that functioning viral load testing machines are placed and maintained in all districts. A review of districts with low viral load coverage will be carried out by PEPFAR to ensure that they receive urgent support to improve coverage beginning with Mtwara, Manyara, Morogoro, Arusha, Iringa, Lindi and Ruvuma with lowest coverage.</p> <p>In COP22, all PLHIV will receive a viral load test to ensure 100% viral load testing coverage. PEPFAR will further institute a system to monitor 1) turnaround time (from viral load test taken to viral load results being in hand with PLHIV) and 2) sample loss, at all PEPFAR-supported sites. PEPFAR will support GoT to adopt a viral load database that allows clinicians to be able to see immediate viral load results in real time as they are uploaded to the dashboard, reducing turnaround time for viral load results.</p>	<p>COP22 Target: All testing backlogs will be urgently cleared to ensure that PLHIV receive viral load tests and rapid test results.</p> <p>COP22 Target: PEPFAR will organise an urgent dialogue with government and other relevant stakeholders to review and immediately address all policies causing stockouts including barriers to stock shipment.</p> <p>COP22 Target: PEPFAR will ensure that functioning viral load testing machines are placed and maintained in all districts.</p> <p>COP22 Target: PEPFAR will carry out a review of districts with low viral load coverage to ensure that they receive urgent support to improve coverage beginning with Mtwara, Manyara, Morogoro, Arusha, Iringa, Lindi and Ruvuma with lowest coverage.</p> <p>COP22 Target: PEPFAR will ensure 100% viral load testing coverage.</p> <p>COP22 Target: PEPFAR will institute a system to monitor 1) turnaround time (from viral load test taken to viral load results being in hand with PLHIV) and 2) sample loss, at all PEPFAR-supported sites.</p> <p>COP22 Target: PEPFAR will support GoT to adopt a viral load database that allows clinicians to be able to see immediate viral load results in real time as they are uploaded to the dashboard, reducing turnaround time for viral load results.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
<p>“Completion of diagnostic network optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.” - SDS pg. 118-119”</p>		
<p>8.2 Community-Led Treatment Literacy</p>		
<p>“OVC case workers help monitor child and caregiver retention and adherence, provide treatment literacy, and reinforce age-appropriate and positive family disclosure. SDS pg 45</p> <p>“The OVC program will provide case management for all children and caregivers in the comprehensive program, including HIV risk assessment; treatment literacy; and VAC & GBV screening and referrals to comprehensive services” SDS pg 47</p> <p>“PEPRAR/T will focus on client centered services and utilize high-quality treatment literacy approaches including U=U to achieve undetectable viral loads through treatment adherence. In COP21, PEPFAR/T will review available treatment literacy materials to understand and assess any gaps. Members of the target communities have been, and will continue to be involved in message development.” SDS pg 77</p>	<p>PEPFAR will fund an expansion of PLHIV, KP, and AGYW led treatment literacy efforts through training, education, development of people-friendly materials, and through localised social mobilisation campaigns. At a facility-level, PEPFAR will work with GoT to ensure that all healthcare workers provide accurate and easily understandable information (tailored to specific populations) on treatment adherence, the importance of an undetectable viral load, and the if undetectable, the availability of DSD options (less frequent ART refill collection closer to home with group support if desired) when talking to PLHIV, through consultations, counselling, outreach, and health talks at clinics.</p>	<p>COP22 Target: PEPFAR should fund an expansion of PLHIV, KP, and AGYW led treatment literacy efforts through training, education, development of people-friendly materials, and through localised social mobilisation campaigns.</p> <p>COP22 Target: PEPFAR will work with GoT to ensure that all healthcare workers provide accurate and easily understandable information (tailored to specific populations) on treatment adherence, the importance of an undetectable viral load, and the if undetectable, the availability of DSD options (less frequent ART refill collection closer to home with group support if desired) when talking to PLHIV, through consultations, counselling, outreach, and health talks at clinics.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
