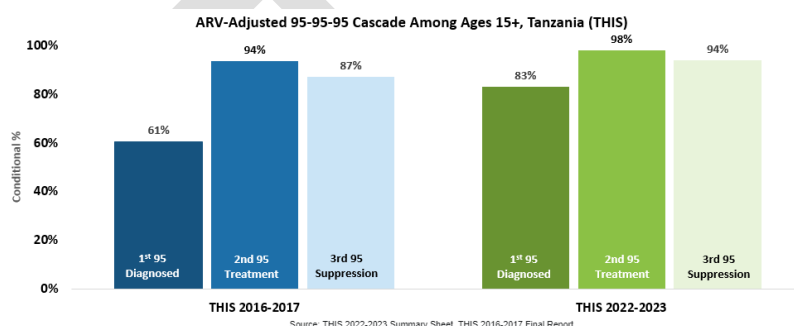


PEPFAR Tanzania SDS COP23 Year 2 Addendum

The summary sheet from the Tanzania HIV Impact Survey (THIS) 2022-2023 was released in December 2023, showing the tremendous gains that Tanzania has made across the 95-95-95 cascade since the THIS 2016-2017. Most notably, as it relates to the 1st 95, the proportion of PLHIV aged 15 years and above who knew their status improved dramatically from 61% in 2016-2017 to 83% in 2022-2023. While important progress was noted across the 2nd and 3rd 95, the data revealed the biggest gap remains in the 1st 95, with the largest gaps among younger women and men. This points to the need for a shift in case finding strategies to close remaining gaps. While estimates of incidence for all men and women aged 15+ have gone down since 2016-2017, estimates of incidence in young women aged 15-24 years have increased. This underscores the importance of reaching these individuals and their sexual partners with prevention services, as well as assuring that their HIV-positive sexual partners, often men aged 25-39 years old, are on ART and virally suppressed. In COP23, PEPFAR Tanzania placed an important emphasis on reaching these populations; however, these results add a renewed sense of urgency and point to a need for targeted interventions in COP23 Y2 to close these gaps.



For Tanzania to achieve the 95-95-95 goals and reach epidemic control within the next 18 months, implementation of new approaches while refining evidence-based interventions is critical. PEPFAR/T is working hand-in-hand with the Government of Tanzania to make these necessary shifts and target the gaps identified to reach the last mile.

In COP23 Y2, PEPFAR/T will focus on maintaining high quality HIV programming across the cascade, while also making key programmatic and geographic strategic shifts, including a robust, national campaign with messaging tailored to reach youth; a renewed strategy to reach men by identifying easy access points near or at their workplaces and hangouts; supporting key and vulnerable populations with more client-centered services, and improving our approaches to end mother to child transmission and reach pediatric beneficiaries leveraging the Global Alliance, TEPI, and the forthcoming Safe Birth Health Babies initiative. PEPFAR/T will continue to strengthen key components of Tanzania's public health system including laboratory, human resources for health, and health information systems, including biometrics. Thinking beyond COP23 Y2, PEPFAR/T will focus on reaching epidemic control while planning a solid foundation of sustainability for the program that will be outlined in a sustainability roadmap for the country.

