Tanzania:

Key Populations' Strategic Priorities

Introduction

Since January 2025, the key and vulnerable population (KVP) community has been deeply concerned by the U.S. government's response to HIV funding. For decades, KVPs have struggled to secure the support and investment necessary to end HIV—primarily due to persistent criminalisation. As a result, KVP programmes have relied heavily on foreign assistance, particularly from the United States and the Global Fund.

Before January 2025, the KVP community was making significant progress in the HIV response. Collaboration with the Ministry of Health (MoH)—including the Tanzania Commission for AIDS (TACAIDS) and the National AIDS, STIs, and Hepatitis Control Programme (NASHCoP)—had been steadily improving, leading to notable gains in both prevention and treatment outcomes.

However, experiences of stigma, discrimination, violence, violations of privacy and human rights across various sectors continued to impact the access to quality HIV services for KVPs. These challenges have now been exacerbated by the US Government funding cuts. Criminalisation and stigma had also created a sense of fear among Government officials who avoid publicly speaking or sharing KVP data. These factors drive KVPs further underground, hindering accurate data collection and potentially rendering newer, understated figures inadequate for robust programme planning and resource allocation.

Before these shifts in late 2024, KVPs had access to critical services like Antiretroviral Therapy (ART), Pre-Exposure Prophylaxis (PrEP), and Medication-Assisted Treatment (MAT), among others. The Tanzania KVP Forum, a government-recognised body representing 138 CSOs and networks, was instrumental in ensuring these services reached all 26 mainland regions and five Zanzibar regions.

What does the data say about HIV prevalence among KPs in Tanzania?

Mainland Tanzania: KVP prevalence is 42% among people who inject drugs (PWUD) , 28% among female sex workers (FSWs) and 31.2% among men who have sex with other men (MSM). There was no information on transgender people (TG)[1]

Zanzibar: KVP prevalence is 9.3% among people who inject drugs, 21.1% among female sex workers (FSWs) and 11.4% among men who have sex with other men (MSM). There was not information on transgender people[2]

Where was Tanzania on the 95/95/95 track[3]?

- 82.7% of PLHIV know their HIV status
- 97.9% of those aware are on treatment
- 94.3% of those on ART have suppressed viral load

KVP Size Estimates[4]

- 155,800 Sex Workers
- 3,300 MSM
- 32,000 PWID

[1] https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0228618&utm_ [2] https://aidsrestherapy.biomedcentral.com/articles/10.1186/s12981-024-00597-5?utm_ [3] https://icap.columbia.edu/news-events/release-of-tanzania-population-based-hiv-impact-assessment-data-shows-notable-progress-and-identifies-gaps-that-stand-in-the-way-of-epidemic-control/ [4] https://www.unaids.org/en/regionscountries/countries/unitedrepublicoftanzania

The transition in USG funding has had a deeply detrimental impact on KVP communities. A recent community survey[5]—conducted by the Tanzania KVP Forum in collaboration with KP-TNC between January and June 2025 captured responses from 57 Tanzanian individual respondents and revealed alarming trends:

- 38.71% reported reduced access to essential services
- 15.28% stated they had lost access entirely
- 84.21% noted a drastic decline in outreach programmes and peer support services

As of June 2025, 63% (17 of 27) community-led KVP organisations had either ceased operations or significantly-scaled back due to financial instability. This has resulted in widespread service interruptions, staff layoffs, reduced outreach, and increased exposure of KPs to stigma, discrimination, and violence.

This resource is a critical advocacy tool. It's designed to articulate the essential services and investments needed to rebuild and sustain the HIV response for KVPs in Tanzania amidst this crisis. By highlighting the severe impacts of funding cuts and advocating for renewed, appropriate investment, this strategy aims to safeguard the health, safety, and human rights of these highly vulnerable populations, ensuring that years of progress are not undone.

