



AT A CROSSROADS: RESPONDING TO A NEW AIDS EMERGENCY IN TANZANIA

IMPACT AT A GLANCE

Tanzania's HIV response is at a critical point: one in 26 adults is living with HIV, and prevention efforts are seriously off track. Urgent action is needed to mobilise domestic funding, finalise national strategies – including the new social contracting framework – and to restore trusted community-led service delivery and accountability mechanisms. New measures to increase tax revenues are welcome, but any funds generated must be directed towards community-led responses.

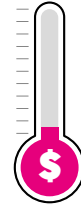
This year, the funding landscape for Tanzania's HIV response has changed dramatically



More than **60%** of Tanzania's HIV budget was funded by the **US government**. A significant proportion of this funding has been paused or terminated, and the future remains uncertain.



The **Global Fund** remains a key donor, but the current grant has also been **cut by 10.6%**.



While the **domestic health budget allocation** has increased to **5.5%**, it remains well below the 15% Abuja target.

Sources: Strategic Directive Summary, Global Fund, Ministry of Finance

As a result, vital programmes for key populations and adolescents have been scaled back or shut down



Approximately **326,000** people from key populations could **lose access to tailored HIV prevention services**.



PEPFAR-funded DREAMS programme, providing services to **young people** in all their diversity, has **completely halted**.

Sources: Global Black Gay Men Connect, UNAIDS

The funding cuts have directly impacted people's access to life-saving HIV treatment and new prevention technologies



Almost **100%** of people **living with HIV are on treatment** with direct or indirect support from PEPFAR.



Oral PrEP services have also been **reduced**, with no new initiations.



Pilots to support the roll-out of new technologies have been **delayed**, further limiting the options available to communities.

Sources: amFAR, PrEPWatch

STATE OF THE HIV RESPONSE: A COMMUNITY ANALYSIS



Tanzania's HIV response is in crisis following the sudden withdrawal of US government funding, which accounted for more than 60% of the country's HIV budget, leaving a potential funding gap of \$29 million. This puts efforts to sustain services and raise domestic resources under serious pressure, especially as the government will spend 19.5% of its revenue on debt repayments in 2025. Without urgent action, years of progress risk being undone, with new HIV infections and AIDS-related deaths likely to rise.

The cuts have had an immediate and catastrophic impact on life-saving services. Approximately 326,000 marginalised people are at risk of losing tailored HIV prevention. Ambitious 2025 targets to reach 150,000 new people with pre-exposure prophylaxis (PrEP) and 200,000 adolescent girls through the DREAMS programme,¹ as well as delivering 200,000 voluntary medical male circumcisions and expanding testing and condom distribution, are all now under threat. Oral PrEP continues for existing beneficiaries, but communities report that no new people can be put on PrEP. Children affected by HIV, including orphans and those from key and vulnerable populations, are also losing critical support, including HIV treatment, education and basic healthcare, as funding for these services has been cut.

Pilot studies for new HIV prevention technologies – including long-acting injectable cabotegravir – have been delayed. Without PEPFAR's² support, validating data for the Integrated Biological and Behavioural Survey³ now seems unlikely, which will undermine evidence-based planning and targeted resource mobilisation. While resources for the new Stigma Index 3.0 have been secured, its implementation is currently on hold due to concerns raised by the National Institute for Medical Research over the inclusion of key and vulnerable populations.

The funding cuts have brought Tanzania's community-led monitoring (CLM) initiatives to a halt, undermining work that has already led to an improvement in HIV services. Tanzania has been implementing CLM initiatives using innovative data collection and analysis approaches. The first draft of the national CLM framework, led by the Tanzania Commission for AIDS (TACAIDS), has been completed and is currently awaiting approval. However, due to the termination of US funding for CLM in PEPFAR-supported regions, the implementation of this important tool is currently on hold. Technical support for CLM under UNAIDS has also been impacted, as it also depended on US government funding.

These changes have come at a critical turning point for Tanzania's HIV response. The [National HIV Prevention Roadmap \(2023-2027\)](#) outlines clear goals, including the need to improve efficiency and domestic funding. It is now critical that Tanzania focuses on completing the UNAIDS-led [Sustainability Roadmap and Transformation Plan](#) to chart a sustainable road ahead, in the wake of this changed funding landscape.

