Introduction

Tanzania’s progress in strengthening its HIV response remains positive. Commendable strides have been made in responding to the needs of people living with HIV. Through the support of PEPFAR among others, the government has attained a majority of its prevention and treatment targets. These targets range from PLHIV knowing their status, enrolled on treatment and are virally suppressed.

However, despite the above efforts, the country still has 200,000 adults, KVPs and children living with HIV missing cases to find. In 2021, 29,000 people died from AIDS and 54,000 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 (5.7% compared to 3.2%). Other populations disproportionately burdened are AGYW, key populations and OVCs.

The country continues to struggle with the distribution of HIV self-test kits, distributing only 576,823, 61.25% of the country’s target and providing access to basic prevention options such as lubricated condoms and PrEP. The country also faces the challenge of low PrEP targets and a lack of lubricated condoms.

Whilst according to PEPFAR data treatment interruptions appear seemingly low, a closer review shows a loss of about a half of those being offered treatment at the beginning of the cycle.

Viral load coverage, while collectively high, still needs review and rapid response in districts with comparatively low PLHIV coverage such as Mtwara, Manyara, Morogoro, Arusha, Iringa, Lindi, Ruwuma, Dodoma, Kilimanjaro, Mbeya, Njombe, Singida and Songwe. Data also shows the need to rapidly improve viral load coverage for children. Over 90% of people on ART achieved viral suppression although rates are not consistent across populations groups. Viral suppression rates for adults is at 98% whilst for children is 92% and even lower, at 89%, for those between the ages of 1-4 years. 20 regions in the country are still under 95% viral suppression for children.

In the next COP cycle, PEPFAR needs to invest in increased access to prevention commodities. It is necessary to expand the prevention options, expedite the adoption of DVR, CAB-LA, and enable the eradication of barriers to the prevention of commodities. It is also necessary to enhance PrEP DSD and train both facility and community HRH on PrEP and continue extending DREAMS to places with high vulnerability and risk of HIV transmission due to high-level infrastructure improvements or high levels of human interaction, such as oil pipelines, standard gauge railways, and transportation hubs/corridors.

The next COP cycle also needs to include improvement of treatment continuity. Investing in community ART and finding and investing in paediatric treatment. PHIA or BBS efforts need to be all-inclusive and leave no one behind, as well as inculcate the notion of meaningful participation of all affected communities.

3. https://mer.amfar.org/location/Tanzania/HTS_SELF
4. https://mer.amfar.org/location/Tanzania/NET_NEW
5. PEPFAR Q4 data.
PRIORITY INTERVENTIONS FOR COP23

1. Strategic Pillar 2: PEPFAR Tanzania’s Targets

+ **COP23 Target:** Increased targets in COP23 for all indicators that have attained 90% and above of their targets.

+ **COP23 Target:** Inclusion of data community-led monitoring to inform the target setting for particular community groups in specific locations.

**GAP:** PEPFAR Tanzania’s Q4 data shows an achievement of over 95% of all the targets set, a commendable achievement by the program. There are, however, 200,000 people living with HIV yet to be of ered services according to UNAIDS data. There is also a great demand for services such as PrEP, self-testing, and VMMC. PEPFAR needs to continue supporting finding those who cannot access services for one reason or another while retaining those accessing services with a focus on key and vulnerable populations, adolescents, mothers, and children. There are still gaps even though the program has attained 90%+ in most of the PEPFAR set target indicators. PEPFAR needs to review targets in order to increase support to communities.

2. Strategic Pillar 5: Tanzania’s PHIA

+ **COP23 Target:** Validation of PHIA 2.0 should be all inclusive of communities (PLHIV, AGYW, youth, women, KVPs, etc.) in all their diversities and all relevant stakeholders (CSO, DPs).

**THE GAP:** Tanzania’s Population-Based HIV Impact Assessment (PHIA) began in October 2022 and is due to end in Feb 2023.

**Priority Interventions for COP23**

**Strategic Pillar 2: Sustainability**

+ **COP23 Target:** The development of PEPFAR’s sustainability plan for Tanzania’s HIV program should be all inclusive of communities (PLHIV, AGYW, youth, women, KVPs, etc.) in all their diversities and all relevant stakeholders (CSO, DPs).

**GAP:** PEPFAR Tanzania’s PHIA shows an achievement of over 95% of all the targets set, a commendable achievement by the program. There are, however, 200,000 people living with HIV yet to be of ered services according to UNAIDS data. There is also a great demand for services such as PrEP, self-testing, and VMMC. PEPFAR needs to continue supporting finding those who cannot access services for one reason or another while retaining those accessing services with a focus on key and vulnerable populations, adolescents, mothers, and children. There are still gaps even though the program has attained 90%+ in most of the PEPFAR set target indicators. PEPFAR needs to review targets in order to increase support to communities.

As the country discusses sustainability of the program, communities should be meaningfully involved. Meaningful involvement means human have an opportunity to participate in decisions about activities that may affect them and their health. Community contribution improves important decisions through the incorporation of community concerns. Communities have important inputs on the impact of resources and on the quality of services of ered to communities. An important process such as this cannot yield of erative results without the due involvement of those most reliant on the outcome of the process.

3. Strategic Pillar 2: Sustainability

+ **COP23 Target:** PEPFAR will support the strengthening and harmonisation of the existing domestic resource mobilisation structures, such as the AIDS True Fund and strengthen the country’s legal framework to support sustainability.

**THE GAP:** Tanzania relies heavily on PEPFAR’s support to ensure that people living with HIV have access to services.

4. Strategic Pillar 1: Testing

**4.1. HIV Self-test kits**

+ **COP23 Target:** Fund community-led and facility-led awareness campaigns on HIV self-testing at the community level to increase demand and uptake of services.

**THE GAP:** Whilst overall success in ensuring people living with HIV know their status through conventional testing is high, the country’s distribution of HIV self-test kits is still low. Tanzania only managed to distribute 58,327 self-test kits, which was only 61.23% of their target.