Programmatic Disruptions:

- **Reduced Access to Services:** Overall, 38.71% of respondents reported "reduced access" to HIV prevention services, while 15.28% faced a complete lack of access. Access to essential commodities was especially limited—71.43% of key and vulnerable populations (KVPs) reported no access to lubricants. Other critical services such as STI screening and treatment, HIV testing, and condom distribution were also significantly disrupted.
- **Increase in Chargeable Services:** 36.01% of KVPs indicated that services or commodities previously provided for free currently require payment. 65% of STI screening and treatment services now require payment.
- **Deterioration of Outreach and Peer Support:** An overwhelming 84.21% of KVPs reported a reduction in the availability of outreach programmes and peer support services, with 63.16% experiencing a "strongly reduced" availability.
- **Operational Challenges for KVP Organisations:** 67.39% of KVPs confirmed that KVP-led organisations face significant operational challenges, primarily due to financial instability, leading to service disruptions, workforce reduction, and reduced outreach capacity. Some organisations are reported to have ceased services entirely.

[5] https://docs.google.com/document/d/1d9qDhhU2vGqRJ4_0oGvmmgeASGbFHDdO/edit#heading=h.271fvkz40mmr

KP Community Core Priorities

1. Antiretroviral Therapy (ART) and Service Continuity

At the close of 2024, 97.9% of all adults living with HIV who knew their status were on ART, indicating that Tanzania had largely met or exceeded the second UNAIDS 95 target even before 2025. Viral suppression among those on ART was also very high, at 94.3%[6].

KVPs had access to comprehensive services, including ART. Services were available across all 26 mainland regions and five Zanzibar regions via PEPFAR-supported partners.

However, after the funding cuts, there was severe and widespread concern about an impending service delivery crisis, which according to reports signaled the hoarding of antiretroviral (ARV) drugs and community members dropping out of care due to the risk of treatment interruption[7]. Samples designated for testing suffered transport disruptions. Furthermore, implementers with US Government waivers were not fully operational due to the unavailability of funding, which impacted continuity of services.

As of June 2025, ART programming remains largely active in the country due to ongoing integration of ART services into general government facilities. However, while KVPs continue to receive their ART treatment services from general government health facilities, challenges to accessing these services are significant. These challenges include stigma and discrimination experienced within general health settings, as well as the loss of specialised infrastructure and support systems that were specifically designed to be friendly and accessible to KVPs, including the absence of dedicated KVP-friendly clinics, safe spaces, and crucial peer navigation and outreach services.

Non-negotiable Priorities

- **Ensure uninterrupted access to ART commodities and services for KVPs living with HIV,** particularly those in Drop-In Centres (DICs), to prevent loss to follow-up and treatment interruption.
- **Restore Peer Navigation Support:** Peer support for KVPs has suffered an 84% reduction. This is a critical cadre in the KVP programme that supports continued access to ART for KVPs and must be restored.
- **Train health service providers serving in general population ART sites on KVP service delivery.** Implement targeted training for healthcare workers in public ART sites to enhance the delivery of KVP-competent services and reduce stigma-related barriers.
- **Restore and scale up KVP centres and ensure they have the capacity to be one-stop centres of** excellence offering opportunistic infection diagnosis and treatment, and TB diagnosis, prevention and treatment. Equip KVP centres to function as one-stop hubs delivering STI screening and treatment, TB services, and management of opportunistic infections.

[6] https://www.nbs.go.tz/nbs/takwimu/THIS2022-2023/THIS2022-2023_Summary_Sheet.pdf [7] https://www.unaids.org/en/resources/presscentre/featurestories/2025/march/20250311_Tanzania_fs

Strategic Element	Current Status (June 2025)	Annual Funding Required (USD)	Notes
Core ART Programme	100% active, not affected by funding transitions	00	Integration into government facilities continues
Peer Navigation Support	84.21% reduction in peer support services	1,231,272	Critical for addressing access barriers in general facilities
KP-Friendly Service Training	Stigma and discrimination reported in general facilities	260,000	Essential for safe access in integrated settings
Specialised KP Infrastructure	63% (17 out of 27) of KVP organisations ceased or seriously reduced operations by June 2025.	270,000	Bridge between general services and KP needs

ART Funding Gap: Approximately **$1,761,272** annually to restore comprehensive, peer-supported ART services for KVPs in Tanzania.