Significant progress has been made with the recently approved HIV Treatment and Care Guidelines, which benefited from extensive consultations with civil society organisations. However, several key strategies and guidelines are still under review, including the revised National PrEP Implementation Framework, which integrates new prevention technologies, the National Condom Strategy and the new Violence Prevention Strategy. Without resource mobilisation, these plans risk being delayed or abandoned.

The cuts have also exacerbated the social and political barriers faced by criminalised and marginalised communities. A 2025 community-led monitoring report highlighted widespread stigma, discrimination and human rights violations in healthcare settings. Nearly a third of women living with HIV reported that their HIV status had been disclosed without their consent. More than a quarter experienced forced HIV testing or faced gender-based violence and harassment from healthcare providers. Without safe, targeted services, these communities are unlikely to use public clinics.



¹ The Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme was funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) – as a multi-sectoral HIV prevention initiative for adolescent girls and young women.

² The US President's Emergency Plan for AIDS Relief (PEPFAR) is a US government initiative launched in 2003 to address the global HIV and AIDS epidemic through prevention, treatment and care programmes.

³ The Integrated Biological and Behavioural Survey (IBBS) is implemented to track trends in the HIV and AIDs indicators for different population groups.

Tanzania is showing resilience and commitment when it comes to addressing these challenges. Earlier this year, a committee was established to assess the impact of reduced resources and to explore potential mitigation strategies. A new social contracting framework is in advanced stages and is tentatively scheduled for release later this year. This development is particularly significant, as social contracting is essential for the long-term sustainability of the HIV response, strengthening community-led service delivery, enhancing accountability and ensuring that critical interventions can continue, even in the face of shifting donor priorities.

The health sector budget share of the national budget has increased slightly from 5.3% in 2024/25 to 5.5% in 2025/26.⁴ However, it remains well below the Abuja Declaration target of 15%.⁵ While community members have been campaigning to protect life-saving services, a 10% cut to the existing Global Fund grant will further limit the funding available for HIV programming.

The Tanzanian government is looking for new ways to raise money to support HIV programmes. Proposed measures include a 0.1% levy on the value of minerals, a levy per litre of petrol, diesel and kerosene, and taxes on imported vehicles and heavy machinery. These are exciting proposals, although the timeline for implementation is still unclear. According to the Ministry of Finance, 70% of the additional revenue raised will be allocated to the AIDS Trust Fund, with the remaining 30% directed toward achieving universal health coverage.^{6, 7}



The government has also taken steps to strengthen supply chain systems and reduce operational disruptions. The Ministry of Health manages the supply chain through the Medical Stores Department, with stocks of antiretrovirals (ARVs) expected to last through 2025. Plans are underway to restart the local manufacturing of ARVs, and the national postal service will be used to transport samples. They are also in the process of finalising a new online system, which will allow health workers to enter patient data directly, replacing donor-funded clerks.

While technical improvements are underway, civil society engagement in the transition process still requires strengthening. Technical working groups that were overseeing HIV programming for key and vulnerable populations have reduced the frequency of their meetings. Limited resources now make physical meetings more difficult, and some partners are no longer able to attend as they were previously supported by PEPFAR. As a result, relevant coordination bodies meet irregularly, and community input into strategic planning has declined due to a lack of funding. Although virtual attendance is possible, it limits meaningful engagement. Civil society continues to participate through the HIV Sustainability Technical Working Group, but impactful advocacy remains difficult due to limited budget transparency and the absence of an up-to-date National AIDS Spending Assessment.

Efforts to integrate HIV prevention into broader health financing structures are also faltering. The National HIV Prevention Road Map (2023-2027) sets out strategies for integrating HIV prevention into the wider health system, but no new guidance has been issued following recent funding cuts. The new Universal Health Insurance Act marked a pivotal step towards expanding health coverage.⁸ However, HIV prevention services are not included in the National Health Insurance Fund's benefit packages and are not covered under the 'Improved Community Health Fund' either.^{9, 10}

⁴ These figures are sourced from Ministry of Finance's [Budget Insights 2025/26](#).

