

IAS Educational Fund and Ariel Glaser Pediatric AIDS Healthcare Initiative workshop for Tanzania 12-13 October 2022

Science and community in the HIV response: The next priorities for Tanzania

Meeting report

This report was developed in collaboration with Ariel Glaser Pediatric AIDS Healthcare Initiative. The views expressed in the report do not necessarily reflect the views of the International AIDS Society.

IAS – the International AIDS Society – organized an in-person Educational Fund workshop in collaboration with the Ariel Glaser Pediatric AIDS Healthcare Initiative (AGPAHI), Tanzania Health Summit and the Tanzania Commission for AIDS (TACAIDS) on 12-13 October 2022 with the title, “Science and community in the HIV response: The next priorities for Tanzania”.

The aim of the workshop was to provide key highlights from AIDS 2022, the 24th International AIDS Conference, as well as the latest scientific progresses and innovative practices on HIV prevention and HIV treatment to audiences in Tanzania. A specific focus was placed on improving strategies to better reach out, in particular, to key and vulnerable populations and young people. Challenges created by HIV stigma and discrimination were also discussed and the best responses for the path forward were addressed.

Through focused group work activities, participants had the opportunity to

work on recommendations to better engage and have a stronger impact during the key thematic workshop. Ninety-five participants attended the workshop; they included government representatives, healthcare providers, programme implementers, representatives of key and vulnerable populations, researchers and representatives of youth groups. Participants proposed over 60 recommendations for immediate and short-term implementation.

Find the session recordings of this workshop [here](#).





Kenneth Ngure, IAS Governing Council Member, presented **the highlights of AIDS 2022** on vaccine and cure research, antiretroviral therapy (ART) and co-infections, HIV prevention and sexual health, putting communities at the centre, improving HIV care, and sustainability and economics in the HIV response, such as making long-acting cabotegravir PrEP affordable. Find the presentation materials [here](#).

IAS Governing Council Member Kenneth Ngure at the IAS Educational Fund workshop for Tanzania, 12 October 2022

The global estimates on HIV were presented during a [snapshot of the UNAIDS "In Danger" report](#).

The UNAIDS HIV Prevention Road Map for 2025:

- Lays out 10 priority actions that countries must take to resolve remaining gaps and rebuild momentum in HIV prevention:
 1. Strengthen accountability
 2. Establish real-time prevention programme monitoring systems
 3. Promote integration
 4. Institute mechanisms for rapid introduction of new technologies
 5. Remove social and legal barriers
 6. Reinforce HIV prevention leadership entities
 7. Strengthen and expand community-led services
 8. Define country investment needs
 9. Adopt a precision prevention approach
 10. Conduct regular data-driven assessments of HIV prevention programmes
- Emphasizes the need to end the inequalities that fuel the HIV pandemic and hold back efforts to end it
- Stresses the vital role of community-led action to implement programmes at scale

- Calls for discontinuing investments in interventions of limited effectiveness and efficiency in favour of high-impact programmes for key and priority populations
- Highlights the importance of sound management and accountability processes for multi-sectoral prevention responses

In "[Overview of HIV in Tanzania](#)", Samwel Sumba (TACAIDS) identified the following key challenges:

- High level of HIV among young people, particularly young women
- Low condom use in circumstances that make people more vulnerable to acquiring HIV
- HIV domestic funding at less than 10%
- High vertical transmission at 10.9%
- Suboptimal coverage of HIV early infant diagnosis (HEID) (68% at two months)
- High level of discrimination (25.6% in the Tanzania HIV Impact Survey, THIS, 2016-17)
- Some populations left behind in achieving the 90-90-90 targets; includes fisherfolk, people working in the transport corridor, children (60-60-55) and men (85-77-75)

Participants highlighted the importance of engaging young people in the HIV response.

Key thematic 1: The path towards innovative HIV prevention measures

1. Success stories on prevention strategies from the field and national programmes

Tanzania is facing structural barriers that must be taken into account when developing prevention strategies.