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**PEOPLE’S COP23 – COMMUNITY PRIORITIES – TANZANIA**

Sauti Yetu – COP23

As the country strives to reach all PLHIV with services, those who comprise the last mile must be prioritised due to high

**THE GAP:** Tanzania only managed to distribute 58,327 self-test kits, which was only 61.23% of their target.

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**PEOPLE’S COP23 – COMMUNITY PRIORITIES – TANZANIA**
PEPFAR needs to review supply chain and distribution to ensure communities access self-test kits. More than 200,000 PHLV are still yet to be of ered treatment, and innovations like self-test kits go a long way in increasing awareness among those who do not know their HIV status or might have fears of going to the facility. Consultations at the community level reveal test kits are still inaccessible as there is an insuff cient amount of kits in distribution to meet community demand. PEPFAR needs to review where the challenge is in the distribution of self-test kits, whether it is the forecasting of need or requests are made, but there are supply issues.

4.2. Voluntary Index testing

+ COP23 Target: PEPFAR will report on: 1) sites where implementing partners passed or failed the assessment; and 2) information on site assessment from 2022 and every quarter thereafter.
+ COP23 Target: PEPFAR will report aggregated index testing services data starting with high volume facilities (e.g. those identifying >20 HIV positive per month)
+ COP23 Target: If a facility reports <20 clients of ered index testing services in that month, a blank facility report with the note “low numbers reported” will be submitted
+ COP23 Target: If a facility reports <20 clients of ered index testing services in that month, a blank facility report with the note “low numbers reported” will be submitted
+ COP23 Target: PEPFAR will itself continue to assess sites with low volumes of clients of ered index testing services (<20 clients per month). This will enable a phased approach by stakeholders by strategically focusing on facilities that report significant findings.

We commend the country for adopting recommendations in the past People’s COPs on how to conduct safe and ethical index testing.

THE GAP: As Tanzania remains one of the countries with the highest positivity from index testing, GBV and IPV still remains of concern to communities of PHLV and KVPs. Among the data that PEPFAR Tanzania has shared on index testing we are still yet to receive quarterly information on age-disaggregated data and sites where implementing partners have either passed or failed assessments on safe and ethical index testing. There are also no tracking systems once a person is screened for GBV and IPV and referred. Screening for IPV without adequate IPV services to respond to a client’s ‘positive’ screen is dangerous and unethical. PEPFAR needs to ensure that people referred receive the service.

5. Strategic Pillar 1: Prevention

5.1. Pre-exposure prophylaxis (PrEP)

+ COP23 Target: Increase the target number of people-enrolled for PrEP in COP23 to 694,000.
+ COP23 Target: Support the review the PrEP framework guideline to accommodate dapivirine vaginal ring (DRV) and long-acting cabotegravir (CAB-LA), support roll out and implementation and minimise standard procedures for the accessibility of these options, especially the Creatinine test
+ COP23 Target: PEPFAR will support at least 12 community organisations to engage in demand-creation activities at the community level and refer people at risk of getting HIV for PrEP services at the facility.
+ COP23 Target: PEPFAR will roll out of PrEP in all PEPFAR-supported sites

The achievement of PrEP targets by 180% by quarter 4 (through Q4) shows the high demand for PrEP in the country and the need to prioritise PrEP access among those in need such as AGYW, KPs, and those in serodiscordant relationships.

GAP: The uptake of PrEP shows the need to greatly increase the target of PrEP in this year’s COP to accommodate the demand at the community level. PEPFAR Tanzania should ensure a significant increase in targets for PrEP in COP 23. Also, while there is high demand among those community members who are aware of PrEP, many people still remain unaware of PrEP and its benefits. Community-led PrEP literacy must also be prioritised to ensure adequate demand for increased PrEP availability. PrEP also needs to be accessible in all PEPFAR supported sites, according to reporting data, PrEP is only accessible in 939 sites when PEPFAR has over 2000 sites.6, 7
As Tanzania remains one of the countries with the highest positivity from index testing, GBV and IPV still remains of concern to communities of PLHIV and KVPs.

### 5.2. Lubricated Condoms

**COP23 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 Guidelines for Comprehensive Package of HIV Interventions for Key and Vulnerable Population
+ COP23 Target: PEPFAR should ensure that lubricated condoms are easily available and accessible at all facilities (not only upon request or in public spaces that make it difficult to pick them up).

The People’s COP21 and COP22 included recommendations for PEPFAR to support the GOT in the procurement of lubricated condoms.

**COP21 Target:** A strengthened supply chain to ensure effective quantification and a steady supply of 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 Guidelines for Comprehensive Package of HIV Interventions for Key and Vulnerable Population

The recommendations included requests to ensure:

+ COP21 Target: PEPFAR should continue to support the community in reviewing KVP guidelines to make sure there is availability of condom compatible with lubes for the general population. Review the cost of female condoms and lubricants for all populations to ensure affordability.
+ COP22 Target: PEPFAR should ensure that lubricated condoms are easily available at all facilities and community outlets (not only upon request or in public spaces that make it difficult to pick them up).
+ COP22 Target: PEPFAR should support the GOT to procure lubricated condoms and ensure they are available at community outlets.
+ COP22 Target: PEPFAR increases fund allocation from $500,000 (COP21 planning letter) to $1,500,000 for lubricated condom purchase.
+ COP22 Target: PEPFAR will support water-based lubricated condoms to be distributed to clients supported by community organisations at all sites. Condoms because it also assures safety for those who undergo dryness during intercourse that increases exposure to HIV and STIs. Evidence suggests that physical barriers covering the cervix of female 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 in all persons. Access to condoms with compatible lubes ensures that people are protected from skin breakage, which could, in essence, expose them to unknown diseases from their partners.

### 6.1. Gender-Based Violence, Abuse, Arrest and Harassment

GAP: Access to lubricated condoms is key for good prevention among all populations. Whilst PEPFAR Tanzania recognises and addresses past challenges of condom access, the program is yet to purchase lubricated condoms. As mentioned in the People’s COP-21 and Peopple COP-22, discussions with community members show high demand for lubricated condoms. In COP23, PEPFAR needs to support a steady supply of condoms compatible with lubes that are accessible to all communities including women, and key and vulnerable populations.