⁵ Under the 2001 [Abuja Declaration](#), African Union member states pledged to allocate at least 15% of their national budgets to the health sector to strengthen financing and improve health systems.

⁶ The AIDS Trust Fund (ATF) was established under the TACAIDS Act No. 22 of 2001, with amendments introduced by Act No. 6 of 2015. The ATF mobilises funds through various channels, including government allocations, donor contributions and private sector support.

⁷ Universal health coverage (UHC) is a system where all people have access to the full range of necessary health services, from prevention to treatment, without facing financial hardship or discrimination.

⁸ Tanzania's Universal Health Insurance Act (2023) mandates that all Tanzanian residents have a minimum level of health insurance coverage. Employers are required to finance health insurance for their employees.

⁹ The National Health Insurance Fund (NHIF) was established by an Act of Parliament in 1999, establishing a mandatory health insurance scheme for public employees. In 2013, NHIF's membership was expanded to include other population groups on a voluntary basis.

¹⁰ The Improved Community Health Fund (ICHF), another voluntary health insurance scheme for the informal sector, was rolled out nationwide in 2019.

COMMUNITY IMPACT



At the heart of delivering HIV services to marginalised communities is the relationship between the service provider and the communities they serve. The sudden withdrawal of programmes from these communities has shattered trust and destroyed relationships within the health system.

Marginalised communities across Tanzania have had safe spaces ripped away and the community members that supported and understood them suddenly removed from their positions. Communities were left in panic and with a lack of information about where they could access services or get help.

In Tanzania, closures and cutbacks of community-led services have forced key and vulnerable populations into crowded public clinics, where stigma, discrimination and a lack of confidential spaces or adequately trained staff are all too common. These harmful experiences have undermined years of progress in the HIV response, leaving marginalised groups isolated, anxious and struggling with mental health and treatment adherence. Communities are also facing disruptions in essential supplies, including condoms, PrEP, medications to treat sexually transmitted infections and HIV self-testing kits.



*I see my friends struggling to access ARVs, some of them thinking of buying ARVs more for future use, PrEP, or even a safe place to talk. Some friends have stopped going to clinics out of fear, and others are losing hope. **It feels like we're being forgotten, and every day is more unsafe and uncertain.***

Community leader

The sudden pause of funds has created widespread fear of treatment interruptions, prompting some people living with HIV to hoard medication. Peer educators have lost their jobs, cutting vital income and community support. At the same time, misinformation about HIV and PrEP is spreading, along with harmful disinformation about marginalised communities, which is creating panic, fuelling stigma and human rights violations. Additionally, with fewer peer-led programmes, many have lost safe spaces to report violations or seek support.

Disruptions to youth-focused programmes have left many young people without essential HIV prevention education and support. Services for young women – who face particularly urgent needs – have been scaled back, leaving them without the ongoing support and coaching that is so critical to condom access and negotiation. Although Tanzania provides life skills education in schools, gaps in quality and coverage remain, particularly for out-of-school youth.



*The loss of funding has forced me to scale down HIV services drastically; now all I can offer are referrals and phone support. **Our community's voices are silenced because monitoring meetings no longer happen, and urgent issues go unheard.***

Person working with sex workers



People living with HIV are losing essential tailored services, peer support, adherence assistance and economic empowerment programmes, which is threatening their health and wellbeing.

While these experiences offer very concerning insights, the full impact on communities in Tanzania is hard to measure because no one is tracking how many people are being left behind. The data gathered by UNAIDS, community networks and other agencies is fragmented, and a national picture is unavailable. What is certain, however, is that recent funding cuts have reduced the number of tailored, community-led services available across the country.

Tanzania is now at a crossroads: without urgent action to ensure that these communities can access services that are safe and appropriate, the impact of these reductions could mean the difference between life and death.



We're forced to rely on overwhelmed government clinics, where I know many youths face judgement, lack of privacy and endless wait times. It's not just a loss of services; it's a loss of trust, safety and hope. I feel the weight of their fear, their anxiety, and their desperate need for the support we can no longer provide.