8.3. Adherence support groups		
<p>“PEPFAR/T will continue to utilize the standardized, data-driven, male-centered service package that addresses the entire cascade across regions with highest gaps in finding men. - pg. 25</p> <p>“PEPFAR/T will implement the evidence-based linkage case management (LCM) model, assigning all newly initiated PLHIV to a PLHIV expert client for the first 60 days to support adherence to ART and promote early retention to care and treatment. - pg. 31</p> <p>“We will continue strengthening and supporting PLHIV-support groups and networks to improve overall quality of services to increase continuum of treatment and achieve viral suppression for both adults and children living with HIV.” - pg. 31</p> <p>“PEPFAR/T will build on COP20 efforts to make clinics more “male-friendly” through extended operating hours, moonlight services, deploying male service providers, enhanced adherence counseling, especially for men with poor viral load results, and use of peer support for close follow-up including appointment reminders to help ensure clients don’t miss their appointments.” - pg. 33</p> <p>“PEPFAR/T continued to support decentralized drug distribution (DDD) for ART refills and other HIV care services including TB, TPT, FP, CECAP as well as VL sample collection. The facilities identify ART groups, satellite ART refill centers and ART outreaches to reach clients who have opted for DDD model. In COP21 PEPFAR/T is planning to scale DDD model to reach more clients particularly those in hard-to-reach areas and SNUs with high treatment interruption.” - pg. 56</p> <p>“Effective interventions to improve linkages among OVC and adolescents will include flexible clinical hours, peer support and adherence clubs, adherence monitoring, and family disclosure support” - pg. 48”</p> <p>Minimum program requirements “Adoption and implementation of differentiated service delivery models for all clients with HIV including 6 MMD, decentralized drug distribution, and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.” - pg. 118</p>	<p>PEPFAR will ensure there are support groups linked to 100% of PEPFAR supported sites led by PLHIV and that newly diagnosed PLHIV, PLHIV returning to care, or PLHIV struggling with adherence are provided with the option to be linked to these support groups. Additionally, PEPFAR will revive support groups for adolescents and young people linked to 100% of PEPFAR supported sites and support mental health among PLHIV and KVPs as part of the support group package.</p>	<p>COP22 Target: PEPFAR will ensure there are support groups linked to 100% of PEPFAR supported sites led by PLHIV and that newly diagnosed PLHIV, PLHIV returning to care, or PLHIV struggling with adherence are provided with the option to be linked to these support groups.</p> <p>COP22 Target: PEPFAR will revive support groups for adolescents and young people linked to 100% of PEPFAR supported sites.</p> <p>COP22 Target: PEPFAR will support mental health among PLHIV and KVPs as part of the support group package.</p>
8.4 Men		
<p>“PEPFAR/T will continue to utilize the standardized, data-driven, male-centered service package that addresses the entire cascade across regions with highest gaps in finding men. In FY21, PEPFAR/T will continue supporting the scale-up the HIVST to cover all regions, targeting men, key and vulnerable populations” SDS pg 25</p> <p>“Male case-finding will be the aim of interventions near and at businesses that are reliant on a male workforce. Given male reluctance to visit health facilities, various modalities will be 96</p> <p>tested to motivating employed men to test. The intervention will involve creating informal and formal partnerships among HIVSTK providers, businesses, and PEPFAR implementing partners.” SDS pg 96</p>	<p>In COP22, all PEPFAR supported sites have <u>at least</u> one male nurse and one male counsellor in place leading to a greater uptake of services by men. All PEPFAR supported sites will have at least one male clinic day (ensuring male staff are on duty) per week or Men’s Corners integrated into service delivery to provide services specific to the needs of men.