

CDC in Tanzania: Program Highlights



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

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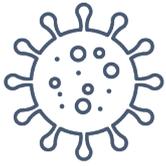


CDC Tanzania Program Highlights

OVERVIEW

The Centers for Disease Control and Prevention (CDC) established an office in Tanzania in 2001 to support HIV/AIDS prevention. The CDC office expanded through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program in 2003. The office introduced programs to support the U.S. President's Malaria Initiative (PMI) in 2006, influenza sentinel surveillance in 2008, and the Global Health Security Agenda in 2015. CDC works with the Government of Tanzania to strengthen tuberculosis prevention efforts for people living with HIV; enhance laboratory, surveillance, and workforce capacity to respond to public health threats and outbreaks like COVID-19; and prevent and control malaria. CDC staff and partners deliver essential programmatic services nationally and across 11 regions of mainland Tanzania and Zanzibar. The CDC Tanzania office adheres to a One CDC model where expertise, programs, and platforms are leveraged to provide the most impactful health outcomes in the country. CDC works closely with the Government of Tanzania and partners to ensure the country is better prepared to prevent, detect, and respond to public health threats to improve the health and well-being of Tanzanians and people worldwide.

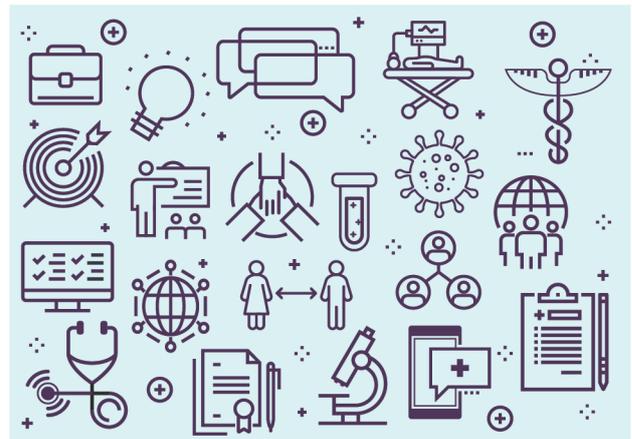
During the COVID-19 pandemic, CDC Tanzania worked to maximize public health impact while supporting emergency response and vaccine deployment efforts. The country office team adapted existing activities to sustain health programs and prevent disruptions in health service delivery, identified innovative approaches to enhance and build stronger programs, and leveraged existing technical expertise and programmatic investments to protect the public's health. This report provides a snapshot of key achievements and activities.



COVID-19

The first case of COVID-19 in Tanzania was confirmed in March 2020, and CDC was on the frontlines supporting the Government of Tanzania (GOT) response with surveillance, infection prevention and control (IPC), border health efforts, activation of rapid response teams, and mobilization of disease detectives from the supported Field Epidemiology and Laboratory Training Program. As cases of COVID-19 surged, CDC helped the GOT decentralize COVID-19 testing from the National Public Health Laboratory in Dar es Salaam to laboratories across the country. This work included establishing COVID-19 molecular testing in Zanzibar, Arusha, Dodoma, Mwanza and introducing COVID-19 rapid antigen tests in country. CDC support for COVID-19 diagnostics in Tanzania improved the turn-around time of COVID-19 test results and helped health care providers recommend appropriate care to further reduces the mortality rate and complications related to COVID-19.

In June 2021, Tanzania joined COVAX, a global partnership dedicated to establishing fair and equal access to COVID-19 vaccines for every country in the world. The first 1 million COVID-19 vaccine doses – donated by the U. S. government and delivered by COVAX – arrived in Tanzania on July 24, 2021. CDC Tanzania leveraged existing President’s Emergency Plan for AIDS Relief (PEPFAR) service delivery platforms and resources from the Global Health Security Agenda (GHSA) to expand vaccine coverage. These targeted efforts greatly accelerated vaccinations of people living with HIV (PLHIV), healthcare workers, and community health workers and the training, orientation, and data entry for COVID-19 vaccinators. Seventeen CDC Tanzania staff deployed to supported regions to provide a hands-on six-week surge of technical assistance around vaccine distribution planning, service delivery, the establishment of vaccination points in HIV clinics and other clinics to increase vaccine access, strengthening vaccination confidence, and increasing vaccination demand by using influential local leaders, religious leaders, and community healthcare workers. Through these initial efforts, more than 40% of people living with HIV and 80-90% of CDC-supported community and health facility workers got at least one dose of the COVID-19 vaccine during the six-week surge campaign.