What is the cost of inaction? 63% of Tanzania's KVP-led organisations' capacity to provide safe spaces, sanctuary, lead advocacy, engage stakeholders, hold the Government and funders accountable have been significantly reduced. The KVP community's confidence and ability to access quality services have been negatively affected by the rising reports of stigma and discrimination at sites of service provision. These are key concerns that could lead to the collapse of the KVP programme structure if not addressed urgently.

2. Prevention

In Tanzania, access to condoms and lubricants has been a long-term challenge that's been largely attributed to the criminalisation of KVPs. The MoH in Tanzania has often struggled to allocate resources for the procurement and distribution of condoms and condom-compatible lubricants to KVPs, making access increasingly difficult.

After the funding cuts, 71.43% of KVPs reported challenges accessing condoms and lubricants, which are key prevention interventions, and 42% of KVPs expressed concern about the requirement to now purchase condoms[8]. 38.71% reported reduced access to condoms, 15.28% reported no access to condoms, and there was a drastic 84.21% reduction in outreach programmes and peer support services[9]. By June 2025, approximately 63% (17 of 27) of community-led KVP organisations had ceased or significantly reduced operations due to financial instability. This has led to service disruptions, staff unemployment, reduced outreach, and heightened vulnerability to stigma, discrimination, and violence for KVPs.

As of January 2025, there were over 396,787 cumulative oral PrEP initiations in the country. However, PrEP accessibility has been a challenge in Tanzania 939 out of more than 2,000 estimated facilities in the country providing PrEP in 2024.

[8, 9] www.kptnc.org A community survey, conducted by the Tanzania KVP Forum with KP-TNC.

KVP PrEP is currently only being offered at CDC-supported sites. USAID and the Department of Defense (DoD) do not provide PrEP to KVPs. KVPs who were initiated on PrEP are now being transferred to CDC sites.

However, PrEP retention remains a significant challenge, with high rates of early disengagement due to various barriers, including oral PrEP drug stockouts, long waiting times. In addition, a concerning 20% of KVPs reported being required to pay for PrEP services.

Tanzania is also among 9 countries recommended for the roll out of injectable Lenacapavir (LEN). While rollout is set to begin in 2026, this announcement is a huge milestone in Tanzania, underscoring the maturity and confidence in Tanzania's HIV response and PrEP uptake infrastructure. This decision, though widely celebrated, comes at a time when investments in the HIV programme by both PEPFAR and the Global Fund are drawing back, which undermines the community infrastructure required for effective engagement and rollout of LEN. It is critical that both the Global Fund and PEPFAR invest resources in the policy development and rollout of LEN in Tanzania. Tanzania has adopted CAB-LA in policy; however, the rollout has been suboptimal.

30% of KVPs reported reduced access to harm reduction services following the US Government funding cuts. This is particularly concerning given the high risk of relapse when access to medication-assisted treatment (MAT) and other harm reduction services is reduced.

STI services are an essential service in the KVP programme. However, according to the rapid assessment conducted by the KP-TNC, access to STI services for KVPs is no longer free. An estimated 65% of KVP community members have been charged for access to screening and treatment of STI across various sites. This is particularly concerning given the financial burden it places on KVPs who already face economic hardships and constraints impacting their quality of health and life.

