



CIVIL SOCIETY PARALLEL REPORT OF THE VOLUNTARY NATIONAL REVIEW OF SDG IMPLEMENTATION IN TANZANIA

Tanzania civil society organizations (CSOs) commend the Government of Tanzania for undertaking the Voluntary National Review (VNR) of Sustainable Development Goals (SDGs) implementation in 2019. As equal implementers in the achievement of the ambitious 2030 Agenda, we are also pleased to contribute this Parallel Report to complement the Government's Voluntary National Review.

*“Empowering Key
and Vulnerable
Populations and
Ensuring
Inclusiveness and
Equality in the
Implementation of
Tanzania’s
Commitments to the
Sustainable
Development Goals”*

Acronyms

AIDS: Acquired Immune Disease Syndrome
CENTA: Center for Public Health, Law, Reform and Social Economic Rights
CHESA: Community Health Education Services and Advocacy
CHF: Community Health Insurance Fund
CHRP: Center for Human Rights Promotion
CSOs: Civil Society Organizations
FSW: Female Sex Workers
GOT: Government of Tanzania
HIV: Human Immune Virus
HLPF: High Level Political Forum
HAPCA: HIV and AIDS Prevention and Control Act
HDI: Human Development Index
HTC: HIV Testing and Counseling
KVPs: Key and Vulnerable Populations
LGBTI: Lesbian, Gay, Bisexual, Transgender and Intersex
LEA: Legal Environmental Assessment
MSM: Men who have Sex with Men
MoH: Ministry of Health
MAT/ OST: Medical Assisted Therapy/ Opioid Support Therapy
NGOs: Non-Governmental Organizations
NMSF: National Multisectoral Strategic Framework of HIV and AIDS Response in
NHIF: National Hospital Insurance Fund
NGCP for KVPs: National Guidelines for Comprehensive Package for Key and Vulnerable Populations
PrEP: Pre Exposure Prophylaxis
P/WLHIV: People/ Women Living with HIV
PWID: People who Inject Drugs
P/ EMTCT: Prevention/ Elimination of Mother to Child Transmission of HIV
SDGs: Sustainable Development Goals
SRHR: Sexual Reproductive Health Rights
STI: Sexual Transmitted Infections
SOGIE: Sexual Orientation Gender Identity and Expression
TACAIDS: Tanzania Commission on AIDS
TOMSHA: Tanzania Output Monitoring Systems for HIV and AIDS
TCRA: Tanzania Control and Regulatory Authority
TBS: Tanzania Bureau of Statistics
THIS: Tanzania Health Impact Survey
UHC: Universal Health Care
VNR: Voluntary National Review
VLS: Viral Load Suppression

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1. Background

Introduction

Tanzania civil society organizations (CSOs) commend the Government of Tanzania for undertaking the Voluntary National Review (VNR) of Sustainable Development Goals (SDGs) implementation in 2019. As equal implementers in the achievement of the ambitious 2030 Agenda, we are also pleased to contribute this Parallel Report to complement the Government's Voluntary National Review.

CSOs acknowledge that the Government of Tanzania has committed to the achievement of the holistic, interconnected, and all-encompassing 17 SDGs, measured by the wide-ranging 169 targets across environmental, economic, and social dimensions of development and including the endeavor to "leave no one behind." As CSOs representing communities and groups particularly vulnerable to HIV, we are empowered by the Government of Tanzania's commitment to continue to address the HIV epidemic within the 2030 Agenda Framework, and in particular by monitoring progress through Indicator 3.3.1 on HIV incidence by sex, age, and key populations (gay, bisexual and other men who have sex with men, people who use drugs, sex workers, transgender people, prisoners and other incarcerated people).

According to the SDG data explorer of the Danish Institute for Human Rights, Tanzania has received a number of recommendations on Sustainable Development Goals and Universal Periodic Review as follows: children (144), human rights defenders (3), women and girls (151), indigenous people (12), LGBTI (9), members of minority groups (51), migrants (15), older persons (6), persons with disabilities (20) and refugee and asylum seekers (6). The table below summarizes all the number of recommendations received from countries, treaty bodies and other mechanisms.

Table 1: Human rights Recommendations to Tanzania and Actions taken to accept them

Group	Received	accepted	noted	No actions
children	144	38	4	102
human rights defenders	3	1	2	0
women and girls	151	59	20	72
indigenous people	12	1	10	1
LGBTI	9	0	2	7
members of minority groups	51	32	2	17
migrants	15	5	6	4
older persons	6	3	1	2
persons with disabilities	20	10	2	8
refugee and asylum seekers	6	0	1	5

Source of Data (Danish Institute for Human Rights' SDG data explorer)

It is really important that Tanzania reviews all recommendations made on its account by other countries, treaty bodies and other human rights mechanisms and act on them. The country should enhance efforts to ensure that all its accepted and acted recommendations are implemented. Efforts should also be to ensure inclusion of most marginalized groups such as LGBTI where according to the SDG data explorer above no recommendation have been accepted and other categories such as human right defenders and older persons where there are fewer acceptances. In accepting and acting upon these recommendations, Tanzania will be demonstrating its willingness to uphold human rights and ensure the wellbeing of all its citizens without leaving any of them behind.

In presenting this parallel report to complement the Voluntary National Review, CSOs want to be seen not as adversaries of the Government but as allies in advancing the welfare of all people in Tanzania. While acknowledging great efforts made by the Government in ensuring that Tanzanians enjoy human rights, and in particular the right to health, CSOs are also aware of implementation gaps and bottlenecks in achieving the 2030 Agenda. By shining a light on these areas, CSOs are endeavoring to assist the Government in realizing its commitments and ensuring that the lived experiences of its people are aligned to the efforts to help achieve Sustainable Development Goals. Hence, people's priorities including enjoyment of human rights and access to quality services will not be lost in the SDG agenda but moving together with those of the Government.