Strengthening Health Information Systems to Respond to COVID-19:

With extensive technical assistance from CDC and support from other donors, Tanzania developed and integrated electronic health information systems to monitor COVID-19 cases and vaccines administrators. The CDC support systems include the COVID-19 Digital App collected information on COVID cases identified within health facilities; PIMA-COVID App managed laboratory COVID-19 test results; Afyamsafiri App captured comprehensive travelers’ surveillance to mitigate the importation and exportation of cases; and Chanjocovid, provided COVID-19 vaccine information system to track vaccines administered. CDC continues to support their integration to the national surveillance systems to support real time data analyses for action and inform policy.



After six weeks of fast-moving vaccination efforts and more vaccines arriving in the country, CDC’s Tanzania office focused on long-range vaccination plans. In February 2022, the office expanded its support for COVID-19 vaccination to the general population after receiving resources from the U.S. government through the American Rescue Plan Act (ARPA). With the addition of ARPA funds, CDC was able to vaccinate more than 500,000 people in one month and continued to see a rise in vaccination.

By March 2022 it was announced that Tanzania would be a priority country in the Global Vaccine Access (Global VAX) initiative. This support included \$25 million provided by USAID and \$5.3 million provided by CDC to expand vaccination coverage in Tanzania. CDC utilized political will and community engagement of local leaders at all levels to jointly design region-specific COVID-19 plans for short-term surge campaigns, and innovative individual and community outreach approaches. Through these concentrated and ongoing efforts, vaccination in CDC-supported regions quickly increased. Tanzania’s COVID-19 vaccination rate skyrocketed from 15% in June 2022 to more than 80% in October 2022, only four months later surpassing the national target.



CDC Tanzania’s extensive efforts to reach a larger part of the general population continue to have a significant impact. Through CDC support:

- More than 10,900,000¹ people were fully vaccinated against COVID-19 in the 11 CDC-supported regions and Zanzibar. This includes 98% of CDC supported PLHIV fully vaccinated.
- More than 1,500 COVID-19 vaccination stations were created in HIV clinics.
- More than 3,000 people were trained to administer vaccines.
- More than 1,000 lab reagents and supplies procured for COVID-19 genomic sequencing
- More than 120,000 COVID-19 educational materials were printed and distributed
- Up to 8,000 health facilities and community vaccination sites were supported weekly
- Worked with 296 religious community leaders and 9,791 community members on COVID-19 advocacy

¹Data as of November 2022



OUTBREAK RESPONSE AND VACCINE DEPLOYMENT



Polio Support

After eliminating all three virus types from the continent, Africa was declared free of wild-type poliovirus in August 2020. However, in February 2022, a single paralysis case of wild poliovirus type 1 (WPV1) was confirmed in a young, unvaccinated child in Lilongwe, the capital of Malawi. This was the first wild poliovirus case in Africa in over five years and the first in Malawi since 1992. By the end of 2022, 8 more cases were reported in neighboring Mozambique. CDC headquarters (HQ) deployed Polio Response staff to Tanzania to support the country office, World Health Organization (WHO) and the Ministries of Health in mainland Tanzania and Zanzibar as part of the Global Polio Eradication Initiative's efforts.



Response activities focused on strengthening supplemental immunization activities targeting children under 5 years of age, enhancing acute flaccid paralysis surveillance, and polio sensitization among community members and health care workers. CDC staff supported acute flaccid paralysis (AFP) surveillance by training and deploying 10 FELTP residents in five affected regions who visited 109 health facilities, and sensitized over +600 healthcare workers. CDC HQ deployed 16 polio subject matter experts to give technical support during the government mass Polio vaccination campaigns. Through CDC support, +1,000,000 children were reached in the 1st vaccination campaign, +12,000,000 children in the 2nd campaign, +14,500,000 children in the 3rd campaign, and +17,000,000 children in the 4th campaign.

²In November 2022, WHO formally recommended changing the name for monkeypox disease to "mpox" following expert consultations, and in an effort to reduce stigma and other issues associated with prior terminology.

