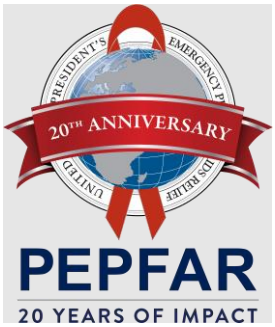
Tanzania

Country Operational Plan

(COP) 2023

Strategic Direction Summary



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***Military PSNU data are non-public**

A portion of PEPFAR/T data relates to foreign military sites, such as bases, barracks, or military hospitals. Data originating at these sites are aggregated to each respective OU's Military PSNU and are non-public. When developing graphics for the SDS, we do not include the Military PSNU, which you can find in PSNU dropdowns in Panorama. These services may be funded through a variety of implementing agencies or mechanisms, so the Military PSNU designation is not equivalent to DOD as an implementing agency.

Abbreviations

6MMD	Six months of multi-month dispensing
ABYM	Adolescent boys and young men
AFRICOS	African Cohort Study
AGYW	Adolescent girls and young women
AHD	Advanced HIV disease
ANC	Antenatal care
AP3	Accelerating Progress in Pediatrics and Prevention of Mother to Child Transmission
ART	Antiretroviral therapy
ARV	Antiretroviral
ATF	AIDS Trust Fund
AYFS	Adolescent and youth friendly services
AYP	Adolescent and young people
BBS	Bio-behavioral survey
CAB-LA	Long acting Cabotegravir
CLHIV	Children living with HIV
C/ALHIV	Children and adolescents living with HIV
CBIM	Coaching Boys into Men
CBO	Community based organization
CCW	Community case worker
CDC	The United States Centers for Disease Control and Prevention
CLM	Community-led monitoring
CODB	Cost of doing business
COP	Country operational plan
CQI	Continuous quality improvement
CrAG	Serum cryptococcal antigen
CSE	Comprehensive sexuality education
CSO	Civil Society Organization
CTC	Care and treatment center
DAMES	DREAMS Auxiliary M&E system
DBS	Dry blood spot
DCEA	Drug control enforcement authority
DDD	Decentralized drug distribution
DHIS	District Health Information System
DHS	Demographic and health survey
DNO	Diagnostic network optimization
DPVr	Dapivirine vaginal ring
DQA	Data quality audit
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
DSD	Differentiated service delivery
DSM	Differentiated service delivery models
DTG	Dolutegravir
EAC	Enhanced adherence counseling
EID	Early infant diagnosis
EMTCT	Ending mother to child transmission
EMR	Electronic medical record
EPOA	Enhanced Peer Outreaches Approach
EQA	External quality assessment
FAST	Funding allocation to strategy tool
FBO	Faith based organization
FELTP	Field Epidemiology and Laboratory Training Program
FP	Family planning

FY	Fiscal year
GBV	Gender based violence
GHSC-PSM	Global Health Supply Chain Procurement and Supply Management
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GOT	Government of Tanzania
HCW	Healthcare worker
HDR	HIV drug resistance
HEI	HIV-exposed infant
HIVST	HIV self-testing
HRH	Human resources for health
HRHIS	Human resource health information systems
HTN	Hypertension
HTS	HIV testing services
IIT	Interruption in Treatment
IP	Implementing partner
IPC	Infection prevention and control
KVP	Key and Vulnerable Populations
LF-LAM	Lateral flow urine lipoarabinomannan assay
LGA	Local government authority
M&E	Monitoring and evaluation
MAT	Medical assisted therapy
MC	Male circumcision
MCVPRT	Multisectoral Community Violence Prevention and Response Teams
MDAs	ministries, departments, and agencies
MER	Monitoring, evaluation, and reporting
MHR	Men at high risk
MMD	Multi-month dispensing
MOFP	Ministry of Finance and Planning
MOH	Ministry of Health
MSD	Medical Stores Department
NACOPHA	National Council of People Living with HIV/AIDS
NACP	National AIDS Control Program
NHCR	National Health Client Registry
NHIF	National Health Insurance Fund
NMSF	National Multi-sectoral Strategic Framework
NNT	Number of clients tested to identify one HIV-positive client
NPHI	National Public Health Institution
NPHL	National Public Health Laboratory
NSA	Non-state Actors
NTLP	National TB and Leprosy Program
OGAC	Office of the Global AIDS Coordinator
OPD	Outpatient Department
OVC	Orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for AIDS Relief
PEPFAR/T	PEPFAR Tanzania
PLHIV	People living with HIV
PBFW	Pregnant and breastfeeding women
PITC	Provider-initiated testing and counseling
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission
POA	Prioritization and optimization allocation
POART	Program oversight and accountability response team
POCT	Point-of-care testing
PO-RALG	President’s Office of Regional and Local Government

PrEP	Pre-exposure prophylaxis
PSM	Procurement and supply management
PSNU	Priority sub-national unit
PT	Proficiency testing
PWID	People who inject drugs
R/CHMT	Regional and Community Health Management Teams
RITA	Recent infection testing algorithm
RFP	Request for proposals
RTRI	Rapid test for recent infection
SAM	Severe acute malnutrition
SBC	Social and behavior change
SDG	Sustainability development goals
SID	Sustainability index dashboard
SIMS	Site improvement through monitoring systems
SMS	Short message service
SNS	Social network services
SNT	Status neutral testing
SNU	Sub-national unit
SR	Shang Ring
SRE	Surveillance, research, and evaluation
STI	Sexually transmitted infection
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
TDHS-MIS	Tanzania Demographic Health Survey, Malaria Indicators Survey
TLD	Tenofovir, Lamivudine, Dolutegravir
TPC	Tanzania Postal Corporation
TPT	Tuberculosis preventative therapy
THIS 2016-2017	Tanzania HIV Impact Survey 2016-2017
THIS 2022-2023	Tanzania HIV Impact Survey 2022-2023
THPR	Tanzania Product Health Registry
THSCP	Tanzania Health Supply Chain Portal
TMA	Total Market Approach
TMDA	Tanzania medicines and medical devices authority
TWG	Technical working group
TX_CURR	Current clients on Treatment
TX_NET NEW	Net new clients on treatment
TX_NEW	New clients on treatment
U=U	Undetectable=Untransmissible
UHI	Universal health insurance
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNICEF	The Joint United Nations International Children Emergency Fund
USAID	The United States Agency for International Development
USG	United States Government
VAC	Violence against children
VACs	Violence Against Children and Youth Survey
vAGYW	Vulnerable adolescent girls and young women
VL	Viral load
VLC	Viral load coverage
VLS	Viral load suppression
VMMC	Voluntary medical male circumcision
WHO	World Health Organization
WHR	Women at high risk
WLHIV	Women living with HIV
WRAIR/DOD	Walter Reed Army Institute of Research/Department of Defense

Vision, Goal Statement and Executive Summary

PEPFAR/Tanzania (PEPFAR/T) has an unprecedented and unique opportunity to utilize multiple updated national data sources to formulate a robust Country Operational Plan 2023 (COP23). COP23 planning was informed by preliminary unweighted key results from the Tanzania HIV Impact Survey (THIS) 2022-2023, Bio-Behavioral Survey 2022 (BBS 2022), 2022 Tanzania Demographic Health Survey, Malaria Indicator Survey (2022 TDHS-MIS), and 2022 Tanzania Population and Housing Census (2022 Census). With PEPFAR's new *Five-year Strategy: Fulfilling America's Promise to End the HIV/AIDS Pandemic by* 2030 as a framework, the new demographic, epidemiologic, and health surveillance data enabled PEPFAR/T to shape COP23 strategies to fill programmatic gaps and address health with the goal of reaching the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets within two years.

Transforming our understanding of the status of the HIV epidemic in Tanzania, the findings from THIS 2022-2023, together with the complementary new data sources, are enabling PEPFAR/T to simultaneously *follow the science* and *lead with data* to address the programmatic challenges preventing Tanzania from reaching epidemic control. Results from the previous household survey, THIS 2016-2017, triggered a programmatic overhaul to focus on targeted case identification with an emphasis on index testing, a geographic shift to focus on regions with the largest antiretroviral therapy (ART) gaps, and an overhaul in national policies that enabled scale-up of multi-month dispensing (MMD), other differentiated service delivery models, national transitions to optimized ART regimens for adults and children, community self-testing, and pre-exposure prophylaxis (PrEP) scale-up. The years of implementation following the THIS 2016-2017 were the most successful in the history of PEPFAR/T.

In COP23, PEPFAR/T will continue to implement effective and innovative interventions to move Tanzania closer to meeting the UNAIDS 95-95-95 targets. Despite the remarkable progress since THIS 2016-2017, THIS 2022-2023 showed that there are notable gaps in identification of PLHIV especially among children, young people aged 15-24, and key and vulnerable populations. An overarching goal, therefore, of PEPFAR/T's COP23 strategy is to *close these equity gaps*. Furthermore, THIS 2022-2023 demonstrated that progress toward saturation of voluntary medical male circumcision (VMMC) services among males aged 15 years and older has plateaued amidst an ever-growing youth population. As one of the most effective prevention interventions, scaling up VMMC, while working with the Government of Tanzania (GOT) to integrate and maintain the service, is another central goal to PEPFAR/T's COP23 plans.

In the context of the first 95, in COP23, PEPFAR/T will transition to a status-neutral approach to HIV service delivery which seeks to understand the holistic health needs of a person, defining the entry point into HIV prevention or care at the time of the HIV test. This will enable PEPFAR/T to reach people living with HIV more effectively, while destigmatizing HIV treatment and prevention services. To increase case finding, PEPFAR/T will also scale up *innovations* such as Social Network Strategy (SNS) for HIV testing and update national guidelines and reporting systems to facilitate SNS reporting and linkages. PEPFAR/T will also focus on males and females aged 15-35 years, with age-appropriate case finding strategies, to address gaps specifically noted among these groups. Recognizing the need to focus on equity, PEPFAR/T will intensify case finding strategies to key and vulnerable populations including women at high risk

(WHR), men at high risk (MHR), and adolescent girls and young women (AGYW), as well as for all youth aged 15-24. PEPFAR/T will also incorporate structural interventions to ensure that these populations are able to access services.

The preliminary unweighted THIS 2022-2023 indicates that Tanzania has reached the second and third 95 targets. PEPFAR/T will continue to sustain the “test and treat” approach to rapidly accelerate ART uptake among newly diagnosed clients and will also maintain quality of care and our client-centered services approach to prevent interruptions in treatment (IIT), optimize ARV regimens for both pediatric and adult clients, and expand the use of differentiated service delivery (DSD) models including MMD of ARVs to PBFW and children aged 2-5 years as well as MMD for TB preventative therapy.

In COP23 PEPFAR/T will *strengthen public health systems* with a focus on laboratory systems for viral load testing coverage (VLC). PEPFAR/T will focus on regions currently falling short and will prioritize high throughput platforms while working with GOT to increase strengthen systems of supply forecasting, quantification, and commodity distribution to health facilities to help minimize supply chain disruptions. Using the results from the diagnostic network optimization (DNO) exercise, which has recently been completed, PEPFAR/T will work support the GOT to strengthen sample transportation systems, and sample result turnaround time to ensure efficient and cost-effective systems. Viral load testing data will continue to inform client-centered services for clients on ART who are unsuppressed, including better targeting of enhanced adherence counseling (EAC). PEPFAR/T will continue to strengthen index-testing and other prevention services for the sexual partners of unsuppressed clients on ART to reduce the risk of HIV transmission by unsuppressed clients. PEPFAR/T will also enhance identification and services for clients with advanced HIV disease (AHD).

PEPFAR/T will continue with accelerated efforts started under the *Accelerating Progress in Pediatrics and Prevention of Mother to Child Transmission* (AP3) initiative towards the GOT goal of eliminating mother to child transmission (EMTCT). It is estimated that there are 80,000 children <15 years living with HIV in Tanzania and yet only about 60,000 are on ART. To address this health equity gap among children living with HIV (CLHIV) as a priority population, in COP23, PEPFAR/T will complement AP3 activities with LIFT UP funding, to carry out an exhaustive case-finding approach in three regions with the goal of identifying every child living with HIV. The results and programmatic approaches from this initiative will be rolled out to other regions to ensure we are *closing the equity gap* among CLHIV. PEPFAR/T will also support the GOT in the implementation of the country’s Global Alliance plan to end AIDS in children by 2030.

With an estimated 54,000 new infections in 2021, curbing new infections is a top priority in COP23. PEPFAR/T will support a surge of prevention services by increasing both PrEP and VMMC targets to drastically reduce new infections amongst all populations. In the context of PrEP, PEPFAR/T is supporting the timely revision of the GOT PrEP framework, which will incorporate a status neutral approach to PrEP service delivery as an innovation to scale up PrEP. It is anticipated that this strategy-shift will ensure that everyone who needs PrEP can access the drugs and reduce the stigma and discrimination associated with PrEP uptake. Furthermore, PEPFAR/T will also work with the GOT on a rigorous PrEP program monitoring to

ensure client health and safety, improve adherence, and promote comprehensive prevention interventions including condom programming and education on STI prevention.

Over the last two years the DREAMS program has exceeded its target, reaching nearly 200,000 vulnerable AGYW (vAGYW) each year with a comprehensive package of interventions. Reaching AGYW continues to be a gap in PEPFAR/T's strategy to curb new infections, so PEPFAR/T will maintain Core DREAMS programming in 14 councils and utilize DREAMS NextGen guidance to expand Enabling DREAMS programs to reach a wider group of vAGYW. The new Enabling DREAMS program will support the Tanzania National Minimum Package of Services for Adolescents in councils that have high population density, high number of PLHIV, and higher vulnerability with a focus on strengthening a key set of interventions within the minimum package. This will include supporting in-school comprehensive sexual education (CSE), providing youth-friendly health services, and supporting demand creation for HIV prevention services to adolescents.

In COP23, PEPFAR/T in collaboration with the Government of Tanzania will implement a Violence Against Children and Youth Survey (VACS), a nationally representative household survey designed to measure the prevalence and circumstances surrounding sexual, physical, and emotional violence in childhood, adolescence, and young adulthood. The first VACS in Tanzania was conducted in 2009. VACS findings will enable PEPFAR/T to better understand vulnerabilities, risks and protective factors for violence and its impacts on the health and wellbeing of children and youth. The findings are intended to inform the development of national action plans and guide effective, evidence-based programs and policies.

In COP23 PEPFAR/T will prioritize interventions with key and vulnerable populations (KVP), who are disproportionately affected by HIV compared to the general population as evidenced in BBS 2022 findings. In line with global recommendations, including achieving universal access and use of public health services among KVP, PEPFAR/T will employ a health equity lens to reach each sub-group of KVP with a targeted package of behavioral, structural, and biomedical interventions that will address multiple risks and vulnerabilities at both facility and community levels. PEPFAR/T will work with the GOT to agree upon an implementation arrangement for a KVP hotline. This will include exploring integration into an existing hotline used for other public health inquiries and reporting. Other structural interventions will include strengthening local teams at District and Regional levels to respond to crisis, discrimination, and violence in the context of HIV programming.

PEPFAR/T will also work capacitate and work with the GOT to identify and engage people at high risk to take part in HIV interventions including community led monitoring (CLM). PEPFAR/T will prioritize PLHIV and other beneficiaries directly in anti-stigma and discrimination efforts and expand the focus of our ongoing CLM activities to assess stigma and discrimination more comprehensively and to sub-population specific services at health facilities to ensure services meet the needs of these communities.

From a health systems perspective, in addition to the laboratory support described above, PEPFAR/T will strengthen laboratory systems to support broader *global health systems and security* objectives. Furthermore, PEPFAR/T plans to support the formulation of a National Public Health Institution (NPHI) in Tanzania to enhance GOT leadership and management in disease surveillance, data collection and management, and laboratory systems to sustain

reductions in HIV incidence, and strengthen local capacity to protect the HIV/AIDS response gains and for the preparedness and response to other diseases and outbreaks. PEPFAR/T will continue to strengthen Tanzania public health systems, pandemic preparedness, and community-led efforts that are required to sustain long-term HIV impact, and which also can be leveraged for epidemic surveillance to deliver effective, efficient, and sustainable health care for PLHIV and beneficiaries. This broader health system strengthening support will focus on health information systems, supply chain systems, surveillance systems, and human resources for health, all of which are essential to *sustaining the HIV response in Tanzania*. In FY23, the GOT has established a Sustainability Technical Working Group that will provide a forum to develop a *sustainability roadmap* and explore opportunities for programmatic integration and transition through domestic resource mobilization.

