

Approved



Tanzania

Country Operational Plan

FY 2014

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.



Operating Unit Overview

OU Executive Summary

I. Country Context

According to the 2013 UNAIDS Report on the Global AIDS Epidemic, adult HIV prevalence in Tanzania is estimated at 5.1%, with an estimated 1.5 million Tanzanians living with HIV and 1.2 million OVC. An estimated 80,000 AIDS-related deaths occur in Tanzania each year. The 2011-12 Tanzania HIV and AIDS and Malaria Indicator Survey (THMIS) shows that the epidemic varies significantly by region, with the highest prevalence region estimated at 14.8% (Njombe) and the lowest at 0.1% (Kaskazini Unguja, Zanzibar). There is a significant difference in the prevalence between urban (7.2%) and rural (4.3%) areas. The data also reveal significant sex differentials in HIV prevalence, with male prevalence at 3.8%, and female prevalence nearly twice as high, at 6.2%. Girls acquire HIV at a younger age. Key populations also play a critical role in HIV transmission dynamics. Data indicate that injection drug use, specifically heroin use, is on the rise in urban Tanzania and Zanzibar. Studies in Dar es Salaam estimate that the HIV prevalence is 42% among people who inject drugs (2007) and 31.4% among sex workers (2010), while unpublished data for men who have sex with men estimates prevalence over 30% (2012).

Since 2004, PEPFAR/T works closely with the Government of Tanzania (GOT) and other donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), to respond to the HIV epidemic. PEPFAR/T supports the government efforts in both mainland and Zanzibar, where the epidemics are very different, and each has its own separate health ministry, HIV-related planning bodies and GFATM grants. PEPFAR/T, GFATM and GOT share a symbiotic relationship. While PEPFAR/T predominantly focuses on services and system strengthening, the GFATM is responsible for commodity procurement and some systems strengthening, and GOT provides policy framework, infrastructure, and personnel. The country continues to grapple with weak health infrastructure, shortages of health and social workers, high levels of stigma, cumbersome government procurement systems, weak management and strategic planning, and poor accountability which continue to complicate Tanzania's ability to adequately respond to HIV and AIDS.

Tanzania's health programs, especially for HIV, are highly dependent upon donor funding. Within HIV and AIDS health expenditures, 70% is financed by external donors, 18% by the private sector, and lastly 12% by the public sector. The government recently approved the creation of an AIDS Trust Fund (ATF), which should increase the public funding of Tanzania's own response to HIV and AIDS, and is currently pending approval by Parliament. TACAIDS projects an initial GOT contribution of US\$190 million, with



funding tapering down in subsequent years.

PEPFAR support to Tanzania enabled a dramatic increase in the number of adults and children accessing ART, with 444,368 individuals receiving treatment in FY 2013. Also during FY 2013, a total of 5,186,965 individuals received HIV testing and counseling, among whom 1,425,147 pregnant women were tested and counseled through PMTCT services, 526,000 OVC received support, and 381,394 VMMC's were completed.

While the majority of funding support for HIV/AIDS in Tanzania comes from PEPFAR/T and the GFATM, multilateral donors are very active at the policy and TA level. CIDA and DANIDA support grants to the Local Government Authorities (LGAs) to address HIV/AIDS, but have indicated that they will no longer be funding HIV programs as of 2016. PEPFAR/T representatives actively participate in several groups that bring government, donors, and civil society together, including the Country Coordinating Mechanism (Tanzanian National Coordinating Mechanism, or TNCM), the Development Partners Group on HIV and AIDS, chaired by the United States represented by the CDC, and the Development Partners Group on Health, chaired by the United States represented by USAID. In the planning for the 2014-15 COP, PEPFAR/T established an Executive Committee through which the overall PEPFAR budget was presented for the first time to the government to allow for substantial feedback to the PEPFAR country team proposal and improved planning between PEPFAR/T and GOT.

PEPFAR/T technical staff and leadership played key, proactive roles in shaping the policy and strategy framework to guide stakeholders in the HIV response with the new National Multi-Sectoral Framework on HIV and AIDS III (NMSF), 2013-2017, Health Sector HIV Strategic Plan III (HSHSP), 2013-2017, and the Zanzibar National HIV Strategic Plan II, 2011-2016. PEPFAR/T remains actively engaged with MOHSW and DPs in the process of adopting the 2013 WHO treatment guidelines.

The Partnership Framework (PF) ended in December 2013, though the document still defines the roles and responsibilities of the GOT and PEPFAR/T in addressing HIV. In 2014, PEPFAR/T will work with the GOT, the Global Fund and other DPs to develop guiding documents for the three major funding sources in country:

- Concept Note for the GFATM (September 2014);
- Sustainability Plan for PEPFAR in Tanzania (November 2014); and
- Governance structure for the AIDS Trust Fund.