KVPs: who we are

The creation of this report has involved Tanzanian and Global CSOs representing people living with HIV (PLHIV), gay, bisexual and other men who have sex with men (MSM), people who inject drugs (PWID), transgender people, and female sex workers (FSW). Together, these groups constitute key and vulnerable populations (KVPs). Consultations were made with other national and international stakeholders including government agencies.[SL1]

Methodology

The process of creating this document began with a two-day workshop for the CSOs representing KVPs, SRHR activists and PLHIV across Tanzania. The CSOs discussed the Voluntary National Review (VNR) of Sustainable Development Goals (SDG) Implementation and ways to participate in the process. The workshop marked the beginning of civil society engagement in the national consultation with a view to contribute to the national VNR process and prepare a parallel report on HIV and human rights in the framework of the 2030 Agenda.

The participants of the initial two-day workshop were taken through a discussion of the VNR process which highlighted the structure of the VNR process, SDGs and accompanying targets and indicators, in-country voluntary review process, important dates and the structure of the High Level Political Forum (HLPF). After a clear picture of the VNR and its related processes and structures, participants localized the SDGs according to their own experiences, discussed the 2019 High Level Political Forum (HLPF) theme ("Empowering people and ensuring inclusiveness and equality), and assessed progress and challenges in the achievement of

SDGs 3, 5, 10 and 16, developing key messages on these select Goals to frame the analysis for this report.

At the end of the workshop, the participants were divided into small groups on the selected Goals to further research and contribute data and analysis. Compilation of the report was completed by Center for Public Health, Law and Social Economic Rights Advocacy (CENTA) with technical assistance from MPact; the Global Action for Gay Men’s Health & Rights. After the completion of the report, KVP CSOs met to validate it. The suggestions of the validation exercise were taken on board by the drafting team and provided the basis for developing a final draft of this report.

2. Goal 3: Ensuring Health & Well-Being for All at All Ages

Contextual Outlook on wealth and well being

According to the Tanzania Bureau of Statistics (TBS), the 2019 national population projection is 54,265,158 with an estimated Male population of 26,564,890 and female population of 27,700,268.

Freedom House reports that civil liberties and political stability deteriorated in 2018 as compared to 2008. Considerable restrictions are continuously being placed on civil society’s free space with increasing threats to the freedom of the NGOs’ access to funding, restricting registration requirements and controlling the activities of organizations or freedom of assembly (Miscellaneous Amendment No. 3 of 2019 for NGO Act of 2002).

The Human Development Index (HDI) scores for Tanzania are 0.467 in 2008 and 0.538 in 2018 respectively. The HDI provides a composite measure of three dimensions of human development: living a long and healthy life (measured by life expectancy), being educated (measured by adult literacy and enrolment at the primary, secondary and tertiary level) and having a decent standard of living (measured by purchasing power parity-PPP, income). Tanzania is placed amongst the lowest global scorers of HDI. [SL2] There is a general improvement in life expectancy from 51.45 in 2008 to 63.9 in 2019.

Table 1: Ten Years Performance of Selected HIV/AIDS Indicators in Tanzania

Indicator	Year – 2008	Latest Reporting	Comment explaining the statistic Used

Adult HIV/AIDS prevalence-	6.6 in 2008	5.0 in 2017	Tanzania Health Impact Survey (THIS) data 2017 places HIV prevalence to be 6.5 percent among females and 3.5 percent among males
People living with HIV/AIDS-	1.5 million in 2008	1.4 million in 2017	THIS data, 2017
Viral load suppression (VLS)		52.0 percent in 2017	THIS data, 2017 estimates VLS to be 57.5 percent among females and 41.2 percent among males.
HIV/AIDS Deaths p.a	110,000 in 2008	33,000 in 2018	THIS data.

Gaps in sexual and reproductive health services increase people’s risk of acquiring HIV because of the lack of access to effective prevention, treatment, and care. Studies also show that 1 in 5 women in Tanzania have unmet need for contraception while 405,000 women have clandestine abortions with 40% of these resulting in major complications.^[2]

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

According to 2017 WHO data the following conditions/ diseases topped the list of mortality rates. The leading diseases causing mortality in the country are influenza and pneumonia (10.46%), HIV and AIDS (9.44%), diarrheal diseases (7.95%) and tuberculosis (7.78%).

Table 2: Top Diseases and Conditions Leading in the Number of Deaths in Tanzania[1]

Disease	Deaths	Percentage	Global Ranking
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Tuberculosis	28,867	7.78	9
Influenza and Pneumonia	39,020	10.46	30
HIV and AIDS	35,234	9.44	22
Coronary and Heart Diseases	19,082	5.11	135
Diarrheal Diseases	29,645	7.95	18
Road accidents	17,840	4.78	9
Stroke	17,195	4.61	104
Malaria	16,992	4.55	26
Maternal conditions	10,114	2.71	18
Violence		[SL3]	

The 2030 Agenda framework includes Indicator 3.3.1 (Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations).^[SL6] : According to THIS data ^[SL4] the HIV prevalence rate is 5.0 % nationally, with HIV prevalence among females at 6.5 percent and 3.5 percent among males. 52% of people living with HIV in Tanzania knew their HIV status in 2017, and among those on antiretroviral medication ^[SL5] , only 52% were virally suppressed. There are remarkably low rates of viral load suppression among pediatrics, adolescents and young people. Additionally, there are pockets of concentrated epidemics among key population groups partly as a result of stigma and discrimination among other causes. In these groups the HIV prevalence rates are disproportionately higher than the general population; for instance, HIV prevalence is 25% among MSM, 26% among FSW, and 36% among PWID (2014 Consensus Estimates).