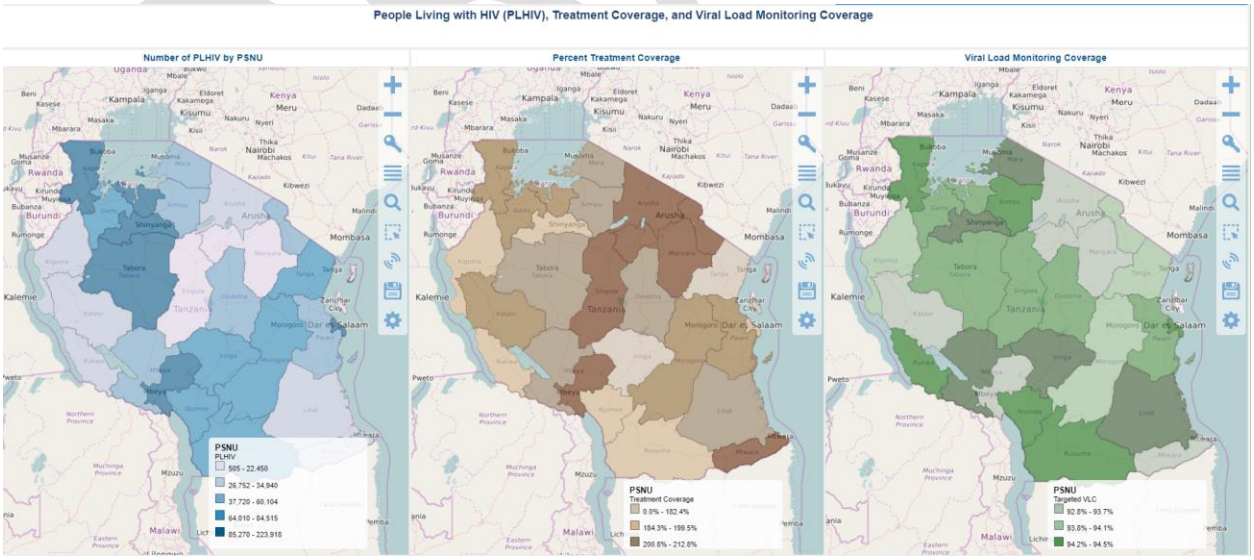
PEPFAR/T's programmatic strategies must be built on a solid foundation of political will and an enabling policy environment. PEPFAR/T will continue to leverage our *transformative partnerships* with GOT, UNAIDS, World Health Organization (WHO), GFATM, civil society organizations (CSOs) and the private sector to advocate for continued policy change to ground the national program in the current science and best practices to ensure that beneficiaries receive the highest quality care. Continued engagement of the beneficiary-led organizations will ensure that program activities are fostering *community leadership* at the community level. Finally, regular, and robust partner management meetings and monthly data reviews will continue to help ensure that we identify programmatic gaps in a timely fashion and address the root causes.

The successes of prior years have positioned Tanzania to achieve and sustain epidemic control. The preliminary unweighted THIS 2022-2023 results are helping us refocus our evidence-based approach, and PEPFAR/T will use COP23 to strengthen ongoing interventions and apply them in *innovative* ways to ensure equity across subpopulations. PEPFAR/T will maximally use routine program data to inform site-level actions and monitor overall program performance in near real-time. PEPFAR/T will conduct data quality assessments (DQAs) and continuous quality improvement assessments regularly across all regions using a standardized approach. Continuing to work closely with civil society on CLM efforts to improve sub-population specific services will play a key role to achieve this goal. Through the strategies elaborated in this document, and with the continued collaboration of the GOT, civil society, donor partners, stakeholders, and the people we serve, PEPFAR/T's COP23 implementation will accelerate our success and pave the way towards an HIV-free generation.

Standard Table 1.1

Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression										
	Epidemiologic Data				HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	FY23 Total Population (#)	FY24 HIV Prevalence (%)	FY24 PLHIV Estimate (#)	FY24 PLHIV Diagnosed (#)	On ART (#)	On ART Coverage (%)	Viral Load Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total Population	61,279,384	2.8%	1,711,095	1,812,667	1,559,531	91.1%	97.7%	3,122,869	168,526	175,166
Population <15	26,583,877	0.2%	78,634	71,277	56,814	72.3%	92.8%	279,640	5,574	6,087
Male 15-24	6,187,661	0.7%	45,097	73,429	26,805	59.4%	93.6%	132,820	3,688	3,746
Male 25+	10,669,238	4.8%	520,836	566,647	471,791	90.6%	97.9%	621,310	56,829	56,859
Female 15-24	6,145,236	1.2%	88,935	133,533	75,573	85.0%	95.4%	871,479	20,973	21,942
Female 25+	11,693,372	8.5%	977,594	967,781	928,548	95.0%	98.1%	1,211,967	81,354	86,527
WHR					10,109		98.6%	113,659	11,491	6,844
MHR					561		98.1%	9,968	1,129	344
PWID					313		99.4%	7,517	563	314
People in prisons and other enclosed settings					920		98.4%	10,147	344	840

Figure 1.1



The map in Figure 1.1 displays the number of PLHIV, estimated ART treatment coverage, and viral load monitoring coverage at the council level. This map also shows that targeted viral load coverage is 95% across all regions for PEPFAR Tanzania.

Table 1.2

Table 1.2 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP23**	**# Current on ART (FY22)**	**# of pSNU COP22 (FY23)**	**# of SNU COP23 (FY24)**
Attained				
Scale-up: Saturation	1,715,291	1,538,275	195	30
Scale-up: Aggressive				
Sustained				
Central Support				
No Prioritization				
Total National				

Pillar 1: Health Equity for Priority Populations

Regional-specific approaches to programming

In the context of the results of the THIS 2022-2023, 2022 THDS-MIS, BBS 2022 and 2022 Census, data show clearly that a one-size-fits-all approach will not align with the needs of the HIV response in Tanzania. In COP23 PEPFAR/T will continue with strategic regional-specific approaches that are working while introducing innovative strategies to address regional-specific gaps and challenges.

In the South Highlands of Tanzania there are unique economic activities that influence population mobility. Mbeya and Songwe regions are both connected to the Malawi and Zambia transport corridors, which require tailored HIV community interventions that will be monitored using established GoT tools meant to improve community to facility linkages. Understanding that the corridor has potential hotspots for KVP (including truck driver checkpoints and rest stops), WRAIR/DoD will utilize BBS findings to support the design of youth-specific interventions for HIV prevention among KVP groups. Using census data and understanding of local economic trends, different interventions will be designed for councils shown to have the biggest youth population growth. For example, Chunya District, which is experiencing a boom in the mining industry, will have different prevention interventions than councils with many university students, such as Mbeya Council. The monitoring and reporting system for these indicators will be built on GoT systems, such as the care and treatment center (CTC) database with biometric fingerprints modules linked with the Unified Community System. At the same time, a standard package of prevention interventions will be designed for regions with smaller youth populations and less mobility utilizing GoT reporting tools to facilitate the data alignment between GoT and PEPFAR.

Since 2019, CDC Tanzania has been implementing a regional strategy to better support partners and Ministry of Health (MOH) staff implement and monitor HIV and TB services in CDC-supported regions. This approach includes close collaboration with government officials at the regional and council levels, close tracking of selected indicators using CTC-Analytics to generate a customized monthly dashboard and scorecards, prioritization of the highest volume facilities, tracking performance trends across facilities over time, and aligning CDC's technical staff, stakeholders, and resources in the highest burden areas. This approach promotes increased collaboration across CDC's Group Leads and Regional Leads, while creating opportunities to refine region-specific approaches using real-time, data-driven monitoring in all 11 of CDC's supported regions, in addition to Zanzibar.

CDC Tanzania supports over 900,000 people living with HIV in its regions through four comprehensive clinical partners. By assigning a Regional Lead to each region and a Group Lead to oversee clusters of four regions each, CDC Tanzania has established a robust platform for careful monitoring of partner performance, which allows for simplified dissemination of best practices and routinized sharing of ideas among implementing partners and CDC Tanzania's technical staff. As part of COP23, CDC Tanzania will incorporate additional indicators to monitor performance for reaching adolescent and young people, and for PrEP and VMMC. Including these additional indicators into CTC-Analytics and the monthly dashboard will allow all Regional and Group Leads to track partner performance and remediate any performance issues.

In COP23 USAID will prioritize and target regions with unique programming based on data available on the youth bulge, HIV incidence, new HIV infections, and HIV treatment gap. By utilizing identified gaps to target programming, USAID will work more efficiently and effectively. For example, in the central, eastern, and northern regions women have less than 50% awareness of HIV prevention methods, and therefore USAID will prioritize demand creation and awareness activities in these regions for women. In Southern regions, men are lagging behind in HIV prevention awareness compared to women, USAID will address by increasing programming for men. PEPFAR/T through USAID will intensify HIV prevention, and AGYW and adolescent boys and young men (ABYM) services in seven USAID regions (Dar es Salaam, Shinyanga, Morogoro, Njombe, Iringa, Dodoma, and Ruvuma) with high HIV infection rates among youth 15-24 based on these specific identified gaps. Moreover, through status neutral HIV services and differentiated service delivery models, in identified hotspots USAID will be able to close gaps and reach the most vulnerable populations.

Plan to close gaps in the pediatric cascade

According to UNAIDS estimates, there are nearly 80,000 children <15 years living with HIV in Tanzania, however there are only about 60,000 on ART. This indicates a significant equity gap among CLHIV accessing HIV treatment services. PEPFAR/T will use its LIFT UP funds to conduct an exhaustive effort to identify all CLHIV in three regions (Mwanza, Mbeya, and Dodoma). The funds will support pediatric case identification using an optimal mix of testing, strengthening of two-month early infant diagnosis (EID) uptake, including operationalizing birth testing, and HIV-exposed infant (HEI) registration into CTC2 database within seven days after birth. In addition, the LIFT UP funds will improve HIV viral suppression to >95%. This initiative

will guide CLHIV estimates for more accurate target setting as well as inform PEPFAR/T to scale-up successful, innovative case finding strategies in other regions.

PEPFAR/T, in collaboration with the GOT, will scale-up proven strategies for effective case finding, linkage to care, and viral load suppression (VLS) to close equity gaps among CLHIV. As part of these efforts, PEPFAR/T will support the GOT to implement the country's Global Alliance plan to end AIDS in children by 2030. In COP23, PEPFAR/T aims to ensure the 95-95-95 goals are reached by 2025 by focusing on the following activities:

- Intensify pediatric case identification using an optimal mix of testing strategies. PEPFAR/T will scale-up index testing to reach all biological children below 19-years with a biological parent living with HIV. Community index testing of children will be expanded for those who could not be reached through facilities. PEPFAR/T will further optimize the PITC modality to ensure 100% of children at risk of HIV infection at OPD, pediatric ward, malnutrition and TB units are identified.
- Strengthen two-month EID uptake by operationalizing the revised guidance for early HEI registration within seven days of birth to ensure full registration of all HEI and subsequent EID testing. PEPFAR/T will increase point of care testing (POC) using DBS and whole blood to guarantee comprehensive EID testing.
- Increasing VLS levels to 95% for all pediatric age groups in line with the new 50 copies/mls cut-off as per the revised national guidelines. PEPFAR/T will analyze data to identify children with high viral load for enrollment into the enhanced adherence counselling child program to ensure they attain VLS. PEPFAR/T will strengthen collaboration between clinical and OVC partners to ensure adherence to HEI care, correct use of ARVs, continuity of treatment, and ultimately viral load suppression.

In advancing health equity for CLHIV, PEPFAR/T will address stigma to facilitate access to HIV services for both parents and children. PEPFAR/T will ensure that disclosure support is provided to caregivers of CLHIV, and re-engagement packages are tailored to CLHIV. Furthermore, in COP23 will PEPFAR/T will expand access to MMD for children 2-5 years based on an anticipated policy change in the National Guidelines.

PEPFAR/T will scale-up community-led initiatives such as mother mentor models to empower women living with HIV to advocate for the identification of HEI in the community, to enhance community efforts to track mother-baby pairs who are missing or lost to follow up. Mentor mothers will also monitor ARV adherence and work with families on improvement plans for children not yet virally suppressed. PEPFAR/T will scale-up peer-led service delivery models such as Operation Triple Zero and teen clubs to address adherence challenges in adolescents. Adolescent peers will be empowered to lead identification of CLHIV through index and SNS testing modalities, and support treatment adherence. PEPFAR/T will strengthen demand creation interventions to caregivers to reiterate the importance of various HIV interventions, including EID for pediatrics, adherence to ART, viral load testing, multi month dispensing to stable pediatrics, index testing, and targeted HIV testing through the FURAHA YANGU adult platform.

Plans for Pregnant and Breastfeeding Women

The program data for fiscal year 2022 shows high HIV testing coverage at antenatal care (ANC) in PEPFAR supported sites with 99.5% of pregnant women receiving an HIV test at first ANC. The ART coverage among pregnant women identified as HIV positive is 100% in PEPFAR supported sites.

To sustain the gains in PMTCT performance, PEPFAR/T has been focusing in filling the gaps such as late first ANC visit to ensure early identification and treatment initiation of HIV positive pregnant women. PEPFAR/T will also improve maternal retesting in the third trimester and during breastfeeding; enhance PrEP uptake among PBFW and adherence tracking; implementation of the triple elimination strategies, and low EID coverage by 2 months of age.

In COP23, PEPFAR/T will further sustain the gains by implementing the following activities which also align with the national Global Alliance strategies. PEPFAR/T will capacitate healthcare workers (HCWs) in triple elimination of MTCT of HIV, syphilis, and Hepatitis B and ensure that dual HIV/syphilis, Hepatitis B kits, and ARVs are available by building the capacity of HCWs in forecasting and ordering of non-PEPFAR commodities. PEPFAR/T will intensify support for maternal retesting to address the challenge of HIV seroconversion in late pregnancy and postpartum periods through training, supportive supervision, and mentoring of HCWs in counseling, service provision, and the relevant monitoring and evaluation (M&E) tools. PEPFAR/T will scale-up self-testing, screening for intimate partner violence, and male partner index contact tracing to address incident infections among PBFW. PEPFAR/T will also scale-up PrEP services to PBFW at high risk of HIV infection or those who indicate they could use the services. PEPFAR/T will support demand creation for early ANC bookings and strengthen messages around the importance of delivering at health facilities and encourage male involvement in both ANC and post ANC services. PEPFAR/T will support case-based management) in PMTCT sites that do not have electronic databases to improve client care and data quality.

PEPFAR/T will strengthen bidirectional referrals between PMTCT and DREAMS programs both at the facility and community level targeting pregnant and breastfeeding AGYW and their infants. Based on anticipated policy updates to Tanzania's National Care and Treatment Guidelines, PEPFAR/T will support roll-out of differentiated service delivery models, including MMD for stable pregnant and breastfeeding women starting with five high-burden regions and will then scale up to other regions.

PEPFAR/T will improve EID coverage by supporting universal birth testing for all HEIs using whole blood by facilitating sample referrals to the sites with POC testing. PEPFAR/T will also leverage GeneXpert multiplexing functionality to optimize EID testing services. In addition, PEPFAR/T will support early HEI registration and linkage to the OVC program as described. PEPFAR/T will work with the MoH to ensure effective integration of EID into immunization services especially during community outreach to enable community EID sample collection. PEPFAR/T IPs will also work with R/CHMTs to improve the quality of samples collected and ensure a turnaround time of less than 2 weeks. Furthermore, PEPFAR/T will implement the LIFT UP initiative to improve identification of HEIs beyond the three LIFT UP regions.

PEPFAR/T will ensure that PBFW in the community have equitable access to HIV information and services ranging from prevention, testing, care, treatment and support free of charge.

PEPFAR/T will continue to engage recipients of care in the planning, implementation, and monitoring of the PMTCT program to achieve triple elimination of MTCT of HIV, syphilis, and Hepatitis B. For example, PEPFAR/T will work with beneficiaries such as mentor mothers in supported facilities to trace and reengage all recipients of care who missed their PMTCT appointments. Finally, PEPFAR/T will strengthen community engagement to monitor the PMTCT program through CLM and will review results quarterly to identify and track opportunities for continuous quality improvement.

PEPFAR/T will intensify demand-creation activities through the FURAHA YANGU campaign model with the aim of normalizing HIV as any other chronic illness. The model will work towards normalization of multiple HIV interventions, including PrEP, condom use, targeted HIV testing, HIVST, PMTCT re-testing, index testing, EID, same-day initiation, MMD, community ART, adherence to ART, adherence to appointments, and viral load testing. PEPFAR will also support the dissemination of U=U messages with the aim of improving adherence to treatment and viral load monitoring with the aim of normalizing and destigmatizing HIV.

Plan for reaching 15–24 year-olds

In COP23 PEPFAR/T will implement strategies at the regional level that address geographic-specific barriers to close the gaps for this age group. PEPFAR/T will prioritize and target regions based on the youth bulge growth rates, incidences, and absolute numbers of new HIV infections and HIV treatment gap. Although there is a general uptick in new HIV infections, some regions bear a greater burden of new infections across the nation, particularly among young people 15-24 years.

In the South Highlands of Tanzania, WRAIR/DOD will be implementing new and innovative strategies targeting 15–24-year-olds based on unique challenges identified in the area, including the four regions of Mbeya, Katavi, Songwe and Rukwa). The passive approach to reaching this age group is not working; youth rarely show up at facilities to access services outside of the DREAMS program and there are limited clinics offering adolescent and youth friendly services (AYFS). In COP23 PEPFAR, through WRAIR/DOD partners, will conduct dual incentivized moonlight and daylight testing clinics for adolescent and young people (AYP) at 17 high volume district hospitals from 17 councils with high incidence in the four DOD regions. This will be preceded by community sensitization and demand creation focused on 15–24-year-olds. This model will give opportunity to both in-school/college and out-of-school AYPs to access testing services. In addition, WRAIR/DOD is not currently implementing a status neutral approach to testing but plans to start in in COP23 to create a better platform for people, especially AYP, to have access to HIV testing services.

Additionally, WRAIR/DOD has identified gaps in low awareness of PrEP availability among AYP. With the current approach, PrEP is offered through facility-based CTC and through community outreach to hotpots to reach KVP and DREAMS participants only. AYP not attending CTC or DREAMS safe spaces are left out. With shifts in the PrEP framework, WRAIR/DOD is prepared in COP23 to initiate youth PrEP awareness campaigns and use new strategies to create awareness through the use of digital and social media, along with edutainment such as Ing'oma traditional dance. By integrating PrEP into differentiated service delivery models, it will be more accessible to AYP through mobile clinics, VMMC, family planning (FP), safe spaces,

and hotspots. New packaging and pill cases for PrEP will also combat stigma as a current barrier to PrEP uptake.