Non-negotiable Priorities:

- **Scale up PrEP services for KVPs:** PrEP access is currently limited to approximately 939 sites. PrEP services must be expanded across all KVP sites and should extend beyond CDC-funded facilities.
- **Restore free access to condoms:** Ensure uninterrupted access to condoms across all HIV service delivery sites, free of charge, for all populations.
- **Scale up lubricant accessibility for KVPs:** Ensure condom-compatible lubricants are available and accessible to KVPs at designated KVP sites. Ensure collaboration with KVP leadership to enhance distribution. Engage in dialogue with relevant stakeholders to review and potentially revise policies that restrict the availability of essential harm reduction commodities like lubricants, which are critical for HIV prevention.
- **Restore and scale up HIV testing services.** Testing services were significantly affected by US Funding cuts. Comprehensive testing services for KVPs should be restored and made freely available and accessible.
- **Restore and scale up free access to STI services:** Charges on STI services add a financial burden to KVPs who already face harsh economic conditions. There is a need to ensure STI services for KVPs are available and freely accessible.
- **Establish safe and private spaces for KVPs:** Create designated, discreet, and affirming spaces within primary healthcare (PHC) facilities where KVPs can access services without fear of judgment or exposure. This could include dedicated consultation rooms or specific service hours.
- **Restore and Scale up free access to STI services**: Charges on STI services add a financial burden to KVPs who already face harsh economic conditions. There is a need to ensure STI services for KVPs are available and freely accessible.

Service Area	Current Status	Target Coverage	Annual Cost (USD)	Notes
PrEP Services	396,787+ initiators, CDC sites only for KPs	Improve retention, expand access beyond CDC sites	$7,242,103	Address high early disengagement rates
Condom Distribution	42.11% now require payment	Restore free access nationwide	$628,700	Critical for basic prevention
Lubricant Access	71.43% "No Access" due to government prohibition	Policy advocacy + alternative distribution	$600,000	Requires policy change and creative distribution
HIV Testing Services	57.89% reduced access reported	Restore comprehensive testing services	$1,626,123	Foundation for all prevention and treatment
STI Services	65.31% treatment, 65.12% screening now require payment	Restore free STI screening and treatment	$1,196,750	Essential for comprehensive sexual health
PEP Services	Available 100%	Ensure emergency PEP availability	$200,000	Critical for post-exposure prevention

Primary Prevention Funding Gap: Approximately **$11,493,676** annually to restore comprehensive prevention services with peer support networks.

Service Area	Annual Cost (USD)	Notes
STI service delivery	**$231,533**	Include management and follow-up
STI treatment	**$1,132,200**	Including commodities
STI lab monitoring	**$377,400**	Including lab commodities

Sexually Transmitted Infections Gap: Approximately **$1,741,133** annually to restore comprehensive STI screening, prevention and treatment.

What is the cost of inaction? The Tanzanian programme for KVPs faces challenges including criminalisation, reduced funding due to the shift in US HIV/AIDS funding policy, and the Global Fund's reprioritisation, among several others. These challenges have resulted in previously free services and products—such as condoms and STI services—becoming chargeable. Primary prevention is the bedrock of the KVP programme. Inaction in this area will result in new HIV and STI infections, an increased financial burden on KVPs to purchase essential services, and a collapse in community confidence in accessing services safely. Urgent action is required to fully restore and scale up essential services.

3. Community Infrastructure

The stop-work orders issued by the US Government in January 2025 significantly undermined and degraded the KVP community's capacity and infrastructure for service delivery and advocacy in the health sector in Tanzania.

Of the 27 KP-led organisations operating before January 2025, approximately 63% (17 out of 27) had ceased or significantly reduced operations by June 2025. These organisations played crucial roles in representing KVPs in decision-making spaces, driving policy change, leading advocacy efforts, conducting community-led monitoring (CLM), providing specialised services, and building community capacity.

Violence prevention and response programmes were halted in USAID and DoD-supported regions (16 in total), remaining active only in 11 of the 26 regions supported by CDC.

Tanzania retains one of the most punitive laws criminalising consensual same sex, sex work and drug use. These laws create a hostile and unsafe environment that promotes human rights abuses, violence, stigma and discrimination against KVPs.

The implementation of community-led monitoring activities in Tanzania has been challenging over the years. KVPs have not had access to CLM funding from Global Fund or PEPFAR. The Tanzania Government has often claimed that KVPs lack the capacity to manage large funds and implement key activities, which has made it even more difficult for KVP-led organisations to access funding and lead.