- Transfer referrals are issued for clients who have been retained on treatment for six months without considering the mobility of key and vulnerable populations.
- There is no proper system to report and address gender-based violence against peers, educators and people in key vulnerable populations.
- There is limited safety and security for peers. There is a need for safety and security training for peers, in particular, those offering index testing to clients of sex workers.
- Regarding stigma and discrimination, some health facilities are not friendly to key and vulnerable populations to the extent that clients choose a different facility that is outside of the implementation parameters to access HIV services.
- There are unlawful arrests and ambushing of female sex workers, men who have sex with men and people who inject drugs in hotspots, which are programmatically mapped for HIV-integrated services (prevention, referral and linkages, PrEP services, HIV self-test and retention). This has affected the mapping of hotspots by peers, educators and communities, as well as the provision of HIV services, and increased marginalization.
- Law enforcers take the use of condoms, ARVs and PrEP as evidence to convict female sex workers, men who have sex with men and trans people.

Recommendations

- ✓ Undertake a comprehensive legal desk review. This should involve communities and all key multi-stakeholders from the Office of the President of the Regional Administration and Local Government (PORALG), law enforcement units and the Ministry of Constitutional and Legal Affairs.
- ✓ Increase sensitization meetings with the police and come to an agreement to avoid disruptions to clients and their peers.
- ✓ Ensure that key populations have toll-free services to report incidents of gender-based violence.
- ✓ Increase collaboration among implementing partners and the Key and Vulnerable Populations Forum (KVP Forum).
- ✓ Provide training for peers and healthcare workers on how to spot gender-based violence (GBV) and intimate partner violence (IPV) and to build understanding and respect for sexual orientation and gender identity and expression (SOGIE). Put in place a friendly system that also supports GBV experienced by members of the team.
- ✓ Sensitize all the identified key actors from PORALG, law enforcement units and society on human rights issues, law interpretations and gender-based violence.

Find the full presentation from the KVP Forum [here](#).

2. Lessons learnt from pandemic outbreaks and preparedness strategies

- Solidarity: Recent pandemics demonstrated the importance of acting together.
- Leave no one behind.
- Resilient health systems are dynamic, include tests of capacity, and are easy to scale up and adaptable.
- Resilient populations are strong, informed, committed, supported and responsive.
- One Health: A healthy environment with healthy livestock is essential for achieving a healthy human population.
- Major pandemics meant there is less attention to communicable and non-communicable diseases.
- Regarding political will and commitment of leaders, we need appropriately informed, wilful and committed leaders if we are to achieve effective and efficient pandemic preparedness and response.
- Evolution of science, technology and innovations includes the rapid development of the COVID-19 vaccine.

With COVID-19 and threats from other pandemic outbreaks, there is a need to act differently, be timely and invest in preparedness. There is an emphasis on:

- Strengthening the health systems for health security
- Reinforcing cross-cluster integration and mainstreaming
- Conducting risk assessments and updating and developing contingency plans
- Increasing surveillance
- Enhancing global solidarity and transparency
- Improving implementation of international health regulations (IHR 2005)

- Strengthening and utilizing science and research

Find a full presentation from WHO Tanzania [here](#).

Highlights of the panel discussion, "How to reaccelerate existing prevention measures and integrate innovation".

- ✓ Be more effective and faster to achieve epidemic control prevention programmes.
Events such as this IAS Educational meeting are important, bringing all stakeholders working on HIV and AIDS together to foster collaboration.
- ✓ Reflecting on the history of HIV is useful for understanding the failures that allowed growth of the HIV pandemic. These failures were linked to stigma as during the early stages, HIV affected specific communities. There is still a lack of engagement of communities.
- ✓ The best way to facilitate innovation and the response to HIV is through a people-centred approach and understanding the needs of the communities that HIV programmes are trying to reach. Effective mechanisms to address stigma are key. Moreover, there is a need to start building programmes on existing community mechanisms.
- ✓ There must be meaningful and effective engagement from the beginning in the design stages of programmes, involving key populations from different regions.
- ✓ Bring women and girls to the centre as they carry the burden of most new HIV acquisitions, without leaving men behind.
- ✓ Develop comprehensive knowledge of HIV and sex education at schools.
- ✓ Speak about HIV to younger generations. It seems that information has been abundant. However, young people lack information.
- ✓ Start acknowledging and accepting that young people are sexually active and they need the right and safe information on sex education. Build on existing mechanisms that work to reach most people, such as a Facebook page where young people can find reliable information.
- ✓ Status disclosure can empower and make young people more resilient.
- ✓ It is important to work with people and communities that are the target of HIV programmes.