Within the USAID-supported geographic area, a regional analysis shows that Dar es Salaam, Morogoro, Dodoma, Shinyanga, and Arusha have the highest youth population bulge and corresponding high numbers of new HIV infections. Additionally, while the Southern Highland regions of Iringa, Njombe, and Ruvuma have relatively low youth populations, they have the highest HIV prevalence, as high as 2.5 times the national average for prevalence and new infections. To address these regions based on their unique challenges, USAID has planned regional-specific activities to have the greatest impact. For example, in Dodoma and Morogoro where there is an increasing youth bulge, teen pregnancy, new HIV infections, and high rates of HIV-related stigma and discrimination, PEPFAR/T through USAID will work strategically to address identified gaps through intervention packages that will specifically address the 1st and 2nd 95s among youth. In the Central region (Dodoma) and Eastern region (Morogoro) the packages of services will include enhanced implementation of youth engagement and leadership activities along the HIV cascade including policy advocacy, AGYW/AGYB, HIV combination prevention, FP, and treatment services. PEPFAR/T will ensure wider coverage of youth focused CLM and for the first time offer differentiated combination HIV prevention services to ABYM including HTS, VMMC, PrEP, and condoms services in tertiary institutions to expand reach.

Additionally, PEPFAR/T through USAID will deliver evidence-based community HIV and Violence Prevention (Steppingstones) and Coaching Boys into Men (CBIM) curricula to reach more young men with HIV prevention services. PEPFAR/T will expand non-DREAMS AGYW/ABYM interventions to 12 new councils in Morogoro, Iringa, Njombe, and Shinyanga. Through OVC preventive and Enabling DREAMS programs, we will target youth aged 10-17 in school and 15-24 out of school in high-burden SNUs using school-based and community-based platforms. This will include creating awareness among AYP on their perceived risk of HIV infection and benefits of using HIV services.

In CDC-supported regions of Tanzania (i.e., Kagera, Geita, Kigoma, Mara, Simiyu, Tanga, Tabora, Shinyanga, Mwanza, Pwani, Dar es Salaam, and Zanzibar), CDC will scale up successful approaches to HIV prevention and treatment, while launching new and innovative approaches to reach additional people with life-saving HIV and TB services, especially for 15–24-year-olds. While CDC's partners have performed well in FY22 and achieved ≥90% of target achievement for key indicators like HIV testing, identification of new diagnoses, new initiations on ART, and VMMC, there is still considerable work to be done given population growth in CDC-supported regions, the disproportional amount of young people aging into the 15-24 year old age groups, and the overall urgency with which to reach 95-95-95 targets.

Relying on a combination of data from the 2022 national census, a recent household survey, monthly reporting from CTC-Analytics, routine partner performance, CDC will modify its approach to reach more at-risk youth by leveraging its robust regional approach covering all supported geographies. Specifically, CDC will alter its service delivery modalities to ensure that youth aged 15-24 years are reached. For HIV testing services (HTS), CDC will strengthen index testing by focusing on biological children aged 15-19 years of women living with HIV and will

promote the distribution of HIV self-testing kits to mature minors/adolescent girls and boys through community outreach activities and health facility OPDs. CDC is also introducing a major shift within HTS by launching status neutral testing (SNT) in COP23. Data show that new infections are higher among females aged 15-24 years, so employing a status neutral approach will help identify at risk females and males, linking them to appropriate HIV prevention services including HIV self-testing, PrEP, VMMC, and DREAMS. SNT and a client-centered approach will ensure that high-risk youth in and out of school are identified and successfully linked to prevention activities that are tailored to them needs.

For VMMC, CDC and its partners are amplifying innovative demand creation activities to reach more 15-24 years males, including using peer groups, digital and social media networks, and identifying young motor-bike drivers (boda boda drivers) to serve as VMMC champions within catchment areas to communicate tailored sensitization messaging to improve uptake among males aged 15-24 years. VMMC programs will also intensify efforts to reach hard-to-reach males aged 15-24 years in the Lake Zone of Tanzania, as these regions (Kagera, Geita, Mwanza, Shinyanga, Simiyu and Mara) have reported HIV prevalence more than 2 times higher than the mainland.

Plan for AGYW services

AGYW continue to bear a high burden of new HIV infections in Tanzania. According to the 2020 UNAIDS country progress report, 50% of the new HIV infections are among this group. These findings demonstrate the need to reach vAGYW in Tanzania beyond the current geographic footprint of DREAMS to reduce the disproportionate transmission rate amongst this population.

To address these inequities, in COP23, DREAMS interventions will be maintained in 14 councils with the core package of services, including biomedical services (HIV testing services, PrEP services, condom provision, family planning, STI screening), structural interventions (including enhanced economic strengthening and violence prevention interventions), and behavioral interventions (community mobilization for positive norms change around gender and violence). In COP23 DREAMS will also shift to focus on reaching AGYW 10-14 who are out of school, a population previously not covered by DREAMS in Tanzania. Current DREAMS coverage has reached saturation in several age bands and targets have been set to reach or maintain saturation in 11 of the 14 DREAMS councils by the end of COP23 Y1.

In COP23 PEPFAR/T is planning to introduce the Enabling DREAMS program based on COP23 DREAMS NextGen guidance in close collaboration with the GOT. Using a previously underutilized National Minimum Package of Service for Adolescents (summarized in the Table below), Enabling DREAMS will support the Tanzania Commission for AIDS (TACAIDS) and relevant GOT ministries to implement a key set of adolescent services to a wider geographic area. Implementation will focus on select regions that have high population growth, high number of PLHIV, and high HIV incidence amongst adolescents. Specifically, within this minimum package, PEPFAR/T will strengthen CSE with an emphasis on improving knowledge of HIV risk, modes of transmission, and life skills communication, address the stigma AGYW face when seeking services by increasing the number of facilities providing youth-friendly health services (including HIV testing services, care and treatment, STI prevention and treatment, GBV and post violence care, condom provision and PrEP), support demand creation for HIV

prevention services to adolescents (including VMMC for boys 15+ and PrEP for vulnerable adolescent girls and boys), create strategic partnerships to link vulnerable AGYW to economic strengthening opportunities, and expand activities to address gender norms and GBV.

GOT Minimum Package of Services for Vulnerable Adolescents		
Behavioral Intervention	**Biomedical Intervention**	**Structural Intervention**
In school program for 10–17-year-olds		
• **Comprehensive Sexuality Education^** • School CSE clubs • **Norms change communication through media^**	• Bi-directional referrals for adolescents based on identified vulnerabilities • **Comprehensive service provision*^** • **Strengthening of AYFS^**	Linking vulnerable eligible girls to: • Information and education on economic empowerment skills and opportunities • Financial Literacy • Link to available cash transfer programs
Out of school 15–24-year-olds		
• **Norms change communication through media^** • Peer education to AGYW using SBCC approaches • Individual and group sessions using SBCC approaches	• Bi-directional referrals for adolescents based on identified vulnerabilities. • **Comprehensive service provision*^** • **Strengthening of AYFS^** *HTS, FP, PrEP, STI and TB screening, GBV screening and linkage to post violence care and linkage to ART, VMMC services	Linking vulnerable eligible girls to: • Information and education on economic empowerment skills and opportunities • Financial Literacy • Formation of income-generating groups • Support formal registration of groups. • **Link to available loans/grants for business opportunities and growth^**
^PEPFAR supported interventions planned for COP23 through Enabling DREAMS in selected councils		

At the above-site level, PEPFAR/T will support several key above-site DREAMS interventions in COP23. PEPFAR/T will support TACAIDS to provide strategic oversight of adolescent services in general and to coordinate the roll out of the national minimum package of adolescent services. PEPFAR/T will also continue to support the DAMES dashboard to track activity progress and layering amongst Core DREAMS councils. In COP23 PEPFAR/T will support two new above-site interventions for DREAMS, including documentation of the DREAMS program successes through a one-year 'Voice from the Field' project, and support for a DREAMS cost analysis to better strengthen long term budget planning for DREAMS interventions beyond COP23.

Throughout the COP23 planning process adolescent beneficiaries have been involved in the planning of the program. During COP23 implementation PEPFAR/T will establish a new AGYW platform, ensuring representatives from civil society are able to play a key role in the monitoring and oversight of the AGYW programming. The new Social Committee (SC) and technical working group (TWG) of AGYW stakeholders in Tanzania will be overseen through the DREAMS Above Site partner and will support the inclusion of the beneficiaries, building

collaboration between PEPFAR and stakeholders as well as make decisions pertaining to AGYW programs as a collective group.

Plan for OVC services

The COP23 OVC strategy for PEPFAR/T focuses on supporting GOT plans and contributions to the national HIV and OVC responses to ensure sustainability and local ownership. The OVC portfolio will maintain geographic coverage in alignment with HIV burden and specifically, the pediatric and adolescent current clients on Treatment (TX_CURR) volume. The phased transition of OVC service provision to local partners will continue in COP23 to foster a community-led response while ensuring quality and efficiency. PEPFAR/T uses a family-based, differentiated case management approach to ensure participants' engagement to identify solutions specific to their needs, households' socio-economic challenges, and barriers. Community case workers (CCWs) will develop, implement, and monitor individual case plans and follow-through to ensure the best outcomes.

Using the case management approach, the CCWs will ensure OVC, and their families access comprehensive services, including vital socio-economic interventions to support HIV prevention, care, and treatment outcomes. Standardized coordination and collaboration between OVC IPs and other clinical and prevention IPs will be strengthened to increase identification, bi-directional referrals, and enrollment of children and adolescents living with HIV (C/ALHIV), HEI, GBV/ violence against children (VAC) survivors, children of PLHI and children of WHR. In addition, collaboration with clinical IPs will ensure expansion of testing among children <15 years, index testing (HIV testing of biological children <19 years of PLHIV) and support C/ALHIV adherence to pDTG. In response to research indicating excessive mortality among children on ART, in COP23, PEPFAR/T will implement short-term nutritional supplementation support targeted to C/ALHIV from destitute families (with a focus on CLHIV<5y/o) on ART to prevent and treat severe cases of malnutrition.

PEPFAR/T will continue to provide differentiated packages of services that are age and need-based to address structural barriers impacting HIV and health service access and utilization for children, and youth. The OVC program will target 15-17-year-olds in schools to ensure access to and completion of secondary school and to leverage the school setting and structures to increase awareness about HIV. This will include working with schools to prevent stigma and delivering key messages about HIV among AGYW to raise knowledge and awareness of risk and modes of transmission. PEPFAR/T will also leverage social platforms in-alignment with the GOT approach and strategy. The OVC prevention program will target girls and boys 10-14 years in high-burden SNUs with evidence-based interventions. Additionally, for ABYM the OVC program will support HIV and GBV risks assessments, referrals, and linkages to services. In-school ABYM will receive tailored services to ensure continued attendance while out-of-schools ABYM who are HIV positive will be reached through the comprehensive intervention OVC program and will receive vocational training, business start-up kits, case management and referrals to additional services. DREAMS interventions are integrated within the OVC program and implemented as part of the OVC package in all DREAMS SNUs.

PEPFAR/T's OVC program integrates sexual violence prevention messages into interventions for parents and caregivers. Activities include implementing and reinforcing child safeguarding

policies and strengthening procedures to prevent and respond to violence against children and GBV including work with the legal sector to ensure justice for children. In addition, the program will work with faith and community leaders to address VAC and GBV through religious and community structures. Results from the VACS study will be used to inform the subsequent design of appropriate interventions.

The OVC portfolio will support and develop national systems through partnerships with Ministry of Community Development Gender Women and Special Groups (MCDGWSG) and President's Office of Regional Authority and Local Governance (PORALG). The partnership will include financial and technical support for joint monitoring of OVC program implementation as well as standardizing the use of the National Integrated Case Management System (NICMS) and strengthening the most-vulnerable children (MVC) MIS system to ensure utilization and interoperability with other children's data systems for better planning and monitoring. Scale-up of the Comprehensive Council Social Welfare Operational Plan (CCSWOP) will be done through training of additional councils on the guide to ensure sustainable support of and increased investment in OVC and social welfare services.

PEPFAR/T will collaborate with the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM) to strengthen the social welfare and community health workers (CHWs) workforce at all levels. This will include investing in digital technologies, strengthening the capacity of the local structures, integrating community interventions, and standardizing ways for planning, and implementing and evaluating community engagement activities. The interventions will involve enhancing the integration of community-based services into health systems as well as CHWs and other health professionals. The program will also support the Health Promotion Section of the Ministry of Health to effectively coordinate the Community Based Health Program (CBHP) and roll out the National Operational Guidelines for Community Health Services. To foster localization and sustainability of OVC programming, the PEPFAR/TZ will provide technical assistance (TA) to two local implementing partners (IPs) so that they can effectively provide differentiated service delivery packages to the beneficiaries.

Plan for KVP services

KVP are disproportionately affected by HIV as compared to the general population and they still encounter stigma and discrimination and have challenges accessing health services. The first round of the bio-behavioral survey (BBS) was completed among WHR, and people who inject drugs (PWID) in Dodoma, Mbeya, and Mwanza regions of mainland Tanzania between March – May 2022. The 95-95-95 cascades highlight progress towards achieving UNAIDS targets among these groups while also accentuating remaining gaps. The overall prevalence of HIV among WHR in the three regions was 22.4%. The BBS results have guided Tanzania's efforts to improve its KVP programming, findings were used to update size estimate for COP23 target setting.

PEPFAR/Twill support each KVP sub-population with a comprehensive combination prevention and treatment package of services including biomedical services (HIV testing services, PrEP services, condom provision, family planning, STI screening, PEP provision), structural interventions, and behavioral interventions including education, treatment literacy, and

counseling. These activities will be implemented in all PEPFAR-supported regions and delivered through health facility and community outreach mechanisms. In COP23 PEPFAR/T will also scale up structural interventions to support KVP. Specifically, PEPFAR/T is working with the GOT to explore the best means to scale-up a KVP hotline to ensure that it's integrated into existing structures and expanded to ensure national coverage. Other structural interventions include strengthening local teams at District and Regional levels to respond to crisis, discrimination, and violence that impact access to HIV services.

In line with recommendations from multiple consultations civil society organizations, KVP services will address multiple risks and vulnerabilities utilizing differentiated service delivery models for HIV case identification, linkages to treatment, and prevention services. To reach WHR, PEPAR/T will support hotspot mapping to reach those most at risk with targeted SBCC and sexual risk reduction services. In addition, risk network referrals will be utilized to reach more at risk WHR through their networks. Biomedical prevention services will be offered through differentiated service delivery, including in community settings and through extended hours to ensure WHR are reached and provided with services at convenient times and locations. The Enhanced Peer Outreaches Approach (EPOA) will help PEPFAR/T identify hard-to-reach WHR to increase HIV testing services and PrEP uptake. For who test HIV positive, community ART and viral load testing will be offered with similar differentiated service delivery approaches.

In COP23 PEPFAR/T will support approaches to reach MHR, ensuring equitable, accessible, and tailored health services are available. PEPFAR/T will reach MHR through trusted risk network referrals to reach this vulnerable population through their own network, along with EPOA which uses a peer outreach approach led by peer outreach workers, who engage KVP members directly. Behavioral interventions will be strengthened, including, targeted SBCC and sexual risk reduction information for MHR, stigma and discrimination reduction, peer counseling and other psychosocial support. Utilizing differentiated service delivery approached will allow MHR to receive services at times that are most convenient to them in community setting for both prevention, care, and treatment. In COP23, PEPFAR/T will address inequalities that drive the AIDS epidemic by also prioritizing fisher folk, small-scale miners, and long-haul truck drivers who are not yet accessing life-saving HIV services.

To reach PWID, PEPFAR will support continue to offer medication-assisted treatment (MAT), testing and treatment of viral hepatitis, and palliative care. Additionally, in COP23 additional services at existing service points will be expanded to include rehabilitation, along with linkages to income generation activities and employment. PWID will also be supported through the establishment of peer support groups and discrimination reduction programs at all MAT sites.

PEPFAR Tanzania will continue supporting the Government of Tanzania to finalize the MOH-led update of the national KVP guideline to ensure alignment with WHO recommendations. PEPFAR Tanzania will also support coordination, monitoring of program performance, assessment of the quality-of-service delivery, capacity building for service providers, and management of national data collection.

Additionally, PEPFAR/TZ will continue engaging KVP led CSOs, R/CHMTs and local government authority (LGAs) to conduct joint supportive supervisions. Furthermore, PEPFAR TZ will work with CSOs to implement CLM to empower program beneficiaries to monitor the

accessibility, quality, and client satisfaction of HIV services. Additionally, PEPFAR/TZ will continue to strengthen the capacity of CSOs in the areas of leadership and training on resource mobilization including proposal writing and other fundraising strategies, monitoring and evaluation, and financial management, knowledge management, and will support quarterly supervision visits to monitor quality of services.

Plan to address Stigma, Discrimination, Human Rights, and structural barriers

Stigma and discrimination continue to be a significant problem in Tanzania that negatively impacts HIV service access and uptake. In Tanzania, KVP should be provided with HIV testing, prevention, and health care services without discrimination. Violence against KVP has contributed to inadequate access and utilization of health services by this group. In COP 23, PEPFAR/T will work with CSOs to address stigma and discrimination through sensitization sessions for service providers and law enforcement officers to ensure a thorough understanding of PEPFAR/T activities and to promote safe and friendly services.

In COP/23, PEPFAR/T will prioritize strengthening local teams at District and Regional levels to respond to crisis, discrimination, and violence that impact access to HIV services in collaboration with MOH, MCDGWSG, PORALG, and TACAIDS. This will create an enabling environment to prevent and respond to violence, build core knowledge among implementers and communities, and create a forum for policy and guideline proposals. The teams will also provide technical guidance, support resource mobilization for psychosocial support, and coordinate roll-out of teams throughout the country.