As evidenced by disparities in the data above, HIV incidence differs across sex, age and key population. Vulnerable groups have poor access to HIV preventive and treatment services in Tanzania [3]. A study of key and vulnerable populations (KVPs)

[SL7] in Tanzania revealed that KVPs fear seeking health services, such as HIV Testing and Counselling (HTC), because of stigma and confidentiality issues when they utilize facility-based services. Therefore, they tend to prefer community-based services, which have been severely limited since the Government of Tanzania shut down all Drop-In Centers in mid-2017[4]. KVPs encounter similar challenges as the rest of the population once they test positive; however, they experience added stigma, discrimination [5], and violence, as well as threats [6] of being arrested and/or subjected to forced anal examinations [7]. Additionally, due to criminalization of anal sex [SL8], MSM, transgender and FSW are denied essential commodities such as lubricants that would help prevent the transmission of HIV. The Government of Tanzania has also been slow in adopting progressive policies, including the adoption of HIV Self-Testing and introducing pre-exposure prophylaxis (PrEP),[8] which would accelerate the fight against HIV and AIDS and the realization of Target 3.3.

Although the above statistics show that the national HIV/AIDS prevalence and AIDS-related deaths have both decreased from 2008 to 2018, HIV/AIDS continues to be a serious threat to people's lives in Tanzania. AIDS-related deaths not only rob families of their loved ones, but also plunge affected individuals, families, and communities into greater poverty, leaving children orphaned with no one to take care of them. HIV presents a formidable challenge to realizing the Sustainable Development Goals. Moreover, PLHIV and Key Populations are often still left behind in key processes regarding the HIV response.

The national HIV response in Tanzania is guided by the National Multisectoral Strategic Framework IV (NMSF IV). The strategy's long term goal is the elimination of new HIV infections, deaths from HIV, and HIV associated stigma and discrimination. Its strategic areas of interventions are Comprehensive Antiretroviral Therapy (ART); HIV Counselling and Testing; Elimination of Mother to Child Transmission; Comprehensive Sexuality, Gender, and Health Education and Services; and Condom Provision and Programming[9]. [SL9]. However, recently there have been serious cases of condom shortage in the country since February as reported by Citizen in February 19th 2019.

Target 3.8: Achieve Universal Health Coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all[SL10]

Tanzania's health financing strategy aims to ensure that there is equity in provision of affordable, cost-effective, and quality health care, as well as financial protection in times of sickness. Though the minimum health benefits package comprises of inpatient and outpatient care [10], however the reality is that many are excluded from these benefits. Moreover, stigma, discrimination, violence, and criminalization greatly hinder the ability

of Tanzania's health sector to adequately serve the needs of key populations[11]. For example in 2017 October, Key Population activists were arrested for having a meeting at Peacock hotel in Dar es Salaam. It was noted that some of them were on ART, when medicines were taken to them, the police did not allow them to receive them.

Additionally, sustainable financing for the HIV response in Tanzania is a major barrier impacting key populations and PLHIV. Tanzanian national budgets do have specific funding for HIV/AIDS, but currently more than 85% of funding for Tanzania's HIV response comes from external donors. The National AIDS Spending Assessment (2016) budgets show that in FY 2013/2014 international funding for HIV was USD 596,054,132 (99.69%) while that of the public funds contributed USD 956,652 (0.16%) and private funding USD 896,861 (0.15%). In the same note, in FY 2014/2015, international funding for HIV was USD 511,976,945 (99.06%) while that of the public funds contributed USD 2,067,341 (0.40%), and private funding USD 2,790,910 (0.50%)[12].

However, the overall ability to ensure that sufficient resources are committed and allocated to meet the HIV disease burden remains a challenge.[13] Only a small proportion of the national HIV response is financed with domestic resources.[14] [SL11]

UHC involves supplying a defined package of priority health services to the entire population while ensuring the most vulnerable, such as KVPs and the poor, access this minimum package. According to NMSF IV, Tanzania is committed to strengthening the health system so as it may support HIV/AIDS services integration with the broader health care services. A strengthened and functional Health System would ensure that there are no stock out of drugs and related commodities and that services are delivered efficiently and effectively. The National Health Insurance Fund finances HIV and AIDS treatment by 1%, but mainly for public servants and their supported families who access the health services [15]. Poor populations are locked out of the National Health Insurance Fund because of their inability to contribute to it. However, the community health insurance has been created to ensure that a proportion of the excluded populations from the NHIF are also included. Sources of funds for the government to subsidize CHF enrolment [SL12] for the poor are under consideration and yet to be finalized[16].

There is a massive shortage of human resources for health to attend to the overwhelming need for services from PLHIV, PWUID and other KVPs. KVPs generally complain of not being treated well when seeking for health services (attending the MAT clinics, STI or HIV services) causing many to drop out from treatment.

Target 3.C: Substantially increase health financing and the recruitment, development, training and retention of the health workforce

The Government of Tanzania (GoT), public health implementing partners, and NGOs created the National Guidelines for Comprehensive Package of HIV Interventions for Key Populations in 2014, which stipulated the provision of some necessary commodities for the men who have sex with men (MSM) and transgender communities, including lubricants and condom compatible lubricants. In 2017, the KP guidelines were extended to include vulnerable populations; this revision removed lubricants from the list of commodities for the people needing them especially MSM in Tanzania. Coupled with banning of lubricants, the Drop-in Centers which were attending to the needs of Key and vulnerable populations were also closed.