Key thematic 2: HIV treatment for all – how to reach key and vulnerable populations, in particular, adolescents and children

Tanzania has conducted technical treatment advances in the use of dolutegravir-based regimes and HIV treatment monitoring. The government has procured Gene

Xpert machines for the whole country to be used for HIV viral load testing. However, the workshop heard, these machines have been underutilized.

A great concern was raised regarding challenges with multi-month dispensing due to the scarcity of ARVs in health facilities. The government should accelerate the response to tackle supply chain challenges.

During the panel discussion, "How to better reach key and vulnerable populations and strategies forward to increase their treatment adherence", activities that enhance the quality of ART services to adolescents and children living with HIV in Pwani and Kigoma regions were presented. Examples of best practices for adolescent club support are:

1. The Mkuranga District Hospital providing sustainable adolescent-friendly services
2. The Sunuka Dispensary addressing viral load testing among children and adolescents through home visits
3. The Nguruka health centre ending treatment interruption and addressing high HIV viral load (HVL) among adolescents



Workshop participants during group work activities

Highlights and recommendations of panel discussion, "How to better reach key and vulnerable populations and strategies forward to increase their treatment adherence".

- ✓ Ensure that healthcare providers understand who key population groups are and that they accept them. Acceptance starts by asking ourselves if we would be willing to give care services to a person in a key and vulnerable population and if we would be willing to work with them.
- ✓ Stigma and discrimination are linked to cultural and personal beliefs. To see a real change, there is a need to foster change at the community and individual levels.
- ✓ Invest in community programmes and create awareness programmes through the media, including radio and TV. These should be context specific, informing

people that HIV has become a chronic but manageable diagnosis. People need to be informed and know that they can have access to HIV testing and treatment services.

- ✓ Aim for better engagement of key populations to end the HIV pandemic. Key populations need to be part of the design of programmes and they must decide how they want to be reached. Develop a holistic approach to reach all key populations who are not found in hotspots.
- ✓ Considering that young women are most affected by HIV, provide adolescent- and youth-friendly services in health facilities. Health facilities are the first place they would go for HIV testing or sexual reproductive health services.
- ✓ Train healthcare providers as a priority to provide efficient and stigma-free services. Most adolescents and women cannot receive sexual and reproductive health services due to attitudes received from providers.
- ✓ Involve young women and adolescents ethically and meaningfully in the design and implementation of interventions in order to understand their needs.

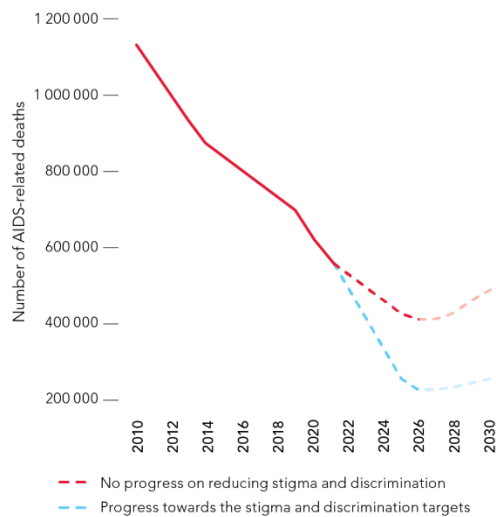
Key thematic 3: Addressing stigma and discrimination - time for action!

1. Key conclusions from AIDS 2022 to address stigma and discrimination

UNAIDS recognizes stigma and discrimination as one of the major impediments to the HIV response.

Stigma and discrimination were identified at AIDS 2022 as a major cross-cutting challenge in ending AIDS as a public health threat. It is imperative that policy makers, funders, communities, healthcare professionals and individuals work together to mitigate and reduce stigma and discrimination in order to end AIDS as a public health threat by 2030.

Projected impact of progress made towards the stigma and discrimination targets on the number of AIDS-related deaths, global, 2010–2030



If no progress is made on HIV-related stigma and discrimination, the result will be an additional 440,000 AIDS-related deaths between 2020 and 2030. Global, regional and national HIV targets cannot be achieved unless stigma and discrimination are addressed.