Drop-In Centres and Safe Spaces

The DIC model provided:

- **Safe Spaces:** A rapid KP-TNC survey identified 27 KVP-led organisations in mainland Tanzania and 7 in Zanzibar operating safe spaces.

- **Service Delivery Centres:** Approximately 10 organisations operated DICs. These centres provided HIV testing, PrEP/ART dispensing (with adherence counselling), STI screening, psychosocial support, human rights education, legal aid, and harm reduction services, functioning as peer-led, trusted community–facility linkages.

Engagement in National HIV Planning

KVP planning was central to Tanzania's HIV sustainability roadmap. KVP voices have become integral to national planning, ensuring service integration and shaping the future of the HIV response. This facilitated the following progress.

Key Estimates of Losses (December 2024 - June 2025)

Area of Impact	Estimated Reduction	KVP Community Impact
KVP-led organisations and Drop-in Centres	63% capacity reduction	17 out of 27 KVP led organisations experienced reduced capacity to provide HIV testing, PrEP/ART dispensing (with adherence counselling), STI screening, psychosocial support, human rights education, legal aid, and harm reduction, functioning as peer-led, trusted community-facility linkages.
Community-led monitoring	100% elimination	CLM funding completely cut off following stop-work orders
GBV Programming	61% coverage reduction in Mainland Tanzania. 80% coverage reduction in Zanzibar.	GBV services available in only 11 of 26 regions in Mainland Tanzania, and 1 of 5 regions in Zanzibar.

Non-negotiable Priorities:

- **Restore and scale up funding for KVP-Led Organisations:** Restore operational capacity for the 17 organisations that ceased or reduced operations since the stop work orders began.
- **Restoration of comprehensive community-based services:** Re-establish free access to essential commodities (condoms, lubricants, STI services) and rebuild peer outreach networks to address the 84.21% reduction in peer support.
- **Restore GBV programming:** Restore access to GBV services that were previously halted in USAID and DOD service delivery sites.
- **Restore legal and rights protection:** Scale up legal aid and advocacy capacity to address worsening legal environment, including arbitrary arrests and criminalisation of drug use affecting KVPs.
- **Restore community-led monitoring:** US Government supported CLM needs to be reinstated and available to KVPs. Global Fund supported CLM should include KVP implementers.

Long-term Integration Goals:

- Meaningful KVP engagement in national HIV planning and budgeting processes.
- Policy reforms to address criminalisation and create an enabling environment.
- Sustainable financing mechanisms beyond donor dependence.

[11] Zambia Key Populations Programmatic Update, Quarter 2 FY2025 (USAID CHEKUP II and CIDRZ internal site-level reporting), and Key Population Supply Chain Briefing Note, April 2025 – compiled by Zambia Ministry of Health and UNFPA, with partner inputs from CIDRZ, ZHECT, and LATU.

Infrastructure Element	Current Status	Target	Annual Cost (USD)	Notes
KP-led organisations	17 of 27 organisations ceased/reduced operations	Restore operations for all 27 organisations	$612,500	Direct and flexible funding mechanisms needed
Drop-in centres	~10 DICs lost comprehensive service capacity	Restore 10+ functional DICs with full services	$150,000	Safe spaces providing HIV testing, PrEP/ART, STI screening, psychosocial support
Peer outreach programmes	84.21% reduction in outreach and peer support	Restore comprehensive peer network	$1,231,272	Community cadre vital for reaching and supporting KPs
Safe houses/ Shelters	Critical spaces lost for vulnerable KVPs	Restore emergency accommodation for at-risk KVPs	$26,000	Essential for those facing violence or eviction
Community-led monitoring	Reduced from 7 to 2 programmes	Restore 7+ CLM programmes	$200,000	Independent monitoring for accountability
Violence prevention services	Halted in 16 regions (USAID/DOD), reduced scope in 11 (CDC)	Restore services in all regions with full scope	$1,075,000	Address arbitrary arrests and violence against KPs
Legal and Rights Protection	Heightened vulnerability due to arbitrary arrests and criminalisation	Scale up legal support and advocacy	$175,000	Urgent need given worsening legal environment

Community Infrastructure Funding Gap: $3,469,772 to rebuild essential community systems and protective mechanisms.