The NMSF III and HSHSP III will provide the foundation for these documents. PEPFAR/T will collaborate with the GOT and the GFATM to plan the full HIV and AIDS response and develop a collaborative division



of responsibility. To aid in the preparation of these documents, PEPFAR/T is costing the NMSF III, HSHSPIII and planned TB strategic plan in concert with UNAIDS efforts to develop an investment analysis for Tanzania based on the investment framework. Tanzania plans to submit the HIV/TB Concept Note in September 2014.

II. PEPFAR Focus in 2014-2015 COP

Health programming is a core element of strategic diplomatic engagement in Tanzania, with PEPFAR accounting for nearly two-thirds of health funding. In line with President Obama's Strategic Plan for Africa, our Mission has identified health as a core objective in our Integrated Country Strategy (ICS), Mission Resource Request, and other strategic planning documents. PEPFAR is critical to achieving core United States' objectives and to achieving Tanzanian objectives as well.

Although the PF has officially ended, through the 2014-15 COP, PEPFAR/T continues to support achievement of the six PF goals: Service Delivery and Scale Up; Prevention; Leadership, Management, Accountability, and Governance; Sustainable and Secure Drug and Commodity Supply; Human Resources; and Evidence-based and Strategic Decision Making, while promoting greater capacity among Tanzanian colleagues in all sectors to manage and support the national response to HIV. Gender is also a cross-cutting consideration in the PF, and PEPFAR/T continues to recognize the importance of gender-differentiated strategies to achieve PF goals.

PEPFAR/T will continue to implement the PF goals to closely correspond to the PEPFAR Blueprint: Creating an AIDS-free Generation (Blueprint) by strategically prioritizing high-impact interventions, including:

- Continued deliberate roll out of PMTCT Option B+,
- Continued scale-up up of treatment coverage,
- Focused planning on and scale-up of pediatric treatment coverage, and
- Increased access to and uptake of VMMC, HTC, and condoms.

PEPFAR/T is also working to improve linkages and referrals along the continuum of the HIV response to increase the likelihood that newly identified PLHIV are initiated into care and to decrease loss to follow up. The focus is on community program support for linkage, retention and adherence, full implementation of existing MOHSW appointment and tracking tools and improvements related to the upcoming regionalization of clinical services.

For several years, and originally at the request of the government, PEPFAR/T divided its support for specific clinical services by region. Many regions, however, were designated different partners for different technical areas, so that one health facility may have multiple PEPFAR-supported partners



working on different areas. In September 2013, PEPFAR/T completed a review of its regional distribution of partners across the cascade of care resulting with a goal of having only one partner per region to support provider initiated testing and counseling (PITC), adult and pediatric care and treatment, HIV/TB, and home-based care. By summer 2014, PEPFAR/T will develop a transition schedule for each region to be completed over the next two years.

PEPFAR/T is working in collaboration with the GOT to meet aggressive Blueprint goals and overcome new challenges with commodities. Tanzania's adoption of the Voluntary Pooled Procurement (VPP) mechanism for ARVs and RTKs eliminated many of the procurement impediments, resulting in more efficient and secure commodity flows into country. While the stock outs at the central level have reduced, the GOT's decision to shift the responsibility of the Medical Store Department (MSD) to deliver to zonal warehouses instead of to each facility created challenges for commodities to reach "the last mile" to ensure that facilities have the commodities they need. PEPFAR/T is working to strengthen this system through improved forecasting, planning, reporting, ordering, and distribution.

Although drugs and test kits are in adequate supply at the national level, there is a global threat to the overall supply given the long lead times required for the Tenofovir-based regimens. PEPFAR/T continues to work to strengthen MSD capacity and ensure that orders are placed in a timely manner. PEPFAR/T also programmed funding in the 2014-15 COP to continue to monitor the commodity uptake in the PMTCT and treatment program and work with the GOT and the Global Fund to adjust procurement plans on an ongoing basis. The 2014 COP includes funding for adequate stock of ARVs necessary for scale up of both ART and PMTCT at PEPFAR-supported sites.

For the second consecutive year, PEPFAR/T reached 98% of the FY 2013 APR target for individuals initiated on ART. To continue to build on this momentum, PEPFAR/T prioritized implementation of the recommendations of the joint TDY visit in November 2013 from the PMTCT, Adult Treatment, Strategic Information, and Pediatric Treatment Technical Working Groups. PEPFAR/T recognizes that it may be difficult in to maintain the pace of new enrollment, as there are likely to be fewer eligible pre-ART patients and those currently not on ART may be those who are harder to identify and engage. PMTCT Option B+ and intensified TB-HIV and pediatric treatment efforts will, however, contribute to aggressive treatment goals.