</p> <p>PEPFAR will fund models such as father-to-father in COP22, to be implemented by PLHIV networks, to encourage male health-seeking behaviour.</p>	<p>COP22 Target: All PEPFAR supported sites have <u>at least</u> one male nurse and one male counsellor in place leading to a greater uptake of services by men.</p> <p>COP22 Target: All PEPFAR supported sites have at least one male clinic day (ensuring male staff are on duty) per week or Men’s Corners integrated into service delivery to provide services specific to the needs of men.</p> <p>COP22 Target: PEPFAR funds models such as father-to-father, to be implemented by PLHIV networks, to encourage male health-seeking behaviour.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
8.5. Addressing stigma, discrimination, and poor staff attitudes		
<p>Under the new law, GoT has committed to scale up HIVST nationwide focusing on KP and sexual partners of FSW who are reluctant to go for services because of stigma and other reasons. SDS pg 51</p> <p>"In COP19, the MoHCDGEC underscored the importance of training facility HCWs and law enforcement officials on stigma and discrimination and comprehensive services among KPs". SDS pg 51</p> <p>"PEPFAR will continue to fund the implementation of stigma and discrimination sensitization programming for healthcare workers and law enforcement." SDS pg 52</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. SDS pg 64</p>	<p>In COP22, all facility staff (clinical, non-clinical, administrative) at PEPFAR supported sites are trained and held accountable to provide a friendly and welcoming environment for all clients, including PLHIV and KPs returning to care after a late/missed scheduled visit, silent transfer from another facility, or treatment interruption. PEPFAR will ensure that all facility staff (clinical, non-clinical, administrative) are sensitised on friendly and appropriate service provision for key and vulnerable populations including understanding issues related to sexual orientation, gender identity, sex work, and drug use. KPs must be involved in the implementation of these sensitisation trainings.</p> <p>PEPFAR will fund KP-led literacy training on KVP issues at facilities and in the community in COP22, in order to sensitise all facility staff (clinical and non-clinical) and the community at large and reduce overall stigma and discrimination. PEPFAR will work with PLHIV, KVP and people with disabilities living with HIV to reduce stigma at the facility and in the community at large.</p>	<p>COP22 Target: All facility staff (clinical, non-clinical, administrative) at PEPFAR supported sites are trained and held accountable to provide a friendly and welcoming environment for all clients, including PLHIV and KPs returning to care after a late/missed scheduled visit, silent transfer from another facility, or treatment interruption.</p> <p>COP22 Target: PEPFAR should ensure that all facility staff (clinical, non-clinical, administrative) are sensitised on friendly and appropriate service provision for key and vulnerable populations including understanding issues related to sexual orientation, gender identity, sex work, and drug use. KPs must be involved in the implementation of these sensitisation trainings.</p> <p>COP22 Target: PEPFAR should fund KP-led literacy training on KVP issues at facilities and in the community in order to sensitise all facility staff (clinical and non-clinical) and the community at large and reduce overall stigma and discrimination.</p> <p>COP22 Target: PEPFAR will work with PLHIV, KVP and people with disabilities living with HIV to reduce stigma at the facility and in the community at large.</p>
8.6 Young people		
<p>"The service package for children aged 15-17 will include: "Furaha" parenting and violence prevention; adolescent sexual and reproductive health education; and education subsidy support and monitoring of school attendance and progression". SDS pg. 47</p>	<p>PEPFAR will ensure in COP22 that a comprehensive, user-friendly service delivery package for adolescents is implemented offering prevention, treatment and SRH services to young people and adolescents.</p>	<p>COP22 Target: Comprehensive, user-friendly service delivery package for adolescents is implemented offering prevention, treatment and SRH services to young people and adolescents.</p>
9. STOCKOUTS		