**WHY LUBRICATED CONDOMS?**

Communities are confident and comfortable to use condoms with compatible lubes rather than normal condoms because it also assures safety for those who undergo dryness during intercourse that increases exposure to HIV and STIs. Evidence suggests that physical barriers covering the cervix of female 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 in all persons. Access to condoms with compatible lubes ensures that people are protected from skin breakage, which could, in essence, expose them to unknown diseases from their partners.
The number of sites offering MAT are few, distant and are too congested to offer quality services to people who use drugs. For the program to enroll more clients to MAT, they need to expand the services of ered as the demand is still high. Another solution to decongest the MAT sites would be to transfer clients to the satellites and establishment of MAT mobile clinic. Skiable PWUD struggle to find employment, and PEPFAR does not offer economic and life skills training to support clients to re-integrate back into the community (what next program). PWUDs are at high risk of hepatitis due to sharing needles and need screening and treatment, currently PEPFAR is not supporting hepatitis C screening and treatment. PEPFAR is still yet to adopt recommendations of ered by communities in COP21 and COP22 despite their importance in effectively responding to needs raised by communities. In COP23 we still recommend the expansion of MAT service satellites also in prison settings to increase enrollment to the methadone program.

PEPFAR needs to support the recruitment of more health workers to lift the caps in enrollment. The demand for methadone cannot be met without the addition of health workers to the MAT sites.

Naloxone is only available in the district health facilities and not at the small health facilities closer to the community.

6.3. Women who use Drugs

**COP23 Target:** PEPFAR should ensure that MAT services are expanded to include the following minimum package of services for women:
- Access to methadone
- Access to naloxone
- Shelter for women (and their children) who might not have a place to go once enrolled on methadone (rehabilitation centre for women)
- Sexual and reproductive healthcare for women of ered in the same place as the methadone to of er 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 and C 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 training to support clients to re-integrate back into the community.

6.4. Quality services for key and vulnerable populations

**COP23 Target:** PEPFAR to work with GoT to ensure that BMSD for key populations is supported and implemented in line with WHO Guidelines.

**COP23 Target:** PEPFAR will integrate psychosocial support and mental health services into KVP programming.

**GAP:** Just like the general populations, KVPs who are stable should be allowed to access multi month dispensing that is longer than one month. We recommend a review of the guidelines together with the MOH as we recommended in the last People’s COP, to ensure the KVPs have access to longer dispensing.

Psychosocial support and mental health services are also key for the uptake of service and retention among key populations. The challenges that communities of key populations face on a daily basis i.e. stigma and discrimination, from families to the communities they live in, a lack of jobs etc, warrant the need for support.

6.5. Bio-behavioural Survey

**COP23 Target:** Expansion of BBS to more 4 regions (Morogoro, Tanga, Iringa and Kagera) with inclusion of all KVP groups (KVP that were not in the current BBS) included, update KVP size estimation and use current BBS data to set COP23 KVP targets.

**GAP:** The number of KPs in the community greatly improves PEPFAR Tanzania’s ability to reach all KPs in need of services. We acknowledge the efforts that have been made to collect data presently, but would like to recommend an addition of 4 regions for data collection in order to enable PEPFAR to correctly reflect the magnitude of key populations for future programming.

6.6. Key Population Targets

**COP23 Target:** 100% of identified key populations reached are of ered HIV testing.

**COP23 Target:** 50% of KVPs reached enrolled on ART in COP23.

**GAP:** CSOs commend PEPFAR for achieving their targets for key populations, particularly for the number of key populations reached by HIV prevention interventions. However, we have noted the gaps in the program in every quarter among those reached versus those who are tested. HIV testing is supposed to be offered to 100% of KVPs in order to increase knowledge of HIV status among the reached ones. The yields still show high incidence among those tested and hence a need to scale up testing. The COP23 target must also ensure a 50% increase of the COP 22 target number of KPs reached and of ered ART to ensure more KPs have access to services.
7. Strategic Pillar 1: Adolescents

7.1. Adolescent Girls and Young Women (AGYW) Forum

+ **COP23 Target**: Strengthening AGYW visibility in HIV response by endorsing the establishment of an AGYW Forum in conjunction with CSOs to advance the meaningful engagement of young people, led and run by adolescent girls and young women.

+ **COP23 Target**: Strengthening AGYW involvement in CML by providing more resources for adolescents and youth-led organisations

**GAP**: Tanzania HIV impact survey (THIS 2016/2017). PEPFAR, GF, and DHIS2 data states that adolescent girls and young women are vulnerable to HIV. Despite the high HIV burden shouldered by AGYW, they are not adequately involved in the design, implementation and monitoring of HIV and sexual and reproductive health services 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 and COP22, 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 SDS22, 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 COP23, we continue to recommend that PEPFAR support the establishment of this forum to improve the quality of service provision to AGYW.

We recognise that there are other platforms for AGYW but, this platform will serve as a peer-led space to amplify the voices and leadership of young women from diverse backgrounds towards epidemic control. Given the rising cases of HIV cases among young women and addressing existing inequities hindering their access and uptake of HIV prevention services, strengthening youth engagement in HIV response not only as benefit stories, but also as partners and leaders with innovation, ownership and sustainability of programs targeting younger generations in Tanzania is key.

7.2. DREAMS for AGYW

+ **COP23 Target**: PEPFAR will increase the number of the DREAMS councils to ensure more AGYWs are benefitting from the programs.

**GAP**: Out of 169 districts only 14 PEPFAR supported councils and 18 Global Fund supported councils are benefitting from comprehensive prevention programs. 137 districts could still benefit from expansion of the DREAMS program or separate HIV programs targeting AGYW. PEPFAR should consider adding more DREAMS councils to ensure no AGYW is left behind and all are benefitting from the DREAMS program.

7.3. Adolescent Boys and Young Men

+ **COP23 Target**: Track PEPFAR support to adolescent boys and young men

+ **COP23 Target**: PEPFAR should invest in SRH services for adolescent boys and young men enabling them to know their HIV status and utilise HIV services.

+ **COP23 Target**: Fund CSDs demand creation to foster positive gender norms, promote social and behavioural change communication (SBCC), of prevention services and address structural barriers hindering young boys from accessing services.

+ **COP23 Target**: PEPFAR will collaborate with CSDs working with ABYM (including OVCs), those in the streets and who are homeless including unaccompanied children/youth) to jointly address their HIV response needs as may be informed by situational analysis, needs assessment or CML reports.

**GAP**: PEPFAR’s focus on adolescent girls and young women as a key priority and should be commended. However, AGYW are spending time in relationships with adolescent boys and young men who are yet to receive similar services. The cascade of care shows that adolescent boys and young men (ABYM) of the same age group are also struggling with access to services, and PEPFAR has to respond to their needs. In COP23, we recommend that PEPFAR shares its strategy for addressing the needs of ABYM.