To address stigma and discrimination in COP23, PEPFAR/T will implement broad messaging to educate about HIV at facility and community levels. PEPFAR/T will also implement sub-population specific interventions to address stigma and discrimination. PEPFAR/T will work with TACAIDS and MOH to operationalize the National Stigma and Discrimination Strategy

HIV Testing Services

According to the THIS 2022-2023, Tanzania is on the verge of meeting the 95-95-95 goals but lags behind in case identification. As the country inches closer to meeting these goals, progress among some populations has been uneven. To close gaps and ensure epidemic control for all populations, targeted interventions are needed to ensure access to HIV testing services for case identification, linkage to treatment and prevention services, and re-engagement into care, as well as to achieve geographical equity. To close the remaining treatment gap and meet ambitious targets for PrEP and VMMC, HTS services will be implemented in a status neutral approach where people with HIV and people seeking HIV prevention services can access treatment, prevention, and other critical services such as HIV testing in the same place. PEPFAR/T will work with the MOH to agree on a process to roll-out this approach. It will be essential to ensure sensitization for regional and council health management teams, develop a customized standard operating procedure for orientation of health care personnel, and orient community-health workers and peer educators.

In COP23, PEPFAR will (1) continue scaling up SNS for HIV testing recruitment in both community and facility settings, (2) support MOH to update national guidelines and reporting

system to facilitate reporting of SNS data, and linkage to prevention (3) implement a status neutral approach to HIV with active linkage to prevention and treatment services and (4) revamp the SBCC demand creation platforms with the aim of normalizing HIV testing. These activities will be implemented in addition to other targeted strategies such as safe and ethical index testing, and approaches to meet the Global Alliance's (GA) goals to end HIV among children and reach men.

PEPFAR/T will scale up recency testing to additional facilities in 10-12 regions with a goal of reaching 50-70% of coverage of regional HTS_TST_POS. Recency data will inform more targeted prevention interventions. HIV rapid testing remains critical to the PEPFAR response. In COP23, Quality assurance of HIV rapid testing to ensure reliable testing results will continue for PEPFAR supported regions. The WHO/PEPFAR supported HIV Rapid Testing Continuous Quality Improvement Initiative and point-of-care testing (POCT) site CQI using the Stepwise Process for Improving the Quality of HIV-Related Point-of-Care Testing Checklist will be used for all testing facilities. The newly diagnosed HIV infected individuals will be retested before initiation of ART as per WHO recommendations.

In COP23, PEPFAR/T will support the GOT to update the HTS tools to accommodate reporting of SNS and SNT interventions as well as monitor referral to specific prevention services such as PrEP and VMMC. Technical assistance will be provided to scale up recency testing and enhance easy HIV testing site program data accessibility to testers, R/CHMTs and IPs to enable data utilization for improved site selection methods and certification.

To close the HTS gap and bring Tanzania to the 1st 95 by 2024, PEPFAR/T will prioritize SNS at the community and facility levels. This increased focus on SNS, and other community testing interventions is an acknowledgement of the reduced yield from PITC. The testing targets will be increased from 4,489,295 to 5,382,365. These targets have been distributed based on increased coverage of case identification, increased contribution of facility and community SNS while maintaining yield, and program data and historical program growth.

Prevention plan that promotes equity

The current rate of new HIV infections in Tanzania is decreasing in a trajectory in line with meeting FY25 global targets or the 2030 target to eliminate HIV. PEPFAR/T's plan to address this is threefold: scale-up PrEP, implement a surge of VMMC services while supporting GOT to integrate VMMC services for maintenance purposes, and address prevention, case finding, and immediate linkage to care for youth aged 15-24.

PrEP

PrEP as an important prevention option for people at risk for HIV infection as part of a combination prevention strategy. Providing access to PrEP is one of the five prevention pillars the GOT has outlined to meet global targets to reduce the number of new HIV infections and will be a priority for PEPFAR/T in COP23. To drastically scale-up PrEP, PEPFAR/T anticipates a review of the existing implementation framework, to ensure PrEP programs can: 1) include intensified demand creation using both targeted communication approaches and messages to increase awareness, demand, and effective use of PrEP among the general population; 2) ensure that creatinine clearance and hepatitis testing are optional for PrEP initiation unless

clinically indicated; 3) be implemented in any health facility, eliminating the restriction that three HCWs (clinician, laboratorian, and pharmacy personnel) must be available to initiate PrEP to clients; 4) explore integration of long-acting injectable cabotegravir (CAB-LA), the Dapivirine Vaginal Ring (DVR) as alternative PrEP options in Tanzania, and 5) use innovative packaging for the PrEP medication to decrease stigma, increase awareness, increase uptake, and encourage continued use. Although the national framework will need to be updated, the GOT has agreed to release a circular that instructs sites how to implement PrEP in line with these adjustments.

During COP23, PEPFAR/T will support national efforts to scale-up PrEP services, endorse the WHO's new implementation guidance for simplified and differentiated delivery of PrEP, and implement PrEP in the context of a status neutral approach to HIV service delivery, where PrEP is offered as part of holistic routine health services in which individuals enter services through HIV testing and, depending on their status, are immediately engaged in HIV treatment if tested positive or offered HIV prevention options including PrEP or Post Exposure Prophylaxis (PEP) if tested negative. PEPFAR will support the provision of quality PrEP services with an emphasis on screening and implementation with fidelity.

PEPFAR/T, through its IPs, will continue to support the national level coordination of PrEP services, including supportive supervision, coordination of national technical working group meetings, review and distribution of demand creation materials, normative guidance, strengthening the supply chain related to PrEP commodities, and quality assurance activities.

VMMC

During COP23, PEPFAR/T will redouble efforts to scale-up VMMC coverage in all the priority regions supported by PEPFAR. PEPFAR/T will use a surge approach with innovative demand creation and service delivery modalities. IPs will support RHMTs and CHMTs to tailor VMMC services to improve privacy, increase the number of static sites in hard-to-reach communities, conduct informed outreaches with a prior booking, and use mobile vans and tents where applicable. Demand creation for VMMC will use social mapping using local intelligence backed by latest population and VMMC coverage data and GIS mapping to identify pockets/hotspots of uncircumcised men. All activities will be conducted by well-trained peer educators for demand creation in collaboration with local government leaders. PEPFAR/T will support the strengthening of routine services by training more VMMC providers at facility level. PEPFAR/T will support internal and external quality assurance activities for VMMC services and will continue to offer ShangRing circumcision as an option for those who prefer this to a conventional surgical circumcision.

PEPFAR/T will simultaneously work to capacitate GOT to integrate VMMC into health facilities in a manner that will allow them to be able to circumcise all 15-year-olds in a sustainable manner. PEPFAR/T will work with GOT and GFATM to operationalize the national VMMC sustainability manual and start discussions and preparatory work for the transition of VMMC services into routine health care provision and facility/council comprehensive council health plan (CCHP) to ensure sustainability.

In addition, during COP23, PEPFAR/T will support the national coordination of VMMC services, including supportive supervision, national technical working group meetings, review and distribution of demand creation materials, normative guidance, strengthening the supply chain related to VMMC commodities, and quality assurance activities.

Plans to reach men

In addition to the VMMC surge, other services for men will also be prioritize amongst specific age bands and regions based on the latest available data. In COP23, PEPFAR/T will employ new approaches to reach men in ways that are convenient and client-centered, including offering more community based and mobile services, targeting men's sports events and social venues, supporting workplace interventions amongst men who work with mining, fishing, transportation, and other industries. PEPFAR/T will also deliver services over extended hours and during the weekends to accommodate men who cannot access services during regular working hours. In COP23 PEPFAR/T will recruit more men as peer educators and champions to provide counseling and other HIV prevention and referral services in a way that is comfortable and accessible for men. Services for men will include HTS, STI screening, VMMC, PrEP, condom distribution, along with multi-disease testing campaigns including blood pressure and diabetes screenings. These services will also build upon the effective use of HIVST to expand testing coverage in health facilities and to targeted pops in high burden communities.

Pillar 2: Sustaining the Response

COP23 planning is guided by both global and national strategic documents all which have highlighted sustainability of the HIV response is a key theme. These include the PEPFAR Five-Year Strategy 2022-2026 which emphasizes the need to develop and monitor a measurable sustainability roadmap, integration of HIV service delivery into broader public and private health care delivery systems, strengthening the capacity of local institutions to lead and manage the HIV response, and fostering joint planning at the national level to align donor and domestic resources to ensure complementarity and avoid duplication of funding.

UNAIDS Global AIDS Strategy 2021-2026 recognizes an increase in domestic investments as being critical to meeting the fast-track global targets and sustaining the gains. GFATM grants typically include an obligation from the recipient government to commit domestic resources equivalent to 15-30% of the grant amount. The Tanzania National Multisectoral Strategic Framework on HIV and AIDS 2021/22- 2025/26 (NMSF V) and the Health Sector HIV Strategic Plan 2021-2026 (HSHSP V) underscores the need to develop and implement innovative sustainable HIV and AIDS financing in the country and highlights the importance of domestic resource mobilization and a sustainability strategy as a step towards ensuring any finance gaps are covered.

Nonetheless, Tanzania's HIV program is largely donor funded, and domestic resource mobilization has not increased quickly enough to offset reductions in foreign assistance budgets. Therefore, in COP23, PEPFAR/T will focus on sustainability including increasing domestic resource mobilization efforts through new and innovative approaches while optimizing existing funds.

Table S1. Investment Profile (Budget Allocation) for HIV Programs, 2023

	Total ($)	**Domestic Government (%)**	**Global Fund** (%)	**PEPFAR** (%)	**Other Funders** (%)
Care and Treatment	$338,995,749	2%	29%	69%	0%
HIV Care and Clinical Services	$266,795,639	0%	35%	65%	0%
Laboratory Services incl. Treatment Monitoring	$49,601,154	0%	0%	100%	0%
Care and Treatment (Not Disaggregated)	$22,598,956	36%	13%	51%	0%
HIV Testing Services	$50,311,526	3%	26%	72%	0%
Facility-Based Testing	$32,897,680	0%	26%	74%	0%
Community-Based Testing	$12,538,469	0%	10%	90%	0%
HIV Testing Services (Not Disaggregated)	$4,875,377	29%	60%	11%	0%
Prevention	$109,987,191	12%	19%	69%	0%
Community mobilization, behavior and norms change	$28,527,125	0%	13%	87%	0%
Voluntary Medical Male Circumcision	$28,810,928	20%	1%	79%	0%
Pre-Exposure Prophylaxis	$10,054,939	0%	0%	100%	0%
Condom and Lubricant Programming	$10,660,585	3%	87%	10%	0%
Opioid Substitution Therapy	$4,609,902	0%	41%	59%	0%
Primary Prevention of HIV & Sexual Violence	$258,552	0%	100%	0%	0%
Prevention (Not Disaggregated)	$27,065,160	25%	21%	54%	0%
Socio-economic (incl. OVC)	$35,522,008	0%	25%	75%	0%
Case Management	$13,936,056	0%	0%	100%	0%
Economic Strengthening	$6,705,101	0%	0%	100%	0%
Education Assistance	$3,266,962	0%	0%	100%	0%
Psychosocial Support	$0				
Legal, Human Rights, and Protection	$540,574	0%	100%	0%	0%
Socio-economic (Not Disaggregated)	$11,073,315	0%	77%	23%	0%
Above Site Programs	$64,511,285	37%	20%	43%	0%
HRH Systems	$3,098,554	0%	0%	100%	0%
Institutional Prevention	$0				
Procurement and Supply Chain Management	$10,730,784	0%	68%	32%	0%
Health Mgmt Info Systems, Surveillance, and Research	$11,885,614	0%	43%	57%	0%
Laboratory Systems Strengthening	$6,516,955	0%	0%	100%	0%
Public Financial Management Strengthening	$1,650,849	0%	6%	94%	0%
Policy, Planning, Coordination and Management of Disease Ctrl Programs	$5,544,410	0%	12%	88%	0%
Laws, Regulations and Policy Environment	$388,971	0%	8%	92%	0%
Above Site Programs (Not Disaggregated)	$24,695,148	96%	0%	4%	0%
Program Management	$43,868,292	0%	14%	86%	0%

Implementation Level	$43,868,292	0%	14%	86%	0%
Total (incl. Commodities)	**$643,196,051**	**7%**	**25%**	**68%**	**0%**
Commodities Only	**$204,365,841**	**0%**	**54%**	**46%**	**0%**
% of Total Budget	*32%*				

Source: HIV Resource Alignment. Domestic Gov't and Other Funders data included where available..

Table S2. Investment Profile (Budget Allocation) for HIV Commodities, 2023

	Total ($)	**Domestic Gov't** (%)	**Global Fund (%)**	**PEPFAR (%)**	**Other Funders** (%)
Antiretroviral Drugs	$115,887,656	0%	57%	43%	0%
Laboratory Supplies and Reagents	$40,692,759	0%	27%	73%	0%
CD4	$0				
Viral Load	$26,938,711	0%	0%	100%	0%
Other Laboratory Supplies and	$13,754,049	0%	81%	19%	0%
Reagents Laboratory (Not Disaggregated)	$0				
Medicines	$470,826	0%	54%	46%	0%
Essential Medicines Tuberculosis	$136,987	0%	8%	92%	0%
Medicines	$333,839	0%	73%	27%	0%
Other Medicines	$0				
Consumables	$19,671,746	0%	92%	8%	0%
Condoms and Lubricants Rapid	$8,090,336	0%	100%	0%	0%
Test Kits	$10,099,143	0%	98%	2%	0%
VMMC Kits and Supplies	$1,482,267	0%	0%	100%	0%
Other Consumables	$0				
Health Equipment	$438,852	0%	100%	0%	0%
Health Equipment	$438,852	0%	100%	0%	0%
Service and Maintenance	$0				
PSM Costs	$27,204,001	1%	52%	47%	0%
Total Commodities Only	**$204,365,841**	**0%**	**54%**	**46%**	**0%**

Source: HIV Resource Alignment. Domestic Gov't and Other Funders data included where available.

Over past five years, PEPFAR/T has been putting efforts to ensure alignment of resources among PEPFAR, GFATM, and GOT resources (reference is made to tables S1 and S2 above). Joint planning to ensure that interventions and activities are complementary in terms of geography and approach has ensured no duplicative funding. For instance, HIV commodities are now funded through agreed tripartite split under one national supply plan. Collaborating on PEPFAR, GFATM and GOT during the current planning phase was logical for two reasons: 1) COP23 and the GFATM Cycle 7 (GC7) planning phase coincided and 2) for the first time PEPFAR was given a two-year budget trajectory to inform COP23 planning, which provided more overlap with GFATM implementation. PEPFAR/T staff have been fully engaged in the development of the ongoing GC7 application and COVID-19 Response Mechanism (C19RM) which was approved earlier this year. PEPFAR/T is also represented in the Country Coordinating Mechanism (Tanzania National Coordinating Mechanism) that provides oversight to GFATM funding request development. Similarly, GOT staff and other key stakeholders including GFATM have been part of all COP23 planning meetings in country and in Johannesburg to facilitate efficient allocation of available resources to fund national priorities.

During the implementation of COP 22, PEPFAR/T started strategic engagement with the GOT and other key stakeholders on sustainability. During World AIDS Day, Her Excellency Dr. Samia Suluhu Hassan even provided GOT commitment to sustainability in her commemoration remarks in December 2022 in Lindi, Tanzania. Furthermore, during World AIDS Day in the Prime Minister's Office (PMO) convened a high-level partnership forum to discuss sustainability and other policy priorities. The high-level forum agreed to establish a multi-sectoral Sustainability Technical Working Group (SWG) to develop a sustainability roadmap and strategy as per NMSF V.

TACAIDS under the PMO convened the first SWG on April 18, 2023. The SWG was chaired by PMO and Ministry of Finance and Planning (MOFP) and was attended by GOT ministries, development partners, non-state actors, private sector, civil society organizations, faith-based organizations, and selected community leaders. The main outcomes were adoption of SWG structure and terms of reference. The SWG's principal task is to develop a sustainability roadmap – to cover all elements of a sustainable HIV response, of which domestic resource mobilization is but one component. Development partners, under the leadership of PEPFAR/T will provide technical assistance to GoT to develop, implement, and monitor these key strategies. Furthermore, relying on the Tanzania HIV investment case and results from a recent activity-based costing and management exercise will help inform a robust understanding of the actual costs of the various components of HIV services.

In COP23, PEPFAR/T will focus its health systems investments to filling gaps that impede progress towards sustainability including strengthening of laboratory systems, supply chain systems, health information systems, and human resources for health. The SWG has agreed with proposed systems gaps and the sustainability roadmap will focus on those core areas. PEPFAR/T will also advocate for increasing the domestic resource allocation and disbursement for HIV/AIDS programming. Under TACAIDS, Tanzania has established an AIDS Trust Fund and has outlined plans to increase domestic contributions as well as contributions from the private sector. PEPFAR/T will advocate for and work with TACAIDS to ensure Tanzania develops a robust strategy to channel funds to the ATF.

Tanzania's development of a Universal Health Insurance (UHI) bill presents an opportunity for sustainability. PEPFAR/T will advocate to include HIV services as a benefit of the National Health Insurance Fund (NHIF). In summary, in COP23, PEPFAR/T will provide technical assistance to the SWG and work with GOT and other stakeholders through the SWG to develop a sustainability roadmap that includes plans to expand the availability of domestic resources for the national HIV response though the national health budget, ATF, and universal health insurance.