<p>"Above-site investments focus on supporting all of these priorities through supply chain strengthening to deliver life-saving commodities" - SDS pg. 4</p> <p>"The current supply plan for TLD considers 6MMD requirement which will be dependent on adequate stock levels in accordance with the GOT min- max requirements. PEPFAR/ TZ is working with the GF to ensure that there's adequate stock to support these GOT requirements for 6MMD." - SDS pg. 60</p> <p>"Efforts will also focus on strengthening oversight & coordination for reliable supply chain systems to minimize stock-outs and systems maintenance. - SDS pg. 77</p> <p>"PEPFAR, through the GHSA-TA activity, has completed studies to inform how direct funding at the facility level would improve product availability and reduce stock outs of essential medicines like Cot rim for management of OIs for people living with HIV/AIDS (PLWHA)" - SDS pg. 91</p> <p>"COP 21 support is prioritizing improved utilization of high through-put platforms within the existing laboratory diagnostic network with a focus on supporting lab optimization and supply chain strategies to ensure efficiencies and uninterrupted HVL testing." - SDS pg. 118-119</p>	<p>In COP22, PEPFAR will strengthen the supply chain to ensure there is sufficient stock in all PEPFAR-supported facilities. PEPFAR will work with GoT to include communities of KVP and PLHIV in commodity security meetings and fund quarterly coordination meetings to strengthen timely discussion on supply chain challenges.</p> <p>In COP22, PEPFAR will strengthen supply chain monitoring tools to ensure problem identification in a transparent and expeditious manner.</p>	<p>COP22 Target: PEPFAR will strengthen the supply chain to ensure there is sufficient stock in all PEPFAR-supported facilities.</p> <p>COP22 Target: PEPFAR to work with GoT to include communities of KVP and PLHIV in the commodity security meetings.</p> <p>COP22 Target: PEPFAR will strengthen supply chain monitoring tools to ensure problem identification in a transparent and expeditious manner.</p> <p>COP22 Target: PEPFAR will coordinate with GoT to fund quarterly coordination meetings to strengthen timely discussion on supply chain challenges.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
10. HUMAN RESOURCES FOR HEALTH		
<p>“The investment will target allocative efficiency and <u>improved performance of community health workers</u> using evidence-based approaches to estimate the site level needs and client-centered approaches.” - SDS pg. 17</p> <p>“As of FY 20 Q4, about 1,252 (12%) out of the 10,000 targeted eligible NIMART nurses were trained through USG supported IPs and enrolled in the certification process. This work will continue in FY 22.” - SDS pg. 85</p> <p>“Drawing on existing volunteers, including Community Case Workers, PEPFAR will help recruit and train 25,000 CHWs to provide comprehensive OVC case management services as per Ministry of Health guidelines” - SDS pg. 104</p>	<p>In COP22, PEPFAR will collaborate with GoT to hire 5,496 skilled health care workers and 25,000 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. PEPFAR will train 25,000 community health workers on HIV service delivery and patient retention support.</p> <p>PEPFAR will review the support provided to community health workers to ensure that they are fully supported to carry out tasks at the community level.</p>	<p>COP22 Target: PEPFAR collaborates with GoT to hire 5,496 skilled health care workers and 25,000 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.</p> <p>COP22 Target: PEPFAR will train 25,000 community health workers on HIV service delivery and patient retention support.</p> <p>COP22 Target: PEPFAR will review the support provided to community health workers to ensure that they are fully supported to carry out tasks at the community level.</p>
11. COMORBIDITIES		
11.1. Mortality		