In the 2013 COP, PEPFAR/T increased funding in Blueprint target areas (treatment services, PMTCT, HTC and VMMC) to focus on high impact, efficient interventions in high burden/high prevalence populations and areas. In the 2014-15 COP, PEPFAR/T will maintain those priorities while consequently decreasing areas outside of the Blueprint areas. Funding for injection safety (HMIN) and blood safety (HMBL) decreased to encourage the transition of the financing of programs to GOT under the new



Sustainability Plan. Sexual prevention continued to be reduced from previous years, with funding being eliminated for Abstinence and Be Faithful (HVAB) programs to focus sexual prevention on high risk populations. Due to the success of VPP, PEPFAR/T eliminated the procurement of rapid test kits in the 2014 COP, resulting in an overall reduction of HVCT, although the HVCT program budget increased. Health system strengthening also been reduced by 9.1% following reductions in building infrastructure.

In planning the 2014-15 COP, PEPFAR/T undertook an in-depth portfolio review aimed to reap maximum value for its investments. The review assessed each partner based on financial and technical performance, including pipeline performance. Technical teams used those reviews in the COP partner budget allocation process. Additionally, PEPFAR/T continues to conduct quarterly interagency pipeline reviews.

III. Progress and Future

PF/PFIP Monitoring

The PF ended December 2013, but PEPFAR/T will continue to use it to guide technical interventions until the Sustainability Plan is negotiated. PEPFAR/T holds regular meetings to review PEPFAR implementation between PEPFAR/T and the GOT counterparts. These meetings, chaired by the Permanent Secretary of the Prime Minister's Office, allow PEPFAR/T and the GOT to update each other on implementation of the six PF Goals and current priorities, and will be used to negotiate the Sustainability Plan. In addition, for the first time, PEPFAR/T convened an Executive Committee this year that met in conjunction with the November PF/PFIP quarterly meeting. The Executive Committee reviewed the proposed 2014 COP planning by budget codes and found that it aligned well with all relevant national strategies.

Country Ownership

Tanzania has been making great strides in political ownership and stewardship of the HIV response. PEPFAR/T worked exhaustively in 2013 to ensure that the NMSF III and HSHSP III are aligned with each other, and with the PEPFAR Blueprint. The recent creation of the AIDS Trust Fund, planned to be funded out of the national budget, gives the country team the additional opportunity to ensure that the GFATM, PEPFAR/T, and the expanding role of the GOT are coordinated and efficiently collaborating. In addition to the Executive Committee, as part of the COP preparation process, PEPFAR/T met with CSOs to hear their feedback on how PEPFAR/T could better engage with them.

Trajectory for FY 2015 and beyond

CY 2014 will be a critical year for the relationships between the GOT, the GFATM, and PEPFAR/T, now that the key GOT strategy documents are completed. The UNAIDS Investment Framework, the Blueprint, and the epidemiologic data from the new THMIS have all played a central role in the new



national strategies. As the HIV response continues, additional funding sources will be required to meet the needs of all programs, particularly for the adoption of the 2013 WHO treatment guidelines.

Additional funding may be coming in from the GOT through the AIDS Trust Fund. Joint planning between PEPFAR/T, the GFATM, and the GOT will be essential to ensure each stakeholder understands its role and works collectively towards achievement of national goals. PEPFAR/T is currently in the process of costing the NMSF III, HSHSP III, and National TB Strategy in collaboration with the GOT. It is expected that the GFATM will continue to fund commodities for HIV, while PEPFAR/T continues to support program implementation and the GOT provides facilities and manpower.

IV. Program Overview

Throughout the next 24 months, PEPFAR/T will be streamlining services to a single prime implementing partner per region that will provide the full spectrum of PITC, adult and pediatric care and treatment, TB/HIV, PMTCT and home-based care services. This geographic realignment seeks to increase efficiencies and linkages across the cascade of clinical care and increase collaboration between program areas to link and retain those who know their status to a care and treatment center and support adherence. It will also facilitate increased country ownership and coordination by reducing the number of partners per region. Finally, it will increase accountability for programs, data, and results by the designated partner.