Given the rising cases of HIV cases among young women and addressing existing inequities hindering efficient access and uptake of HIV prevention services, strengthening youth engagement in HIV response in Tanzania is key.

8. Strategic Pillar 3: ART Continuity

8.1. Viral Load

+ **COP23 Target**: A review of districts in regions with low viral load coverage will be done to ensure that they receive urgent support to improve coverage beginning with Mtwara, Manyara, Mzizima, Arusha, Iringa, Lindi, Ruwuma, Dodoma, Kilimanjaro, Mbeya, Njombe, Singida, Rukwa, Katavi and Songwe which have the worst coverage.

+ **COP23 Target**: PEPFAR Tanzania institutes a system to monitor turnaround time from viral load tests and CD4 count to results being in hand with the PLHIV and sample loss at every site.

**GAP**: We commend PEPFAR for retaining viral load suppression rates at 97% through Q4 and scale up CD4 count testing. However, PEPFAR districts in the above regions highlighted in the last People’s COP as areas of concern due to lower viral load coverage are still struggling. A review of these districts is key to ensuring uniform access to viral load services. Also of concern is the rise in PEPFAR 21 and 22 in viral load turnaround time which is still a month-long in some areas. This needs to be addressed for people living with HIV who are not vitally suppressed to get access to support as soon as possible.

8.2. Retention + Adherence + Community-Led Treatment Literacy

+ **COP23 Target**: PEPFAR should fund community expansion of PLHIV and KP treatment literacy of arts through targeted training, education, people-friendly materials, and localised social mobilisation campaigns.

+ **COP23 Target**: PEPFAR should work with GoT to ensure that facility and community healthcare workers at all PEPFAR-supported sites are able to improve treatment literacy tailored for specific populations, to increase treatment readiness and ART continuity.

+ **COP23 Target**: Increased focus on treatment literacy tailored for children, adolescent and young populations

+ **COP23 Target**: Retain 100% of those initiated on treatment.

+ **COP23 Target**: Support 10 PLHIV and KP community organisation support groups to ensure retention of people living with HIV.

+ **COP23 Target**: PEPFAR should scale up support groups in the community to ensure proper provision of treatment literacy information and services for PLHIV.

+ **COP23 Target**: 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**: 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.

**GAP**: While PEPFAR is successful in finding and enrolling PLHIVs to treatment, it is not as successful in retaining them. The gaps in retention are even clearer when the data is disaggregated by gender, age groups and initiation dates. PEPFAR needs to invest in treatment literacy especially among those newly enrolled, support those who have been on treatment for a long time and among populations like KPs.
Whilst PEPFAR is successful in finding and enrolling PLHIVs to treatment, it is not as successful in retaining them. 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 and TB and useful tools to prevent and/or manage HIV.

GAP: Gaps in retention are also reduced by the formation of peer support groups to ensure that PLHIV and KNVs have access to continuous support. Support groups are critical to providing counselling and support services to people, post testing, pre-treatment, and those struggling on treatment or re-engaging in care after a treatment interruption. PEPFAR needs to also have support groups that can double as a DSD group model of care. CAGs, which are managed by the recipients of care themselves and PLHIV receive their ART refills in self-managed groups that meet outside of healthcare facilities and work on a roster system sharing pickup and distribution duties.

GAP: PEPFAR Tanzania was successful at enrolment treatment through to Q4 through the treatment targets for the year were lower than those of 2021. Among the 172,872+ of ever treated, however, only 83, 262 remained as the net number of people added to treatment through Q4, a concerning number given that half of the people (89,610) disengaged from care.

PEPFAR will work with women community initiatives to increase TB screening and testing and rapid molecular testing that exceed 90,000, the quantity of commodities required for urine-LAM and rapid molecular testing that (including the use of stool samples among CHLV) upon their first presentation to care.

+ COP23 Target: PEPFAR will support data collection on PLHIV with disabilities in Tanzania.

9. Strategic Pillar 3: Comorbidities

9.1. TB Screening and Testing

+ COP23 Target: PEPFAR should support 100% of PLHIV, including CLHIV, who are infected with HIV in decision making spaces.

9.2. TB Preventive Therapy (TPT)

+ COP23 Target: PEPFAR should support procurement of quantities of commodities required for urinal-LAM and rapid molecular testing that exceed 90,000, the estimated number of PLHIV, including CLHIV, expected to present to care at PEPFAR-supported sites with advanced HIV disease or TB symptoms and signs in COP22.

+ COP23 Target: PEPFAR should support the scale up of community health care workers’ initiatives to direct TB testing results to their patients in PEPFAR supported sites.

+ COP23 Target: PEPFAR should support the purchase and rollout of 3HP for eligible PLHIV and contacts.

GAP: The SDG2 states that “in COP22, all eligible PLHIV, including CLHIV, will be initiated on TPT and monitored until completion.” Tanzania’s need for TPT is 1,530,337, yet PEPFAR Tanzania only supports a target of 377,532 PLHIV on TPT. Of those supported, we are also concerned that whilst PEPFAR is succeeding in other indicators, they have continuously struggled in the last 2 years with the rollout of TPT preventive therapy and ensuring that a high number of ART patients complete the course. We recommend that PEPFAR supports the purchase and rollout of 3HP now that the GHT has approved the introduction of 3-months of Isoniazid/Rifampine (3HP) and 3-months of Isoniazid-Rifampicin (3HR) regimens and has developed a transition plan for TPT to these shorter regimens.
As the second largest killer of PLHIV, ensuring that the PLHIV have access to quality screening on cryptococcal meningitis will save lives and retain more people in care.

9.3. Mortality

+ **COP23 Target:** Quarterly shared reports on morbidity and mortality outcomes including infectious and non-infectious morbidity.
+ **COP23 Target:** Prioritised tracking on morbidity and mortality outcomes among those age groups and populations with high treatment interruptions.

**GAP:** Whilst there was agreement in the last COP on improving morbidity and mortality tracking, PEPFAR Tanzania is yet to share that data. PEPFAR must provide the timeline for strengthening the 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. We recommend the sharing of these data with communities ensuring that the data shared contains information on age groups and populations with high treatment interruptions.

9.4. HIV Advanced Disease

+ **COP23 Target:** A review of how many point-of-care diagnostic tools provided at PEPFAR-supported sites allow CD4 detection are currently supported and PEPFAR’s plan to expand to all PEPFAR-supported sites.