SNAPSHOT: OUTBREAK SUPPORT AND BORDER HEALTH

In addition to COVID-19 and polio, the CDC Tanzania office worked with Ministry of Health to respond to, and prepare for, various other health emergencies in country. In coordination CDC headquarters, country office staff also participated in cross border meetings between Tanzania government officials and neighboring countries to improve border health.



Leptospirosis

An outbreak of unknown illness was announced in the Lindi region by the Government of Tanzania in July 2022. At the request of the government, CDC Tanzania staff immediately deployed to the region to support the outbreak investigation, which was later determined to be leptospirosis. CDC-supported activities included technical assistance to develop the Leptospirosis response plan, contingency plan and disseminate relevant protocols; the deployment of national government officials, FELTP residents, field investigations, and rapid response teams to the region; and distribution of educational materials to over 270 health facilities.



Mpox²

WHO declared mpox a Public Health Emergency of International Concern in July 2022. With the increase in mpox cases in non-endemic countries, CDC assisted Tanzania's Ministry of Health to develop educational materials to raise awareness among the general population and procured diagnostic kits to ensure the national laboratory has the capacity to test for mpox on both mainland Tanzania and Zanzibar.

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Measles

The Zanzibar Ministry of Health was notified of ongoing suspected cases of measles in June 2022. CDC helped to monitor suspected outbreak in Zanzibar and analyzed epidemiological models and data trends. In total, 6 out of 11 districts of Zanzibar reported measles cases. Measles cases were later confirmed on mainland Tanzania. CDC supported the deployment of FELTP residents and national representatives to investigate outbreaks in four mainland regions. The teams supported active investigation of cases, helped to raise awareness and sensitize the community about measles, enhance laboratory investigation activities, intensification of measles vaccination in affected districts and conducted a case-control study to better understand the factors associated with the disease.





Cholera

Tanzania experienced its longest cholera outbreak that started in 2015 and affected all 26 regions. This set the stage for the establishment of the Public Health Emergency Operation Center (with support from CDC and WHO) that coordinated a multisectoral response ending the epidemic in May 2019. Cholera remains one of the major public health emergencies in the African region with the Government of Tanzania reporting cholera outbreaks in Katavi and Kigoma regions in April 2022. CDC supported the deployment of FELTP residents to investigate outbreaks, and strengthening surveillance, data analysis, and utilization of laboratory activities. In addition, CDC supported the deployment of rapid response teams at the subnational to help identify and respond to cases in communities. With CDC support Tanzania mainland and Zanzibar continue to strengthen water, sanitation, and hygiene activities (i.e.-bulk chlorination,

community water treatment and hand hygiene in facilities and institutions) as part of the Global Task Force for Cholera Elimination by 2030.



Ebola

In September 2022, Uganda announced an Ebola disease outbreak. As a bordering country, Tanzania is considered high-risk for importation of Ebola. CDC provided technical support to the Government of Tanzania to increase emergency preparedness response in high-risk regions and strengthen the rapid response team. CDC has also supported the procurement of lab reagents, enhanced surveillance and point of entry, and assisted with requirement gathering meetings for a contact tracing system.



Strengthening Border Health

Strong border health systems are important to keep people within those communities and around the world safe. Since 2015, CDC has worked closely with the National Border Health Program in the ministry of health to advance the preparedness planning for all priority points of entry including air and sea ports, and characterize population movement into, through, and out of Tanzania to tailor border health and national surveillance strategies. In 2022 CDC continued to support surge staff at points of entry, and worked to strengthen cross-border collaboration with neighboring countries including the Democratic Republic of the Congo, Kenya, Malawi, Uganda, and Zambia through discussions to align bi-national surveillance approaches and analyze cross-border population movement patterns. In the last year, CDC has supported the upgrading of public health data systems, electronic disease surveillance and integration (routine, events, points of entry, vaccines), procurement of electronic equipment in 13 points of entry, cross-border meetings between Tanzania, and Kenya, and helped develop contingency plans in three points of entry.