Treatment

Through the 2014-15 COP, PEPFAR/T will continue to expand ART services for adults, pregnant and lactating women, and HIV/TB patients and children. PEPFAR/T is working closely with the GOT to prioritize the adoption of the new 2013 consolidated WHO treatment guidelines. The program supports 5,271 facilities with PMTCT services, 569 of which initiated PMTCT Option B+ in October 2013. Prior to the rollout of Option B+, 1,185 PEPFAR-supported facilities provided ART in CTCs. PEPFAR/T partners implement a variety of clinical services including diagnosis, prevention and management of opportunistic infections, PITC, PMTCT, EID and pediatric care and treatment, cervical cancer screening and referrals, family planning, TB screening, cervical cancer screening and referral, and PHDP interventions.

Across the clinical services platform, PEPFAR/T will seek to increase the quality of services and continue to work with MOHSW to develop and roll out an integrated training package. PEPFAR/T will seek to support a steady supply of commodities with continued support to forecasting and quantification of commodities at the national level supply chain training at the facility level and periodic supportive supervision at the facility level.

Adult ART



In the 2014-15 COP, the program aims to continue scaling up to exceed 80% coverage rates of those eligible under the WHO 2010 guidelines (with new targets set when the 2013 guidelines are adopted), while reaching out to support all facilities that will meet the minimum national accreditation standard for initiation of ART services to enable the country to maintain the tipping point below 1.0. The treatment strategy focuses on increased identification of PLHIV, increased linkages along the prevention, care, and treatment continuum, timely ART initiation, maintenance of patients on ART with quality clinical services, high adherence levels, and retention of patients in care and treatment. PEPFAR/T will support the GOT in its efforts to scale-up treatment services and maximize efficiencies by focusing on the availability of quality services and commodities, and strengthening systems to link patients in need of care and treatment services who are identified in “feeder systems” such as HTC, PMTCT, TB/HIV clinics, provider initiated testing and counseling or EID.

In addition, to support the adoption of the 2013 WHO Guidelines, PEPFAR/T is committed to supporting the GOT with ARV treatment services for key populations, sero-discordant couples regardless of their CD4 count, as well as other eligible children and adults.

Human resources, the nurses prescribing ARVs informally, and lack of space at the facility level are the main challenges to realizing the implementation of these new recommendations. PEPFAR/T, with other stakeholders including UN agencies, is committed to support the government in realizing these ambitious goals. The government committed to implement task sharing over the next two years.

PMTCT Option B+

The PMTCT strategy for the 2014-15 COP focuses on supporting Tanzania in the continued roll out of Option B+, initiated in October 2013. The goals of Option B+ in Tanzania are to increase access to PMTCT, EID, and nutrition services in RCH facilities and to increase the number of pregnant and lactating women on ART. The approach decentralizes ART provision to all existing PMTCT sites in country and increases the uptake of EID services in all PMTCT sites. PEPFAR/T will scale up integrated maternal and child services and encourage coordination between partners and programs in the regions to increase linkages from facility to community.

Pediatric ART

One of the major shifts for PEPFAR/T in the 2014-15 COP will be a substantial increase in Pediatric ART coverage. PEPFAR/T will seek to build on the PMTCT Option B+ implementation to intensify efforts to strengthen EID services and better identify, enroll and retain children in care and treatment. PEPFAR/T aims to expand EID services to all facilities offering PMTCT. In addition to PMTCT, PEPFAR/T will continue to expand pediatric ART services in parallel with adult ART services. PEPFAR will seek to maximize PITC at all high yield pediatric entry points such as clinics for pediatric in-patients, children



under five, pediatric OPD, TB clinics, malnutrition wards and children of adults being seen in CTCs. The team will also coordinate with PMTCT and supply chain teams to ensure uninterrupted testing reagents and strengthen the DBS sample transportation system.

PEPFAR/T will seek to estimate the number of HIV infected children and those that are eligible for ART treatment by district and region. In addition, trainings and onsite mentoring will improve provider skills and confidence of healthcare providers in pediatric ART. Quality improvement initiatives, with a specific focus on pediatrics, will also be implemented to address gaps around identification, linkages, and retention in care and treatment services.

TB/HIV

PEPFAR/T will continue to support the National TB Program and work toward stronger TB/HIV integration and collaboration with a focus on QI and increasing the number of co-infected patients on ART and TB treatment. By FY 2015, PEPFAR/T will intensify efforts to increase ART coverage of identified HIV-positive TB patients from 54% to 100%. PEPFAR/T will work with the GOT to scale up TB services in high burden CTCs in order to ensure intensive case finding through continued screening for TB among PLHIV and initiate all TB/HIV co-infected patients on ART. To do this, PEPFAR/T will continue to support the integration of ART in TB clinics, strengthen pediatric TB/HIV services in all facilities, and improve linkage and referrals between CTCs and TB clinics to increase the proportion of TB/HIV clients receiving ART. To enhance quality of services and diagnosis, PEPFAR/T also plans to continue to expand the use of Gene Xpert machines, particularly in high volume, high TB/HIV burden district hospitals.