So far, the Ministry of Health, Community Development, Gender, the Elderly, and Children (MoHCDGEC) supports the implementation of the KVP comprehensive package national guidelines. There is evidence however that the KVP guidelines have been poorly disseminated and that a great number of healthcare providers are not aware of it. In the 2017-2018 CENTA study on experiences of MSM and Transgender in accessing health services, Health Care Providers (HCPs) from 6 regions in most cases had little awareness about the National Guidelines for Comprehensive Package for KVPs (NGCP for KVP), while those who were aware of it complained that it is bulky and in a language that is not easily understandable.[17] However, all HCPs indicated that the dissemination of the NGCP for KVP was poor and in fact it lacked in a majority of the facilities visited.

The NGCP for KVPs stipulates that healthcare workers are required to provide the integrated package of services in a safe, confidential, non-judgmental manner in line with ethical conduct. If feasible, specific times for clinics for LGBT people may be opened at individual sites[18]. Despite this provision by the National Guidelines for Comprehensive Package for KVPs, health care workers have exhibited reluctance in providing health care to the KVPs. Data from an MSM Sigma Index and the above study by CENTA clearly shows that some Health Care Providers exhibit open discrimination towards KVP patients, reflecting that homophobia and transphobia exist among health service providers. A major gap contributing to this is the lack of Sexual Orientation, Gender Identity and Expression (SOGIE) content in medical and nursing school curriculums.

Recommendations on Selected Targets of SDG 3

ü The health of all citizens is an essential prerequisite for sustainable development. It is vital that the government ensures universal health coverage including the availability of essential medicines and health insurance cover for all people including PLHIV and KPs (MSM, Transgender, FSW, and PWID).

ü Health services should be client-centered, accessible and friendly. There should also be a system to monitor elimination of stigma and the Tanzania Output Monitoring System for HIV and AIDS (TOMSHA) forms be updated with questions on stigma and discrimination among community and facility actors.

ü PLHIV should be able to access quality treatment for ART and opportunistic diseases including TB without any difficulties. There is need to guard against stock outs and wastages of essential medicines. In essence a key consideration includes transitioning to TLD, making sure that the needs of all Tanzanians (men, women, KVP, youth and Children) are taken into account.

ü It is also essential that the government and its stakeholders develop a means of locally sustaining the funding for health services.

ü There is a need to include SOGIE in training curriculum as well as within universities and medical curriculums. Also, the GoT should include SOGIESC sensitive information in health worker training and development to ensure that LGBTI patients can realize their right to health.

ü The government should support and strengthen communities, NGOs, CBOs, private and informal sectors and CSOs involved in the prevention of HIV transmission through locally generated grants.

ü Stop constant harassments of sex workers, PWID, Transgender and MSM and create a conducive environment for all citizens. Harassments serve to discourage vulnerable populations from accessing health services.

3. Goal 5: Achieve Gender Equality and Empower All Women & Girls

Contextual Outlook on Gender Equality

Gender inequality, discrimination, violence, and harmful practices increase the likelihood of women and girls acquiring HIV. Women's unequal status with men and boys compromises their ability to prevent HIV or mitigate its impact. Intimate partner violence and high levels of patriarchal control in a relationship can double the risk of a woman acquiring HIV.

Gender-based violence and HIV are linked in several ways. For example, sexual violence and rape heighten the risk of HIV transmission; HIV diagnosis and disclosure

can act as a trigger for violence against women living with HIV. This includes intimate partner violence and violence in healthcare and domestic settings; entrenched unequal gender norms mean that men are more likely to perpetrate sexual violence, pay for sex, and are less likely to use condoms.

Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres

Gender Inequality

	Data	Source of Data
Gender Inequality Index Rank	129	UN Women
Global Gender Gap Index Rank	53	UN Women

Tanzania’s Gender Inequality Index is 129 out of 184 in accordance to the data by UNDP development report of 2016. Gender Inequality Index is a composite measure reflecting inequality between women and men in three different dimensions: reproductive health (maternal mortality ratio and adolescent birth rate), empowerment (share of parliamentary seats held by women and share of population with at least some secondary education), and labour market participation (labour force participation rate).

Prevalence Data on Different Forms of Violence against Women

	Data	Source of Data
Lifetime Physical and/or Sexual Intimate Partner Violence	42%	UN Women
Physical and/or Sexual Intimate Partner Violence in the last 12 months	30%	UN Women
Child Marriage	31%	UN Women
Female Genital Mutilation/Cutting	10%	UN Women

Source: <http://evaw-global-database.unwomen.org/fr/countries/africa/united-republic-of-tanzania> downloaded on 25th June 2019

The proportion of ever-partnered women aged 15-49 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime is 42% while that of ever-partnered women aged 15-49 years experiencing intimate partner physical and/or sexual violence in the last 12 months is 30%. The percentage of women aged 20 to 24 years who were first married or in union before age 18 are 31% while the percentage of girls and women aged 15 to 49 years who have undergone FGM/C is 10%. The Tanzania Demographic and Health Survey 2010, the last large-scale survey to record GBV, found around 10% of women between the ages of 15-49 reported their first sexual intercourse as forced and 48% of married women reported experiencing sexual violence.[20]

Due to pervasive patriarchal attitudes in Tanzania, women whose husbands die of HIV-related infections are blamed by relatives and accused of being the cause of their husbands' deaths. In most circumstances, this has been followed by violence from the husband's relatives, including unlawful assets grabbing and expulsion from matrimonial homes. It was also reported in the Legal Environmental Assessment (LEA) conducted in mid 2000s by Tanzania Commission on AIDS (TACAIDS) that women who are HIV positive experience heightened forms of discrimination and violence from their intimate partners, including assault and being thrown out of the family home.[19]

Sexual violence is commonplace among sex workers and female injecting drug users and prisoners. Sexual violence inside prisons or closed settings is a reality and involves a range of sexually coercive behaviors that can include sexual assault and rape. Sexually violent episodes involving prisoners that have engaged in sexual acts against their will go commonly unreported.[21]

Despite the existence of agreed upon indicators 5.2.1 (proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months) and 5.2.2 (proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months), there are no specific data to indicate the approximate proportion of violence among HIV-affected women and girls.

