



INTRODUCTION

The term 'key populations' refers to defined groups, who, due to specific higher risk behaviours, are at increased risk of HIV, irrespective of the type of epidemic or local context. In Tanzania, key populations includes Female Sex Workers (FSWs), Men who have Sex with Men (MSM), Transgender, people in prison and other closed settings and People Who Inject or Use Drugs (PWID, PWUD) ¹.

ADDRESSING HIV AMONG KEY AND VULNERABLE POPULATIONS IS KEY IN ENDING THE HIV EPIDEMIC IN TANZANIA

Vulnerable populations are groups of people who are particularly vulnerable to HIV infection in certain situations or contexts, such as adolescents (particularly adolescent girls), orphans, street children, people with disabilities and migrant and mobile workers ².

This fact sheet focuses on the following key and vulnerable populations that are supported by Sauti project, a five years USAID-funded project offering HIV combination prevention services to key and vulnerable populations in Tanzania.

- Out of School Vulnerable Adolescent Girls and Young Women ages 15-24
- Female Sex Workers
- Men who have Sex with Men

Since key and vulnerable populations are disproportionately affected with HIV and AIDS, their engagement of key and vulnerable populations is key to a successful HIV response.

The fact sheet targets local government authorities, police and security committess, media and it aims to present key issues related to the above listed key and vulnerable populations and to increase audience understanding on the relevance to offer them HIV combination prevention services and to engage them into programming.

¹ Ministry of Health, Community Development, Gender, Eldery & Children, National AIDS Control Program. 2017 National Guideline for Comprehensive Package of HIV Interventions for Key Populations.

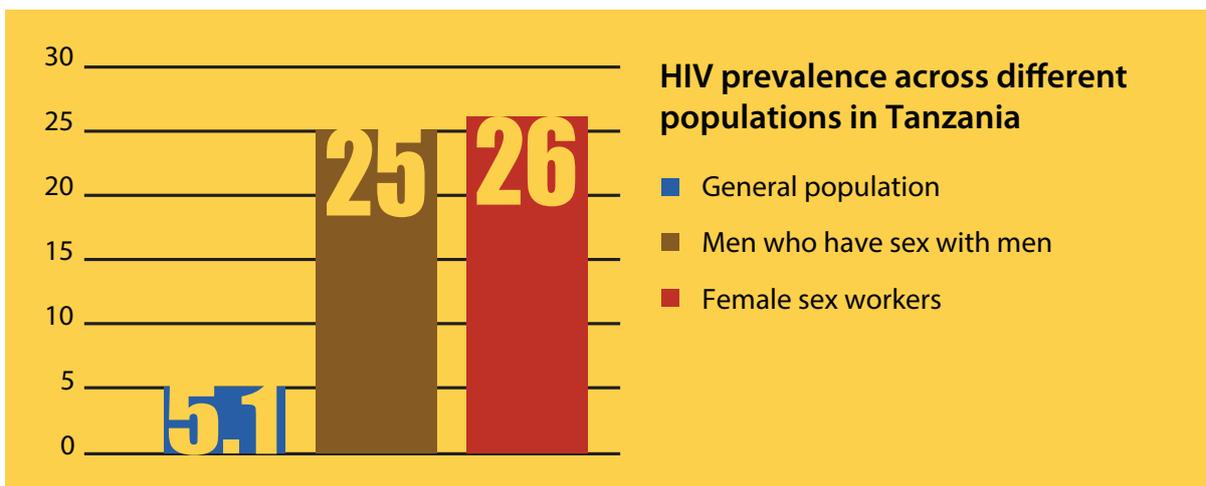
² Ministry of Health, Community Development, Gender, Eldery & Children, National AIDS Control Program. 2017 National Guideline for Comprehensive Package of HIV Interventions for Key Populations.





KEY POPULATION: KEY FACTS

1. In Tanzania, HIV prevalence among adults ages 15- 49 years is 5.1% while the prevalence is 5 to 6 times higher among key populations (25% among MSM and 26% among FSW).
2. Criminalization and stigmatization of same-sex relationships, sex work are preventing key populations from accessing HIV prevention services
3. Effective government support and community-based HIV prevention and treatment programmes that provide tailored services for each group are vital to result in a significant reduction in new infections
4. Decriminalising sex work could lead to a 46% reduction in new HIV infections in sex workers over 10 years; eliminating sexual violence against sex workers could lead to a 20% reduction in new HIV infections
5. Key Populations face stigma and discrimination within the family, community and health facilities . As the result, key populations tend to hide and do not access health facility-based services, increasing their risk to acquire or transmit HIV, as they do not access HIV prevention information, counselling and services
6. Evidence of overlapping sexual networks between key and general population indicate that HIV among key populations is not isolated and if not addressed accordingly risks the national response
7. More than any other population, because of stigma and fear, key populations face challenges disclosing their HIV status, increasing the risk of practicing condomless sex and the risk of STI and HIV transmission.