Laboratories

PEPFAR/T places program planning for laboratories under Clinical Services. PEPFAR/T will continue to support the MOHSW in strengthening laboratory infrastructure, supporting capacity building of a quality, tiered national health laboratory service network for testing and treatment monitoring, implementing the quality assurance program to achieve national and international standards, and enhancing human resource capacity building through pre-service training. Activities build upon on-going activities in systems strengthening of laboratory service at the national, zonal, regional, district, and facility levels.

Care

For FY 2013, PEPFAR/T provided 665,268 PLHIV with a minimum of one care service and 306,171 eligible children with OVC services. PEPFAR/T also reached more than 239,000 PLHIV with the minimum package of services under PHDP. Despite increasing numbers of PLHIV on ART, there are still high rates of loss to follow up (LTFU) with up to 26% of CTC, which can lead to drug resistance. The program is also experiencing clients dropping out within a year of ART initiation, as well as late enrollment



with very low CD4 counts and delays in ART initiation due to lack of regular monitoring and late diagnosis. Because of this, PEPFAR/T is making strategic changes in the Community Services and Clinical Services platforms to strengthen linkages in the continuum of care from the point of diagnosis through enrollment, staging, pre-ART care, ART initiation, and treatment adherence.

With more PLHIV receiving ART and living longer, the portfolio shifted last year away from palliative care to address other essential care and support services to better respond to the changing needs of PLHIV and households affected by AIDS. These strategic changes include health promotion and linkages to social services as HIV becomes a chronic illness. PEPFAR/T will continue to strengthen community-based and sub-national structures to protect and support vulnerable populations through PLHIV networks, CSOs, FBOs and child-focused committees. In the 2014-15 COP, PEPFAR/T will also continue to promote health seeking behaviors, in line with its GHI strategy, especially treatment adherence and retention of PLHIV in care through PHDP at the community level, NACS, and the continuation of bi-directional referrals and better linkages between health facilities and community support services. A new integrated CHW cadre will provide a harmonized approach to patient follow up between the facility and community settings.

Additional support and care for vulnerable populations includes improvement of their economic capacity so that they may better care for themselves in a self-sustaining manner. Related activities that PEPFAR/T will promote include community savings, lending, and other micro-insurance activities, and approaches to help vulnerable households prevent, mitigate, and cope with social-economical and health shocks. PEPFAR/T will seek to build the capacity of caregivers through mentoring/coaching and training on child care, savings, and money management. The care portfolio will also include building the capacity and national and sub-national level to oversee the implementation of social-economic empowerment activities that contribute to health and other health related development outcomes.

Lastly, the PEPFAR/T care portfolio will also focus on health systems strengthening aspects such as improving data use for decision making, learning and quality of services, promotion of community-based human resources to provide supportive care to vulnerable populations, and support for the implementation of national and sub-national policies and legal frameworks for health and social services.

Prevention

In FY 2013 PEPFAR/T circumcised more than 381,000 men, tested and counseled more than 5,186,000 Tanzanians and reached more than 355,000 persons from key and other high risk populations.

PEPFAR/T will continue to shift its prevention portfolio toward high impact, evidence-based HIV prevention services and will seek to increase the adoption of protective social and gender norms and



behaviors in an effort to reduce HIV incidence. This combination approach, which includes behavioral, biomedical, and structural interventions, focuses on targeted at-risk sub-population interventions. This strategy will enable the prevention portfolio to better create demand for other components of the HIV continuum of response and more effectively address the needs of program beneficiaries.

Testing and Counseling

In the 2014-15 COP, the HTC portfolio will heighten its focus on PITC as a priority modality while adopting a high-yield approach to HTC by strategically working in regions with high HIV prevalence and higher known density of key populations and other large at-risk sub-populations. The program will also more closely collaborate with the care and treatment services with a view toward better integration into the clinical care cascade. PEPFAR/T will establish standardized referral/linkages and tracking systems between points of testing and CTCs. PEPFAR/T will also continue to strengthen Lab Quality Assurance of HTC services through internal QA, proficiency testing, and test kit validation. The program will continue to strengthen the M&E system and data utilization to inform program implementation and policy formulation.

Biomedical Prevention

The VMMC program will continue to scale up services. Its approaches will include working with the GOT to integrate VMMC services within existing activities and increasing the involvement of the private sector and faith-based-supported facilities in the national program. An assessment of the feasibility and acceptability of neonatal circumcision services will take place, as well as a randomized control trial on methods for reaching older men.