People perceived to be HIV positive, members of key populations, and others vulnerable people are at risk of being exposed to HIV stigma, discrimination, and violence at the family level, from communities, within the workplace, justice systems and in other social settings when accessing services such as work, health and education.

Target 5.6: Ensure Universal Access to Sexual and Reproductive Health and Reproductive Rights

Out of the twelve countries in the Eastern African region, nine of them have a constitutional provision on the right to health. However, Tanzania lacks such a provision.[22] Tanzania has policy instruments on reproductive rights that touch on family planning[SL13] [23]. Additionally, the Ministry of Health in Tanzania has established a Reproductive and Child Health Section, whose mandate is to implement reproductive health commitments. However, Tanzania suffers increased adverse sexual and reproductive health (SRH) indicators such as maternal mortality, adolescent births, mother to child transmission of HIV, intimate partner violence, girls forced to leave school because of early pregnancy, and decreased contraceptive prevalence (38.4% in 2016 in Tanzania).[24][SL14]

SRH programs have limited focus on KVPs in Tanzania. As shown above, key populations including MSM, PWU/ID, sex workers, and transgender people have higher HIV prevalence than the general population. The criminalization of key populations drives them away from health services, increasing vulnerability to negative SRHR and HIV outcomes as well as to stigma, discrimination, and violence. For example, a high proportion of female sex workers reported clients as hostile perpetrators of physical violence, and attempts to seek justice for cases of violence from clients is near impossible, given the criminalization of sex work. Many female sex workers (FSWs) are coerced into having condomless sex, leading to a higher prevalence of HIV and STIs as compared to the general population. The LEA[25] indicates that once the identity of a sex worker is known to health care providers, the sex workers would risk receiving poor health-related services because of stigma and discrimination. Poor services may cause the sex workers to stop accessing HIV and AIDS-related services, further increasing the risk of HIV infections and other STIs.

There is marked silence and much work to be done to address the situation of LBT women and girls regarding their sexual and reproductive health and rights. Lack of adequate information and resources and restrictive attitudes towards diverse sexualities and gender identities have caused many individuals to be unable to access appropriate services; this is even much worse among transgender women. Often, gender-based violence among KP is extreme and overlooked or even at times perpetuated by the Police as well as Family, other State and community institutions[26].

Target 5.C: Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

There are many punitive laws in Tanzania that hinder the HIV response, particularly for women, girls and key populations.[28] Criminal laws [SL16] counter the effectiveness of the legal framework that seeks to promote and protect the rights of the PLHIV especially the key populations. [29]

Specific laws in Tanzania, as observed by LEA, undermine women and girls' HIV-related rights. Within the legal framework, there is no particular gender law, which categorically criminalizes GBV. It has been observed that; atrocities like rape in several local communities is one among the factors, which propagate HIV transmission.[SL17] [30] In some communities GBV is wrongly perceived to be an act of love from an intimate male partner towards his woman. The Police Force in Tanzania has set up Gender desks that offer an avenue for affected women and girls to report cases of GBV-related offenses. In some cases women reporting being violated have been ridiculed calling for the need to educate some of the officers manning the desks. KVPs can also benefit from these desks, however, stigma and discrimination remain formidable challenges.

Additionally, laws, policies, and practices undermine the rights of women and girls in Tanzania. For example, pregnant adolescent girls are not allowed to re-enter school after successful delivery, hence denying them their right to education[31]; this also increases their vulnerability to HIV. According to the Legal Environment Assessment, because of ignorance of the HIV and AIDS laws including HIV and AIDS Prevention Control Act (HAPCA) [SL15] and related policies and guidelines, women do not know their HIV and AIDS-related rights and do not know what to do when such rights are violated or not enforced.[27]

Recommendations on Selected Targets of SDG 5

ü There should be a deliberate attempt on affirmative action concerning the empowerment of women equally as men are. The empowerment of all Tanzanian women should be a prerogative of all sections of society. This empowerment should focus on all societal dimensions.

ü Gender-equity need to consider cultural variations in Tanzania, geographical disparities, common practices and demographic patterns including inter-generational or age disparity issues.

- ü The engagement of men and young boys is also key to ensuring the achievement of gender equality and reduction of all forms of gender based violence against girls and women.
- ü It is crucial that Local Government Authorities (LGA's) and Law enforcers' are trained on SOGIE and harm reduction.
- ü It is necessary to review policies in order to remove traces of disempowerment or stigma and discrimination towards Women Living with HIV (WLHIV), trans-women, Adolescent Girls and Young Women (AGYW), MSM and young men.
- ü Eliminate all forms of violence against women and girls in public and private spheres including human trafficking and other types of exploitations.
- ü Women should also access contraceptives and those suffering from HIV be given the right information about treatment so as they may make the right choices [32]
- ü The country should hence adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality.
- ü Sexual and gender diversity perspective is an issue prevailing across the population. Therefore, it should be integrated into the entire process of SRHR policy making.
- ü An inclusion should be made of SOGIE in comprehensive sexuality education.