⁴ Tanzania HIV and Malaria indicator Survey (THMIS), 2011-2012

⁵ Consensus Estimates On Key Population Size And HIV Prevalence In Tanzania, NACP 2014

⁶ http://www.unaids.org/en/resources/presscentre/featurestories/2016/november/20161121_keypops

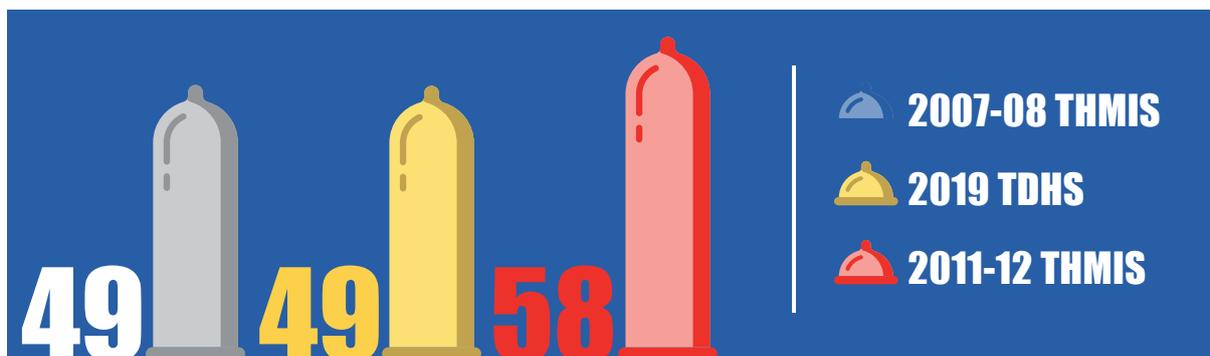
⁷ http://www.who.int/hiv/topics/sex_work/en/



VULNERABLE POPULATION: KEY FACTS

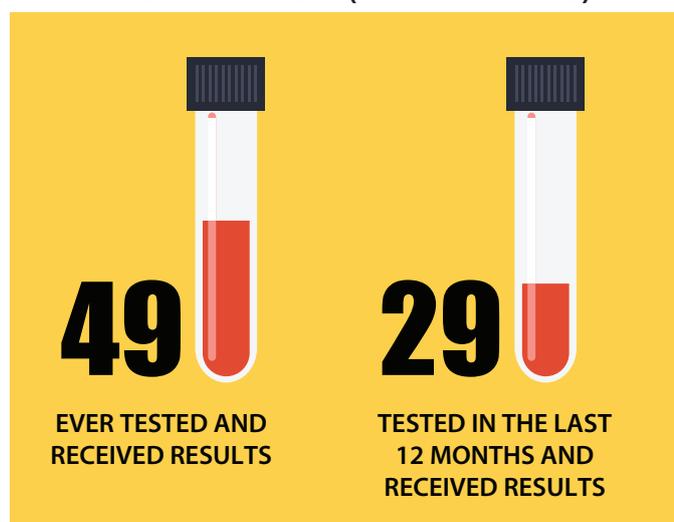
1. Across sub-Saharan Africa, adolescent girls and young women are 1.5-3 times more likely to be infected compared to their male counterparts. The rate of new infections is considered to be an epidemic within an epidemic
2. Compared to adolescent boys and young men, adolescent girls and young women can easily get "off track" to achieving their life goals, due to gender inequitable norms; lack of education opportunities; lack of livelihood options and stigma and discrimination which can lead to dangerous risk factors such as early, coerced, and intergenerational sex; transactional sex; child marriage; gender-based violence and exploitation

Percent who used a condom at last sex among never-married women age 15-24 who had sexual intercourse in the last 12 months