**GAP:** Whilst PEPFAR Tanzania agreed to begin to support point-of-care CD4 in COP 22 and work with GoT to ensure clear quantification and monitoring of cryptococcal meningitis, communities need information on how far PEPFAR has gone in implementing the recommendation. Many people who present to care with AHD/AIDS are missed with clinical staging/symptom screening as they enter care or re-engage. CD4 testing is essential for diagnosing (especially asymptomatic) AHD. A clear response on the training of staff on how much CD4 PEPFAR would support. Communities also recommended support and training and provision of L-AmB, but there was no indication of PEPFAR support in the SDs. On cryptococcal meningitis, we also recommend quantification and monitoring as requested in the last People’s COPs. As the second largest killer of PLHIV, ensuring that the PLHIV have access to quality screening on cryptococcal meningitis will save lives and retain more people in care.

9.5. Cryptococcal Meningitis

+ **COP23 Target:** PEPFAR should support procurement, training, and provision of CrAg for screening all HIV positive inpatients and those presenting at outpatient facilities with AHD/AIDS (with CD4 count <200 cells/mm3 or WHO HIV stage 3 or 4 in adults and adolescents).

**GAP:** Interviews with women and health providers indicate an increase in cervical cancer screening but a lack of support for those found to require treatment. We are aware of PEPFAR’s support to treat those found with cervical cancer but community-level discussions show that women are not provided with the necessary treatment support. In COP23, PEPFAR need to expand the access to treatment for cervical cancer.

9.6. Cervical Cancer Screening, Diagnosis and Treatment

+ **COP23 Target:** PEPFAR should support the Government of Tanzania to provide treatment of cervical cancer to all diagnosed WLHIV including; screening of precancerous lesions, support to fund cold coagulator machines and pap smear kits.
+ **COP23 Target:** PEPFAR should expand electronic sample referral systems and facilitate quick biopsy result turnaround time to support women to reach the referral facilities.
+ **COP23 Target:** PEPFAR together with GoT should support awareness and demand creation among WLHIV on cervical cancer screening.
+ **COP23 Target:** PEPFAR should fund 20 community organisations to create awareness and demand creation campaigns for cervical cancer screening.

**GAP:** In COP22 PEPFAR Tanzania agreed to integrate and adopt CrAg to screen HIV-positive patients with AHD/AIDS, as recommended by communities but there was no clear guidance on the training of staff on how much CrAg PEPFAR would support. Communities also recommended support and training and provision of L-AmB, but there was no indication of PEPFAR support in the SDs. On cryptococcal meningitis, we also recommend quantification and monitoring as requested in the last People’s COPs. As the second largest killer of PLHIV, ensuring that the PLHIV have access to quality screening on cryptococcal meningitis will save lives and retain more people in care.
SAUTI YETU COP23 PRIORITY INTERVENTIONS

COP22 & Q4 OTHER DATA, COP23 GUIDANCE AND PLANNING LETTER

1. STRATEGIC PILLAR 2: PEPFAR TANZANIA’S TARGETS

According to the draft COP23 Guidance Setting COP/RCP23 targets should be a collaborative process with input from all agencies, TWGs, and stakeholders informed by the process laid out in Section 7 as follow:

- Planning Step 1: Take a holistic approach—Understand progress, needs, and gaps for sustaining HIV impact across the 5x3 and national priorities.
- Planning Step 2: Identify efficiencies and prioritise programs to maximise impact and results.
- Planning Step 3: Putting it all together—Writing a data-driven COP/ROP that responds to needs and optimises resources for sustained HIV impact.

In COP23, as PEPFAR has already attained all the goals in most of the indicators, PEPFAR will increase all new indicator targets to ensure PLHIV and KVP not currently receiving services are supported.

**COP23 Target:** Increased targets in COP23 for all indicators that have attained 90% and above of their targets.

In COP23, PEPFAR will ensure that communities of PLHIV (youth, women, AGYW, KVPs, etc.) are included in decision making on the PHIA and all relevant stakeholders (CSO, DPs).

2. STRATEGIC PILLAR 3: TANZANIA’ PHIA

A follow-up Tanzania HIV Impact Survey 2022-2023 (THIS 2022-2023) is underway with data collection expected to start in October 2022 and preliminary results anticipated available to inform COP23 planning. The THIS 2022-2023 data will inform targeted investment of resources to ensure that PEPFAR/T continues to employ targeted programmatic strategies and client-centred services at the sub-national level and among sub-populations. PEPFAR/T will conduct THIS 2022-2023 that will provide updated accurate information related to where we need to focus, moving forward for future COP23 planning. Pg 7 SDS.

Ensure alignment between program results (such as number of people on treatment) and results from large population-based surveys of HIV, like the PHIA. Draft COP23 guidance.

In COP23, PEPFAR will ensure that communities of PLHIV (youth, women, AGYW, KVP, etc.) in all their diversities and all relevant stakeholders (CSO, DPs).

**COP23 Target:** Validation of PHIA 2.0 should be all inclusive of communities (PLHIV, AGYW, KVP, etc.) in all their diversities and all relevant stakeholders (CSO, DPs).

In COP23, PEPFAR/T will support the establishment and be part of a new TACADS led technical working group focused on sustainability. The group will develop a roadmap that incorporates all necessary components of sustainable HIV epidemic control. P23 SDS.

3. STRATEGIC PILLAR 4: SUSTAINABILITY

Low levels of domestic financing present several challenges, including sustainability of domestic resource mobilization. P 23 SDS

**COP23 Target:** Increased targets in COP23 for all indicators that have attained 90% and above of their targets.

**COP23 Target:** Increased targets in COP23 for all indicators that have attained 90% and above of their targets.

In COP23, PEPFAR will ensure the inclusion of all communities of PLHIV youth, women, AGYW, KVP in the PEPFAR and GoT sustainability plan discussions.

**COP23 Target:** The development of PEPFAR/T sustainability plan for Tanzania’s HIV program should be all inclusive of communities (PLHIV, AGYW, youth, women, KVP, etc.) in all their diversities and all relevant stakeholders (CSO, DPs).

**COP23 Target:** PEPFAR will support the strengthening and harmonization of the existing domestic resource mobilization structures, such as the AIDS Trust Fund and strengthen the country’s legal framework to support sustainability.