ADVANCING GLOBAL HEALTH SECURITY



General

In 2015, Tanzania was selected by the United States Government to receive resources under the Global Health Security Agenda (GHSA). Tanzania quickly emerged as a leader in GHSA as it was one of the first countries to conduct a Joint External Evaluation (JEE) and a costed National Action Plan for Health Security to address gaps identified in the JEE.

Tanzania has 54 official borders with eight different countries, including the African Great Lakes region, which makes the country vulnerable to disease outbreaks and epidemic spread. CDC supports Tanzania in strengthening International Health Regulations (IHR 2005) core capacities to comprehensively prevent, rapidly detect, and effectively respond to public health threats. CDC also supports intensified disease surveillance activities, including:

- Upgrade the electronic Integrated Disease Surveillance and Response System
- Development and rollout of electronic event-based surveillance
- Strengthen border health capabilities
- Establishment of regional and national alert management desks
- Enhanced laboratory testing for pathogens like Ebola and COVID-19
- Emergency management systems through national and regional emergency operation centers
- Global health workforce and the national, regional and district level



Workforce Development

In 2008, CDC established the Advanced Field Epidemiology & Laboratory Training Program (TFELTP) in Tanzania, which is a two-year program where graduates receive intensive epidemiological and laboratory training to secure leadership positions at the national government level. In 2016, Tanzania's FELTP expanded to include three training programs for frontline, intermediate, and advanced residents. TFELTP graduates work to strengthen health systems in disease surveillance, outbreak detection and response, evaluation of health programs

and interventions, and provide input to public health programs based on scientific data. In Tanzania, FELTP graduates have worked with national and regional rapid response teams to investigate over 100 outbreaks and disasters, published more than 50 articles in peer-reviewed journals, evaluated more than 150 surveillance systems in country, and presented more than 220 abstracts at scientific conferences. TFELTP staff has served on IHR technical workgroups to assess progress and develop goals and activities for workforce development, surveillance, medical countermeasures, and support Emergency Operations Center. To date, TFELTP has produced more than 840³ graduates with a 99.5% graduation rate across the three programs, ensuring critical epidemiologic skills in all levels of the health care system.



Emergency Management Systems

CDC collaborated with the World Health Organization (WHO) to help Tanzania establish and activate a fully functional Public Health Emergency Operation Center (PHEOC) in October 2015. Since opening, the PHEOC has coordinated responses to a broad range of public health emergencies ranging from infectious disease outbreaks, including cholera, anthrax, dengue, and aflatoxin, to various disasters.

CDC leveraged additional resources to establish five sub-national EOCs in Dar es Salaam, Kagera, Mwanza, Kigoma, and Zanzibar through procurement of necessary equipment, training, development of standard operating procedures, and establishment of steering committees to manage the EOCs. CDC continues to support the operationalization of the EOCs through the President's Office – Regional Administration and Local Government. The established EOCs support responses and coordination of various disease outbreaks, including COVID-19 and monitoring HIV indicators.



IMPROVING HIV AND TB SERVICE DELIVERY

As a key implementer of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC works with the Tanzanian government to build a sustainable, high-impact national HIV response to accelerate progress towards ending the HIV epidemic. CDC collaborates with the Ministry of Health in mainland Tanzania and Zanzibar to support HIV testing, prevention, and treatment services and to strengthen health systems. CDC supports more than 1400 health facilities, or nearly 50% of all PEPFAR-supported facilities, in Tanzania to provide comprehensive HIV/TB services. Current programmatic priorities include:

- Scaling up targeted testing strategies, such as index testing, and social network testing;
- Providing optimal treatment regimens for children and adults to expedite reaching and sustaining viral suppression;
- Limiting treatment interruption among people enrolled in antiretroviral therapy (ART);
- Reaching all people living with HIV (PLHIV) with TB preventive therapy (TPT);
- Eliminating mother-to-child transmission of HIV;
- Strengthening health information systems;
- Using data to inform decision-making;
- Ensuring health worker training, retention, and participation in outbreak response.