<p>“In COP21, PEPFAR/T will also continue supporting integration of VMMC in its youth and adolescent basic minimum package for HIV prevention which includes RH counseling, condom promotion, STI management/ referrals, ART services, and psychosocial services.” - SDS pg. 55</p> <p>“Cotrimoxazole, where indicated, will be fully integrated into the HIV clinical care package at no cost to the patient.” - SDS pg. 56</p> <p>“All clinical implementing partners will integrate cervical cancer screening for HIV+ women into routine HIV treatment services.” - SDS pg. 76</p> <p>Minimum program requirements “Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious mortality” - SDS pg. 120</p>	<p>In COP22, PEPFAR will work with GoT to reach consensus for immediate rollout of tracking and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidities. Further, PEPFAR will prioritise tracking on morbidity and mortality outcomes among those age groups and populations with high treatment interruptions.</p>	<p>COP22 Target: PEPFAR to work with GoT to reach consensus for immediate rollout of tracking and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidities.</p> <p>COP22 Target: PEPFAR should prioritise tracking on morbidity and mortality outcomes among those age groups and populations with high treatment interruptions.</p>
11.2. Advanced HIV Disease		
<p>“The other investments in COP 21 will be to continue strengthening the scale up of the advanced HIV disease services from the current 140 sites in COP20 to over 400 sites in COP21.” SDS pg. 89</p>	<p>Point of care diagnostic tools provided at all PEPFAR supported sites to allow CD4 detection, for patients to be assigned to care depending on whether their CD4 count is above or below 200 cells/ul.</p>	<p>COP22 Target: Point of care diagnostic tools provided at all PEPFAR supported sites to allow CD4 detection, for patients to be assigned to care depending on whether their CD4 count is above or below 200 cells/ul.</p>
11.3. Cryptococcal Meningitis		
<p>No mention.</p>	<p>PEPFAR will support procurement, training, and provision of CrAg for all inpatient and outpatient facilities in COP22, as a screening for all HIV positive inpatients and those presenting at outpatient facilities with AHD/AIDS (with CD4 cell count <200 cells/mm3 or WHO HIV stage 3 or 4 in adults and adolescents).</p> <p>PEPFAR will further support procurement, training, and provision of L-AmB for all facilities that currently provide infusions and flucytosine for inpatient and outpatient facilities for follow-up oral treatment.</p> <p>PEPFAR and GoT will ensure clear quantification and monitoring of cryptococcal meningitis (CM) including annually how many PLHIV: 1) develop CM; 2) receive optimal treatment for CM; 3) survive CM; 4) die of CM; 5) receive preventive treatment for CM; 6) receive a CD4 test; 7) CRAG+ getting lumbar puncture (LP); 8) LP negative getting fluconazole prophylaxis.</p>	<p>COP22 Target: PEPFAR should support procurement, training, and provision of CrAg for all inpatient and outpatient facilities as a screening for all HIV positive inpatients and those presenting at outpatient facilities with AHD/AIDS (with CD4 cell count <200 cells/mm3 or WHO HIV stage 3 or 4 in adults and adolescents).</p> <p>COP22 Target: PEPFAR should support procurement, training, and provision of L-AmB for all facilities that currently provide infusions and flucytosine for inpatient and outpatient facilities for follow-up oral treatment.</p> <p>COP22 Target: PEPFAR and GoT should ensure clear quantification and monitoring of cryptococcal meningitis (CM) including annually how many PLHIV: 1) develop CM; 2) receive optimal treatment for CM; 3) survive CM; 4) die of CM; 5) receive preventive treatment for CM; 6) receive a CD4 test; 7) CRAG+ getting lumbar puncture (LP); 8) LP negative getting fluconazole prophylaxis.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
11.4 TB Preventive Therapy (TPT)		
<p>“PEPFAR/T aimed to achieve 100% IPT coverage of all eligible clients during COP20. However, to date the proportion of eligible clients who have either completed a course of IPT or are currently receiving IPT is 70%. [...] In COP 2021, PEPFAR/T in collaboration with GoT and implementing partners envisions to reach 100% of all eligible PLHIV on ART with TB preventive therapy;” - SDS pg. 36</p> <p>“PEPFAR/T continued to support decentralized drug distribution (DDD) for ART refills and other HIV care services including TB, TPT, FP, CECAP as well as VL sample collection.” - SDS pg. 56</p> <p>“Cotrimoxazole, where indicated, will be fully integrated into the HIV clinical care package at no cost to the patient.” - SDS pg. 56</p>	<p>All eligible PLHIV and all eligible contacts of a person with pulmonary TB, including children and adolescents, should be traced and initiated on TPT. 700,337 PLHIV including children and adolescents be initiated and complete TPT within COP22, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. Of these, at least 30% should receive 3HP and 70% should be on IPT. PEPFAR will work with GoT to complete incorporation of TPT within DSD models of HIV service delivery.