Serving more than 1,100 PWID in FY 2013, methadone assisted therapy remains a key component of the response for PWID, and will be expanded into new areas with high concentrations of PWID. Additional data will be gathered on PWID to better understand the epidemic as well as provide appropriate interventions.

Funding for the injection safety/infection prevention and control were reduced in previous years and will be considered for transition of financial responsibility to the GOT in the 2014-15 COP as well as the Sustainability Plan. The IPC-IS program will concentrate on increasing GOT ownership, improving integration with other facility-based programs, and enhancing resource mobilization from other donors in order for PEPFAR/T to pass on full stewardship to the GOT in the next two to three years. The blood safety program continues to focus on strengthening systems for blood collection, screening, and distribution and, unfortunately, still requires a high level of TA despite transition of many personnel to the government HR system.



Sexual Prevention and Key Populations

PEPFAR/T will continue to shift funding from HVAB and HVOP to evidence-based prevention programs, including VMMC and HTC, and HIV treatment as prevention activities. This led to a dramatic change in the sexual prevention portfolio. Resources will be prioritized for targeted and evidence-based interventions for populations at greatest risk, including improving the availability and uptake of HIV services for key populations; linking PLHIV with community-based care and support interventions; and addressing stigma, discrimination, and legal barriers to ensure key populations' access to services. PEPFAR/T will continue to expand focus on key populations, multiple and concurrent partnerships, transactional and inter-generational sex, and harmful social and gender norms.

The continued reduction of financial investment in sexual prevention in the 2014-15 COP is complemented with increased coverage of comprehensive HIV interventions targeting key populations and other at-risk sub-populations. The sexual prevention program will target priority populations in its condom promotion activities, through public sector branding and distribution support. PEPFAR/T will focus prevention services and products in high burden regions to increase uptake and intensify linkages to care and treatment. PEPFAR/T will intensify its adolescent girls and women centered approach by integrating family planning services, cervical cancer interventions, and GBV prevention and response.

Governance and Systems

Tanzania's health sector made significant progress in addressing health systems challenges that were hindering progress on several key health indicators. In FY 2013, 22,136 community health and para-social workers successfully completed training and 2,410 new health care workers completed in service training through PEPFAR/T assistance. However, the country is still facing many of the challenges common to low-income countries with high disease burdens. Health system strengthening was reduced in the 2014 COP by more than 10% due to overall decreases in building infrastructure and ancillary areas that do not contribute to the full continuum of HRH. PEPFAR/T continues to support the GOT in ensuring that systems and capacity exist to sustainably deliver and continuously improve health services that are high quality, equitable, efficient and evidence-based. COP 2014 will prioritize human resources for health within system strengthening. The program will seek to institutionalize and coordinate systems strengthening approaches across all program areas and cultivate the evidence base for systems strengthening.

Human Resources for Health

Adequate, skilled HRH remains a major challenge for the health sector in general, and for HIV in particular. With an approximately 65% vacancy rate for positions in the public sector according to the recent MOHSW-Joint Annual Sector Review, the shortfall in health workers threatens to impede efforts to scale up and maintain care and treatment services. PEPFAR/T will continue to strengthen the workforce



by supporting the full HCW continuum including production, recruitment and retention. PEPFAR/T will continue to support implementation of the National HRH Strategic Plan through specific interventions focused on increasing the quantity and quality of social and health care workers, including at the community level.

Sector Leadership, Management, Accountability, and Governance

With a view toward increasing the capacity of the national health system to provide better and more services in the high impact areas, PEPFAR/T will continue to build institutional capacity at national and LGA levels to strengthen Tanzanian leadership and governance with an emphasis on effective planning, oversight, transparency and accountability. The program will also seek to strengthen linkages among MOHSW, PMO-RALG and MOFEA at the national level and strengthen linkages among district health providers and stakeholders (e.g. the GOT, FBO and FP health facilities, CSOs, private sector). While PEPFAR/T will continue to help directly boost the quality and production of HCWs through support of scholarships, faculty training, curriculum development, and scaling up of distance education efforts, increasing attention will be given to making investments that can be sustained. PEPFAR/T will also continue to support implementation of the National Health Financing Strategy.

Evidence-Based and Strategic Decision-making

PEPFAR/T will continue to strengthen and coordinate M&E systems to ensure timely and complete flow of data and information to improve evidence-based decision making across all sectors and levels. The program will increase national capacity to implement surveillance, surveys, other studies and evaluations and will accelerate capacity of the host government and PEPFAR to improve and integrate Health Management Information Systems (HMIS) that link patient management, electronic reporting, and other surveillance and M&E requirements. The program will continue to cultivate a culture of data analysis and use at all levels within PEPFAR/T as well as among implementing and government partners.