4. Goal 10: Reducing inequalities

Contextual Outlook on Inequality

The Global wage report of 2018 showed a high Gini Index for Tanzania at 53.6% higher than the Global average of 35.5%. The score in 2018 signals that inequality or the gap between the rich and the poor in Tanzania keeps on widening as it has increased from 37.8% in 2011.

Youth unemployment, rather than the overall unemployment is the biggest inequality and development challenge in Tanzania. Women in Tanzania are one and a half times more likely to be unemployed at 12.3% than men at 8.2% with implications for household income and welfare in general. Women are also paid 20% of what their male counterparts earn. On top of that, rural poverty is higher because of subsistence farming and disconnection to the markets. Moreover, in the cracks of the society are members of key populations who because of societal perceptions are unable to access income earning and economic opportunities as a result of being discriminated upon. Even as Tanzania experiences economic growth, income inequality within the country and the

scope of poverty can widen when other sections of the society are locked out from available opportunities.

Low productivity, lack of market integration and inefficiencies in the agriculture value chain, and exploitative monopoly power of traders, are key drivers distancing rural people from urban opportunities. To address inequality there is a need to pay specific attention to policy interventions that have a direct bearing on inequality in Tanzania. These include fiscal policies, government spending, social protection, labour market and employment policies and including affirmative action policies that address stigma and discrimination towards vulnerable populations among others.

Target 10.2: Empower and promote social, economic, political inclusion of all

Due to pervasive stigma, discrimination, and criminalization against key populations, members of these groups are often excluded from education and work opportunities. This in turn causes further social, economic, and political marginalization.

Political and Government leaders have also been reported in the media to have issued ultimatums against members of Key Populations. In the month of October 2018, several Female Sex Workers and 8 MSM were arrested in Tanga. At the same month there were arrests of sex workers in Dodoma, highly televised by a local media. In October 2018, it was reported that a government official in Dar es Salaam requested all the LGBTI to leave otherwise they were to be arrested. On top of that there was a threat that the above government official would use the communication authority (TCRA) to track down all phone and social media communications of Dar residents and lead to the arrests. As a result, several LGBTI names were sent to the government official and several of them escaped from Dar es Salaam for fear of persecution.

The freedom of assembly among members of the key population groups is also an issue. This has caused these groups to live in fear and mistrust of their own society. There have been deliberate attempts to exclude some of these groups in policy discussions for example MSM are at times not invited in some KVP Technical Working Groups. Law enforcement agencies also regularly disrupt meetings, harass members of key populations, and ban programmes such as needle and syringe exchange programmes including commodities such as lubricants. A community consultation with young MSM in Tanzania found that the police often do not respond to complaints of abuse or violence affecting MSM[33].

Moreover, KP organizations are usually afraid of the prospect of being deregistered any time. In April 2019 several of these organizations were deregistered for unknown reasons. These organizations were also not given a chance of giving their side of the story or defending themselves. In the past one of the organizations was raided by an assistant Minister who took some files for investigations.

Key recommendation is to ensure that the decriminalization clause of same sex and sex work is repealed from the Tanzanian Penal Code.

Target 10.3: Ensure equal opportunity and reduce inequality by eliminating discriminatory laws

Tanzanian Penal Code Section 154 (1) criminalizes consensual sexual conduct between adult males, with a penalty of 30 years to life in prison [36], one of the most severe punishments for same-sex intimacy in the world. Zanzibar has slightly different laws but criminalizes same-sex conduct for both men and women. In both regions, prosecutions for same-sex conduct have not taken place in recent years, but the law—and the abusive way that it is often enforced—keeps lesbian, gay, bisexual, and transgender (LGBT) people marginalized and living in fear. The law also makes LGBT people more vulnerable to public and law enforcement agencies blackmail and extortion. Recently, forced anal examinations have been used on men accused of same-sex “offenses” [37] and a directive from the Ministry of Health (MoH) was created for medical practitioners on how to conduct anal examinations to find evidence of “the crime” of having practiced same sex. Such procedures are deeply humiliating and dehumanizing, and only add to the discriminatory environment in which LGBT people live.

Tanzania does not have laws that protect against discrimination based on sexual orientation and/ or gender identity, nor protection against hate crimes based on sexual orientation and/ or gender identity. There is also no legislation on gender recognition or other rights for transgender or intersex people who may wish to change their gender markers on legal documents.[38] Additionally, in 2016, the GoT announced new intentions to suspend any registration of charity institutions or NGOs that supported “homosexuals” along with a partial ban on the import and sale of lubricants.[39]

Tanzanian law also criminalizes sex work: loitering for prostitution carries a three-month prison penalty on the mainland, and providing sex in exchange for money carries a three-year penalty in Zanzibar.

The Tanzanian legislature passed the HIV and AIDS Prevention and Control Act (HAPCA) in 2008 to protect the rights of the PLHIV. The Act advocates for non-discrimination of individuals because of their HIV status. However, this is directly in contradiction to the criminalization of key populations, as well as stipulations in the 2008 HIV and AIDS Control Prevention Act (HAPCA) that states it is a criminal offense to expose another individual to HIV or transmit it, mainly through sexual means. Primarily unjust, morally dangerous, and virtually impossible to implement with any resemblance of fairness, such legislation force regimes of surveillance and punishment on sexually active PLHIV, not only in their intimate relationships, and reproductive and maternal lives, but also in their attempts to earn a living. Threatening to prosecute PLHIV does not deter people living with HIV to engage in sexual activity, and serves no purpose to prevent transmission nor motivate them to protect themselves.