Experiencing stigma and discrimination is a negative experience that is detrimental to mental and physical health and quality of life. It can lead to depression, social isolation, decreased condom use, delayed testing, less attendance at health facilities and reduced adherence to ART.

Please find more information [here](#).

There is a strong global commitment to eliminate HIV-related stigma. The IAS, through the [Heart of Stigma project](#), seeks to facilitate effective and sustained change to reduce HIV-related stigma at scale.

2. Internalized stigma among people living with HIV

An implementation study done among the Kilombero and Ulanga antiretroviral cohorts in 2020 showed the effect of stigma in the continuum of care: linkage to care was reported to be at 23% as a result of HIV-related stigma and discrimination. This study is providing a bundle of stigma-directed services to newly diagnosed and enrolled people living with HIV with the aim of seeing how these interventions will affect linkage to care (primary outcome) and retention, viral load suppression and improvement in the stigma and depression scores. Results from the study are expected to provide insight into the effects of stigma and discrimination in HIV care and treatment services.

Please find the full presentation [here](#).

Highlights from the panel discussion, "Strategies to address HIV stigma and discrimination in Tanzania".

Challenges raised:

- ✓ Abuse by healthcare providers and leaking of HIV status without consent causes people in key and vulnerable populations to move from one facility to another because they know they will not receive the correct services.
- ✓ Some people in key and vulnerable populations have been dismissed from working in the HIV space due to their gender identities.

- ✓ Men experience stigma due to family expectations and family division roles. Men avoid sharing their status because there is a feeling that they brought shame to the family. In many cases, men drop treatment because they carry blame and shame from their families. Moreover, in many cases, the masculine culture in Tanzania provokes intra-familial violence when someone discloses their HIV status. These factors explain why men do not share their status.
- ✓ Stigma is very broad and appears in different phases depending on gender, level of education and other factors. Many people suffer harassment in their workplace and educational settings because of their status. For example, some women cannot get married because of their HIV status.
- ✓ Healthcare workers avoid working in the HIV space because there is a misconception that everyone who works in this space is a person living with HIV.

Strategies and actions suggested:

- ✓ One of the panellists discussed the creation of a platform to sensitize and teach people how to identify and engage trans people after she suffered institutional, social and work stigma.
- ✓ Cultural beliefs play a key role in fuelling stigma. Decriminalization is essential to ensure access by key populations to HIV services. Even though there are policies in place, people feel unsafe in accessing HIV services. Law reforms are required to ensure access to everyone despite their gender identities or social status.
- ✓ To tackle internalized stigma, programmes where people can come together and share are needed. People affected by stigma must be put at the centre of the design of these programmes. In healthcare systems, standardized behavioural change programmes must be put in place and developed with the involvement of key populations.
- ✓ Sometimes, people in key populations are just invited to the room but they are not listened to. It is critical that there is meaningful engagement of beneficiaries and that they are listened to. Their input must be incorporated into programmes.
- ✓ Social stigma must be addressed and we must respond to the needs of stigmatized people. Use social media to showcase that stigma has a face, for example, through music or posters. Apply community-based differentiated models to address stigma. Foster best practices to reach out to people who do not take the first step to go to HIV services as they are still struggling with acceptance.
- ✓ Do not forget primary caregivers (parents and tutors) when addressing stigma. Keep in mind that stigma is complex and requires multiple strategies in the community, home, schools and elsewhere. Enhance bottom-up facility training, capacitating every individual who is part of a facility to achieve meaningful change.
- ✓ Put effort into translating discussions around stigma into real action.

- ✓ Put out a call for researchers to keep working towards a vaccine, which would help normalize HIV.
- ✓ To end stigma and discrimination, everyone needs to be able to speak about it and normalize HIV.

Testimonials

"Thank you so much for hosting such a great workshop in Dar es salaam. I keep insisting that it was a great, brave and safe space for all of us to speak about what matters in accelerating HIV and AIDS innovation response."

Youth representative from an NGO

"I will encourage and push my colleagues to address stigmatization and discrimination while practicing services to HIV patients."

Physician from an Academic organization

"I will contribute to HIV science through research on HIV vaccine, HIV prevention and treatment."