</p> <p>PEPFAR will also support GoT to finalise the National Tuberculosis & Leprosy Strategic Operational for 2020-2025. This includes installing a progressive LTBI policy with the government and stakeholder to ensure the purchase and rollout of 3HP with GoT.</p>	<p>COP22 Target: All eligible PLHIV and all eligible contacts of a person with pulmonary TB, including children and adolescents, should be traced and initiated on TPT.</p> <p>COP22 Target: 700,337 PLHIV including children and adolescents be initiated and complete TPT within COP22, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. Of these, at least 30% should receive 3HP and 70% should be on IPT.</p> <p>COP22 Target: PEPFAR should work with GoT to complete incorporation of TPT within DSD models of HIV service delivery.</p> <p>COP22 Target: PEPFAR should support GoT to finalise the National Tuberculosis & Leprosy Strategic Operational for 2020-2025. This includes installing a progressive LTBI policy with the government and stakeholder to ensure the purchase and rollout of 3HP with GoT.</p>
11.5 TB Screening and Testing		
<p>“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, supporting implementing partners with PPE for COVID-19 pandemic and close partner management on TB/HIV programming.” - SDS pg. 35</p> <p>“Whenever a person is identified with TB symptoms, that person will receive both HIV testing and TB testing (using the GenXpert MTB/Rif Assay).” - SDS pg. 35</p> <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 turnaround time and low EID coverage especially in hard-to-reach areas.” - SDS pg. 49</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 population. 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.” - SDS pg. 86</p> <p>“In collaboration with MOH, PEPFAR/T will monitor data driven utilization of Point of Care Testing (POCT) for VL, EID and TB testing in hard-to-reach councils and priority populations. Of the 264 GeneXpert platforms placed through the TB program, 63 GeneXpert platforms currently conduct both VL/ EID and TB testing. In COP21 PEPFAR/T will work with MOH and stakeholders to conduct needs assessment for optimizing POCT platforms within the lab network and strengthen the integrated sample referral system for TB, EID & VL.” - SDS pg. 87</p>	<p>100% of PLHIV, including CLHIV, will be screened for TB and COVID-19 upon presentation to care at every clinical encounter.</p> <p>100% of those PLHIV who present to care with signs and symptoms of TB or advanced HIV disease in inpatient and outpatient settings will receive both urine-LAM and rapid molecular testing (including the use of stool samples among CLHIV) upon their first presentation to care. 100% of those PLHIV, with positive urine-LAM results immediately initiate TB treatment, while awaiting confirmatory rapid molecular test results.</p> <p>100% of healthcare workers at PEPFAR-supported sites will be trained to perform TB screening, urine-LAM, and rapid molecular testing among PLHIV in accordance with WHO recommendations and algorithms and appropriate approach for sputum scarce symptom positive but rapid molecular negative patients.</p>	<p>COP22 Target: 100% of PLHIV, including CLHIV, are screened for TB and COVID-19 upon presentation to care at every clinical encounter.</p> <p>COP22 Target: 100% of PLHIV, including CLHIV, 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 CLHIV) upon their first presentation to care.</p> <p>COP22 Target: 100% of PLHIV, including CLHIV, with positive urine-LAM results immediately initiate TB treatment, while awaiting confirmatory rapid molecular test results.</p> <p>COP22 Target: 100% of healthcare workers at PEPFAR-supported sites are trained to perform TB screening, urine-LAM, and rapid molecular testing among PLHIV in accordance with WHO recommendations and algorithms and appropriate approach for sputum scarce symptom positive but rapid molecular negative patients.</p>

COP21 & DATA, COP22 PLANNING LETTER	LANGUAGE TO INCLUDE IN COP22	COP22 TARGET
12. COMMUNITY-LED MONITORING (CLM)		