Strategic HTS shifts to find the remaining 17% and optimize prevention

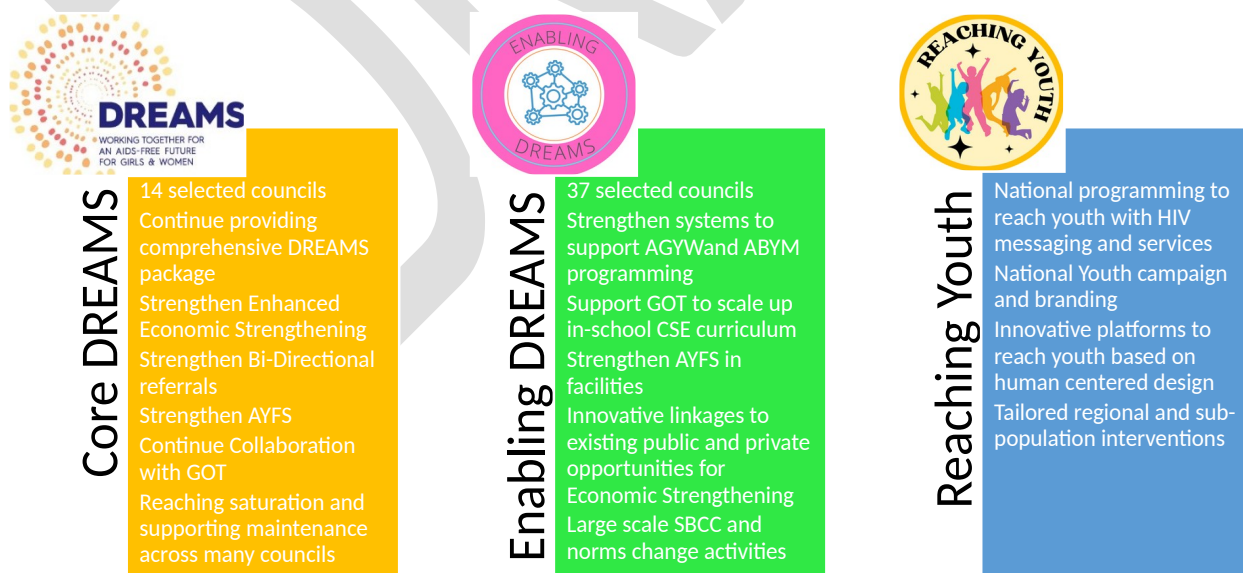
PEPFAR Tanzania is committed to closing the remaining identification gaps across all regions and sub-populations as well as to reaching key sub-populations with targeted, evidence-based prevention interventions. Notably across 13 priority regions that made up

80% of the remaining identification gap at the time of the THIS 2022-2023, PEPFAR Tanzania will enhance the delivery of index testing, SNS testing, HIV self-testing, PITC, and community testing. Targeted identification strategies will be tailored to reach important subpopulations including children, adolescents and youth, men aged 25-34 years, mobile populations, high-risk women, and key populations with the goal of identifying the remaining undiagnosed PLHIV and ensuring that those who are HIV-negative yet at high risk (i.e. adolescent girls and young women aged 15-25 years) are fast tracked for enhanced prevention interventions, including PrEP.

In COP23 Y2, PEPFAR/T will increase HIVST to distribute more than 3 million tests, doubling the COP23 Y1 target. HIVST kit distribution will continue across all regions with an emphasis on ensuring coverage across the 13 priority regions. Additional avenues for HIVST distribution will be explored and employed including vending machines, private pharmacies, and accredited drug dispensing outlets (ADDOS), and through community health workers (CHWs). HIVST kits will also be distributed in OPDs in high-priority regions without the need for risk screening. Efforts to scale up SNS in the current fiscal year will be enhanced to elicit biological children and siblings missed from among those on treatment, to elicit male sexual and needle-sharing contacts, and other contacts. Furthermore, to maximize the elicitation of contacts for index testing, PEPFAR/T will assure elicitation of contacts from all PLHIV on ART at every visit.

Reaching Youth

As noted above, the THIS 2022-2023 indicated that HIV incidence among females aged 15-24 years increased from 2016-2017. Likewise, the THIS 2022-2023 showed significant gaps across the cascade among this age group: only 54.5% of HIV+ AGYW 15-24 were virally suppressed, a slight increase from 47.1% in 2016-2017. These results add a renewed sense of urgency to reach youth with targeted interventions. Youth interventions will complement the robust and successful Core DREAMS and the Enabling DREAMS program.



In COP23 Y2, Core DREAMS will continue in the existing 14 councils with a reduced target as many councils will have reached saturation among the vulnerable AGYW population.

Enabling DREAMS, which launched in COP23 Y1, will continue to support system strengthening across the 37 selected councils. In COP23 Y2, the targeted youth programming will be intensified across Tanzania, strengthen existing new approaches from Y1, and employ innovative and new interventions using a “fail fast” approach that will ensure, through close monitoring, that successful interventions are scaled-up quickly and to cut losses when something isn’t working so additional new ideas can be tested. PEPFAR/T is working to identify and define youth sub-populations so interventions can be further tailored based on need and location. A national SBCC campaign will be supported using a human-centered design approach to develop messages, content, and identify the most effective channels (i.e. social media, short videos, influencers, etc.) for reaching youth. Adolescents and young people will be involved in the design and implementation of all phases of the campaign. PEPFAR/T will also engage youth in key geographic areas to map youth hangouts for community HTS. Chatbots and smartphone apps will be employed for education and service linkage while vending machines for condom distribution will be expanded. Universal testing for youth will be promoted at OPDs and other health facility service delivery points. Positioning HIV testing as a conduit for prevention services will ensure that PEPFAR/T can optimize and scaleup PrEP among youth. PEPFAR/T will also enhance integration of index testing services at ART clinics to ensure continuity of services to facilitate elicitation and testing of young sexual contacts and those in age-discordant relationships. PEPFAR/T will strengthen SNS in community and facility settings and further integrate SNS testing, index testing, and self-testing with peer-led, peer-promoted, and peer-delivered services.