Health care worker from an NGO

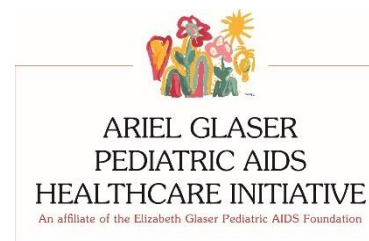
Science and community in the HIV response: the next priorities for Tanzania

RECOMMENDATIONS FROM GROUP WORK ACTIVITIES

12-13 October 2022

Julius Nyerere International Convention Centre, Dar Es Salaam, Tanzania

In partnership with the Tanzania Health Summit and Ariel Glaser Pediatric AIDS Healthcare Initiative (AGPAHI)



These recommendations were developed by participants during the group work activities in the Science and community in the HIV response: the next priorities for Tanzania workshop. The views expressed in the recommendations do not necessarily reflect the views of the International AIDS Society.

Day 1: 12 October 2022

Initial key question	Group	Nº	Recommendations
How can we bridge the gap in accessing treatment for People living with HIV? What are we missing and how can we address it?	1	1	People with HIV should be financially empowered and have access to economic schemes.
		2	Provide psychosocial support from health care professionals to people living and affected by HIV.
		3	Adopt the 'mawakili-tiba' strategy and strengthen the community.
		4	People living with HIV should be included meaningfully in research.
		5	Enforce laws to reduce stigma and discrimination.
		6	Implement education programs to avoid HIV discrimination.
What should be done to encourage HIV testing, treatment and support services uptake among young women and girls and/or children?	2	1	Provide educational support peer to peer on vertical transmission prevention and HIV treatment.
		2	Foster community testing on infants, children, adolescence and youth with community health workers and service providers and enhance follow-up.
		3	Prioritize HIV prevention mechanisms from the use of PrEP and Condoms to Dapivirine vaginal Ring and injectable PrEP (Cabotegravir).
		4	Decentralize testing services to be accessible to children.
		5	Facilitate access to information about HIV testing, treatment and support in schools and include this information in curriculums and career fair events.
		6	Establish innovative approaches to substitute paper based systems to store data of people with access and use of PrEP such as digitalization of records.
		7	Enhance simplified consent forms for users of service providers and PrEP distributors.
		8	Scale up socio-support groups such as EPOA/SNT to provide support to peers.
		9	Scale up U=U campaigns in Tanzania.

<p>What should be put in place to better reach out and involve boys and young men in HIV and SRHR programs? What policies are needed to maximize the impact?</p>	3	1	Decriminalize key populations groups.
		2	Strengthen U=U messages.
		3	Adopt long-acting ART strategies.
		4	Strengthen mobile/community ART with key population friendly services.
		5	Use Telehealth technology for people to access services.
		6	Foster key population's friendly services.
		7	Scale up peer to peer mentorship around life skills that relate to ART uptake.
		8	Advocate for domestic mobilization of resources to address stock out of drugs challenges.
		9	Include people living with HIV and key populations in the design of treatment programs.
		10	Ensure capacity building and establish knowledge in local healthcare units on service provisions and avoid gaps when external programs end.
		11	Strengthen the use of tailored feedback with incentives.
		12	Enforce policies to avoid lack of confidentiality.
		13	Tackle self-stigma and stigma from peers (for example in boarding schools).
		14	Enforce re-tracing as healthcare providers often cannot share information.
		15	Foster change in cultural and social norms and/or practices that make it difficult to reach out to boys and young men in HIV and SRHR programs.
		16	Engage key vulnerable populations more.
		17	Provide multidrug prescription among adolescents.
		18	Strengthen social support.
		19	Reduce stigma from healthcare providers.
		20	Decriminalize laws against key populations.
		21	Avoid unclear policies and laws.
		22	Foster adolescent friendly services.
		23	Alleviate the pill/drug burden.
<p>What innovative measures should be put in place to ensure adherence to treatment by People living with HIV (Key and vulnerable population)?</p>	4	1	Adopt long-acting ART (New HIV technology).
		2	Scale up for strengthening U=U.
		3	Include people living with HIV and key population in the design of treatment programs to be more service friendly.
		4	Use digital technologies such as telehealth, m-health, e-health among others to improve access to services.
		5	Extend package of primary healthcare unit among healthcare workers including behavioural change programs.