During the COVID-19 pandemic, CDC's PEPFAR program had to quickly adapt to the challenging health landscape. CDC Tanzania prioritized efforts to continue routine HIV testing services for sexual children of PLHIV with HIV, and community activities that focus on identifying people at high-risk for new HIV diagnoses. Facility and community health workers were trained on infection prevention and control practices and scaled up remote approaches to monitoring and evaluation that reduce the spread of COVID-19 among this crucial population. CDC staff and partners worked to ensure the safety and well-being of PLHIV by training health workers on standard procedures to triage patients with possible COVID-19 at healthcare facilities and set up handwashing stations at the entry points to all facilities. Access to innovative models of care and treatment services for PLHIV, including community-based medication refills, were scaled up to reduce the time they spend in healthcare facilities. Through these innovative strategies, CDC's HIV/TB programs continued to thrive and show impressive gains in its HIV and TB programs throughout the COVID-19 pandemic.

2022 CDC Support by the Numbers:

Nearly **60,000 people with HIV** were identified through index testing

More than **310,000 HIV self-testing kits** were distributed

More than **105,000 children and adults** were newly initiated on ART

More than **870,000 children and adults** received ART

Nearly **60,000 individuals** received pre-exposure prophylaxis PrEP to prevent HIV infection

More than **14,000 infants** were reached through interventions to prevent mother-to-child transmission of HIV

More than **190,000 males** received voluntary medical male circumcision

More than **3,000 people living with HIV** were diagnosed and treated for tuberculosis



Maximizing HIV Testing Strategies

Index testing is an HIV case finding strategy that offers HIV testing to all sexual contacts of PLHIV. CDC actively monitors index testing across the cascade of service provision to ensuring the safe and ethical implementation of the strategy. Tanzania accelerated index testing in 2018 and saw an improvement in the proportion of PLHIV newly identified from 37% to 60% in FY22. CDC actively monitors index testing across the cascade of service provision to ensure the safe and ethical implementation of the strategy. In 2021, CDC began supporting social network strategies (SNS) which are peer-driven approaches to identify new HIV cases. SNS leverages an individual's high-risk social network connections to refer them for HIV testing. HIV self testing implementation in Tanzania began in 2018. More than a year later, HIV self testing were made a legal part of routine services after the national assembly amended the law. CDC supports the Ministry of Health and regional authorities on the implementation of HIV self testing with over 500,000 kits distributed to clients through community and facility platforms to date. HIV self testing is integrated with other testing strategies to optimize the program ability to identify new HIV cases.



Expanding Laboratory Accreditation and Certification

CDC supports Tanzania's laboratory systems to strengthen detection capacities for HIV/TB, and other diseases of public health importance. Currently, 51 laboratories are accredited to international standards, and 131 laboratories are enrolled in CDC's Strengthening Laboratory Management Towards Accreditation program. As of September 2022, more than 1,500 HIV testing sites were certified in the HIV rapid testing continuous quality improvement initiative, and more than 24,000 non-laboratory testers were trained of which, more than 10,000 were certified. Achieving viral suppression of HIV means that a person living with HIV has such low levels of HIV in their bodies that the

chances are low that they will transmit HIV to others, which is a critical component to reaching epidemic control. By September 2022, 1,370,351 children and adults on ART had medical and/or laboratory records with documented viral load test results. Of these, 1,338,193 (98%) were virally suppressed (<1,000 copies/mL). Cumulatively, these results represent a crude estimate of viral load coverage of 92% and viral suppression of 98%.



Scaling up Tuberculosis (TB) Prevention and Treatment

PLHIV are approximately 20 times more likely to develop TB than those without HIV. CDC supports HIV testing among TB patients, TB case finding and provision of TPT among PLHIV, and ART provision for HIV-positive TB patients. CDC supports successful models for integrating TB and HIV services, including prevention services. The proportion of PLHIV on ART who have completed or are currently on TPT is 90% as of September 2022.