Pillar 3: Public Health Systems and Security

Strengthen Regional and National Public Health Institutions

Establishing a functional NPHI is critical for effective surveillance, outbreak detection and response, provision of specialized diagnostic services, research and capacity building to guide health policies and strategies through science and data. Tanzania has an established health sector with multiple GOT ministries, departments, and agencies (MDAs) involved in various

public health functions. However, currently a NPHI in Tanzania is lacking, and the country remains ill-prepared to respond to public health threats with the necessary speed and agility. An NPHI would provide value by linking critical public health functions for improved coordination and response to emerging threats.

PEPFAR/T plans to support the formulation of an NPHI in Tanzania to enhance GoT leadership and management of disease surveillance and data collection and management. An NPHI would be well positioned to oversee strengthening of laboratory systems and to strengthen local capacity to ensure that Tanzania is able to sustain reductions in HIV incidence to protect the gains in the HIV/AIDS response. An NPHI would also focus more broadly on preparedness for and response to other diseases and outbreaks. PEPFAR/T recognizes that the formation of NPHI will be a multi-year process that will require intensive political will from the GOT and other stakeholders.

In COP23, PEPFAR/T will initiate extensive engagement with MOH, and other stakeholders advocate for an NPHI. PEPFAR/T will focus on raising awareness on public health gaps, outline NPHI utility, and underscoring the commitment required for establishment. This will enhance their understanding, buy-in, partnership, and collaboration. PEPFAR/T will facilitate meetings with senior MOH staff to determine a common vision and mission for the public health system coordinated by NPHI. In COP23, PEPFAR/T will initiate discussions to develop a 5-year strategic and operational plan and begin to determine roles and responsibilities for NPHI and other relevant GOT MDAs.

PEPFAR/T, GOT and other key stakeholders will work to map the approval process needed to establish an NPHI, which may require new legislation. In COP23, PEPFAR/T will support benchmarking visits to other NPHI to facilitate peer-to-peer learning. This will include trips to selected countries with similar systems or recently established NPHIs that house functions similar to those under consideration in Tanzania.

Another important activity will be partnership mapping to identify collaborators such as Africa CDC, WHO, and others who may leverage PEPFAR/T support for NPHI establishment and work with GOT, GFATM, and other key stakeholders to identify and secure resources for an NPHI including within the national budget envelope. Improving and increasing human resources for health, including through the Field Epidemiology and Laboratory Training Program (FELTP), will help achieve this vision within 5 years. In addition, reliance on Project ECHO and other distance-learning modalities will support this effort. Finally, working with GOT to utilize recent DNO findings will enhance the capability of selected zonal laboratories that already meet diagnostic and confirmatory requirements for priority diseases and explore linkage with the electronic Integrated Disease Surveillance and Response to further strengthen NPHI and GOT's ability to rapidly respond to outbreaks.

Tanzania is part of the Global Health Security Agenda (GHSA) and therefore, PEPFAR/T will support GOT progress towards the GHSA 2024 target to strengthen public health systems and reduce the risk of infectious disease outbreaks. In COP23, PEPFAR/T will continue supporting and utilizing FELTP residents and alumni to improve early detection and reporting of diseases of public health concern among PLHIV or at facilities with care and treatment centers. This will protect HIV program progress and ensure that Tanzania sustains gains made in the fight against HIV.

Quality Management Approach and Plan

Quality improvement approaches in Tanzania are led by the Quality Assurance Unit at the Ministry of Health and monitored by President Office Regional Administration and Local Government (PORALG) through the regional and council quality improvement teams (R/CQIT). The activities are mainly implemented at the health facility and community by Work Improvement Teams (WIT). In COP 23, PEPFAR/T will focus on the following quality management approaches:

- Building on the successful scale up of the CTC2 analytics site level data tool to all PEPFAR supported sites, PEPFAR/T will build the capacity of the regional and district health management teams and health care providers to use the CTC analytics tool and encourage regular review of the data, which will foster ownership and accountability for the results.
- Conduct cross-regional or cross-district learning visits so low performing sites can learn from those that consistently meet or exceed quality standards.
- PEPFAR/T will guide quality improvement approaches to focus on closing the gaps on pediatric outcomes across the clinical cascade, increasing EID coverage at 2 months, reducing interruptions in treatment, scaling up AHD services, and roll out of differentiated service delivery models for both TB and HIV treatment.
- Ensuring the quality assurance of the program, PEPFAR/T will continue implementing the Eight Core Essential Elements (CEEs) from Site Improvement Monitoring Systems (SIMS) by focusing on collecting data on Infection Prevention and Control (IPC). The CEEs under IPC will be assessed at all 221 high volume sites and some of the tier two and three that will be visited by PEPFAR team.
- Continue to support Afya Supportive Supervision (Afya SS) electronic tools for the lower-level facilities such as health centers and dispensaries as a sustainable approach and strengthen its use at all levels of the health care service delivery.
- CLM, as detailed under the Community Leadership section, will be used as a core quality management approach during COP23 to monitor and address challenges identified.

In addition to CLM, PEPFAR/T will include two PLHIV as members of facility and community quality improvement teams. The PLHIV members will solicit feedback from other beneficiaries and be a part of discussions and development of plans for change. In addition, the quality improvement team will strengthen monitoring of client feedback by revitalizing suggestion boxes at each facility and ensure that feedback is provided monthly from the clients on any concerns raised.

Person-centered care that addresses comorbidities posing a public health threat for People with HIV (Advanced Disease, TB, Hypertension) plus mental health services

People living with HIV who have AHD or other comorbidities such as TB, hypertension (HTN), and mental disorders require person centered care approaches that take into consideration their unique needs and circumstances. Nearly 30% of newly identified HIV positive individuals present to care with AHD. Individuals with AHD are at higher risk of morbidity and mortality due

to their compromised immune system and require more intensive care. TB is among the most prominent disease found in AHD patients. CD4 testing is crucial to identify clients with AHD, but the proportion of PLHIV offered CD4 testing has declined over the years. AHD data review from 2020-2022 in Tanzania showed that only 11% of clients newly enrolled on ART and 19% among those currently receiving ART services were tested for CD4 as per the national guidelines. Differentiated service delivery models that cater for those with AHD will support up-referrals and ensure efficient utilization of resources.

In COP23, PEPFAR/T will support the GOT to implement a minimum package of activities that address AHD. PEPFAR/T will ensure rapid initiation of ART to clients newly identified positive and support CD4 testing for timely identification and management of those with AHD. PEPFAR/T will also screen for active TB disease, ensure rapid return of results, and prompt initiation of anti-TB treatment or TB preventive therapy as indicated. In addition, PEPFAR/T will screen for cryptococcal disease with cryptococcal antigen (CrAg) testing and provide either preemptive therapy with fluconazole (except for children younger than 10 years) or treatment for meningitis using liposomal Amphotericin B and provide intensified support to ensure adherence to the AHD package. A hub and spoke model will optimize AHD service delivery and close follow up of PLHIV will be conducted as per national guidelines. In FY24, PEPFAR/T will continue to scale up shorter TPT regimens to achieve over 95% TPT coverage among PLHIV on ART. The program will also introduce the following: TPT multi month dispensing, urinary TB-lipoarabinomannan (LF-LAM) for screening TB for PLHIV with AHD and introduce alternative sample type i.e., stool for diagnosis of TB in children.

Additionally, PLHIV on ART are at increased risk of cardiovascular disease (CVD), which is the leading cause of premature morbidity and mortality globally. This is due to direct effects of ARVs and HIV itself, compounded by traditional CVD risk factors such as increased life expectancy, tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity. HTN is the most important preventable CVD. To reduce mortality and maintain a good quality of life among people living with HIV, NCD services such as HTN screening should be integrated within existing HIV service delivery platforms for maximum impact. In Tanzania, clients with concomitant HIV and HTN are managed at different clinics, with less than 5% documented blood pressure measurements in majority of health facilities.

In COP23, PEPFAR/T will support health facilities to integrate routine blood pressure screening and height, and weight measurements among all PLHIV aged 18 years and above for documentation into appropriate data systems as part of standard of health care delivery. PEPFAR/T will explore creative models to integrate HTN management within HIV care utilizing through lifestyle change counseling. Those with elevated blood pressure shall either be managed at the same clinic or escorted to NCD clinics within the same facility or referred and linked to external facilities. PEPFAR/T will work with the GOT to integrate guidelines and build platform capacity of health care providers in care and treatment clinics to manage NCDs. PEPFAR/T will also support management of HTN at selected CTC clinics to minimize unnecessary time spent at different units within the health facilities.

Finally, people living with HIV are at an increased risk of mental health problems such as depression and anxiety which can have a negative impact on their HIV treatment outcomes and

their overall quality of life. PEPFAR/T will work with GOT to ensure that the needs and preferences of PLHIV are prioritized and that services are coordinated and integrated across facilities so that PLHIV can access the care they need without experiencing gaps or delays. PEPFAR/T will also rely on CLM findings to inform strategies to improve the delivery of services. In COP 23, PEPFAR/T will support the GOT to review and simplify mental health screening tools, train HCWs on the use of tools, and support management of mental health conditions among PLHIV as part of ART adherence and mental health support, referring for appropriate management as needed.

Supply Chain modernization and adequate forecasting

In COP23, PEPFAR/T will introduce Innovative mechanisms to optimize commodity management and supply chain performance. These will include vendor managed inventory models, facility-based supply chain data digitization to improve data quality, commodity tracking and tracing using GS1 to enhance commodity security, and private sector engagement. PEPFAR/T will also introduce the electronic medical record systems (EMR) to the regional hospitals. The PEPFAR/T COP23 supply chain activities are complementary to those supported by GFATM, and furthermore, our collective strengthening of the supply chain system will overcome the challenges experienced with timely orders and burn rate of GF commodity funding.

In COP23 PEPFAR/T will prioritize facility-based supply chain data digitization with the aim of ensuring that different supply chain tools are integrated and interoperable. This involves bringing accurate data and processes together under one unified platform to provide end-to-end data availability and visibility. In COP23, health facilities will be supported to move away from paper-based tools for data collection, storage, and analysis to a wholly digital system which will be integrated across the entire supply chain system.

To improve forecasting accuracy and supply planning, the vendor managed inventory model (VMI) will be deployed in COP23 to allow use of real-time data for better instrument servicing. PEPFAR/T will also focus on reviewing historical data to make informed decisions about forecasting and supply planning, to avoid stockouts and overstock for short shelf-life commodities.

In COP23 PEPFAR/T will prioritize commodity tracking and tracing using GS1 to enable data capture, and data sharing of every item procured at every point in the supply chain, to the end user/patient and to provide security and efficiency in the supply chain. This will start at the level of medical stores department (MSD), Tanzania medicines and medical devices authority (TMDA), and subsequently include health facilities to allow tracking of the forward movement through specific supply chain stages, and trace backward the location of the item under consideration. The aim is to improve efficiency and improve the availability and the visibility of health commodities.

In COP23, the Zanzibar public health supply chain will introduce private sector engagement through outsourcing of pharmaceutical services to the private sector This means portions of supply chain work will be transferred to external suppliers to increase efficiency and effectiveness. This cost-effective approach will also improve product availability and improve data visibility. Zanzibar Central Medical store is also supported to shift from a public institution to

a semi autonomic institution. In addition to Zanzibar, on Mainland the faith-based pharmaceutical system will be supported to cover areas that the Medical Store Department has challenges accessing.

Laboratory systems (VL, EID, DNO, etc.)

PEPFAR/T is developing sustainable, national integrated laboratory diagnostic systems by identifying and closing diagnostic testing gaps across all populations. Strong laboratory systems are needed to support services that will result in patient-centered care, enhance the clinical-laboratory interface, maintain effective diagnostic testing, prepare for outbreak response, and facilitate other public health practices.

In COP23, PEPFAR/T will scale laboratory information system (LIS) at POCT sites, support lab the availability and utilization of quality testing data for CQI, and continue to support sample collection management, transportation, and implementation of CQI, LQMS and national external quality assessment (EQA) program. PEPFAR/T will support lab-clinic interface strategies by strengthening communication and coordination between laboratory and TB/ HIV clinics. Additionally, PEPFAR/T will implement vendor managed inventory (VMI) for lab global purchasing and service level agreements to streamline supply chain. PEPFAR/T will also continue to support systems for waste management, ensure improved safety for laboratory personnel, and utilize DNO results to optimize the laboratory network to improve functionality, efficiency, and result turnaround time. PEPFAR/T will improve access to laboratory services by prioritizing high throughput platforms and scaling up improved laboratory technologies such as multiplex immunoassays and other POC technologies. In COP23 PEPFAR/T will also focus on the scale-up of HIV drug resistance testing (HDR) across key regional/zonal laboratories and support diagnostic readiness of laboratory systems to address global health security and pandemic preparedness and response.

In COP23, PEPFAR/T will manage laboratory facility-level activities within their regions based on their deeper understanding of laboratory needs. In particular, PEPFAR/T will support costs of laboratory accreditation assessment, certificate maintenance, and installation and servicing of laboratory information systems. PEPFAR/T will also support laboratory systems development, testing, and troubleshooting to ensure quality systems. In COP23 PEPFAR/T will also support mentorship to maintain quality laboratory systems, including mentorship on sample management, quality of testing, utilization of national standardized tools, sample collection, packaging, and transportation. In COP23 PEPFAR/T will assess and monitor quality of TB/VL/EID testing and implementation of HIVRTCQI and SLMTA/SLIPTA at facilities.

Strong laboratory networks are required to improve access in support of timely, reliable, and accurate diagnostic testing. PEPFAR's efforts will improve Tanzania's public health response for HIV as well as other public health threats. To close identified gaps PEPFAR/T will capacitate VL/EID/TB testing laboratories on data reporting and utilization, improve SCM coordination and communication through digitalization of laboratory inventory management, and develop a site selection approach that increases certification and accreditation yield by prioritizing sites with trained personnel and enrolled on EQA program. In COP23 PEPFAR/T will enhance the quality of sample management, transportation, and result return, and strengthen integrated sample

referral systems to address EID/VL and TB diagnostic equity gaps. Partners will also use innovative approaches and novel technologies such POCT to support TB testing and EID/HVL for special groups and support evaluation and validation of new technologies to increase access to quality TB and HIV diagnostics.

PEPFAR/T will collaborate with MOH to implement activities as informed by the DNO, which will be completed in FY23. PEPFAR/T will focus on better understanding gaps within the network that impact access to testing, timely return of results, especially among populations with low access to testing. PEPFAR/T will support the MOH to redesign the diagnostic network set-up as needed to increase access, maximize impact, and generate efficiencies based on the agreed scenarios from the DNO results. Implementation of the DNO results will increase access to testing services for all diseases of public health importance and support mechanisms to strengthen molecular waste management at all testing levels.

Human Resources for Health (HRH)

In COP23/24, PEPFAR/T HRH investments will focus on implementing the following key activities: HRH recruitment, allocations, retention, and workforce training. The activities will also include strengthening HRH allocation and utilization in faith-based health facilities. In COP23, PEPFAR/TZ will leverage previous HRH inventories to address chronic HRH shortages for service delivery. The implementation of the key HRH activities will also consider Human Resources management and protection. To bridge HRH gaps, COP23 HRH investments will support pre-services training through the competency-based, tiered field epidemiology advanced training (cohort 15 and 16) program to build surveillance and disease response capacity to sustain the Epidemic response. PEPFAR/T HRH investment will support the ongoing development and implementation of the business model for the national Human Resource for Health Information System (HRHIS) to allow reporting of the PEPFAR monitoring, evaluating and reporting (MER) HRH_STAFF_NAT indicators and development of the national annual HRH country profile.

Implementation of HRH activities including through FELTP, will ensure increase of competent health workforce is competent in delivering services that support high-quality HIV prevention and treatment services as well as global health security. Through the implementation of these activities, PEPFAR/TZ will develop an HRH reporting framework for faith-based health facilities. Fifty percent (50%) of eligible PEPFAR supported HCWs will be mainstreamed into public services in FY24 and 60% in FY25. These interventions will also support the Government of Tanzania's (GOT) capacity to absorb eligible PEPFAR staff into public service as part of the sustainability approach to HRH.

COP23/24 activities will support efforts to the skills gaps in the healthcare system by implementing collaborative learning approaches including in-service training using digital health platforms such as ECHO and e-learning models. The skills gained will ensure the quality provision of HIV services. PEPFAR Tanzania will continue to coordinate with other donors in the evidence-based allocation of staffing to improve efficiencies and alignment. PEPFAR/T also plans to align community health workers with GOT Community Health Roadmap and will

continue to ensure that the community workforce is effectively engaged in the provision of HIV prevention and treatment services as appropriate.

PEPFAR/T will manage the online platforms for in-service training, ensure alignment of HRH investments with GOT standards as well as secure GOT's commitment to absorbing PEPFAR/T-supported HCWs, as a part of the HRH sustainability approach.

Pillar 4: Transformative Partnerships

The government of Tanzania through its HSHSP V has set ambitious targets to accelerate a reduction in new HIV infections and mortality towards ending HIV and AIDS by 2030. The success of this implementation plan relies significantly on many actors that includes PEPFAR/T, multilateral organizations, development partners including GFATM, the private sector, civil society organizations, and philanthropic organizations. For the next two years, PEPFAR/T will continue to build strategic partnerships and collaborate with partners who share the vision of ending the HIV/AIDS pandemic and amplifying broader health and development outcomes for the Tanzanian population.

In recognizing their contributions, PEPFAR/T has engaged its partners throughout its Country Operational Planning, during in-country PEPFAR partner meetings and stakeholder dialogues, planning sessions in Johannesburg, and monthly meetings convened by Tanzania's Chief Medical Officer. PEPFAR/T will continue to strategically engage its partners throughout the implementation and monitoring of COP23.