PEPFAR/T is working closely with WHO and NACP to improve data use and quality (accuracy, completeness, timeliness), and host strategic information TWGs and subcommittees. In addition, NACP is capacitating M&E stakeholders at national and sub-national levels. Support will be provided to NACP to conduct incidence testing, an HIV drug resistance (HIVDR) pre-treatment survey, surveillance of acquired resistance in patients on highly active antiretroviral therapy (HAART), and surveillance of initial resistance in pediatric patients below 18 months of age.

Implementation Science

PEPFAR/T is developing a more robust and organized Implementation Science interagency team. With the phasing out of the PHE mechanisms and broadening of the spectrum of implementation science, the IS team was restructured and plays a larger role ensuring that PEPFAR-funded research and evaluations



in-country are well coordinated, more widely accessible and consistent with the national research agenda. These new roles include coordinating comprehensive in-country reviews of Impact Evaluations (IE) proposed for the COP. PEPFAR/T is also developing a mechanism to capture key information about critical implementation science activities in an effort to better coordinate the research portfolio.

The IS team advises other ITTs on how to prioritize research questions most important for their program work. When developing concept notes for IE, technical teams are highly encourage to submit pre-concept review by IS-ITT to adequately describe their research questions, ensure appropriate methods, ensure value to PEPFAR/T and GOT, and consider other work on the same topic. The IS team then provides high-level, comprehensive review of concept notes. PEPFAR/T will continue to proactively engage with TACAIDS, NACP, NIMR, and other public agencies, in national research agenda development and coordination.

Supply chain

Tanzania made great strides in supply chain management in FY 2013, but substantial challenges remain. In December 2012, the GOT signed the GFATM Round 8 HIV grant, which provides the majority of HIV commodities. In February 2013, the GOT opted to utilize the VPP mechanism with the GFATM for rapid test kits and ARVs and commodities have started to flow regularly into the system. Despite these positive steps, challenges still occur due to increased global lead times for procurement of Tenofovir-based regimens, and the adoption of PMTCT Option B+, which increases the number of potential ARV delivery sites by over 400%. PMTCT funding will also be used to increase the number of Supply Chain Management Advisors in Tanzania to match needs following the roll out of PMTCT Option B+. In addition, the recent change to deliver commodities directly to health facilities, rather than zonal warehouses, without additional resources to the Medical Stores Department, created additional gaps in commodity availability. In response, PEPFAR/T assisted in the training of MSD and facility personnel on the ordering and logistics systems to increase the comprehension and abilities of the end users at the facility on how to order, how much to order, and when to order.

PEPFAR/T is also working to increase the number of SCMA advisors to meet the new demand and will continue to focus on working closely with MSD and the GFATM to ensure that the supply chain is well coordinated. The PEPFAR/T team continues to ensure that quality health commodities and equipment are procured according to the MOHSW Procurement Plan and associated schedules and are maintained in working order. The strengthened logistic management systems will provide a sustainable and secure health commodity supply chain that will support the health management of patients throughout the public health system. PEPFAR/T will also support physical and systems infrastructure to increase capacity and efficiencies within the public supply chain system.



V. GHI, Program Integration, Central Initiatives, and other considerations

GHI Strategy

The Global Health Initiative focus areas remain a priority for PEPFAR/T throughout all program areas. Promoting ART initiation among pregnant women, improving linkages and referrals between HIV program areas, strengthening PLHIV support groups, and integrating family planning into HIV and AIDS care and treatment services fall squarely under the goal of increased access to quality integrated services with focus on maternal, newborn, and child health, family planning, and reproductive health. The health systems priorities for the HIV and AIDS response, such as a secure supply chain system and a skilled health and social labor force, apply to and benefit all health services and thereby contribute to improved health systems to strengthen the delivery of health care services. PEPFAR/T will also continue to contribute to improved adoption of healthy behaviors including healthcare-seeking behavior, by supporting early uptake of preventive health services; increasing access to preventive and curative services for women and adolescent girls; strengthening the legal and regulatory environment in support of gender equity; and building country capacity for effective social and behavior change communication activities.

Central Initiatives

Global Fund Collaboration Initiative activities are being implemented through the Grants Management Solutions Project under USAID with support from the PEPFAR/T Global Fund liaison. The initiative conducted several visits to Tanzania and Zanzibar and enabled the Principal Recipients and the TNCM to revise systems and train staff and members. These activities have fostered an environment of collaboration between PEPFAR/T, the GOT, and the GFATM. This better environment helped reduce commodity shortages due to weak management, but also allowed for increased collaboration, planning, forecasting, and implementation between PEPFAR/T programs and the GFATM grants.