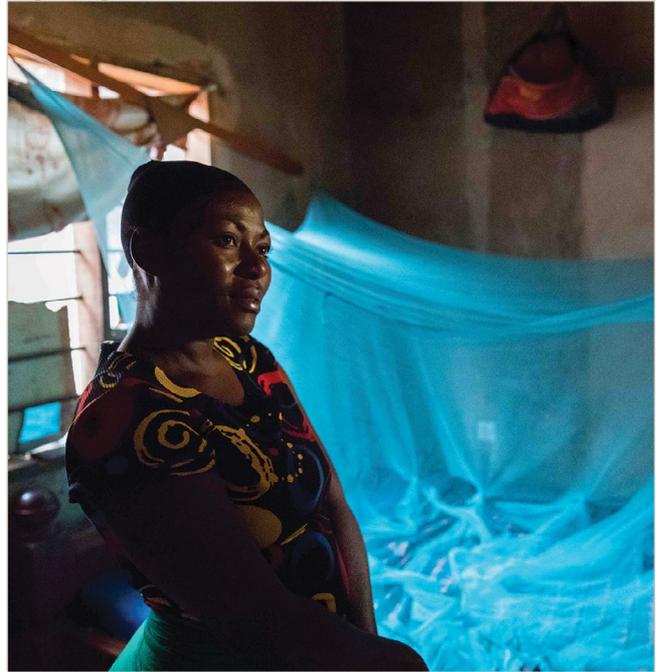


Reaching Key and Vulnerable Populations

CDC Tanzania provides targeted interventions for key and vulnerable populations (KVP), including female sex workers, men who have sex with men, transgender people, people who inject drugs, and at-risk individuals within KVP sexual networks. In FY22, implementing partners reached 189% of the annual target (88,180 KVP) with the core intervention package, comprising services for HIV testing; HIV treatment; sexually transmitted infection prevention, screening, and treatment; TB screening and referral; family planning and sexual reproductive health services; peer education; emergency contraception; condom provision; and PrEP.

ELIMINATING MALARIA

The U.S. President's Malaria Initiative (PMI), provides cost-effective, life-saving malaria interventions, and technical assistance to eliminate malaria. The PMI program is a multi-agency initiative that is led by USAID and co-implemented with CDC. In Tanzania, CDC has assigned a resident advisor to support the implementation of malaria prevention and control interventions that include procuring and distributing insecticide-treated bed nets and Artemisinin-based combination therapy, preventing malaria in pregnancy, improving diagnostics and case management, and strengthening laboratory services. Since 2006, PMI investments have totaled over \$660 million in Tanzania. These investments, alongside dedicated collaboration with the governments in Tanzania and Zanzibar, have helped Tanzania achieve a 50% reduction in malaria prevalence. Through CDC support, Tanzania has also decreased child death rates by 40% over the past 10 years and purchased more than 20 million rapid diagnostic test kits and 38 million Artemisinin-based combination therapy treatments. In FY2021, PMI procured and distributed more than 3.6 million insecticide-treated bed nets and 2.5 million doses of Artemisinin-based combination therapy to the 14 highest malaria regions and support indoor residual spraying for over 500,000 homes protecting over 2 million Tanzanians.



HEALTH DIPLOMACY IN ACTION

Dr. Walensky Visits Tanzania

Dr. Rochelle Walensky visited CDC programs in Dar es Salaam and Zanzibar on her first trip abroad as CDC Director in late July. During her visit, she met with government leadership, program beneficiaries, and implementing partners to observe the impact and successes of CDC programs in Tanzania. On the Tanzanian mainland, Director Walensky and U.S. Ambassador to Tanzania Donald J. Wright met with Prime Minister (PM) Kassim Majaliwa and Minister of Health Umyy Mwalimu to reaffirm and build upon the strong bilateral partnership. They discussed health priorities, current interventions, and opportunities to strengthen collaboration. PM Majaliwa mentioned that CDC's support to build critical health systems across mainland Tanzania and Zanzibar has helped mitigate COVID-19, Polio, and the Leptospirosis outbreak in Lindi. In Zanzibar, Dr. Walensky and Ambassador Wright met with President Hussein Mwinyi of Zanzibar and Minister of Health Nassor Mazrui to discuss CDC's programs and commitment to improving health systems in the isles. President Mwinyi noted his commitment to expand the health infrastructure and requested support to help further develop the health workforce in Zanzibar. Dr. Walensky's visit reinforces U.S. presence and partnership in the country and highlights the importance of CDC's global work and transforming the health and lives of Tanzanians.





ENHANCING PUBLIC HEALTH SCIENCE

Tanzania HIV Impact Survey



The Joint United Nations Programme on HIV/AIDS (UNAIDS) established the 95-95-95 targets calling for 95% of all people living with HIV to know their HIV status, 95% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy to have viral suppression by 2030. The Population-based HIV Impact Assessment (PHIA) was established in 2014 to measure progress toward these targets. The first PHIA in Tanzania, the Tanzania HIV Impact Survey (THIS 2016-2017), caused a shift in national HIV policy toward multi-month medication dispensing, community antiretroviral therapy distribution, HIV self-testing, and preexposure prophylaxis (PrEP) scale-up.