<p>Which concrete actions should the government and implementing partners put in place in order to ensure that Key and vulnerable populations are reached without any discrimination in the next two years?</p>	5	1	The Government and KVP Forum should collaborate to ensure guidelines and policies are implemented.
		2	Use Digital Platforms to sensitize the community on key vulnerable populations and HIV intervention to create awareness. (TCRA - Tanzania Communications Regulatory Authority).
		3	Promote participatory actions to unpack dynamics, stigma and vulnerabilities of key and vulnerable populations.
		4	Reduce scrutinization and crack down the implementation of key and vulnerable populations programs.
		5	Adopt a holistic approach in the implementation of HIV programs such as bio-medical, behavioral and structural.
		6	Sanction polarizing content that furthers stigma and discrimination against vulnerable and marginalized communities in Tanzania. Limit content that depicts the minority in a negative light.
<p>How can People living with HIV be role model to people who are unaware of their HIV status?</p>	6	1	Encourage politicians to play a more active role. For example parliamentarians should disclose their HIV status and promote community testing
		2	Provide incentives to empower people living with HIV and boost their confidence to tell others about their status.
		3	Participate in research to provide evidence and testimonials that will be used to promote testing.
		4	Increase psychological support services and experts to empower people living with HIV to disclose and promote testing.
		5	Train people living with HIV on laws that protect their rights so they can participate in the dissemination of information and educate the public.
		6	Ensure availability of commodities and supplies including nutritional support so they can motivate others to test for HIV.

Day 2: 13 October 2022

Initial key question	Group	N°	Recommendations
<p>What policies should be implemented to reduce the impact of stigma in the delivery of HIV services?</p>	1	1	Revise guidelines for key and vulnerable populations to include stigma reduction mechanisms such as including assessment of mental health conditions like depression or anxiety by June 2023.
		2	Develop a comprehensive package for treatment literacy to reach various groups such as communities, the police, law enforcers, education institutions, people living with HIV, and media among others. (To be led by NACP with support from TACAIDS, stakeholders and beneficiaries).
		3	Translate state guidelines into actions such as translating studies conducted to inform actions continuously. (To be led by TACAIDS)
		4	Analyze current studies on service providers' attitudes on HIV/AIDS provision and integrate findings into actions in a continuous manner. (To be led by the Ministry of Health and support of other partners).
		5	Review laws/policies that fuel stigma and discrimination between 2023 and 2025. (To be led by NACP)
		6	Use expert clients to provide services and/or train clients to become health care workers/providers continuously from 2022.

		7	Scale up PrEP for all, increase accessibility not just in health facilities, include other facilities like pharmacies, by November 2023.
		8	Translate policies into Swahili.
		9	Standardize social and behavioral change communication package for key vulnerable population by August 2023.
		10	Conduct a stigma index study every two years and develop an annual stigma dashboard.
What initiatives (policies and intervention) should be implemented or strengthened to counteract stigma faced by Key & Vulnerable Populations?	2	1	Scale up or strengthen peer led program models on awareness creation and self-acceptance among key and vulnerable populations to adhere to HIV service provision.
		2	Establish family groups to discuss gender-based violence in relation to HIV related information among key and vulnerable populations.
		3	Advocate to extend primary health care unit curriculum for health care workers with key and vulnerable population, stigma and discrimination component.
		4	Strengthen the local HIV multi sectoral committees to address gender-based violence with inclusion of all actors.
		5	Conduct community awareness campaigns through media to address gender-based violence, stigma and discrimination targeting key and vulnerable populations.
		6	Broaden the decision makers HIV prevention committee including politicians and key and vulnerable populations community to respond to gender-based violence and stigma and discrimination faced by key and vulnerable populations.
What should be implemented to reduce stigma in healthcare settings and at the community level	3	1	Increase domestic financing to community led HIV education programs so they can conduct special community programs to fight stigma in 2023. (To be led by TACAIDS and NACP).
		2	Resumption of community education programs addressing stigma (through media, social networks, and special community campaigns) in 2023. (To be led by the Ministry of Health and civil society organizations)
		3	Implementation of national stigma reduction strategy in 2023. (To be led by TACAIDS)
		4	Provide capacity building to health care workers such as special value and attitude clarification to healthcare providers to ensure their neutrality in service provision centres.
		5	Increase the number of facilities that provide integrated HIV care services in 2023. (To be led by the Ministry of Health).
		6	Conduct a refresher course on professionalism ethics (deontology) to health care workers serving key vulnerable populations in 2023. (To be led by the Ministry of Health and Medical Council of Tanganyika)
		7	Establish a safe space in the legal framework for key and vulnerable populations clients to report acts of stigma against them by 2024. (To be led by NACP and KVP Forum)
What can youth do to ensure issues of stigma and discrimination are handled with care?	4	1	Develop youth-led mass sensitization programs on HIV-related stigma and discrimination using new and traditional social media platforms via micro and macro influencers targeting at least 20 regions in Tanzania by 2024. (To be led by the Government and youth)
		2	Using pre-existing models, establish at least one comprehensive safe space in every village where youth can receive relevant services as needed by 2024. (Led by youth, local leaders and the Government).