Tanzania will be receiving \$7 million for the third and final year of programming under the GBV Initiative. PEPFAR/T is integrating those activities into the 2014 COP to ensure progress in maintained. The four focus regions remain the same: Dar es Salaam, Iringa, Mara and Mbeya. Priorities for the 2014 COP include continuing to train providers in the national GBV clinical curriculum, standardizing and disseminating tools for effective service delivery, and facilitating ongoing supportive supervision and mentoring. In GBV prevention, partners will continue to implement coordinated interventions along the continuum of the ecological model to maximize impact. This year's emphasis will be to transfer the centrally funded activities to COP supported programs by strengthen tools and systems that support the GBV national program and mainstreaming of gender and GBV interventions throughout the PEPFAR/T portfolio to foster sustainability.



Together for Girls approved a proposal from PEPFAR/T in March 2013 for \$1.5 million to support activities in the operational plan based on results of the 2009 Violence Against Children study and developed by the multi-lateral, GOT-led Multi-Sectoral Task Force. UNICEF is the implementing partner of the three-year project. It is but one piece in a comprehensive national child protection program, which falls in line with both the GBV Initiative and the USG child protection portfolio.

In January 2013, PEPFAR/T was awarded \$16.8 million in VMMC central funds to help fulfill the proposed FY 2013 target of 233,000 procedures as well as conduct an additional 76,000 procedures. Although the funds arrived particularly late in the program year, the team was able to conduct more than 381,000 circumcisions, representing 123% of the revised target following the central funds award. In October 2013, OGAC announced that Tanzania would receive an additional \$10 million above the 2013 COP funds and in January 2014 this was increased an additional \$24.8 million. The funds will be instrumental for rapid program scale-up in priority regions, and dramatically increase the likelihood of attaining saturation levels in some selected areas in a reduced timeframe.

In July 2013 Tanzania launched the Pink Ribbon Red Ribbon Initiative with support from PEPFAR, Bristol-Myers Squibb, UNAIDS, and the Susan G. Komen Foundation. The USG supports UNAIDS' leadership of the Secretariat for the Pink Ribbon Red Ribbon Alliance in Tanzania to support and strengthen MOHSW coordination of cervical cancer activities. PEPFAR support will develop three referral hospitals to provide quality screen and treatment services, establish referral networks, and provide care to women affected by cervical cancer.

PEPFAR/T received approval in FY 2012 for \$7.9 million for NACS integration into multiple program areas. In March 2013, PEPFAR/T launched the Partnership for HIV Free-Survival (PHFS), led by the GOT, with the participation of multilateral development partners along with PEPFAR/T. The aim of the PHFS is to support country efforts to eliminate MTCT through additional focus on post-natal MTCT pathways. PHFS activities are initially being implemented in 30 facilities in Tabora, Iringa, and Mbeya regions, focusing on post-natal ART, nutrition services, and QI. In the 2014 COP, PHFS activities will concentrate on scaling-up PHFS and QI services during the post-partum period, as well as on monitoring the implementation of PHFS activities and roll-out of Option B+ in conformity with the newly released national post-natal care and Option B+ guidelines. This latter incorporates effective implementation in alignment with the 2010 WHO recommendations on nutrition and infant feeding, in order to contribute to the Option B+ goal of reducing MTCT to below 5% and to child survival in general. To accelerate the integration of nutrition care, economic strengthening, livelihoods, and food security in HIV community care programming, multiple PEPFAR/T partners and consortia are also implementing activities that strengthen services along the continuum of care to promote referrals and linkages between community and facility care. Activities will also include capacity building of community volunteers and para-social workers and

Approved



scale up of socio-economic and food security linkages in synergy with Feed the Future in Morogoro and Dodoma, where the two programs overlap.

The Medical Education Partnership Initiative (MEPI) program is a five-year \$10 million grant that aims to develop, expand, and/or enhance models of medical education in sub-Saharan Africa. The project aims to train future generations of graduates to become leaders in health care academics, research and policy within Tanzania. Enrollment increased from 120 to 158 students, and faculty capacity improved through performance evaluations and faculty satisfaction initiatives. By June 2013, a total of 629 students and 48 faculty members were using the online learning system developed, with the majority of students reporting the system had enhanced their learning. Last year, the online-learning management system was expanded to other post-graduate foundation courses beyond the intended beneficiaries.