Through its strong partnerships with multilateral organizations, PEPFAR/T will leverage the core competencies of the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and the Joint United Nations program for HIV/AIDS (UNAIDS) to influence key policy changes that impede implementation, scalability, and sustainability of programs. This includes continued work to ensure Tanzania meets objectives outlined in their commitments as part of the Global Alliance to End AIDS in Children as well as high-level strategic coordination in the Development Partner's Group for Health and the Development Partner's Group for HIV/AIDS.

UNAIDS continues to be a critical partner of PEPFAR/T to reach the shared 95-95-95 targets. Through its Global AIDS strategy 2021-2026, PEPFAR/T work with UNAIDS to address policies that lead to inequalities to access of HIV/AIDS services. This priority is also a central component of Tanzania's National Health Sector HIV Strategic Plan V 2021-2026. UNAIDS is also a key partner to advance programming and policies for key and vulnerable populations, AGYW, and other marginalized groups. PEPFAR/T will collaborate with UNAIDS to advocate for increased health financing for HIV and to ensure HIV services are included in the new universal health insurance.

WHO, as a technical lead and advisor to the Ministry of Health actively participates in all discussions on HIV policy change through monthly meetings led by the GOT. PEPFAR's partnership with UNICEF's will advance programming for adolescent girls and young women, and adolescent boys and young men, and ensure successful completion of the VACS survey.

PEPFAR/T is a key partner in the country coordinating mechanism that provides oversight for GFATM grants. Through its partnership, PEPFAR/T has been actively engaged in the development of the GFATM Cycle 7 fund request to ensure strategic alignment of interventions and resources. The fund development for 2023-2025 coincided with the COP23 which provided an opportunity to consider the two-resource envelopes jointly to plan holistically for the next two years. The two sets of program activities are complementary, avoid duplication, and maximize investments in HIV commodities.

In COP23, PEPFAR'/Ts 5-year strategy provides guidance for the implementation of a sustainability framework that calls for the establishment of a convening entity to spearhead the national discussion on the sustainability of the HIV response. The GOT recently established a Sustainability Technical Working Group, convened by TACAIDS, and includes all key stakeholders (development partners, non-state actors, the private sector, CSOs, and people living with HIV). Through this forum, PEPFAR/T is fostering partnerships that will ensure continued discussions on sustaining the national HIV response and will ensure that a sustainability roadmap is a product of TWG discussions.

In the context of private sector engagement, PEPFAR/T will explore approaches to support the supply chain of HIV commodities. Through the Government of Zanzibar, PEPFAR/T will leverage private sector engagement in the public health supply chain system from procurement, distribution, and dispensing of health commodities including ARVs and Laboratory reagents to increase effectiveness, efficiency, and product availability, and improve data visibility. PEPFAR/T will continue to explore public private partnerships to harness the power of the private sector for the public good. For example, in the context of management of severe acute malnutrition (SAM) among children <5 years, PEPFAR will leverage private sector capabilities to bring SAM commodities closer to the users through local production by providing technical input to the standards for local production and supporting the availability of complex mineral vitamin (CMV) mix for reconstitution of essential nutrition commodities at point-of-use through an improved CMV supply chain.

PEPFAR/T will also partner with philanthropic organizations that share the same vision and leverage their expertise and influence to complement efforts in key interventions. The Susan Thompson Buffet Foundation is a new philanthropic organization in the country that supports the strengthening of community systems and the institutionalization of community health workers. PEPFAR/T will collaborate with the foundation to advocate for policy changes to allow CHWs to provide basic services including HIV testing and community ART distribution. PEPFAR/T in collaboration with the Foundation, World Bank-Global Financing Facility, and GFATM will align efforts to support the government's plan to institutionalize community health workers and strengthen primary health care for broader health outcomes.

PEPFAR/T will continue its commitment to strengthen its partnership with the Government of Tanzania and ensure PEPFAR/T resources are aligned with national priorities and complement the government's investments in the HIV response. The Government of Tanzania through the Ministry of Health, Ministry of Community Development, Gender, Elderly and Children, the Prime Minister's Office (through TACAIDS), and PORALG worked closely with PEPFAR/Tanzania during the country operational planning to ensure alignment with the

country's priorities while also maximizing efficiencies, transparency, quality assurance and accountability of resources.

Pillar 5: Follow the Science

In COP23, PEPFAR/T will continue to make sure that science and evidence-based best practices are at the center of the HIV response in Tanzania. This will be accomplished along two main strategic axes: maximizing the use of recent data and evidence from Tanzania, and supporting new surveys, surveillance, and implementation science activities to fill in critical evidence gaps.

Maximizing the Use of Existing Data

Over recent years, PEPFAR/T has supported many surveys and surveillance activities which have generated a large volume of important data which will need to be analyzed, disseminated, and transformed into programmatic action. In COP22, PEPFAR/T successfully launched and completed data collection for the Tanzania HIV Impact Survey 2022-2023 (THIS 2022-2023), to assess Tanzania's progress towards reaching the UNAIDS 95-95-95 targets and community viral load suppression. In addition, in COP22 PEPFAR/T implemented an expanded set of integrated bio-behavioral surveys on the mainland and in Zanzibar to ensure the availability of accurate and up-to-date information on KVP. Results from these surveys will inform targeted investment of resources to ensure that PEPFAR/T continues to employ focused and efficient programmatic strategies and client-centered services at the sub-national level and among important sub-populations. Beyond generating standardized survey reports, in COP23, PEPFAR/T will also prioritize rapid, in-depth analyses of these survey data to better understand key associations between specific outcomes and potential risk or protective factors. In just one example, both the THIS 2022-2023 and the IBBS supported in COP22 include expanded questions around stigma, data from which will be analyzed to pinpoint societal drivers of stigma and inform stigma prevention efforts.

In COP22, PEPFAR/T has also been supporting a PMTCT cascade assessment to identify gaps along the maternal and pediatric HIV cascades and identify appropriate programmatic responses as well as the need for follow-on assessments. In COP23, PEPFAR/T will use the findings to prioritize efforts to eliminate maternal to child transmission of HIV and support the efforts around the Global Alliance to End AIDS in Children by 2030. In COP23, PEPFAR/T will also build upon the PMTCT cascade assessment and directly apply the findings to guide targeted and enhanced pediatric identification (TEPI) efforts – as funded through LIFT UP – as we seek to improve our understanding of the pediatric burden of HIV in Tanzania.

In addition to maximizing the use of data from dedicated data collection activities, in COP23, PEPFAR/T will rely on our high volumes of quality individual-level HIV data for surveillance purposes. Building upon COP22 efforts to work with the National AIDS Control Program (NACP) to put in place a protocol related to the use of these data as well as an associated data sharing agreement, PEPFAR/T will be able to further strengthen an already-strong focus on using these data to drive our programming. Notably, in COP23, PEPFAR/T will focus more on conducting in-depth analyses of individual-level HIV data available through the GoT's national HIV data

repository (also referred to as CTC3) and supporting Tanzania's progress towards the routine implementation of HIV case-based surveillance.

New or Continuing Surveys, Surveillance and Implementation Science Activities

In COP23, PEPFAR/T will implement the 2024 Violence Against Children and Youth Survey (VACS). This nationally representative household survey will measure the prevalence and circumstances surrounding sexual, physical, and emotional violence in childhood, adolescence, and young adulthood. It will also identify risks and protective factors and consequences of violence. The 2009 VACS in Tanzania indicated that violence against children was a serious problem. In response to the findings from the 2009 VACS, the GoT and PEPFAR/T launched a multi-sectoral prevention and response strategy aimed at addressing violence against children. With contributions from national and international partners, including PEPFAR, the GoT was able to strengthen a comprehensive national and sub-national child protection system. By implementing a repeat VACS, Tanzania will be able to assess the results of these violence prevention efforts and make data available to guide the next generation of evidence-based programming, including national action plans and policies. Notably, the findings will be critical to informing PEPFAR/T's future efforts around DREAMS, broader AGYW programming, OVC, GBV, and youth programming in general. Results will be available in time to support "Data to Action workshops" in advance of FY25.

In COP23, Tanzania will continue to refocus recency surveillance activities in line with COP23 guidance. Following the COP22 update of the recent infection testing algorithm (RITA) to integrate viral load testing, in COP23 PEPFAR/T will resume a targeted scale-up of recency surveillance activities in close collaboration with NACP, focused on reaching 50-70% coverage of HTS_TST_POS in 10-12 priority regions. PEPFAR/T will continue to critically assess the optimal prioritization of recency surveillance in certain areas and among specific population groups and adjust activities as necessary. In COP23, PEPFAR/T will also strengthen the timely and effective use of recency surveillance data to inform programmatic decision-making.

Building upon initial efforts in COP22, with dedicated COP23 resources, PEPFAR/T will also further strengthen the implementation of Cyclical Acquired HIV Drug Resistance (CADRE) Surveillance in Tanzania. Using a laboratory-based surveillance approach focused on genotyping residual viral load samples, the CADRE surveillance will allow Tanzania to effectively track HIV drug resistance trends, notably as they relate to potential emerging resistance to DTG-based regiments. In line with PEPFAR and WHO guidance, the CADRE surveillance will effectively move Tanzania towards the routinization of drug resistance surveillance characterized by a continuous monitoring system with national coverage that places minimal additional burden on the HIV service delivery platform.

In addition, COP23 PEPFAR/T will also continue to support the African Cohort Study (AFRICOS) in Mbeya. AFRICOS is a large 15-year cohort study across multiple African sites that aims to longitudinally assess the impact of clinical practices, biological factors, and socio-behavioral issues on HIV-1 infection and disease progression in an African context. Recent findings from AFRICOS have contributed sound evidence around issues of strategic importance such as higher rates of viral suppression among clients who transitioned to TLD or who were on 6MMD, or that persistent low-level of viremia was associated with increased risk of virologic

failure. AFRICOS has also highlighted the importance of non-communicable diseases and conditions such as HTN, hypercholesterolemia, hyperglycemia, renal insufficiency among people living with HIV. In COP23, AFRICOS will continue to serve a critical role for the PEPFAR program in Tanzania in assessing HIV pathogenesis, evaluating the impact of comorbidities/coinfections, and measuring long-term biomedical and biobehavioral outcomes in adults and adolescents.

Finally, PEPFAR/T will also continue to be responsive to new data needs as they arise and implement nimble implementation science activities to respond in a timely fashion. In COP22, PEPFAR/T this included addressing key issues like Undetectable=Untransmissible (U=U) and COVID-19 vaccination coverage among PLHIV. While it is not possible to predict what the needs will be in COP23, PEPFAR/T has established technical expertise, partner relationships, and a science-drive culture that assure that we will be prepared to respond to them.

Strategic Enablers

Community Leadership

Community leadership is central to the PEPFAR/T COP23 program, and PEPFAR/T has worked to engage local communities throughout the COP23 planning process. Participants from a range of civil society constituencies – youth, AGYW, PBFW, KVP, PLHIV – were transparently identified and elected to represent their communities in all COP23 meetings and discussions. This started in January 2023 with their participation in a PEPFAR Partner Meeting to identify and discuss programmatic and strategic priorities for COP23, continued at the Planning Meeting in Johannesburg, through multiple in-country specific discussions, round table discussions, and check points, continued further during Tanzania's In-Country stakeholder meeting, and will certainly be maintained throughout the implementation and monitoring of COP activities. PEPFAR/T values community voices and is grateful to the community leadership who have spoken up and participated throughout the COP23 process.

As part of PEPFAR/T's efforts to ensure grassroots feedback from the community is heard and considered as part of continuous quality improvement, PEPFAR/T will expand its community-led monitoring efforts in COP23. Specifically, USAID will expand its CLM program, beyond what is currently implemented through the National Council of People Living with HIV to include beneficiary-led CLM. Both CDC and WRAIR/DOD will also integrate components of beneficiary led CLM into their service delivery programs thereby ensuring national reach of CLM activities. PEPFAR/T recognizes the unique role community members play in engaging and leading HIV programming through their roles within faith-based organizations, KVP-led organizations, women-led organizations, youth-led organizations, community health workers organizations, and PLHIV-led organizations to drive meaningful, people-centered, and sustained impact. Funding through UNAIDS will continue to ensure national-level coordination of CLM and the systematic use of standardized tools and indicators to ensure comparability across geographic areas and population groups.

Since its inception in Tanzania in 2021, CLM has provided meaningful data which has helped to improve program outcomes. In FY23 to-date, PEPFAR/T has supported communities to intervene quickly to address issues that were uncovered by CLM including registering additional

facilities to provide CTC services, addressing long distances traveled by clients to access services, mentoring and supportive supervision in CTCs, addressing stigma and discrimination by health providers, and providing platforms to better engage PLHIV in the improvement of service provision in CTCs.

Additionally, in COP23, PEPFAR/T will further strengthen its engagement and coordination with other sub-populations including the independent networks of women living with HIV (WLHIV) in line with feedback received from stakeholder consultations. The program will provide more opportunities for adolescents to contribute directly to their HIV prevention, care, and treatment through the Core DREAMS and Enabling DREAMS platforms, in close collaboration with GOT. And PEPFAR/T is committed to working with KVP-led organizations alongside the MOH to scale-up the necessary structural interventions – from community to the national level – to ensure safe and continuous access to HIV services.

Innovation

PEPFAR/T's COP23 plan prioritizes strategic innovation as an enabler across each strategic pillar. Innovation within programming is essential to reaching the 95-95-95 targets in ways that open new programming to priority populations with more equitable and accessible interventions. Innovation will also ensure that PEPFAR/T programming becomes more sustainable in the long-term, ensuring the activities and impact catalyzed by PEPFAR programs continue well beyond the program itself.

While innovations are infused across all PEPFAR/T COP23 strategies, several innovations demonstrate key pivots within COP23 to transform the way PEPFAR/T programs achieve impact at scale. For example, innovation is needed to find more people, particularly in targeted vulnerable groups that may not be easily found through conventional testing platforms.

A transition to a **status neutral approach to HIV services** will provide a new framework for ensuing a more holistic, person-centered approach for service delivery. The status neutral approach to HIV prevention and care defines the entry point to care as the time of an HIV test. Based on the results of that test they are engaged and linked to appropriate prevention or care and treatment services. PEPFAR/T anticipates that this approach will ensure that anyone who tests negative receives PrEP counseling and a PrEP prescription as needed. This will destigmatize PrEP and allow for quick scale-up to ensure that anyone who needs PrEP can receive the intervention. The status neutral approach will also allow PEPFAR/T to reach youth, men, and pregnant and breastfeeding women more effectively by focusing on the needs of each person through provision of comprehensive services that meet people where they are regardless of their HIV status.

Stemming from the status neutral approach to HIV services and based on the significant gap in the 1st 95 among 15-24-year-olds – especially males – PEPFAR will continue to expand upon and develop new and innovative **case finding strategies** to ensure that Tanzania equitably meets the 95-95-95 objectives. This will include efforts to reach youth in and out of school and an expanded effort to engage youth through tertiary institutions, religious institutions, and community institutions. PEPFAR/T will leverage "influencers" through social and mainstream media channels to promote HIV testing and to improve knowledge of HIV in general.

PEPFAR/T will expand its package of **structural** to ensure access to HIV services. In addition to the initiatives already described, this will include sensitizing law enforcement, police, drug control endorsement authority (DCEA) gender desk representatives, and others on the range of HIV prevention and service delivery programs available. PEPFAR/T will work with the MOH to support efforts to advance and approve new PrEP technologies as well as the PrEP framework update.

To address the slow decline in new infections, PEPFR/T will plan a **surge for both PrEP and VMMC** during COP23.THIS 2022-2023 data showed that VMMC saturation was lower than anticipated in most regions. PEPFAR/T is committed to ensuring access to this one-time effective HIV prevention intervention and will scale up services to nearly double FY23 targets. This effort will run in parallel to an initiative to capacitate the GOT to integrate VMMC services to a level that would enable them to circumcise all males turning 15 every year. Also grounded in the status-neutral service delivery framework, complementary efforts to scale-up PrEP to all those who need it will reduce the current stigma and discrimination associated with the service. PEPFAR/T is currently working with the GOT to update the PrEP framework, which will be preceded by a circular to ensure timely adjustment of the current policy barriers preventing widespread scale-up. PrEP scale-up will include expansion to additional sites, alternative packaging, and a focus on 15–24-year-olds, KVP, vAGYW, PBFW, among other groups.

Tanzania recently established a multi-sectoral **Sustainability Technical Working Group** the focus of which will be to develop a sustainability roadmap for Tanzania and drive efforts to expand domestic resources for the national HIV program, both through the national budget and the AIDS Trust Fund. The group has had an initial meeting and membership will include GOT representation from a variety of ministries, PEPFAR and other development partners, and civil society. Their term of reference is being finalized, but will include reviewing costing and investment case data, developing a process for addressing HIV in the national budgeting process, developing a plan for integration of PEPFAR activities, and developing a model for the HIV program which is feasible to be supported by the Government itself.

Tanzanian parliament is currently reviewing a **National Health Insurance (NHI) bill**, which, when passed, will open an exciting opportunity for PEPFAR/T to support the larger health ecosystem with innovative financing and programmatic support. PEPFAR/T is advocating for the inclusion of HIV care and treatment in the NHI and can support financial planning and modeling resources to ensure that HIV care, treatment, and prevention is in line with needs and targets. PEPFAR/T can also pursue the creation of HIV investment cases to demonstrate the value proposition of investing in current approaches to mobilize funding from the National Budget.