4. STRATEGIC PILLAR 5: TESTING

4.1. HIV Self Test Kits

**COP23 Target:** Increased targets in COP23 for all indicators that have attained 90% and above of their targets.

In COP23, PEPFAR will ensure that PLHIV youth, women, AGYW, KVP, etc. are included in decision making on the PHIA.

PEPFAR/T will support the establishment of and be part of a new TACADS led technical working group focused on sustainability. The group will develop a roadmap that incorporates all necessary components of sustainable HIV epidemic control. P23 SDS.

In COP23, PEPFAR/T will conduct THIS 2022-2023 that will provide updated accurate information related to where we need to focus, moving forward for future COP23 planning. Pg 7 SDS.

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**COP23 Target:** The development of PEPFAR/T sustainability plan for Tanzania’s HIV program should be all inclusive of communities (PLHIV, AGYW, youth, women, KVP, etc.) in all their diversities and all relevant stakeholders (CSO, DPs).

**COP23 Target:** PEPFAR will support the strengthening and harmonization of the existing domestic resource mobilization structures, such as the AIDS Trust Fund and strengthen the country’s legal framework to support sustainability.

4.1. HIV Self Test Kits

Unfortunately, due to a country wide HIVST kits stock-out, services were disrupted through FY22 Q1. Stock is currently available and PEPFAR/T is working closely with GFATM and the GoT to ensure continuous availability of HIVST kits and to draft a national operational plan to guide future distribution.” - p. 46 SDS

“PEPFAR/T will also support HIVST awareness campaigns to increase demand and uptake of services.

**COP23 Target:** PEPFAR/T will support the establishment of and be part of a new TACADS led technical working group focused on sustainability. The group will develop a roadmap that incorporates all necessary components of sustainable HIV epidemic control. P23 SDS.

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5.1. Pre-exposure prophylaxis (PrEP)

In COP22, PEPFAR/T will also scale-up access to PrEP services for KS since approval of the National PrEP Framework in September 2021, PEPFAR/T has enrolled more than 34,000 new PrEP clients and will continue to exponentially initiate eligible clients in the coming months ensuring that COP21 targets are met. COP23 will scale-up access to PrEP services for KS since approval of the National PrEP Framework in September 2021, PEPFAR/T has enrolled more than 34,000 new PrEP clients and will continue to exponentially initiate eligible clients in the coming months ensuring that COP21 targets are met. PEPFAR/T's vision for PrEP in COP22 is to continue scale-up beyond the 34,000 PrEP new clients that have been enrolled in the last four months with a focus on reaching key populations, vAGYW and pregnant and breastfeeding women. Achieving COP22 will enable to program reaches 20% of the estimated PrEP eligible population and net an 88% increase in targets from COP22. PEPFAR/T's vision for PrEP in COP22 is to continue scale-up beyond the 34,000 PrEP new clients that have been enrolled in the last four months with a focus on reaching key populations, vAGYW and pregnant and breastfeeding women. Achieving COP22 will enable to program reaches 20% of the estimated PrEP eligible population and net an 88% increase in targets from COP22. In COP23, PEPFAR/T plans to increase targets by more than 80% while simultaneously working with KP to further engage VCT clients to timely demand creation activities and explore innovative PrEP packaging options to reduce stigma associated with this important prevention product. In COP23, PEPFAR/T plans to increase targets by more than 80% while simultaneously working with KP to further engage VCT clients to timely demand creation activities and explore innovative PrEP packaging options to reduce stigma associated with this important prevention product. In COP22, PEPFAR/T’s vision for PrEP in COP22 is to continue scale-up beyond the 34,000 PrEP new clients that have been enrolled in the last four months with a focus on reaching key populations, vAGYW and pregnant and breastfeeding women. Achieving COP22 will enable the program reaches 20% of the estimated PrEP eligible population and net an 88% increase in targets from COP22. PEPFAR/T’s vision for PrEP in COP22 is to continue scale-up beyond the 34,000 PrEP new clients that have been enrolled in the last four months with a focus on reaching key populations, vAGYW and pregnant and breastfeeding women. Achieving COP22 will enable the program reaches 20% of the estimated PrEP eligible population and net an 88% increase in targets from COP22. In COP23, PEPFAR/T plans to increase targets by more than 80% while simultaneously working with KP to further engage VCT clients to timely demand creation activities and explore innovative PrEP packaging options to reduce stigma associated with this important prevention product. In COP23, PEPFAR/T plans to increase targets by more than 80% while simultaneously working with KP to further engage VCT clients to timely demand creation activities and explore innovative PrEP packaging options to reduce stigma associated with this important prevention product.

5.2. Lubricated Condoms

“PEPFAR/T is committed to working alongside stakeholders and the GofT to strengthen condom supply chain and distribution systems to ensure condom availability at all levels and community levels. This includes participating in national condom forecasting activities, PEPFAR/T will participate in and work through the National Condom TiW to ensure that condoms are available at all facilities, are distributed to community-based organizations, and are integrated into HIV prevention efforts.”

In COP23, PEPFAR/T should work with GofT to update national guidelines to allow lubricated condoms. In COP23, PEPFAR/T should work with GoT to update national guidelines to allow lubricated condoms. In COP23, PEPFAR/T should work with the GoT to update national guidelines to allow lubricated condoms. In COP23, PEPFAR/T should work with the GoT to update national guidelines to allow lubricated condoms. In COP23, PEPFAR/T should work with GoT to update national guidelines to allow lubricated condoms and distribute them in the community outlet.

COP23 Target: Increase the target number of people enrolled for PrEP in COP23 to $1,500,000.

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COP23 Target: Support the review the PEPFAR/T work guideline to accommodate dapivirine vaginal ring (DVR) and long-acting calcitriol (CALA)-based PrEP options, especially the Creatinine test.

COP23 Target: PEPFAR will support at least 12 community organisations to engage in demand-creation activities at the community level and level and refer people most at risk of getting HIV for PrEP services at the facility.

COP23 Target: PEPFAR will offer all PrEP in all PEPFAR supported sites.

COP23 Target: PEPFAR will support efforts to increase lubricated condoms and distribute them in the community outlet.

COP23 Target: Increased fund allocation from $1,500,000 COP22 planning letter to $1,500,000 for lubricated condoms purchase.
### COP23 TARGET

**COP23 Target:** PEPFAR should ensure that all PWID-led community organizations should be supported to offer MAT clients economic and life skills empowerment as part of service delivery.

