



HIVE Launch Meeting

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December 4-6, 2024 | Johannesburg, South Africa

Female Adolescents and Young Adults bear the brunt of New HIV infections in Tanzania

- In Tanzania there are 51,135 new infections annually with individuals aged **15-24 years accounting for 36%**.
 - Approximately **78% of the new infections are among females**
- The incidence of HIV per 1000 among 15–24-year-olds is 3 times higher in females compared to their male counterparts.
- Overall incidence among females aged 15-24 was 2.2 per 1000, while for all ages was 1.0 per 1000

Pregnant women age disaggregates						
Age	10-14	15-19	20-24	25-29	30-34	35+
Known Positive	22	3,736	15,467	22,045	25,485	25,125
New Positives	15	2,530	7,967	8,054	6,311	4,244
% New Positives	41%	40%	34%	27%	20%	14%
Second Test Positives	18	259	769	673	576	354
% Positives 2nd Test	0.68%	9.80%	29%	25%	22%	13%

National DHIS 2 Data Oct 2023-Sep 2024

Importance of PrEP for Adolescent Girls and Young Women

Adolescent girls and young women are among the primary target populations for PrEP due to their disproportionately high rates of HIV infection.

AGYW face numerous challenges resulting from the interplay of biological, social, and economic factors.

Factors contributing to AGYW's vulnerability include:

- Age
- Inconsistent condom use with their most recent partner within the last three months
- History of or current sexually transmitted infections within the last three months
- Receiving cash or items in exchange for sex within the last six months
- Experiencing sexual violence with ongoing risk of repeated incidents
- Being in a sexual relationship with a person who injects drugs

**National PrEP implementation framework*

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Implementation Strategies

PrEP is offered by trained health care providers from both government and private health facilities

- **Facility based service delivery model**
 - Youth-Friendly Health Services: non-judgmental environment for PrEP for AGYW, counselling tailored for needs of AGYW, and flexible hours to accommodate AGYW's
 - Integration of PrEP into Comprehensive SRH Services: PrEP integration into FP, STI, and HTS including testing for prevention
- **Community-Based distribution using peer educators, CHWs and outreach services**
- **Collaboration and partnerships with stakeholders:** Regular TWG meetings with policymakers, service providers, and other stakeholders including AGYW
- **Monitoring and evaluation:** tools are available for monitoring PrEP uptake, client monitoring and progress. Introduction of UCS which captures patient level data for longitudinal follow up.

Facility based service delivery model

PrEP services are available in both government and private health facilities.

Trained healthcare providers screen clients to determine eligibility for PrEP, initiate treatment for eligible clients.

HCPs schedule follow-up appointments at either the facility or a community setting, based on the client's preference.

Who	What
Trained PrEP HCWs: <ul style="list-style-type: none"> • Clinicians/nurses, • Pharmaceutical personnel, • Laboratory personnel 	<ul style="list-style-type: none"> • Demand creation • Screening for eligibility (use PrEP screening tool) , <ul style="list-style-type: none"> <input type="checkbox"/> HIV Testing <input type="checkbox"/> Serum creatinine & HBsAg Testing • Clinical assessment, • Provision of PrEP (initiation and refills) with other prevention combination services
<ul style="list-style-type: none"> • Facility based non-health workers 	<ul style="list-style-type: none"> • Demand creation • Follow ups
When	Where
<ul style="list-style-type: none"> • During normal working hours • Consider extended hours as per need 	<ul style="list-style-type: none"> • Out-patient department • Inpatient department • Reproductive and Child Health • Care and Treatment Clinic • Others (as per decisions of facility management)

Facility led community service delivery model



PrEP integrated in HIV services through outreach programs.