The second PHIA, Tanzania HIV Impact Survey (THIS) 2022-2023, was launched by the Government of Tanzania (GoT) and U.S. Ambassador Donald J. Wright in September 2022 in Mwanza, Tanzania, and by Deputy Chief of Mission Robert Raines in October 2022 in Zanzibar. THIS 2022-2023 is supported with funding from PEPFAR and implemented by CDC, ICAP at Columbia University, and the (GoT). CDC leads all technical aspects including, planning, development, implementation, and analysis. THIS 2022-2023 will assess the country's current HIV epidemic status, and the findings will guide the re-calibration of HIV programs and interventions, policies, and funding priorities. Approximately 20,000 households will be interviewed, covering 40,000 adults 15 years and older from all 31 regions of mainland Tanzania and Zanzibar. The survey will also contribute crucial information on communicable diseases like tuberculosis, hepatitis B and C, and COVID-19, as well as non-communicable diseases. Results from THIS 2022-2023 are vital to inform more targeted HIV programming, policy, and funding allocation to attain the UNAIDS 95-95-95 targets and ultimately control the HIV epidemic in Tanzania.



Bio-behavioral Surveys

Key populations (KP) including female sex workers (FSW) and people who inject drugs (PWID) are known to be marginalized in health care, albeit having a high burden of HIV compared to the general population. Limited information is available on their access to HIV related services, unmet needs, and gaps. Bio-behavioral surveys (BBS) are aimed at providing up-to-date data on HIV burden, service access and utilization, and population size estimation that is needed to support KP services programming and resources allocation. To understand the unique HIV service needs of FSW and PWID within Tanzania, we conducted a BBS using respondent driven sampling in Dodoma, Mbeya, and Mwanza regions. Using an interviewer-administered questionnaire, we collected information on demographics, risk behaviors, uptake, and barriers to access services. Through biomarker testing we estimated HIV and sexually transmitted infections (STI) prevalence. In addition, the BBS measured progress towards the UNAIDS 95-95-95 targets.

The BBS was conducted with the strong leadership of the Ministry of Health in collaboration with Tanzania Commission for AIDS, Muhimbili University for Health and Allied Sciences and the National Institute of Medical Research with technical assistance from CDC and ICAP at Columbia University. Importantly, civil society organizations (CSO) which traditionally do not get opportunity in engagement during surveys, were meaningfully engaged. The success of the survey is largely attributed by the

effective engagement of the National Council for People Living with HIV and Key and Vulnerable Population Forums. These CSO formed the Community IBBS Advocacy Team which engaged with the survey team throughout the entire survey including protocol and workplan development, community engagement and outreach, peer counseling, and active linkage to care as appropriate. This in turn strengthened our relationships within these KP communities.

In total, 1,246 FSW and 1,252 PWID participated in the assessment across the three regions. Participants were tested for HIV, syphilis, hepatitis B and C viruses. Results show that despite meeting or exceeding the second and third 95 targets, more intensified data-driven approaches are needed to close the gap on the first 95 target among FSW and PWID. BBS results are already guiding Tanzania programs in enhancing targeted HIV programming to address gaps in providing equitable HIV care and treatment services among FSW and PWID. Moreover, the findings are now being used to update the National Consensus Estimates on Key Population Size and HIV Prevalence in Tanzania, which was last revised in July 2014. Beyond these three regions, the BBS is being expanded to cover Zanzibar, Dar es Salaam, and Arusha. The expanded BBS will also include data from men who have sex with men. With data from the current and expanded BBS, Tanzania is on a path to ensuring that KPs are not left behind in the country's journey to achieving and sustaining resilient HIV epidemic control.