To ensure early linkage and retention to HIV treatment services, and viral load suppression, PEPFAR/T will develop and scale-up a youth peer-led extended linkage case management (LCM) model, which will involve “attaching” a trained and ART adherent expert youth client to a newly diagnosed or previously diagnosed out-of-care youth for extended support of up to six months. PEPFAR/T will use online scheduling and virtual support for adherence and retention services including LCM. Empowering youth through youth-led community ART services will improve adherence, and strengthening strategies to engage teachers, parents, other peers, and community leaders will ensure that youth have the social support systems to be successful. Operation triple zero (OTZ) – an intervention to ensure zero missed appointments, zero missed ARV drugs, and zero high viral loads – will be implemented with a youth lens. PEPFAR/T will conduct a critical review of youth-friendly sites and differentiated service delivery models and work with health facilities to scale-up successful approaches.

Reaching Men

To address the gaps in reaching men across the cascade and with prevention activities, PEPFAR/T went through a consultative process to engage fishermen, miners, long distance truck drivers, bar managers, boda-boda drivers, and barbershop operators to inform our strategies for COP23Y2 that will address the observed gaps. New and revamped strategies for COP23Y2 will focus on providing the right services at convenient locations and times, ensuring that service providers are competent to provide male friendly services and “bundled” interventions, such as offering condoms, HIVST kit distribution, and PrEP in one

convenient location. Moreover, demand creation interventions will be refined and customized using effective SBCC to resolve persistent challenges faced by men in accessing services.

To ramp up identification among this group, PEPFAR/T will work with IPs to intensify community testing in areas with lower ART coverage/population VLS among men by meaningfully engaging male peers to map out and identify testing locations. The focus will be on providing testing for men at these locations which may include sports and entertainment venues, bars, televised football venues, as well as fishing areas, mines, garages, and other workplace areas. IPs will offer mobile testing that includes multi-disease screening. PEPFAR/T will also further scale up social network strategy (SNS) to reach more men, offer peer to peer HIVST distribution in places where men congregate, explore improved use of risk screening tools, and continue to conduct index testing services with fidelity.

To close gaps in the 2nd and 3rd 95s, PEPFAR/T will ensure continuity of treatment and accessibility of viral load testing by assuring a person-centered approach for all important male subgroups based on their needs. Male adherence groups will be expanded along with integrated ART services in selected councils. Private pharmacy refills will also be explored. Additionally, virtual EAC and point of care viral load testing will be offered to male subgroups.

TB Acceleration Plan (TAP)

PEPFAR/T has developed a systematic, data driven TB/HIV Acceleration Plan that leverages existing resources and focuses on addressing TB case finding gaps. Through this plan, PEPFAR/T aims to reach and treat 90% of all PLHIV co-infected with TB in FY25. Based on the global estimates, the country is estimated to have 21,000 PLHIV co-infected with TB, and only 55% have currently been detected. To close this gap, PEPFAR/T will focus on hotspot mapping for the region's large ART treatment gap based on THIS 2022-2023 findings and use spatial data on TB case detection among PLHIV to predict other cases within the geographical area. There will be integrated TB and HIV case-finding activities in outpatient and inpatient facilities, which will also be extended to the communities using existing community healthcare workers and other community volunteers. PEPFAR/T will support the roll out and monitoring of the revised TB screening and diagnostic algorithm in FY25, chest X-ray with or without artificial intelligence will be used for TB screening only, stool samples will be used as alternative samples for sputum in TB testing and TB LAM will be introduced for TB testing for PLHIV with advanced HIV disease. PEPFAR/T will engage and collaborate with other key stakeholders to improve TB specimen referral systems and preferably integrate TB specimen referral with HVL and EID systems. The ultimate goal is to improve the coverage of TB molecular diagnosis for TB presumptive patients to 90% from the current 71%. PEPFAR/T will increase the frequency of reporting for TB/HIV indicators and additional indicators will be collected for a full analysis of TB/HIV diagnostic cascade at sub-national levels. Finally, PEPFAR/T will prioritize support visits and close follow-up of TB and HIV care and support services in regions with high mortality for co-infected patients.