Example of how discriminatory laws are implemented and affecting key pops

Case 1: The Ministry of Health suspended the activities of 40 Drop-in HIV/Aids clinics, accusing non-governmental organizations of using them to promote gay sex in March 2017.^[40] Organizations serving gay and FSW were also suspended. Six NGOs were later banned on 2019 April 17th and a notice on the same was posted in the media on 18th April.

Case 2: In 20th September 2017, the Zanzibar police arrested a group of 20 parents, local partners and staff of an implementing NGO for organizing a workshop. The goal of the organization was about addressing stigma and discrimination in the family concerning HIV/AIDS. The authorities claimed the workshop was educating the people on how they would practice homosexuality.^[42] In November 2018 10 gay men were also arrested in a party as reported by Zanzibar Media.

Case 3: Thirteen people were arrested and detained on 17th October 2017 during a raid at the deregistered CHESA organization though no one was charged on any specific count [43]. Law enforcement agencies confiscated documents and issued a press statement, to the fact that the arrested were promoting homosexuality. [44]^[SL19]

Case 4: 3rd October 2018 the arrests of sex workers was ordered in Dodoma another case of arrests happened in Tanga during the same time. This was covered in the local media, CSOs have also documented about this. At the same time on 29 October 2018, a top regional government official in Dar es Salaam announced plans to form a task force to locate and apprehend gay men in Tanzania. He also invited members of the public to name any suspected gay men. The task force would comprise the media, police as well as the Tanzania Communications Regulatory Authority (TCRA). [41] The

government in successive media releases distanced itself from these acts and thus calmed the situation.

Case 5: There have been many attempts to continuously regulate the nongovernment organizations by the government introducing restrictive laws on them. Recently there have been an attempt to introduce stricter laws restricting the registration requirements with the NGOs of Tanzania offering a press statement on June 24th 2019 to request the government to consider a dialogue with them.

Recommendations on Selected Targets of SDG 10

- ü Repeal the stipulations in the 2008 HIV and AIDS Control Prevention Act (HAPCA) that state that it is a criminal offense to expose another individual to HIV or transmit it, mainly through sexual means. This stipulation is discriminatory to PLHIV.

- ü The government should review policies that promote inequality and social, economic exclusion of certain sections of the society. These reviews will help reduce social injustices and minimize inequalities. There is hence a need for proper tools that can capture data and document incidences of exclusionary tendencies.

- ü Advocacy efforts with the law enforcement arms should be undertaken to ensure that sex workers and other KPs are protected against violence as this increases behavioral risks leading to increased HIV prevalence among these groups of people.

- ü The Legal Environmental Assessment (LEA) had very good recommendations on the creation of a conducive rights based ambient for all Tanzanians. The government should implement its recommendations.

- ü Ensure that police and LGA officials are trained on human rights and SOGIE. The training should include the identification of services required by LGBTI people, sex workers, and people who use drugs so as they may not be seen as criminal acts.

- ü Review penal codes and laws: Penal Code should repeal criminalizing sections including anal exams to determine same sex offence and criminalization of same sex and sex work.

- ü All other Acts including HAPCA, Registration Act, Labour Act and Loitering Act must also repeal all sections in them that would lead to the discrimination of KPs and other marginalized groups.

- ü Establish an HIV tribunal court that would offer legal recommendations and provide an avenue for PLHIV and KVPs to raise their concerns and be included in the legal system.

5. Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Contextual Outlook on Access to Justice for All

Criminalization as well as lack of reporting and redress mechanisms for people living with and affected by HIV make it difficult to report human rights abuses when they occur. Gender-based violence targeting PLHIV, LGBTI, PWID and FSW people is frequently extreme and condoned or even carried out by the Police and other State institutions. Following attacks PLHIV, LGBTI, PWID and FSW often choose not to engage with health services or the Police for fear that they may be arrested or denied treatment. Social media videos and pictures showing LGBTI people being lynched have become a common place and no efforts including arrests are being made on the side of the government to stop such acts. For some LGBTI people, they report the attacks as other crimes instead of sexuality or gender-related violence to get the necessary medical treatment (Sida 2014).

In a study by CENTA, MSM and Transgender indicated that they always had feelings of anxiety, fear, or shame prior to seeking health and legal services. Furthermore, they also indicated that they felt physically unsafe and were constant victims of threats and intimidation at all societal levels. They risked being violated by their families, community and to a wider extent institutions such as educational, employment and health facilities. Others report losing their jobs or being chased from their family homes or even their rented apartments. MSM and Trans also have to explain more about their sexual identity and answer embarrassing questions while seeking treatment or other public services. These same sentiments were expressed in the CENTA stigma index carried between 2017 December to 2018 June.

In the same light also members of other KVP groups are not spared either. Mob justice and physical violence happen often to the PWID and FSW. The PWID also receive hefty prison sentences despite the fact that their condition has been referred to as an illness by the WHO which require support.

Target 16.1: Significantly reduce all forms of violence and related death rates everywhere

During 2012, Maurice Mjomba an LGBTI activist working with an organization known as Centre for Human Rights Promotion (CHRP) was found dead in his house under mysterious circumstances. Mjomba was as well as a leading activist on issues of sexual

health awareness for men who have sex with men. According to reports, he was found “in a slumped position on a couch, his mouth and nose taped, his hands bound behind his back, and he appeared to be severely beaten.” Mjomba was last seen three days prior, and no one had been able to contact him until his body was found. Mjomba was buried on August 1; the official cause of death was “asphyxia due to homicide.” (Ubuntu Biography Project 2017).