What is the cost of inaction? The cost of inaction is a severely degraded KVP programme in Tanzania — a programme led by mainstream actors, rather than the communities most affected. Without addressing the gaps highlighted in this subsection, the KVPs will be unable to demand accountability, provide oversight of essential government and donor decisions, and, most importantly, unable to meet the human rights and health needs of community members.

4. Data and Monitoring Systems

The success of the KVP programme is founded on access to high-quality, granular, and disaggregated data that allows programmers to assess progress and identify gaps. This component is crucial to the dynamic and evolving nature of the HIV response and its ability to respond quickly and effectively to emerging trends. It is vital to the KVP community, who are disproportionately impacted by HIV in Tanzania but are often left behind.

The criminalisation of sex workers, men who have sex with men, people who use and inject drugs, and transgender persons has made it challenging for the Ministry of Health in Tanzania to create KVP-specific monitoring, evaluation, and reporting indicators, with disaggregated reporting across the national system.

The US Government funding cuts have made the situation far worse. PEPFAR eliminated most KVP-specific indicators from DATIM, making it difficult to track KVP programme performance. Access to information from PEPFAR quarterly review meetings has also ceased, reducing the ability to review programme progress and make adjustments. The staff responsible for data tracking, such as monitoring and evaluation officers and peer educators at community-led organisations, were also terminated, significantly affecting the organisations' ability to collect and report on data.

Key Estimates of Losses (December 2024- June 2025):

Area of Impact	Estimated Reduction	Narrative Explanation
Data Disaggregation	Complete loss	There is no distribution of KVP disaggregated data.
Data collection and entry	Complete loss	There is no collection of KVP disaggregated data.

Non-negotiable Priorities:

- **Initiate high-quality, disaggregated data collection** to support an effective prevention and treatment programme for key populations.
- **Develop high-quality data collection and management systems,** and recruit qualified, competent staff to manage and disseminate the data effectively. This includes data clerks, Health Records and Information Officers (HRIOs), Monitoring and Evaluation (M&E) officers, peer educators, and field officers/outreach workers.

Strategic Element	Current Status	Annual Funding Required	Key notes
Disaggregated data	Not collected	$126,800	Restore high-quality, disaggregated data
Data collection and entry	Not engaged	$126,800	Restore data collection staff support

Data and Monitoring Systems Gap: $253,600 annually to rebuild data and monitoring

What is the cost of inaction? The absence of disaggregated KVP data has undermined the country's ability to assess its performance and gaps at a granular level. This creates a crucial blind-spot in the programme and multiple missed opportunities to improve health outcomes for KVPs.

Appendix 1: Core Requirements for Sustainable, Effective KVP Programming

Based on the critical findings of the KP-TNC rapid assessment, the following recommendations are put forward to strengthen support for KPs amidst the current funding uncertainty and to mitigate the adverse impacts of funding transitions:

Strengthening Community Empowerment and Engagement

- **Directly fund KVP-led organisations:** Prioritise direct funding mechanisms for KVP-led and community-based organisations (CBOs). These organisations are crucial for delivering trusted, stigma-free, and culturally competent services.
- **Promote meaningful KVP involvement:** Ensure the active and meaningful participation of KVP representatives in all stages of policy-making, programme design, implementation, and monitoring related to their health and well-being. Their lived experiences are invaluable for effective programming.
- **Strengthen peer support and outreach:** Reinvest in and expand community-based outreach programmes and peer support networks, recognising their critical role in reaching marginalised individuals, providing education, and linking KVPs to services.
- **Support KVP-led community monitoring and feedback:** Establish and support robust community-led monitoring and feedback systems that allow KVPs to report on service quality, discrimination, and access barriers, ensuring accountability of health service providers.
- **Enhance economic empowerment:** Develop and support initiatives that promote economic opportunities and livelihood support for KVPs. This can reduce their vulnerability, enhance self-reliance, and improve overall health outcomes.
- **Strengthen the financial and organisational capacity of CBOs: P**rovide technical assistance and capacity-building support to KVP-led organisations in areas such as financial management, grant writing, programme implementation, and monitoring, to enhance their ability to manage diverse funding streams and ensure long-term sustainability.