Leading with Data

The core of PEPFAR/T COP23 health information systems and data management approach is to advance health information ecosystems that provide quality data essential to achieving and sustaining epidemic control. Foundational to this approach are digital systems that collect and analyze data, for dissemination and use to monitor and improve health programs and to provide quality, client-centered services. In pursuit of a holistic approach to HIS systems, PEPFAR is prioritizing strengthening systems to ensure an exchange data from disparate data bases. This

includes moving laboratory information systems to digital patient health records and exploring linkages with electronic integrated disease surveillance and response to further GOT's ability to rapidly respond to outbreaks of priority diseases. By employing a unified approach to digital community health systems PEPFAR/T is also focused on expanding the data ecosystem to collect and supply health data for frontline workers. PEPFAR/T is currently rolling out biometric unique identification systems in Dar es Salaam and anticipates complete expansion to all other regions by December 2023.

Building on lessons from implementation of coherent, routine data quality improvement measures (i.e., DQI Toolkit, TX-CURR data quality assessments) and digital individual-level programmatic monitoring systems (i.e., CTC-Analytics, Monthly Portal), the PEPFAR/T COP23 approach to data use is to expand data systems to encompass new priorities such as providing new automatically generated indicators using near-real-time data. Specifically, in COP23, PEPFAR/T will focus on:

- Implementing updated versions of current health information systems (CTC2/CTC3, eSRS, LIS, OpenDDR, GoTHOMIS, etc.) to provide data for a multi-faceted approach to health service provision, program monitoring, and use of individual-level HIV data for in-depth, non-routine analyses.
- Strengthening community health information systems to provide delivery of comprehensive community HIV and reproductive, maternal, newborn and child health (RMNCH) services, increase linkages of new HIV positives to services, and expand outreach capabilities of digital systems to meet the requirements of the National Community Health Strategic Plan.
- Improving national integrated, longitudinal person-level data through strengthening of the national health client registry with biometric data, developing rigorous data security policies and procedures for individually identifiable data, and integrating standardized unique identifiers within currently used health information systems.
- Increasing health data exchange across Tanzania and Zanzibar health information systems through the National Health Information Mediator and patient-level information systems to provide the necessary program and patient information while reducing data duplication.
- Enhancing site-level monitoring and improvement by expanding electronic medical records/digital patient health records/national health data repositories to capture new health data, as needed, and increase availability and access to de-identified, individual-level data.
- Strengthening the capabilities of the HRHIS for better management of human resources by providing quality data to identify gaps and allocate the health care worked needed health services at all levels of the health system.
- Expanding community-level (UCS), facility-level (CTC2, GoTHOMIS, LIS) and national-level health information systems (CTC3, DHIS2, OpenDDR) to collect and analyze surveillance-related data, including mortality data, to support HIV case-based surveillance, and other health surveillance activities.

Target Tables

Target Table

Target Table 1 ART Targets by Prioritization for Epidemic Control

Prioritization Area	Total PLHIV (FY23)	New Infections (FY23)	Expected Current on ART (FY23)	Current on ART Target (FY24) *TX_CURR*	Newly Initiated Target (FY24) *TX_NEW*	ART Coverage (FY24)	ART Coverage (FY25)
Attained							
Scale-Up Saturation	**1,715,291**	**29,158**	**1,719,965**	**1,774,408**	**158,371**	**103.4%**	
Scale-Up Aggressive							
Sustained							
Central Support							
Commodities (if not included in previous categories)							
No Prioritization			**24,202**	**23,246**	**1,500**		
Total	**1,715,291**	**29,158**	**1,744,167**	**1,797,654**	**159,871**	**104.8%**	**107.2%**

Target Table 2

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts							
SNU	Target Populations	Population Size Estimate (SNUs)	Current Coverage (date)	VMMC_CIRC (FY24)	Expected Coverage (FY24)	VMMC_CIRC (FY25)	Expected Coverage (FY25)
	15-24	**6,287,054**		**469,231**		**368,611**	
	25-34	**4,388,249**		**134,762**		**149,348**	
	35-49	**4,282,062**		**81,907**		**89,984**	
	50+	**2,663,966**		**13,576**		**13,234**	
	Total/ Average	**17,621,331**		**699,476**		**621,177**	

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			200,472	200,472
PP_PREV			693,315	693,315
AGYW_PREV			159,754	194,384
TOTAL	**20,413,061**		**1,053,541**	**1,088,171**

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]		**494,715**	**43,658**	**107,424**	**353,262**
FY24 TOTAL		**494,715**	**43,658**	**107,424**	**353,262**
FY25 TOTAL		**494,715**	**43,658**	**107,424**	**353,262**

Core Standards

The core standards include:

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**. Ensure that all HIV testing services are aligned with WHO's 5 Cs. Index testing services should include assessment of and appropriate follow-up for intimate partner violence. Offer HIV testing to every child under age 19 years with a biological parent or biological sibling living with HIV.
    - PEPFAR Tanzania offers ethical index testing aligned with WHO 5C's; this includes assessment of and follow-up for intimate partner violence and a focus on children under age 19 with a biological parent or sibling living with HIV.

2. **Fully implement "test-and-start" policies.** Across all age, sex, and risk groups, over 95% of people newly identified with HIV infection should experience direct and immediate linkage from testing to uninterrupted treatment.
    - The Government of Tanzania has fully implemented a "test and start" policy across all age, sex, and risk groups. All people newly identified with HIV infection are directly linked to treatment and other services as needed.

3. **Directly and immediately offer HIV-prevention services to people at higher risk.** People at a higher risk of acquiring HIV must be directly and immediately linked with prevention services aimed at keeping them HIV-free, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).
    - Tanzania is offering a comprehensive package of HIV prevention services to people at higher risk.
    - During COP23, PEPFAR Tanzania will work with GOT to transition to a status neutral approach to HIV services to ensure that all who test for HIV are directly linked to treatment or prevention services as appropriate.

4. **Provide orphans and vulnerable children (OVC) and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**. Provide evidence-based sexual violence and HIV prevention interventions to young adolescents (aged 10-14).
    - Tanzania's OVC program is a close collaboration with the Ministry of Health and the Ministry of Community Development. Case management is central to our approach to providing support to vulnerable children and their families. This includes access to socio-economic interventions in support of HIV prevention and treatment outcomes as well as evidence-based sexual violence and HIV prevention interventions to young adolescents (aged 10-14).

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.** Access to HIV services, medications, and related services (e.g., ART, cotrimoxazole, ANC, TB, cervical cancer, PrEP, and routine clinical services for HIV testing and treatment and prevention) must not have any formal or informal user fees in the public sector.
    - HIV services at PEPFAR-supported sites are free to the public.

6. **Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity.** Programs must consistently advance equity, repudiate stigma and discrimination, and promote human rights to improve HIV prevention and treatment outcomes for key and vulnerable populations, adolescent girls and young women, children, and other vulnerable groups. This progress must be evidence-based, documented, and included in program evaluation reports.
    - Tanzania has developed a national strategy to end stigma and discrimination. PEPFAR will work (in coordination with GFATM, civil society, and other stakeholders) to support operationalization of this strategy with an emphasis on key and vulnerable populations, AGYW, and children.

7. **Optimize and standardize ART regimens.** Offer DTG-based regimens to all people living with HIV (including adolescents, women of childbearing potential, and children) 4 weeks of age and older.
    - Tanzania has transitioned to DTG-based regimens for all people living with HIV.

8. **Offer differentiated service delivery models.** All people with HIV must have access to differentiated service delivery models to simplify HIV care, including 6-month MMD, decentralized drug distribution (DDD), and services designed to improve ART coverage and continuity for different demographic and risk groups and to integrate with national health systems and services.
    - PEPFAR Tanzania is supporting differentiated service delivery models to simplify HIV care and to improve access and adherence to HIV treatment.
    - Tanzania is in the process of updating its national treatment guidelines, which will include notable and important adjustments to DSD including approval for MMD

for PBFW, MMD for children aged 2-5, and MMD for TPT. PEPFAR will support roll out of these guidelines to ensure widespread adoption at facility and community levels.

9. **Integrate tuberculosis (TB) care.** Routinely screen all people living with HIV for TB disease. Standardized symptom screen alone is not sufficient for TB screening among people living with HIV and should be complemented with more-sensitive and setting-specific, WHO-recommended screening tools. Ensure all people living with HIV who screen positive for TB receive molecular WHO-recommended diagnostic and drug susceptibility testing, all those diagnosed with TB disease complete appropriate TB treatment, and all those who screen negative for TB complete TB Preventive Treatment.
    - PEPFAR Tanzania is routinely screening all PLHIV for TB based on WHO guidelines and screening tools. All those who test positive are linked to treatment and TPT is provided to those who screen negative.

10. **Diagnose and treat people with AHD.** People starting treatment, re-engaging in treatment after an interruption of ≥ 1 year, or virally unsuppressed for ≥1 year should be evaluated for AHD and have CD4 T cells measured. All children <5 years old who are not stable on effective ART are considered to have advanced HIV disease. The WHO-recommended and PEPFAR-adopted package of diagnostics and treatment should be offered to all individuals with advanced disease.
    - In COP23, PEPFAR will be enhancing efforts to diagnose and treat people with AHD based on the WHO recommended and PEPFAR-adopted package of diagnostics. Treatment will be offered to all individuals with AHD in line with the revised AHD guidelines in Tanzania.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**. In Coordination with other Donors and National TB Programs, complete diagnostic network optimization (DNO) and transition to integrated diagnostics and multiplex testing to address multiple diseases. Ensure 100% EID and VL testing coverage and return of results within stipulated turn-around time.
    - PEPFAR has just completed a DNO in partnership with the GOT. Results are currently being reviewed and EID and VL coverage as well as sample transportation systems will be reviewed and updated in line with the results before the end of FY23.

12. **Integrate effective quality assurance (QA) and continuous quality improvement (CQI) practices into site and program management.** Program management must apply ongoing program and site standards assessment—including the consistent evaluation of site safety standards and monitoring infection prevention and control practices. PEPFAR-supported activities, including IP agreements and work plans should align with national policy in support of QA/CQI.

- All agencies conduct regular QA and CQI activities of which CLM is a key component. The geography of current CLM will be expanded during COP23 and additional sub-population specific CLM will be enhanced. All QA and CQI activities are aligned with national policies and systems.

13. **Offer treatment and viral-load literacy.** HIV programs should offer activities that help people understand the facts about HIV infection, treatment, and viral load. U=U messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment should reach the general population and health care providers.
    - Treatment and viral-load literacy activities are integrated into PEPFAR's care and treatment program. This includes U=U messaging, promotion of HIV testing, and will address transitions to a status-neutral approach to service delivery.

14. **Enhance local capacity for a sustainable HIV response.** There should be progress toward program leadership by local organizations, including governments, public health institutions, and NGOs. Programs should advance direct funding of local partners and increase funding of organizations led by members of affected communities, including KVP -led and women-led organizations.
    - PEPFAR Tanzania is funding local partners in Tanzania and is looking to increase this funding as foreign assistance awards end and new funding opportunities become available. PEPFAR is also putting forth effort to capacitate local organizations to have the appropriate governance and financial management systems to comply with United States Government (USG) funding regulations.

15. **Increase partner government leadership.** A sustainable HIV response requires coordinated efforts that enable governments to take on increasing leadership and management of all aspects of the HIV response—including political commitment, building program capacities and capabilities, and financial planning and expenditure.
    - The GOT takes the lead in guiding the national HIV response, and puts in place policies, guidelines, and operating procedures in collaboration with PEPFAR and other stakeholders. PEPFAR's activities align with these guidance documents. The GOT has embraced activity-based costing exercises and is using results to guide sustainability plans and decision-making. The GOT has established a multi-sectoral Sustainability TWG convened by TACAIDS. In FY23, the TWG will convene regular meetings to develop a sustainability roadmap. Close coordination with the Ministry of Finance and Planning is central to achieving the sustainability objectives as outlined by the TWG to ensure increased involvement in the national budgeting process and ultimately increased domestic resource mobilization.

16. **Monitor morbidity and mortality outcome.** Aligned with national policies and systems, collect, and use data on infectious and non-infectious causes of morbidity and mortality among people living with HIV, to improve national HIV programs and public health response.
    - PEPFAR Tanzania supports the GOT to strengthen systems for using data to monitor morbidity and mortality among PLHIV. This support is in alignment with national policies and systems and is executed with the goal of improving national HIV programs and the broader public health response.

17. **Adopt and institutionalize best practices for public health case surveillance.** Transfer/deduplication processes and a secure person-based record should be in place for all people served across all sites. Unique identifiers should also be in place, or a plan and firm, agreed-upon timeline for scale-up to completion should be established.
    - PEPFAR Tanzania is supporting a robust set of health information systems activities to ensure adoption and institutionalization of best practices for public health case surveillance. This includes support for electronic medical record systems and interworking databases to monitor both community and facility-based services. Biometric unique identification is currently being rolled out in Dar es Salaam. Scale-up to other regions will be phased in with the goal of all sites using biometrics by the end of December 2023.

USG Operations and Staffing Plan to Achieve Stated Goals

PEPFAR/T thoroughly reviewed the need for new or repurposed staff across the interagency team, detailed below. During FY23 the PEPFAR/T interagency structure has been refreshed to include new interagency technical teams (ITTs) that meet and present updates monthly. The 11 ITTs span across technical areas to support interagency collaboration in a systematic and efficient manner while ensuring alignment with the S/GAC code of conduct for teamwork.

To support the program in COP23 each agency has detailed staff changes and cost of doing business (CODB) shift below:

State/PCO

State has shifted one position in FY23 to incorporate the previously unfilled EPAP position with a LES position focused on Strategic Information. Currently there are 6 filled positions, and two vacant positions, including the new SI Specialist position and the EFM Grant Officer position. The SI Specialist position has been advertised and the recruitment process is underway. The Grant Officer has been vacant for 10 months since previous staff left post and the recruitment process has been delayed in the security clearance process. We anticipate filling the position by June 2023. Otherwise, no staffing changes will be made. In COP23 the State CODB will remain at the same level as COP22.

DOD

In COP23 DOD is maintaining the same structure and composition as in COP22; this arrangement is effective and can appropriately provide coverage to all the program areas. DOD has 16 filled positions, one vacant position, and no new/additional positions are planned for COP23. The vacant position has been under recruitment for seven months since the previous staff departed post and it will be re-advertised after one unsuccessful attempt to recruit. We anticipate filling this vacant position by Oct 2023. With the current staffing structure, DoD is in a good position to implement Intra-agency, Interagency and Partner Management activities in a sustainable manner to achieve program goals and 95-95- 95-95 targets. DoD has decreased the CODB by 14% in COP23 which will be possible by switching from SIMS to a new QI activity approach.

USAID

During FY23 two vacant USAID positions were successfully recruited, including a General Development Officer and Project Management Specialist (Diagnostic & Laboratory Services). There are two remaining vacancies which are expected to be filled during COP23 implementation period, including a Deputy Director and Development Assistant Specialist (Data Analyst). Overall, USAID has slightly increased CODB from COP22 by 2.92% to include a new monitoring and evaluation activity and a Data Analyst position.

CDC

CDC is in the process of filling ten vacant positions. Two positions have been selected and undergoing security clearance (Laboratory Advisor, Administrative Assistant), four positions are in the middle of candidate selections (Surveillance and Epidemiology Team Lead, Program Assistants [2], CoAg Specialist), and four positions are in the process of position classification or announcement (Project Officer, Biostatistician, Health Information Systems Specialist, Care & Treatment Branch Chief). Three of the vacant positions are new in FY23. The Biostatistician and Health Information Systems Specialist have been filled with contractors the last two years and this shift will allow the positions to be filled long-term resulting in program efficiencies. The Laboratory Advisor position was not refilled two years ago, and it has been determined this is a missing critical need and we are asking to fill this as a new vacancy. The agency has added $275,000 to our COP23 CODB budget to cover travel and other expenses for the Violence Against Children Survey and the dissemination of results and finishing the THIS.

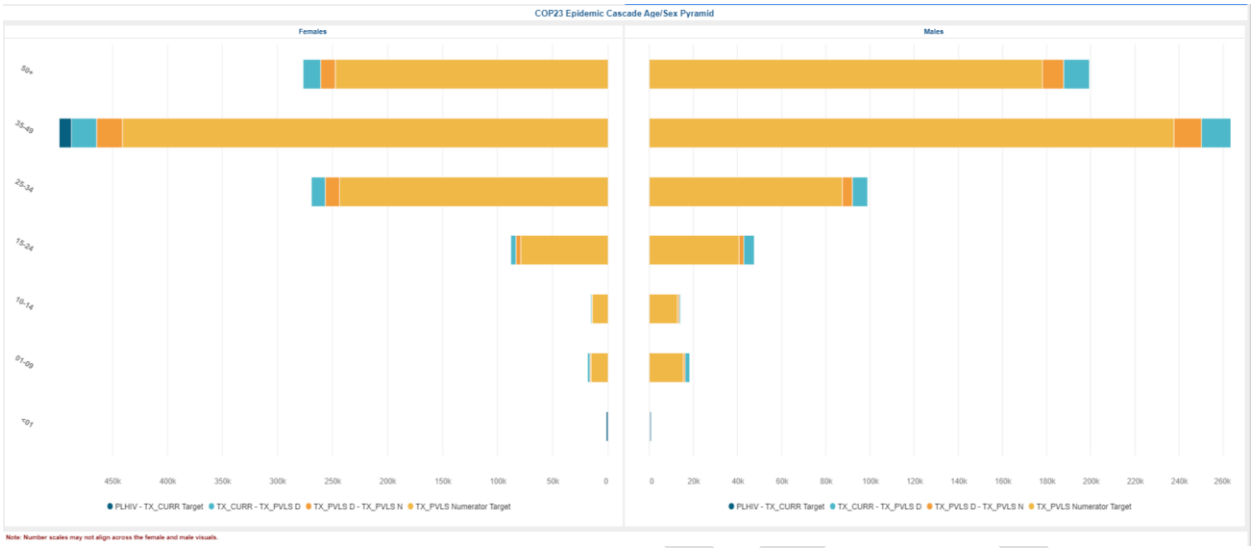
Peace Corps

Peace Corps Tanzania (PCTZ) Volunteers and Staff work within the framework of the PEPFAR 5x3 strategy, as well as planning for the program's management and operational needs. This includes ensuring staff capacity is utilized for program monitoring, partner management and technical support. PCTZ will continue to scale up program operations through the end of COP22 and into COP23, with about 90% of onboard volunteer strength expected to be restored by the end of COP23. In addition to this focus on scale, post leadership is presently focused on volunteer effectiveness and enhanced monitoring and reporting to align the Volunteer service model to the overall needs of Government of Tanzania. In parallel, direct services and capacity building training will continue with communities on topics including prevention and youth empowerment.