**COP23 Target:** PEPFAR should work with KVP leadership and communities to ensure meaningful engagement and participation from intended benefit clients in creating an enabling environment and will work together with GoT and stakeholders to assess laws, customs, traditions, and practices that infringe on the right to health for KVPs and develop an action plan to address them.

**COP23 Target:** In COP23 PEPFAR will work with KVP-led organizations and rights organizations 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.

**COP23 Target:** In COP23 PEPFAR will work with KVPs to ensure health workers and implementing partners are trained on friendly KVP service delivery.

**COP23 Target:** In COP23 PEPFAR will work with KVP-led organizations to strengthen GBV services for marginalized populations and ensure tracking of referrals to ensure that people actually receive GBV services.

**COP23 Target:** In COP23 PEPFAR will work with community organizations to create awareness on GBV and KPIs to increase documentation, reporting and follow up by using both digital and physical innovative methods.

**COP23 Target:** In COP23 PEPFAR will support a community crisis response team to respond to incidences that are likely to affect community members.

**COP23 Target:** In COP23 PEPFAR will work with GoT to strengthen the enabling environment for marginalized populations to have access to better health services.

**COP23 Target:** In COP23 PEPFAR will engage KVP leadership and communities to ensure meaningful engagement and participation from intended benefit clients in creating an enabling environment and will work together with GoT and stakeholders to assess laws, customs, traditions, and practices that infringe on the right to health for KVPs and develop an action plan to address them.

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**COP23 Target:** In COP23 PEPFAR will work with GoT and KVPs to ensure health workers and implementing partners are trained on friendly KVP service delivery.

**COP23 Target:** PEPFAR should work with marginalized populations especially KVP-led organizations to strengthen GBV services and ensure tracking of referrals to ensure that people actually receive GBV services.

**COP23 Target:** In COP23 PEPFAR should support a community crisis response team to respond to incidences that are likely to affect community members.

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**COP23 Target:** PEPFAR should support a community crisis response team to respond to incidences that are likely to affect community members.

**COP23 Target:** PEPFAR should work with GoT to strengthen the enabling environment for marginalized populations to have access to better health services.
5.4. Quality services for key populations

"MMRO began in the Dar es Salaam region in March 2020 and PEPFAR® successfully reached 90% of eligible clients by December 2021. Once successful commodities were in-country, nationwide MMRO scale-up began in August 2021. As of FY22 Q1 over 600,000 PLHIV were enrolled on MMRO, an increase of over 400,000 from the previous quarter and equivalent to 41% FTX. CURR: PEPFAR® is on track to reaching its goal of 60% FTX (CURR by FY22 Q2. Through the remainder of COP21 and into COP22, PEPFAR® will continue to provide internal support to sites, councils, and regions lagging behind benchmarks and ensuring that all eligible clients – including those who are hard to reach - are not missed. PEPFAR® will continue to ensure that breastfeeding women are eligible to qualify as stable clients for MMRO and that ARV stock can maintain continuity of the program."

5.5. Key Population Targets

"KP: PIBO 151,033; KP (FSW 26%; MSM 25%; PWID 36%) 180,447 or 118 SDS"

7. STRATEGIC PILLAR 3: ART CONTINUITY

7.1. Adolescent Girls and Young Women

PEPFAR will address gender-sensitive barriers (e.g., GBV, gender norms) to AGYW clinical, psychosocial, and mental health outcomes (PS8-79). Some AGYW are also members of key populations and therefore DREAMS and key populations prevention programming should be linked to ensure the meeting of all the unique needs of vulnerable AGYW in all their diversity (788-789). COP23 Draft Guidance.

In the context of prevention, PEPFAR/T will continue to uphold and strengthen PEPFAR programs and campaigns, the inclusion of vulnerable AGYW, and their planning. In addition, DREAMS activities will expand coverage into three new councils (in addition to the existing 11) to reduce the disproportionate burden of new infections among sex-workers (SW) and other key populations.

By the end of COP22, it is expected that 216,774 new AGYW age 10-24 will be reached with DREAMS primary interventions; 524 SDS

7.2. DREAMS for AGYW

"By the end of COP22, it is expected that 216,774 new AGYW age 10-24 will be reached with DREAMS primary interventions. These targets represent newly enrolled DREAMS girls, actively enrolled girls who have not completed the program by Q4, and maintenance targets for saturated age bands 10-14 SDS."

PEPFAR will increase the number of new AGYW reached on ART by 50% of COP23 targets.

7.3. Adolescent Boys and Young Men

For instance, in FY22 Q1, 14,204 circulations were performed among 15-29-year-old adolescent boys and men versus 16,783 among men 30 years and older. PL3 SDS

HIV prevention programmes for boys and men remain essential for their own health and for the health of their female partners. Therefore, an expanded package on HIV prevention for men and boys with high HIV incidence is prioritized in the 2023 Roadmap, while maintaining a strong focus on the prevalence of condoms, as well as on voluntary medical male circumcision in 15 priority countries. 28% prevention for men and boys requires greater focus on increasing access to services within and outside clinic settings including male-friendly services. This could entail community-based HIV testing, self-testing, linkages to early antiretroviral treatment as required, continuous pre-exposure and post-exposure prophylaxis, comprehensive sexuality education and other sexual and reproductive health services, and harm reduction. The HIV Prevention Roadmap: 2025 p23

In COP23 PEPFAR will increase focus on adolescent boys and young men to improve the services of care to them. PEPFAR is in need of increased HIV services for adolescent boys and young men enabling them to know their HIV status and utilize HIV services.

COP23 Target: Fund CSD demand creation to foster positive gender norms, promote social and behavioural change communication (SBC), and of prevention services and address structural barriers hindering young boys from accessing services.

PEPFAR will collaborate with CSOs working with ABYM (including OVCs), those in the streets and who are homeless including unaccompanied children/youth) to jointly address their HIV response needs as may be informed by situational analysis, needs assessments or CLM reports.

8. STRATEGIC PILLAR 4: ART CONTINUITY

8.1. Viral Load

"PEPFAR/T is currently working with DOTS on an updated diagnostic network optimization (DONO) exercise to improve IEC, sample transportation systems, sample result turn-around time, and other systems essential for viral load service delivery."