		3	Scale up Differentiated Service Delivery (DSD) models of care to cater to different needs of the youth including stigma and discrimination by 2024. For example peer to peer model. (To be led by the Government, implementing partners and youth).
		4	Activate child protection units under the social welfare department at every ward as a first-line response to safeguard the welfare issues of the youth by 2024. Through revitalization of existing units and making the community aware of the services and use them to respond to given issues. (To be led by local leaders, youth and social welfare unit)
		5	Create dialogue avenues for guardians and parents and youths in the community so that they are empowered to have a meaningful conversation to addresses stigma and discrimination. Using pre-existing approved approaches in similar settings such as radio stations that all could follow. (To be led by parents, caregivers, youth and local leaders)
Which communications and technology innovation(s) should be put in place to reduce stigma and discrimination?	5	1	Mainstream and media engagement from December 2022 to December 2024. <ul style="list-style-type: none"> Involve the media stream engagement through specific identification of the media houses to channel messages and reduce stigma and reach 40 million people. Engage people living with HIV, key vulnerable people and partner's and stakeholders to contextualize the messages including content. (To be led by Clouds media, TACAIDS, and people living with HIV)
		2	Create and build upon the multi-society clubs and entertainment platforms, between December 2022 and December 2024. <ul style="list-style-type: none"> By convening multi-society clubs and entertainment events that have educational messages on how to reduce stigma and discrimination. Examples: at music festivals, movies, leagues of football, teen clubs.. (To be led by TACAIDS, People living with HIV, WHO)
		3	Send offline messages to increase HIV literacy to the community to reach 40 million people in Tanzania starting in March 2023. <ul style="list-style-type: none"> Advocate through the health promotion unit to send the offline message to everyone with phone. Engage people living with HIV, partners and stakeholders to contextualize the messages including content. (To be led by TACAIDS)
		4	Stakeholder group emails or platform to where the message exchange can be done and select the best for campaign starting December 2022. <ul style="list-style-type: none"> To have the platform/email groups where messages will be compiled and sent to IAS members and other key stakeholders to share to their social medias. Key stakeholder to send the messages or other promotion materials quarterly.
		5	Create an application that will have different contents including podcasts and short clips, audio books, videos focusing on HIV. <ul style="list-style-type: none"> By the end of 2024 being able to involve telecommunication companies, financial institutes and other private sector organizations to channel their social contribution to provide an affordable or free app to young people. By the end of 2024 launch the application with HIV and stigma information. (To be led by Bahati Mandago, TACAIDS, and other key stakeholders)

<p>The government is now finalizing digital data recording system from paper system. Can digital data recording exacerbate stigma and discrimination? What measures should be put in place to prevent stigma and Discrimination in this system?</p>	6	1	Continuously train stakeholders on stigma and discrimination. It should play a central part of the on-Job training. (To be led by NACP, Ministry of Health, key and vulnerable populations groups.
		2	Limit data access through double authentication and continuous authorization of data users. (To be led by IT Personnel at all levels).
		3	Protect digital data storage from hackers through strong cybersecurity measures. (To be led by the Ministry of Health and IT experts)
		4	Disseminate laws to protect digital data. (To be led by the Ministry of Health, PORLAG, Home Affairs, Community Developments, Key populations).
		5	Advocate for digital data to the public. (To be led by TACAIDS, PORLAG, Community health workers, Health Promotion (MOH))