This strategy yielded some changes on how we staff our program, resulting in organizational restructuring and repurposing of some positions. The total number of PCTZ PEPFAR funded positions remains at 10 long-term positions, 8 of which are filled and 2 are vacant. PCTZ is in the process of hiring to fill the two vacancies, Deputy DPT & Driver, expected to be filled by end of FY23. PCTZ's budget will remain the same from FY23 into COP23/FY24, all of which is allocated in the CODB category in accordance with global financial planning guidance for Peace Corps.

APPENDIX A -- PRIORITIZATION

Figure A.1, Epidemic Cascade Age/Sex Pyramid



APPENDIX B – Budget Profile and Resource Projections

Table B.1.1: COP22, COP23/FY 24, COP23/FY25 Budget by Intervention

Operating Unit	Country	Intervention	Budget		
			2023	2024	2025
Total			**$454,000,000**	**$432,675,000**	**$396,826,250**
Tanzania	**Total**		**$454,000,000**	**$432,675,000**	**$396,826,250**
	Tanzania	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Children		$60,000	$0
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$5,498,790	$4,670,790
		ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$2,775,000	$1,970,000	$2,075,000
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$5,863,529	$4,265,000	$3,840,000
		ASP>Laws, regulations & policy environment>Non Service Delivery>AGYW		$90,000	$56,000
		ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	$650,000	$1,850,000	$1,970,000
		ASP>Management of Disease Control Programs>Non Service Delivery>AGYW		$280,000	$219,600
		ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$567,790	$462,990
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$3,601,036	$2,965,600
		ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$2,750,000	$4,000,000	$4,000,000
		ASP>Public financial management strengthening>Non Service Delivery>AGYW		$130,000	$0
		ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$2,435,000	$2,235,000	$1,935,000
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Children		$8,000,000	$0
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$400,000	$0
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$5,200,000	$2,529,400
		C&T>HIV Clinical Services>Non Service Delivery>AGYW	$3,871,436	$517,065	$123,000
		C&T>HIV Clinical Services>Non Service Delivery>Children	$11,377,230	$11,578,013	$11,134,283
		C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$311,730	$611,730	$595,530
		C&T>HIV Clinical Services>Non Service Delivery>Military	$244,075	$230,000	$195,840
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$22,025,665	$18,742,914	$16,105,703
		C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women	$2,155,235	$2,236,799	$1,896,280
		C&T>HIV Clinical Services>Service Delivery>AGYW		$558,065	$273,789

	C&T>HIV Clinical Services>Service Delivery>Children	$17,502,102	$15,782,231	$13,896,338
	C&T>HIV Clinical Services>Service Delivery>Key Populations	$301,544	$2,449,135	$1,921,480
	C&T>HIV Clinical Services>Service Delivery>Military	$900,559	$535,000	$460,100
	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$41,091,807	$38,132,057	$34,416,213
	C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women	$14,032,077	$14,042,701	$13,158,928
	C&T>HIV Drugs>Service Delivery>Children	$1,799,531	$1,076,267	$1,061,096
	C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	$39,991,832	$25,016,006	$32,736,715
	C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$5,746,245	$3,846,245	$3,655,060
	C&T>HIV Laboratory Services>Service Delivery>Children	$154,211		
	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$43,152,282	$35,476,062	$34,779,024
	C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations		$713,000	$618,160
	C&T>HIV/TB>Service Delivery>Key Populations		$250,000	$250,000
	C&T>HIV/TB>Service Delivery>Non-Targeted Populations		$6,167,188	$5,806,540
	HTS>Community-based testing>Non Service Delivery>AGYW	$1,456,995		
	HTS>Community-based testing>Non Service Delivery>Children		$122,400	$0
	HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	$1,959,548	$3,589,022	$1,615,917
	HTS>Community-based testing>Service Delivery>AGYW		$1,292,363	$0
	HTS>Community-based testing>Service Delivery>Children		$1,033,600	$0
	HTS>Community-based testing>Service Delivery>Key Populations	$1,100,000	$4,368,921	$4,079,875
	HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$6,884,503	$6,156,652	$7,088,584
	HTS>Facility-based testing>Non Service Delivery>Military	$40,000	$40,000	$36,800
	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$8,285,131	$8,532,440	$7,303,240
	HTS>Facility-based testing>Service Delivery>Children	$209,102	$980,731	$456,349
	HTS>Facility-based testing>Service Delivery>Key Populations	$515,906	$3,236,102	$3,192,824
	HTS>Facility-based testing>Service Delivery>Military	$120,000	$108,000	$92,600
	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$10,810,402	$9,838,234	$8,965,205
	PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	$1,126,559	$1,015,074	$1,015,074
	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$36,185,700	$38,542,252	$37,040,760
	PM>IM Program Management>Non Service Delivery>OVC		$800,000	$1,754,975
	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$26,411,769	$33,477,596	$33,433,846
	PREV>Condom & Lubricant Programming>Non Service Delivery>Non-Targeted Populations	$600,000	$552,000	$0
	PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$500,000	$510,000	$502,811
	PREV>Medication assisted treatment>Non Service Delivery>Key Populations		$175,000	$161,000

	PREV>Medication assisted treatment>Service Delivery>Key Populations	$3,306,261	$3,334,661	$3,159,871
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>AGYW		$5,200,271	$3,906,543
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$1,046,192	$888,077
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Military		$40,000	$36,800
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations		$1,987,277	$1,921,789
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>OVC			$275,000
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Pregnant & Breastfeeding Women		$100,000	$92,000
	PREV>Non-Biomedical HIV Prevention>Service Delivery>AGYW		$5,370,430	$4,879,084
	PREV>Non-Biomedical HIV Prevention>Service Delivery>Non-Targeted Populations		$900,000	$835,800
	PREV>Non-Biomedical HIV Prevention>Service Delivery>Pregnant & Breastfeeding Women		$250,000	$230,000
	PREV>Not Disaggregated>Non Service Delivery>AGYW	$20,962	$983,379	$1,711,111
	PREV>Not Disaggregated>Non Service Delivery>Key Populations		$800,000	$751,200
	PREV>Not Disaggregated>Non Service Delivery>Military	$30,000	$40,000	$36,800
	PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$5,398,657	$5,615,803	$5,196,008
	PREV>Not Disaggregated>Service Delivery>Key Populations	$900,000	$900,000	$851,400
	PREV>Not Disaggregated>Service Delivery>Military	$50,000	$40,000	$36,800
	PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	$4,322,774	$3,937,174	$3,646,868
	PREV>PrEP>Non Service Delivery>AGYW	$53,450	$69,332	$63,945
	PREV>PrEP>Non Service Delivery>Key Populations	$1,300,238	$734,065	$710,296
	PREV>PrEP>Non Service Delivery>Non-Targeted Populations	$566,894	$446,894	$412,058
	PREV>PrEP>Service Delivery>AGYW	$2,603,650	$3,971,655	$6,020,047
	PREV>PrEP>Service Delivery>Key Populations	$9,042,362	$5,733,444	$5,839,701
	PREV>PrEP>Service Delivery>Military	$40,000	$20,000	$18,400
	PREV>PrEP>Service Delivery>Non-Targeted Populations	$865,687	$7,210,285	$6,293,372
	PREV>VMMC>Non Service Delivery>Non-Targeted Populations	$3,322,802	$4,521,201	$770,060
	PREV>VMMC>Service Delivery>Non-Targeted Populations	$17,226,198	$20,470,729	$19,571,413
	PREV>Violence Prevention and Response>Service Delivery>Key Populations		$1,900,000	$1,496,774
	PREV>Violence Prevention and Response>Service Delivery>Non-Targeted Populations		$25,000	$23,000
	SE>Case Management>Service Delivery>AGYW	$1,018,764	$3,088,577	$2,759,271
	SE>Case Management>Service Delivery>Key Populations	$378,150	$378,150	$378,150
	SE>Case Management>Service Delivery>OVC	$15,134,410	$12,880,530	$8,929,285
	SE>Economic strengthening>Non Service Delivery>AGYW		$118,000	$108,500
	SE>Economic strengthening>Non Service Delivery>OVC		$20,000	$18,400

		SE>Economic strengthening>Service Delivery>AGYW	$1,174,709	$3,630,000	$1,126,592
		SE>Economic strengthening>Service Delivery>Non-Targeted Populations	$187,500		$610,000
		SE>Economic strengthening>Service Delivery>OVC	$2,326,450	$4,880,970	$6,014,441
		SE>Education assistance>Service Delivery>OVC	$1,397,231	$1,552,500	$2,659,075
			$67,996,146		

Table B.1.2: COP22, COP23/FY 24, COP23/FY25 Budget by Program Area

Operating Unit	Country		Budget		
		Program	2023	2024	2025
Total			**$454,000,000**	**$432,675,000**	**$396,826,250**
Tanzania	**Total**		**$454,000,000**	**$432,675,000**	**$396,826,250**
	Tanzania	C&T	$222,140,959	$177,960,478	$173,084,079
		HTS	$35,066,814	$39,298,465	$32,831,394
		PREV	$68,519,469	$76,884,792	$70,338,028
		SE	$24,006,261	$26,548,727	$22,603,714
		ASP	$40,542,469	$38,147,616	$24,724,380
		PM	$63,724,028	$73,834,922	$73,244,655

Table B.1.3: COP22, COP23/FY 24, COP23/FY25 Budget by Beneficiary

Operating Unit	Country		Budget		
		Targeted Beneficiary	2023	2024	2025
Total			**$454,000,000**	**$432,675,000**	**$396,826,250**
Tanzania	**Total**		**$454,000,000**	**$432,675,000**	**$396,826,250**
	Tanzania	AGYW	$24,407,569	$25,299,137	$21,247,482
		Children	$31,440,622	$38,633,242	$26,548,066
		Key Populations	$20,930,971	$26,885,190	$24,739,168
		Military	$1,464,634	$1,053,000	$914,140
		Non-Targeted Populations	$338,883,822	$304,040,931	$288,349,010
		OVC	$19,720,070	$20,134,000	$19,651,176
		Pregnant & Breastfeeding Women	$17,152,312	$16,629,500	$15,377,208

Table B.1.4: COP22, COP23/FY 24, COP23/FY25 Budget by Initiative

Operating Unit	Country		Budget		
		Initiative Name	2023	2024	2025

Total			**$454,000,000**	**$432,675,000**	**$396,826,250**
Tanzania	**Total**		**$454,000,000**	**$432,675,000**	**$396,826,250**
	Tanzania	Cervical Cancer	$3,915,632	$8,227,598	$7,172,362
		Community-Led Monitoring	$602,780	$1,325,478	$1,427,778
		Condoms (GHP-USAID Central Funding)	$500,000	$500,000	$492,952
		Core Program	$380,981,588	$343,017,804	$328,289,233
		DREAMS	$25,000,000	$25,278,190	$21,206,251
		LIFT UP Equity Initiative		$2,000,000	$0
		One-time Conditional Funding	$1,500,000		
		Other Surveys		$8,000,000	$0
		OVC (Non-DREAMS)	$21,000,000	$19,334,000	$17,896,201
		VMMC	$20,500,000	$24,991,930	$20,341,473

B.2 Resource Projections

COP23 resources were carefully allocated by considering Tanzanian beneficiaries and national government priorities in alignment with PEPFAR's 5x3 strategic plan. PEPFAR/T have met all mandatory earmarks, initiatives and programmatic controls, and IP budgets are set in line with these requirements. Additional considerations have been given to expanding PrEP and VMMC as these program areas are key in ending the epidemic in Tanzania. Expansion of these program areas has been reflected in both programmatic and commodities budgets as well as within the target setting tool.

Above site investments have been strategically aligned with treatment and prevention programs to sustain the current gains and build GOT capacity for sustainable and resilient health systems in Tanzania.

Alignment with other funding was also considered. PEPFAR/T's commodities budget is based on the national supply plan on which there is mutual agreement on the HIV commodities funding split between GFATM, GOT, and PEPFAR/T. Programmatically, there is also alignment in terms of both geography and intervention type across PEPFAR's COP23 plan and GFATM's GC7 application to ensure no duplication of activities.

APPENDIX C – Above site and Systems Investments from PASIT and SRE

PEPFAR/T COP23 systems investments are strategically focused to support accelerated progress to epidemic control by increasing the impact of our service delivery activities. As shown in the figure below, PEPFAR/T prioritizes six areas for systems focus in Tanzania: Supply Chain/Lab, Finance, HR, HIS, SREs, and Governance. In all areas, PEPFAR/T will build on prior years' investments, partnerships with other donors, and maximize efficiencies to build resilient health systems that will sustain the HIV response. PEPFAR/T's consistent investment to these system areas has will continue to improve the Tanzania public sector systems necessary for a sustainable national HIV program. This includes building a strong supply chain systems to ensure an uninterrupted supply of commodities, strengthening and streamlining the national laboratory network for efficient testing and sample transportation systems, effective engagement of the community to improve the quality of services, developing resilient public financial management systems, building stronger enterprise health information systems, implement, and fostering the necessary health workforce support. In COP23, PEPFAR/T will continue to conduct a number of SREs including finalizing the THIS 2022-2023, continue to support AFRICOS and CADRE, and will launch and conduct a Violence Against Children Survey (VACS).

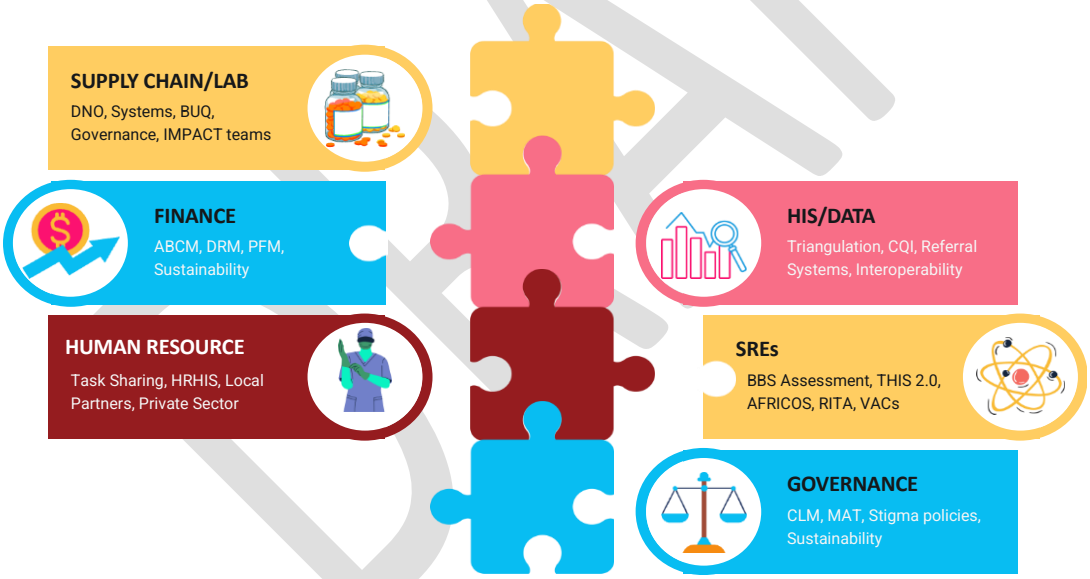


Figure C.1 PEPFAR/T Systems Investment Areas

COP23 systems priorities were identified with stakeholder input to ensure identified barriers align with programmatic gaps. System barriers under each PEPFAR/T program area in the PASIT were intentionally identified given the country context, roles of both stakeholders and host country, agency competence and resources available. These priorities were aligned with prior year PEPFAR/T investments and prioritized to reduce duplication and increase efficiencies. Reductions in funding to any barrier and program areas were discussed by all agencies to ensure no interruption of services as well as focusing on financing work that remains critical. Details can be found in the attached PASIT tool.

COP23 PASIT investments were also aligned with GFATM RSSH investments. Contributions to the GFATM application from the PEPFAR/T team were critical to cover gaps and ensure complementary activities. Investments in supply chain, for example, can be found in both COP23 and GFATM plans. However, the activities have been harmonized to both strengthen Tanzania's supply chain system while also ensuring GOT ownership of the structure and processes. GFATM and PEPFAR/T will both fill in critical gaps in human resources while the GOT will mainstream contracted workers to public service upon provision of work permits. For HIS, PEPFAR/T will leverage expertise within GOT to design, develop, deploy, and manage these systems. In the private sector, PEPFAR/T will facilitate private sector contributions to health service delivery. PEPFAR and GFATM have initiated discussions with the GOT to increase their financial commitment to the national HIV response. The newly formed Sustainability TWG will be instrumental to finalize a sustainability roadmap and concrete plan for domestic resource mobilization.

PEPFAR/T's investment in digital health interventions aims to address system gaps to mature GOT health information systems, mobilize data for program monitoring and implementation, and ensure a link between patients' specific information, service delivery data, financial and logistics information systems to improve patient centric care.