There is also a case of Wilfred Minja an LGBTI whose body was found mutilated in Dar es Salaam. Investigations to this case are still on-going, with the suspects being apprehended. It is important that all cases of homicide are investigated and concluded.

Target 16.5: Substantially reduce corruption and bribery in all their forms

Key populations (KP) are always paying bribes to be released. In any case whenever they are caught no charges related to their being KP are levied against them. Bribery for their release takes many forms[45]. A source reports of a case in which two gay men were arrested and held in police custody because one was "walking like a woman"; they were not released until the next day, after they paid a bribe (ibid.; Human Rights Watch June 2013, 53).

Recommendations on Selected Targets of SDG 16

- ü Promote the rule of law and ensure that there is equal access to justice at the national and sub national unit levels.

- ü The government should ensure that corruption and bribery are substantially reduced at all levels.

- ü Key also is that the government ensures that there is an end of harassment and violence directed towards members of the key population groups. Cases of homicides committed should also be fully investigated and concluded.

- ü The government is called to review the Penal Code, HAPCA, Registrations Act and other laws in Line with a human rights lens and ensure that there is a significant reduction of exclusionary tendencies towards PLHIV and KVPs among the existing laws.

- ü Law enforcers too should be trained on SOGIE. It is also important that harmful legally sanctioned practices towards KVPs be repealed.

- ü The penal code should repeal the criminalization clause. The clauses on forced anal examinations as evidence of anal sex should be dropped from the criminal procedures Act. It is important to decriminalize sex work too.

- ü Need to research existing forms of violence towards KVPs including those happening in remand places and prisons (including access to medicines).

- ü There is also a need to conduct a study on types of corruption and bribery from KP serving institutions including health facilities, educational institutions, and law

enforcement structures, among others. It is also essential to conduct a policy review concerning how stigma and discrimination towards PLHIV and KVPs has been institutionalized.

Conclusions

In concluding, we as CSOs have presented our assessment with a lot of goodwill towards the government. We want to reiterate that we are not adversaries but allies of the government with our eyes focused on a stronger and better Tanzania for all its citizens. We also acknowledge the government's long-standing commitment to improving the human rights of all people as being notable and noble.

Our recommendations are attached to each of the assessed SDG above and we hope that they may provide a pathway to open up dialogue between we as CSOs and our government. However, its is also important that Tanzania accepts the recommendations from other countries, treaty bodies and other human rights mechanisms in accordance to the SDG data explorer created by the Danish Institute of Human Rights. The focus should made to ensure that no one feels left behind or is excluded from the country's development agenda.

We want to contribute to ensuring that Tanzania is seen as a regional hub for the respect of human rights and human development. Hence any forms of harassment and persecution of any section of the society including individuals or civil societies contributes to eroding Tanzania's role as a regional champion of public freedoms, peace and stability and represent a breach of its international, national and regional human rights obligations and commitments.

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- [18] Ibid.
- [19] LEA
- [20] <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/tanzania>
- [21] https://www.hivsharespace.net/sites/default/files/resources/7.%202014%20Tanzania_KP_Comprensive_Guideline_sept_29th_2014%20%281%29.pdf
- [22] SOAW-Report-Chapter-7-Sexual-and-Reproductive-Health-and-Rights
- [23] SOAW-Report-Chapter-7-Sexual-and-Reproductive-Health-and-Rights
- [24] <https://tradingeconomics.com/tanzania/contraceptive-prevalence-percent-of-women-ages-15-49-wb-data.html>
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- [43] <https://www.galck.org/press-statement-on-tanzania-arrests/>
- [44] <https://panafricailga.org/joint-press-statement-the-right-to-freedom-of-association-under-threat-20-arrested-in-tanzania-for-alleged-homosexuality/>
- [45] <https://www.refworld.org/docid/540421f24.html>

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- [SL1]I suggest making this more specific and moving it to the methodology section
- [SL2]This contains too many data; we need to focus on HIV/AIDS, also in an effort to focus the report and reduce the length. Broad language about the HIV epidemic in Tanzania is appropriate.
- [SL3]I suggest only retaining TB and HIV/AIDS in this list
- [SL4]Spell out the acronym and provide a weblink summary if possible
- [SL5]How many PLHIV are on ART?
- [SL6]Can we find the most recent incidence data?
- [SL7]Let's create a footnote to define what KVPs is referring to in the context of Tanzania.
- [SL8]Is heterosexual anal sex criminalized? Or just same-sex relations?
- [SL9]What are the gaps in the NMSF IV? Or what is our analysis of how the NMSF IV is being implemented?
- [SL10]Do we have any data about coverage of services for PLHIV? For example, how many PLHIV are on treatment?
- Also, any data about out of pocket expenses going to HIV related services?
- [SL11]This is not directly related to UHC. This target needs to focus on costs that PLHIV and vulnerable to HIV pay for services. Although this is important information, it doesn't quite fit within the 2030 Framework
- [SL12]What is this?
- [SL13]What are the policy instruments? What is our analysis about their strengths and weaknesses?

[SL14]This is unclear. Are you saying that these indicators are comparatively high? Compared to what? Why is there only one percentage at the end?

[SL15]Spell out the acronym

[SL16]Which laws are we talking about?

[SL17]So you are saying that gender based violence is not criminalized, and the presence of strong criminal laws against perpetrators of rape would deter HIV transmission?

[SL18]This should be elaborated – as it is now, I'm unclear what exactly it is contributing

[SL19]This represents an incomplete list of arrests under current criminal law. I don't think it illuminates much new from what is described above.