<p>“Community-led monitoring activities will be supported primarily by the PEPFAR Small Grants program, as well as through USAID’s ongoing activities with the National Council for People Living with HIV/AIDS (NACOPHA)” - pg. SDS 65</p> <p>“In response to requests made in the People’s COP, PEPFAR will be more attuned to applications coming from KP and PLHIV-led organizations. However, it should be noted that the grants go through a competitive and objective review process that holds applicants to a high standard. In COP20, for example, nearly half of applicants were rejected due to incomplete applications.” - SDS pg. 65”</p>	<p>PEPFAR will fund USD 1 million for communities to implement community-led monitoring of sites across Tanzania including to gather evidence, analyse data, generate solutions, engage with duty bearers, and advocate for change in order to see swift corrective action. These resources are required to:</p> <p>Pay, train and equip monitors, coordination and support staff to carry out the CLM cycle including with provision of tablets, data, and travel resources;</p> <p>Implement a data collection system owned by communities to upload, collate and clean data and solutions;</p> <p>Develop a data dashboard owned by communities to analyse and visualise data and solutions in real time as well as to support with project management;</p> <p>Resources to engage with community members on key findings and crowdsourcing solutions;</p> <p>Documentation, reporting and communication of results;</p> <p>Effectively engage with duty bearers to share findings and recommended solutions.</p> <p>Key populations will be included as part of the organisations engaging in community-led monitoring in Tanzania and sufficient resources and effort allocated to monitoring KP communities. PEPFAR will further allow communities collecting data to apply an equity lens in distribution of CLM funds to councils and regions ensuring the funds are sufficient to meet the minimum requirements of the particular councils/ regions.</p>	<p>COP22 Target: PEPFAR should fund USD 1 million for communities to implement community-led monitoring of sites across Tanzania including to gather evidence, analyse data, generate solutions, engage with duty bearers, and advocate for change in order to see swift corrective action. These resources are required to:</p> <p>Pay, train and equip monitors, coordination and support staff to carry out the CLM cycle including with provision of tablets, data, and travel resources;</p> <p>Implement a data collection system owned by communities to upload, collate and clean data and solutions;</p> <p>Develop a data dashboard owned by communities to analyse and visualise data and solutions in real time as well as to support with project management;</p> <p>Resources to engage with community members on key findings and crowdsourcing solutions;</p> <p>Documentation, reporting and communication of results;</p> <p>Effectively engage with duty bearers to share findings and recommended solutions.</p> <p>COP22 Target: Key populations must be included as part of the organisations engaging in community-led monitoring in Tanzania and sufficient resources and effort allocated to monitoring KP communities.</p> <p>COP22 Target: PEPFAR should allow communities collecting data to apply an equity lens in distribution of CLM funds to councils and regions ensuring the funds are sufficient to meet the minimum requirements of the particular councils/ regions.</p>

COP22 REPRESENTATIVES

Mathew Kawogo (NACOPHA)
Sia Edward (KVP)

Cyprian Komba (NYP+)
Dr. Hadijah Mbwana (Academia)
Irene Kijangwa (AGYW)

Veronica Lyimo (WLHIV Forum)
Alhaj Othman Ntarru (FBO)

THE TECHNICAL TEAM

Dr. Bonus Caesar
Zahara Mansoor
Eclass Kilawa
Francis Luwole
Simon Shilagwa
Rodrick Mugishagwe
Erasto Mzena
Deogratius Rutatwa
Gerald Rusasa
Baraka Mfilinge
Dr. Lilian Benjamin Mwakyosi
Rahim Nasser
Catherine Madebe
Happy Myovela
Kennedy Godwin

Saidi Bandawe
Owen Mwandumba
Richard Shilamba
Tumaini Mbibo
Scholastica Williams
Marineus Mutongore
Abdillah Teretha
Arnold Nicholas
Maureen Milanga
Yazmin Musenguzi
Lotti Rutter
Christina Tarimo
Austin Jones
Michael Mhando
Kenneth Mwehonge

Saidi Kabende
Christina Aviah
Richard Muko
Shakila Simile
David Tobaiwa
Jabir Anuary
Fadhili Hassan
Deborah Pando
Mary Mpanda
Christina Mbogolo
David Muhonzwa
Fatma Fungo
Victor Mwenda
Ibrahim Kalimbaga
Lina Saguti





*Sauti Yetu means "Our voices" in Swahili.