Advocating for an Enabling Policy and Legal Environment

- **Advocate for legal reforms:** Intensify advocacy efforts for the review and reform of punitive laws and policies that criminalise or stigmatise KVPs, as these legal barriers directly impede access to health services and exacerbate vulnerabilities.
- **Increase government accountability:** Hold the government accountable for its commitments to universal health coverage and the health and human rights of all its citizens, including KVPs, ensuring that national policies translate into equitable and accessible services on the ground.
- **Promote public awareness:** Support campaigns and initiatives that raise public awareness about KVP health needs and human rights, aiming to reduce societal stigma and foster a more inclusive environment.

Summary of the proposed cost of the Tanzania Key Population Plan

In Tanzania, the methodology used the national population size estimates from PEPFAR, UNAIDS KVP Atlas and the recent IBBS data. Where lacking an estimate for TG, a standard percentage from the region is used. We considered the percentage of KVPs that need prevention services (set initially at 90%). We further estimated KVP living with HIV using HIV prevalence from PEPFAR or the KVP Atlas. Where lacking prevalence data, a standard percentage from the region is used. We had considered the percentage of KVPLHIV in need of treatment services (set initially at 100%). To meet the Tanzania KVP budget, the country will focus on 100% of treatment and prevention as indicated below. This covers the Tanzania Key Populations Strategy Summary below with a programme cost total of $26,234,285, targeting 188,700 KVPs. The itemised costing of each intervention is found on this link: Tanzania Costed Budget

Category	Activity/Item	Annual Cost Estimate	Budget Narrative
Staff	Restore peer navigators and outreach workers	$1,231,272	Rebuild community cadre to address 84.21% reduction in peer support services
	Restore and train facility-based KVP-friendly staff at public health facilities	$1,520,000	Restore crucial staff lost due to funding transitions
Service Delivery	Restore free access to essential commodities,	$1,196,750	Address increased payment requirements for STI treatment (65.31%),
	including, ART, STIs and HIV testing and lab monitoring commodities		STI screening (65.12%), condoms (42.11%)

	Restore Condoms and lubricant access	$600,000	Address 71.43% "No Access" due to government prohibition
	Stabilise and scale up PrEP commodities	$7,242,103	38.71% experiencing reduced access to services, 15.28% facing no access at all
	Plan and implementation of LA- PrEP	**$3,734,400**	Setting up sites, staffing and service delivery
	LA- PrEP Commodities	**3,049,760**	Commodities plus last-mile delivery.
Sites	Restore KVP DICs and safe spaces	$1,200,000	Rebuild approximately 10 DICs that provided comprehensive services
	Restore safe houses and shelters	$1,150,000	Address loss of spaces for vulnerable KVPs facing violence
	KP Data Collection and Monitoring Systems	$2,300,000	Establish a secure KP data monitoring system and link with DHIS2
Systems	Restore violence prevention and response services	$1,00,0000	Address programme halt in USAID and DOD regions (16), maintain CDC regions (11)
	Strengthen KVP engagement in planning	$450,000	Rebuild capacity for meaningful participation in national HIV planning
Support	Direct and flexible funding for KVP-led organisations	$450,000	Support 27 KVP-led organisations (17 ceased/reduced operations)

	Restore community-led monitoring programmes	$750,000	Address reduction from 7 programmes to 2 operational
Legal & Rights	Scale up legal and rights protection services	$360,000	Address arbitrary arrests of LGBTQ individuals and criminalisation of drug use
TOTAL ESTIMATED INVESTMENT NEEDED		$26,234,285	**Restoration of decimated KVP service infrastructure**

Methodology

This rapid strategy and budgeting exercise was designed as a structured assessment process to capture country-level impacts of foreign aid transitions and identify essential services requiring continued investment for KPs. The methodology began with orientation to a standardised Excel worksheet framework designed to systematically capture country coalitions' assessments across three critical domains: ART service delivery, HIV prevention programming, and community infrastructure (including civil society engagement, community-led monitoring, community mobilisation, and advocacy capacity).