Trained healthcare workers provide these services in the community



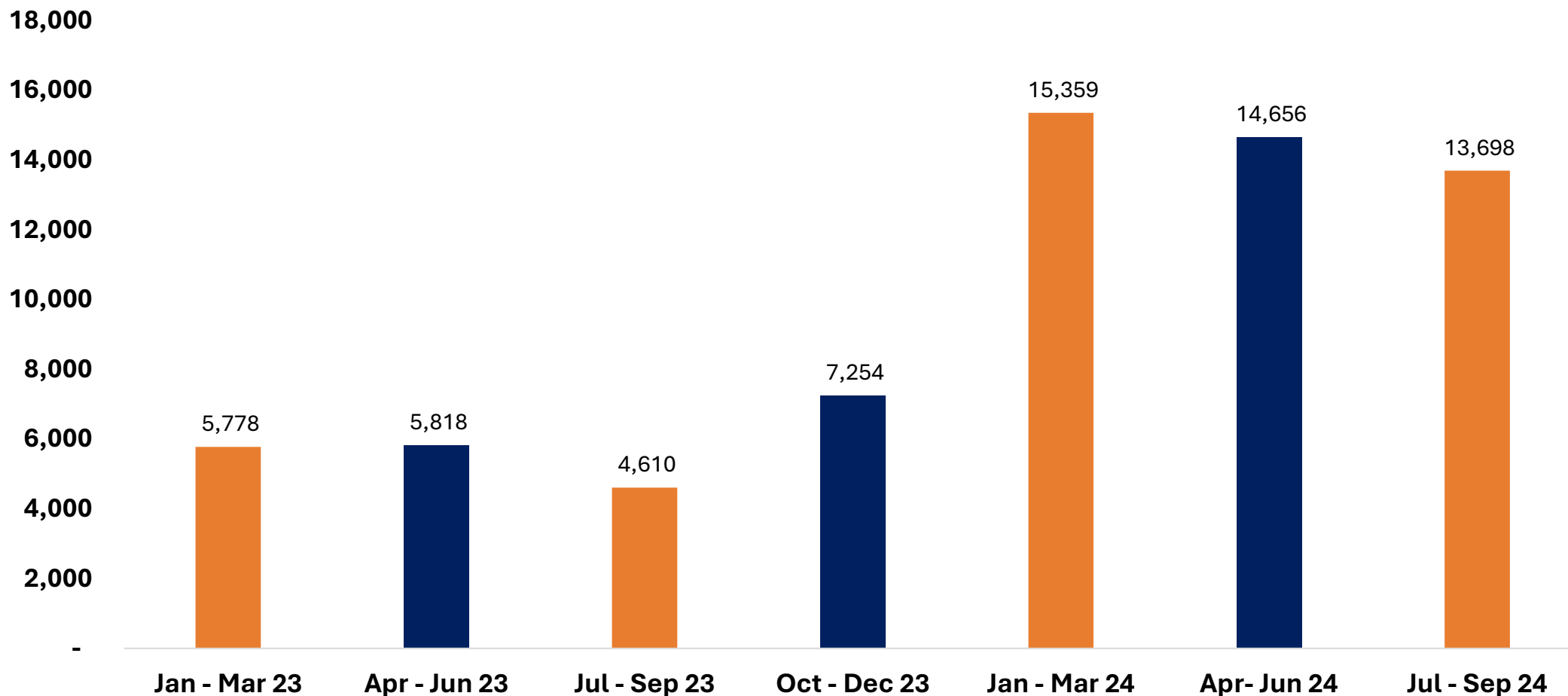
Community personnel involved in creating awareness, encourage PrEP use, and support those on PrEP.



Outreach efforts are linked and reported through health facilities.

Who	What
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<ul style="list-style-type: none"> • Community-based HIV Service Providers/Peers 	<ul style="list-style-type: none"> • Demand creation • Follow ups
When	Where
<ul style="list-style-type: none"> • Weekdays, as well as weekends and public holidays as per need • During the day or night (as per clients' preference) 	<ul style="list-style-type: none"> • Mapped and approved community service delivery points <ul style="list-style-type: none"> <input type="checkbox"/> Hotspots premises <input type="checkbox"/> Mobile vans/clinics <input type="checkbox"/> Tents

PrEP Initiation Among Adolescents and Young Women



*National DHIS 2 KVP report

Challenges and actions taken

Challenges

- Limited options for PrEP available in country
- Lack of awareness and knowledge among AGYW on the availability of PrEP services
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Mitigation Strategies

- Added new PrEP options
- Adopt a person-centered approach
- Conducted awareness campaigns through local radios, IEC materials and health talks
- Pilot facility cluster models for client linkage and capacity building
- Integration of PrEP into other service delivery points

Lessons Learned

To enhance the provision of PrEP among AGYW, the following is essential:

- Have policies to promote client centered combination prevention services for AGYW
- Empower AGYW to demand PrEP services
- Strengthen a collaborative approach to obtain feedback of services from AGYW
- Expand access of PrEP services through further decentralization of PrEP services to the lowest facilities and the community as well.



Thank You!