PEPFAR will ensure 100% of key populations reached for viral load testing. PEPFAR will ensure 100% of PLHIV eligible for a viral load test receive test results in a maximum of 10 days. The program will improve testing, results and introduce innovation that reduces repeat testing and delayed results.

PEPFAR will improve viral load districts to improve access to viral load.

COP23 Target: A review of districts in regions with low viral load coverage will be done to ensure that they receive urgent support to improve coverage beginning with Mtwara, Mwanza, Morogoro, Arusha, Tanga, Lindi, Ruvuma, Dodoma, Kilimanjaro, Mtwara, Njombe, Singida, Rukwa, Katavi and Songwe with the intention to scale up the work.

PEPFAR Tanzania institutes a system to monitor turnaround time from viral load tests and CSOs count to results being in hand with the PMTCT and sample loss at every site.
In COP22, community and facility partners will also strengthen gender-based violence (GBV) management by rolling out GBV screening and referrals in HTC settings. Providers at all PEPFAR sites will be capacitated to advise of GBV as a driver for positive gender norms and to screen GBV in patients starting or exiting treatment and those with advanced HIV disease. PEPFAR will work with women community organisations to create awareness on GBV and IPV to increase documentation, reporting and follow up by using both digital and physical innovative methods. PEPFAR will work with GoT to strengthen the enabling environment for marginalised populations to have access to better health services.

8.4. PLHIV with disabilities in Tanzania

In order to address the needs of people with disabilities, PEPFAR/T will continue to mainstream physical accessibility in all programme activities, and continue to support the provision of assistive devices. PEPFAR/T will continue to support GBV training and awareness campaigns through integration into existing activities, and continue the support of przezida (local) champions in key districts. PEPFAR/T will also continue to support the coordination and facilitation of services for people with disabilities, including the development of the PLHIV + KP National Network, working in collaboration with the government and local partners. 

8.5. Gender-Based Violence, culture and norms that hinder access to services

9. STRATEGIC PILLAR 3: COMORBIDITIES

9.1. TB Screening and Testing

"Finally, the GOT is supportive of ongoing efforts to scale up PTF+ to more than 8% of eligible clients on nonrapid preventative therapy (NRT) and will introduce new PTF+ regimen in COP22. PEPFAR/T aims to achieve 100% IPT coverage of all eligible clients during COP22 by working in close collaboration with the government to ensure a reliable supply of formulation to increase the number of clients enrolled in and completing IPT.-p. 13" 

"PEPFAR/T will work with GoT to ensure that supported sites are trained to perform TB testing, urine-LAM and rapid molecular testing among PLHIV in accordance with WHO recommendations and algorithms and appropriate approaches for spoum negative patients. 100% of PLHIV, including CHLHIV, who are co-infected with TB will receive GBV services.

**PEPFAR should support 100% of PLHIV, including CHLHIV, who are co-infected with TB to receive confirmatory diagnostic test results and are linked to TB treatment in less than 5 days after their 1st presentation to care.**

"PEPFAR will work with women and adolescents especially to strengthen GBV services and ensure tracking of referrals to ensure that people actually receive GBV services. PEPFAR will work with women community organisations to create awareness on GBV and IPV to increase documentation, reporting and follow up by using both digital and physical innovative methods.

PEPFAR will continue to support the coordination and facilitation of services for people with disabilities, including the development of the PLHIV + KP National Network, working in collaboration with the government and local partners.

9.3. Inclusion of women living with HIV in decision making

In FYZ Q1, 258,734 (96%) of the documented 259,771 pregnant women had a known HIV status at first antenatal care visit (ANC1), including those who knew their HIV status prior to ANC1. In that period, a total of 9,976 (99%) of the 9,990 pregnant women living with HIV received ART. p.13 SDS

PEPFAR will continue to support the coordination and facilitation of services for people with disabilities, including the development of the PLHIV + KP National Network, working in collaboration with the government and local partners.

9.4. PLHIV with disabilities in Tanzania

PEPFAR will work with women and adolescents especially to strengthen GBV services and ensure tracking of referrals to ensure that people actually receive GBV services.

**PEPFAR should work with women and adolescents especially to strengthen GBV services and ensure tracking of referrals to ensure that people actually receive GBV services.**

**PEPFAR should support the scaling up of community health workers initiatives to increase TB identification for patients included in PEPFAR supported sites.**

**PEPFAR should work with GoT to strengthen the enabling environment for marginalised populations to have access to better health services.**

PEPFAR/T will continue to support the coordination and facilitation of services for people with disabilities, including the development of the PLHIV + KP National Network, working in collaboration with the government and local partners.

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In COP23, PEPFAR will support the Government of Tanzania to provide treatment of cervical cancer to all diagnosed WLHIV including screening of precancerous lesions, support to fund coil cauterizer machines and pap smear kits.

COP23 Target: PEPFAR should support the Government of Tanzania in the treatment of cervical cancer to all diagnosed WLHIV including screening of precancerous lesions, support to fund coil cauterizer machines and pap smear kits.

COP23 Target: PEPFAR should expand electronic sample-referral systems and ensure quick biopsy result turnaround time to support women to reach the referral facilities.

COP23 Target: PEPFAR together with GoT will support awareness and demand creation among WLHIV on cervical cancer screening.

COP23 Target: PEPFAR should fund 20 community organisations to create awareness and demand creation campaigns for cervical cancer screening.

In COP22, PEPFAR/T will transition to a “screen, triage, and treat” program in line with 2021 WHO guidelines. In this new approach, HPV DNA testing will be used to screen eligible clients, and VIA will be triaged triage to either VIA positive or VIA negative.

In COP22, PEPFAR/T will also support introduction and scale up of delivery of TPT in the context of OI entomized Service Delivery for ART among PLHIV.

In the context of OI entomized, an approved the introduction of 3 months of isoniazid/Rifapentine (SHP) and 3 months of isoniazid/Rifampin (SHR) regimens and has developed a transition plan for TPT to these shorter regimen. p. 76

In COP23, PEPFAR will quantify and monitor the purchase and rollout of SHR for 50% of eligible PLHIV and contacts.

COP23 Target: PEPFAR should support the purchase and rollout of SHR for eligible PLHIV and contacts.
THE TEAM

COP23 REPRESENTATIVES
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Sia Edward – KVPF

Cyprian Komba – Youth Living with HIV
Ummidhar Yamin – NGA Health
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