The assessment process examined three distinct time periods: baseline status at the end of 2024, immediate impacts following foreign aid transitions that began in January/February 2025, and current conditions as of June 2025. Country coalitions collected quantitative and qualitative data through surveys, key informant interviews, organisational assessments, and coalition consultations to document service disruptions, funding gaps, and programmatic changes across these timeframes.

Following data collection, coalitions engaged in facilitated consensus-building processes to analyze findings, identify priority concerns, and develop collective views on current programming status. Through these discussions, coalitions articulated their "essentials"—critical activities, services, and investments necessary to maintain effective HIV responses for KPs in their contexts. This worksheet was used as the basis for a strategy narrative, developed by the GBGMC support team, that included a summary table of priority interventions requiring funding and attention.

Tanzania's Methodological Guide: To adequately inform the rapid strategy, the country implemented a multi-faceted data collection and validation, combining a structured survey with broader virtual consultations and culminating in a crucial physical validation meeting.

A cornerstone of the information was a rapid survey, specifically designed and facilitated through the expertise of the Key Population -Trans National Collaboration (KP-TNC) and the Key and vulnerable population Forum. KP-TNC provided a specialised survey tool, ensuring that the questions and data capture mechanisms were tailored to elicit relevant information concerning the impacts of foreign aid transitions on key populations. This survey was administered efficiently, reaching a total of 57 respondents. The insights gleaned from the aggregated results of this survey proved to be profoundly valuable, providing critical, data-driven inputs that directly informed and shaped the strategic priorities and proposed interventions within the rapid strategy. It helped to quantify perceived challenges, identify urgent needs, and highlight specific areas of concern from the perspective of those most affected by the transitions.

Virtual Consultations Organised by KVPF: Complementing the survey data, further in-depth qualitative insights were gathered through extensive consultations organised by the KVPF (Key Vulnerable Populations Forum). These consultations were strategically designed as three half-day virtual sessions, ensuring broad geographical reach and inclusive participation. By utilising virtual means, the KVPF successfully engaged a diverse range of stakeholders, specifically targeting:

- **Community-Based Organisations (CBOs):** This allowed for the collection of perspectives from organisations directly involved in service delivery and community support at the grassroots level.

- **Networks of Key Populations:** Engaging these networks ensured that the voices and lived experiences of KPs themselves, both in Zanzibar and Tanzania Mainland, were directly incorporated into the strategic development process.

These virtual consultations served as crucial platforms for open dialogue, allowing participants to elaborate on the challenges identified in the survey, share anecdotal evidence, discuss emerging issues, and collaboratively identify essential services and interventions. The combination of the structured rapid survey and these broad, inclusive virtual consultations provided a comprehensive and nuanced understanding of the country-level impacts, ensuring the rapid strategy was well-informed, relevant, and representative of diverse community needs and perspectives across both Zanzibar and Tanzania Mainland.

Strategy Validation Meeting: To ensure the accuracy, relevance, and community ownership of this strategic response, a final and critical step involved several in-person and virtual validation meeting. This in-person gathering brought together 20 key representatives of KPs based in Dar es Salaam. The meeting provided a dedicated space for these core stakeholders to thoroughly review the compiled strategy, discuss its proposed interventions, and ensure that it authentically reflected their priorities, challenges, and proposed solutions. This direct engagement was crucial for refining the strategic pillars, confirming the feasibility of proposed actions, and ultimately securing the buy-in and collective endorsement from the community, ensuring the strategy was not only technically sound but also truly representative and actionable from the ground up.

The Team

We thank the many advocates, organisations, and government partners who participated in national consultations and supported the drafting of each plan. Your leadership and lived expertise are at the heart of this work.

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