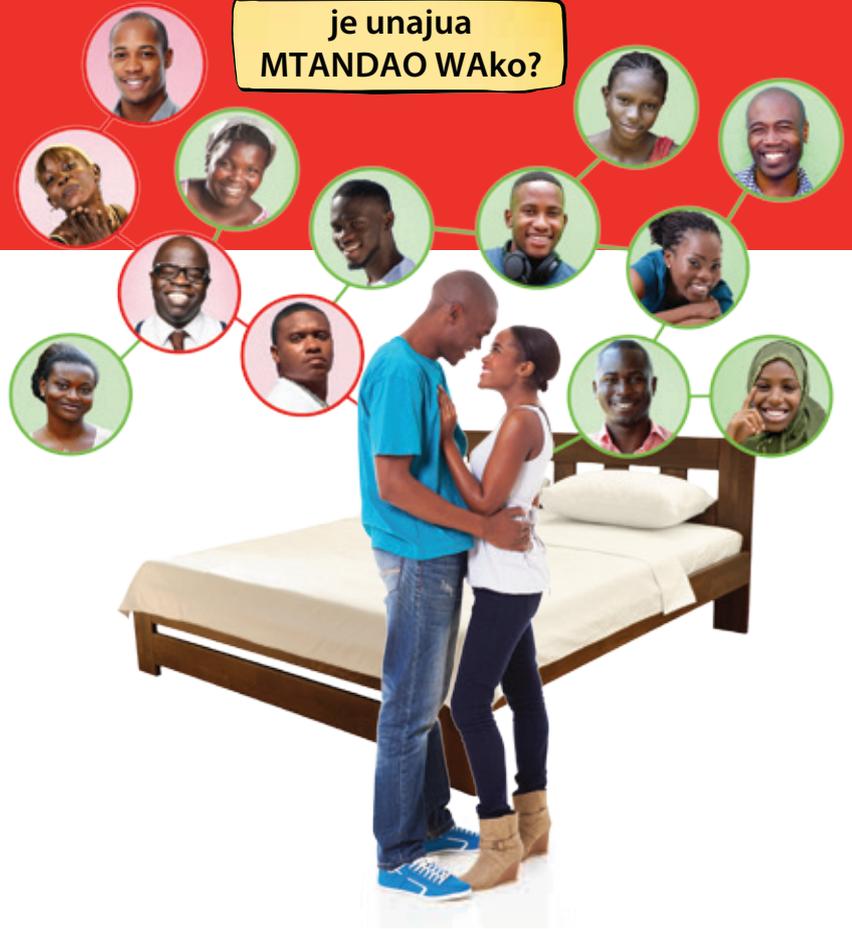
3. In Tanzania, young people initiate sexual activity quite early; 58% of young women had sex before the age of 18 years. Furthermore, while most (98%) adolescents aged 15 to 19 years have heard about HIV, only about half (52.9%) have comprehensive knowledge about how to prevent HIV infection; 58% never-married women age 15-24 who had sexual intercourse in the last 12 months used a condom at last sex among; 29% women ages 15-24 tested in the last 12 months and received their results. Out of all new infections, 43% occur among youth age 24 and younger

Percent of women age 15-24 who were tested (2011-12 THMIS)





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WHAT IS RECOMMENDED BY THE NATIONAL AIDS CONTROL PROGRAM

1. To ensure a sustainable and effective response to HIV, there is the need to reach key and vulnerable populations with a comprehensive package of prevention, treatment, care and support interventions; combination prevention services, including biomedical socio behaviour change and structural services, represent a successful option to address the HIV epidemic in this population
2. Use a combination of biomedical, behavioral and structural interventions is recommended by the national AIDS control program and supported by Sauti project; it requires working closely with the council health management teams to define priorities for biomedical, SBCC and structural interventions to reduce vulnerability
3. Combination prevention services should be offered at 'hot spots' at community level by trained providers and community based HIV service (CBHS) providers from the peer groups
4. Key services include:
 - a. Biomedical: risk assessment; TB and STI screening and presumptive treatment for key populations; gender based violence screening; HIV testing and counselling and linkage to care and treatment services; sexual and reproductive health and family planning and condom promotion and provision
 - b. Socio behavior change and communication: demand creation for combination prevention services; individual education for key population and group education for adolescent girls and young women on HIV prevention
 - c. Structural: economic empowerment for key and vulnerable population (eg. saving and loaning services; income generating activities; cash transfer programs)