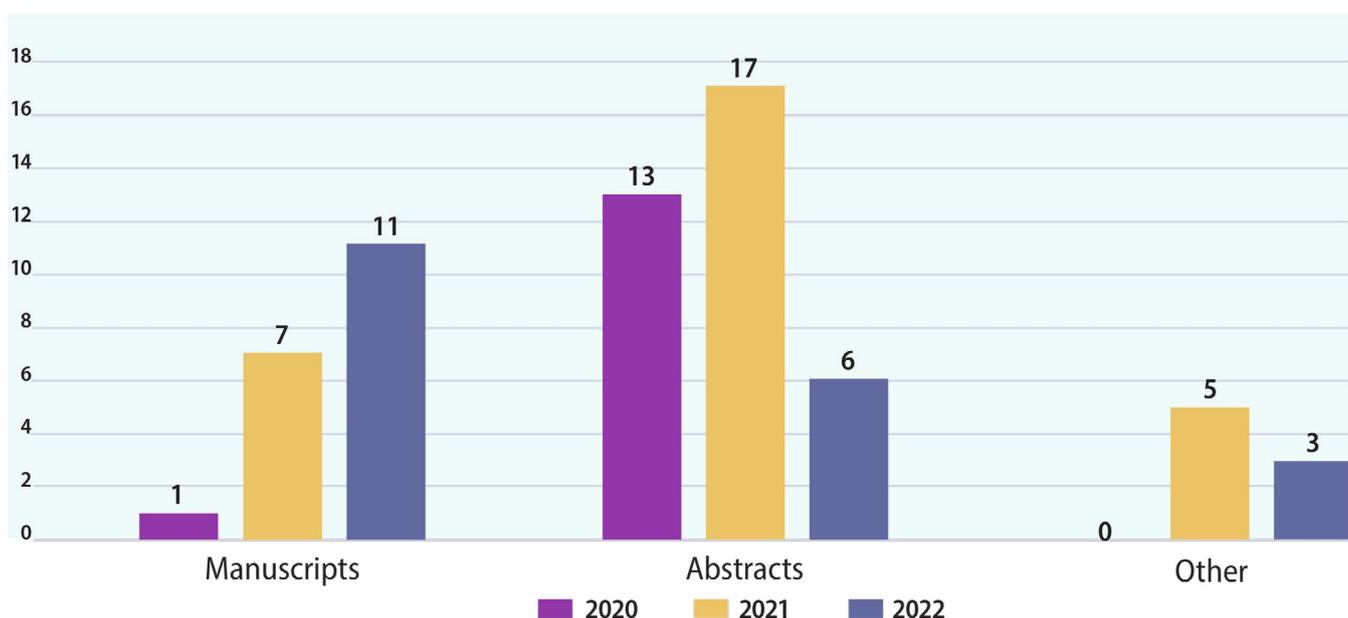
Table: CDC Tanzania Publications By the Numbers

Products Type by Date	# Submitted**	# Precleared**	# Cleared**	# Accepted**	# Withdrawn**	# Country Concurrence Review***
2022* abstracts	5	5	5	1	0	5
2022* manuscripts	5	5	5	4	0	28
2022* other product	6	2	2	0	0	1
2021* abstracts	8	8	8	2	2	11
2021* manuscripts	4	3	3	1	0	17
2021* other product	6	5	5	0	0	0

** Products were either; cleared, accepted and published or presented in different forums; led by CDC-TZ staff or TZ partner. (Data was as of November 1st 2022.)

With the theme of “Putting science and surveillance into public health action for HIV epidemic control in Tanzania,” CDC has highlighted the diverse work of PEPFAR programs, and implementing partners in local and international forums. During the past two years, CDC has tremendously increased its performance and efficiency in different areas, including the volume of scientific information products led, co-led, or overseen by authors from CDC Tanzania, conducting Science Annual Portfolio reviews for three consecutive years, and reducing turnaround time for clearing scientific products. CDC is committed to supporting cutting edge science and surveillance activities to reach HIV epidemic control in Tanzania.

CDC Tanzania abstracts, manuscripts, and publications for 2020, 2021, and 2022



Key Performance Improvements

- Expanded the science and surveillance portfolio with strong programmatic linkages to inform HIV epidemic control
- Increased the volume of scientific information products led, co-led, or overseen by CDC Tanzania
- Real-time tracking and shortening the turnaround time for clearing scientific products
- Improving the quality of products through enhanced engagements and support

For more information about CDC in Tanzania:

www.cdc.gov/globalhealth/countries/tanzania



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