Orphans and Vulnerable Children

In COP23 Y1, the OVC program is being implemented in 126 councils that were prioritized in COP22. At the time of this prioritization, all councils with an estimated TX_CURR target among individuals <18 of at least 300 were selected for OVC programming. In COP23 Y2, PEPFAR/T re-prioritized councils, using a revised threshold of 150 which accounted for decreasing CLHIV estimates as well as a goal to expand the OVC program and ensure broader geographic coverage. In COP23 Y2, this will result in an expansion of the OVC program to 23 additional councils bringing the total reach of the program up to 149 councils. To maximize program efficiencies, OVC implementing partners will adopt a regional approach, a differentiated package of services for each subpopulation, and innovative approaches that leverage non-USG resources and platforms to reach more children without compromising the quality of OVC services.

Community and CSO Agreements

Active community engagement is a key part of the COP23 Y2 plans. PEPFAR/T will continue to support community led monitoring (CLM) to ensure the program receives feedback directly from beneficiaries and that information is used to improve program quality. In COP23 Y2 PEPFAR/T will ensure national coverage of CLM and will work with implementing partners to prioritize geographic areas and facilities for population specific CLM for youth, PMTCT, and key and vulnerable populations. PEPFAR/T's support for CLM will be channeled through non-service delivery partners. PEPFAR/T will collaborate with the KVP Forum to ensure that appropriate KVP-led organizations are identified for KVP CLM work and to support broader capacity building initiatives for the KVP Forum.

In addition, PEPFAR/T has been able to address a range of CSO requests as outlined in their presentation of priorities during Tanzania's COP23 Y2 stakeholder meeting. Specifically, CSO representatives are included as key members of Tanzania's national Sustainability Working Group (SWG) to ensure that communities are at the center of sustainability discussions and roadmap development. Furthermore, PEPFAR/T will continue to support the violence prevention and response activities articulated in COP23 Y1 plans. KVP focused targets have been increased in COP23 Y2, and PEPFAR/T will continue to share data via quarterly POART analyses to ensure programmatic challenges are addressed and successes are brought to scale. PEPFAR/T will expand its support for youth-led organizations and networks and work to ensure that young people are at the center of planning and implementing youth-focused interventions.

VMMC

Scale-up of VMMC will continue in FY25. Targets for VMMC will decrease from 699k to 609k in COP23 Y2 in line with reaching 95% saturation across PEPFAR supported sites. In FY25, PEPFAR/T will also finalize collaborative VMMC sustainability plans with the Government of Tanzania with the goal of scaling back PEPFAR-supported saturation efforts in FY26.

PrEP

In COP23Y2, targets will increase from 206k to 309k for PrEP_NEW as this intervention is prioritized for all at-risk populations. Scale-up beyond 309K will only be possible if current PrEP policy barriers are eliminated. Despite the policy constraints, PEPFAR/T is committed to prioritizing this important intervention to decrease the rate of new infections among those at highest risk of HIV.

Sustainability Update

PEPFAR Tanzania started strategic engagement with stakeholders on sustainability in 2022 and the GOT established a national Sustainability Working Group (SWG) in 2023. The Tanzania Commission for AIDS (TACAIDS) under the Prime Minister's Office, is the Secretariat of the SWG, which is co-chaired by PMO and the Ministry of Finance and Planning (MOFP). Membership of the SWG includes ministries, development partners, non-state actors, CSOs, private sector, faith-based and community-led organizations, and representatives from communities affected. The first meeting was convened on April 18, 2023, where all key stakeholders discussed and confirmed the structure of the working group and agreed upon a term of reference that will guide this group to develop and operationalize a sustainability vision and roadmap that includes approaches to increase domestic funding for HIV response, and identification of technical and allocative efficiencies. The SWG met again in September 2023 to identify and define terms of reference for four subcommittees.

PEPFAR/T is currently supporting a sustainability assessment that will form the foundation of sustainability roadmap activities in the current fiscal year and into FY25. UNAIDS will be taking the technical lead on activities and a consultant will be engaged to draft each phase of the roadmap. The February 2024 SWG meeting focused on fostering a common understanding of the status of the HIV epidemic, the status of the health system, and the funding landscape. UNAIDS presented the primer and philosophy of sustainability and the SWG discussed key priorities and drafted high-level outcomes.

For the remaining COP23 Y1, the interagency will be supporting TACAIDS to collect data for, draft, revise, and finalize the sustainability assessment as the first step to completing the roadmap. Towards the end of COP23 Y1, into COP23 Y2, PEPFAR funds will support the visioning and goal-setting process for the Roadmap Part A. With COP23 Y2 funding, PEPFAR/T will support the development and finalization of the Roadmap Parts A and B.

USG Staffing Update

CDC

CDC is in the process of filling seven vacant locally employed staff (LES) positions. Three positions have been advertised and are waiting for candidate selection (Communications Specialist, Executive Assistant, Senior Implementation Science Advisor). Four positions are in undergoing position classification (Care & Support Specialist, Data Quality and Program Improvement Specialist, Surveillance/Epi Specialist, Prevention Branch Chief). Two of the vacant positions are the new positions previously approved to begin in FY24.

DOD

In COP23 YR2 DoD is maintaining the same structure and composition as in COP23 YR1. DOD has 17 filled positions, no vacant position and no new/additional positions are planned for COP23 YR2.

Peace Corps

Peace Corps Tanzania (PCTZ) is currently collaborating with the Government of Tanzania, as well as the interagency PEPFAR team, to implement an innovative National volunteerism initiative, which will focus on Tanzanian youth reaching peers through an evidence-based HIV prevention intervention in two PEPFAR-priority regions. This initiative is aligned to the Peace Corps Act and responds to the Government of Tanzania request for support in establishing national volunteerism framework. The total number of PCTZ PEPFAR funded positions remains at 10 long-term positions, 8 of which are filled and recruitment for 2 is underway (expected to be filled by end of FY24).

PEPFAR Coordination Office

There is one vacancy in the PEPFAR Coordination Office. The EFM Grant Officer position has been vacant for nearly 18 months. Recruitment has been delayed because AF/EX is no longer able to support the back-end administrative requirements to establish the position. PCO has been working closely with the M&B team at GHSD on a solution. Otherwise, no staffing changes will be made.

USAID

USAID is in the process of filling one vacant position, Development Assistant Specialist (Data Analyst). The recruitment is ongoing and expected to be filled before September 2024.

Tables:

Target Tables

Target Table

Target Table 1 ART Targets by Prioritization for Epidemic Control							
Prioritization Area	Total PLHIV (FY25)	New Infections (FY25)	Expected Current on ART (FY24)	Current on ART Target (FY25) TX_CURR	Newly Initiated Target (FY25) TX_NEW	ART Coverage (FY25)	ART Coverage (FY25)
Attained							
Scale-Up Saturation	1,664,530	64,763	1,774,408	1,628,255	132,692	97.9%	
Scale-Up Aggressive							
Sustained							
Central Support							
Commodities (if not included in previous categories)							
No Prioritization			23,246	26,428	1,858		
Total	1,664,530	64,763	1,797,654	1,654,683	134,550	99.4%	

Target Table 2

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts							
SN U	Target Populations	Population Size Estimate (SNUs)	Current Coverage (date)	VMMC_CIRC (FY24)	Expected Coverage (FY24)	VMMC_CIRC (FY25)	Expected Coverage (FY25)
	15-24	6,601,165		469,231		484,382	

	25-34	4,194,761		134,762		93,787	
	35-49	4,249,832		81,907		26,494	
	50+	2,949,593		13,576		3,144	
	Total/ Average	17,995,351		699,476		607,807	

Target Table 3

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control				
Target Populations	Population Size Estimate* (SNUs)	Disease Burden*	FY24 Target	FY25 Target
KP_PREV			200,044	218,947
PP_PREV			855,513	983,281
AGYW_PREV			194,384	171,660
TOTAL			1,249,941	1,373,888

Target Table 4

Target Table 4 Targets for OVC and Linkages to HIV Services					
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC OVC_SERV Comprehensive	Target # of OVC OVC_SERV Preventative	Target # of active OVC OVC_SERV DREAMS	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT
[Specify SNUs for focus in FY24]		446,389	44,668	78,770	297,531
FY24 TOTAL					
FY25		446,389	44,668	78,770	297,531

TOTAL					
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DRAFT

Budget Tables (B.1.1-B.1.4)

TBD

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Above Site Table (C.1)

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