Youth advocate

EVEN IF FUNDING RETURNS, THE BREACH OF TRUST IS IRREVERSIBLE, AND ITS IMPACT WILL BE FELT FOR YEARS TO COME.



The progress we've made against HIV is disappearing. As a woman living with HIV and a leader in the community, I know that treatment is not just about medicine or visiting care and treatment clinics. It's about dignity, hope and survival. Yet, with the current uncertainty in the HIV response, many women are left without the care and support they desperately need, while community-led civil society organisations struggle with little to no resources to advocate for our needs.

Woman living with HIV



TANZANIA

RECOMMENDATIONS



These recommendations were developed by a coalition of 12 civil society organisations, community networks and affected populations across Tanzania, reflecting the current state of the HIV response and the impact of recent funding cuts on communities. They are directed to the Government of Tanzania, including the Ministry of Health, Ministry of Finance, Ministry of Community Development and Social Welfare, and the Tanzanian Commission for AIDS (TACAIDS).

To effectively support and strengthen Tanzania's HIV response and prevent a potential new AIDS emergency, these recommendations require the active engagement of key development partners. The Global Fund, other donors and UN agencies, including UNAIDS, will be critical in helping the country to strengthen its HIV response and stay on track to achieve the global goal of ending AIDS by 2030.

POLITICAL LEADERSHIP AND ACCOUNTABILITY



1. Finalise and disseminate key national HIV strategies, policies and guidelines currently under review, including the National PrEP Implementation Framework, the National Condom Strategy and the Violence Prevention Strategy, ensuring that all stakeholders – including civil society, community networks and healthcare providers – are included in the government's dissemination plans and have timely access to this guidance.
2. Ensure meaningful, regular inclusion of civil society and community networks in all transition-related platforms, including the UNAIDS-led Sustainability and Transformation Plan and the Funding Freeze Committee; and publicly share priorities on interventions, locations and populations.

FINANCIAL SUSTAINABILITY



3. Increase domestic health financing from 5% to 15%, to align with the Abuja Declaration target, using the minerals levy proposal and other innovative mechanisms to achieve this.
4. Publish the latest National AIDS Spending Assessment to enhance transparency and track gaps.
5. Fast-track the development and implementation of a transparent social contracting mechanism clearly communicating eligibility and funding criteria to sustain critical community-led HIV prevention services.

ENABLING ENVIRONMENT



6. Prioritise conducting an updated Stigma Index covering all marginalised populations to guide targeted stigma-reduction interventions supporting HIV service access.
7. Sustain and expand access to HIV and life skills-based education to ensure young people have access to vital life-saving information, especially in regions affected by DREAMS programme cuts.



SERVICE DELIVERY



8. Develop national guidance to integrate key and vulnerable population services into public and private healthcare clinics, ensuring strong peer involvement, stigma-free environments and robust clinic–community referral systems.
9. Strengthen the management of the Medical Stores Department and local supply chains to ensure uninterrupted availability of ARVs and prevention commodities – including condoms and PrEP, while also accelerating local manufacturing plans for medication and commodities.
10. Accelerate the finalisation and approval of the revised PrEP Implementation Framework and fast-track the registration of new prevention technologies such as the dapivirine vaginal ring and lenacapavir, engaging local and external donors to mobilise funding for rapid roll-out.

RESEARCH AND DATA



11. Validate, publish and disseminate existing data from the IBBS and other recent studies to enable data-driven programming and resource allocation.
12. Prioritise the utilisation and systematic integration of data and findings from community-led monitoring (CLM), research and studies into key national planning processes.
13. Strengthen the coordination of CLM efforts and centralise CLM data and findings under the Non-State Actors for Health to create a unified, accessible repository that ensures all key stakeholders can access timely, comprehensive and disaggregated evidence to inform decision-making, improve accountability and drive responsive action.

INTEGRATION



14. Strengthen the integration of HIV services into primary healthcare in line with the World Health Organization (WHO) minimum package, while safeguarding dedicated HIV funding and programmes to ensure the response remains effective.
15. Develop clear guidelines to integrate HIV prevention, treatment and support services into national Universal Health Insurance policies and frameworks.



BACKGROUND AND METHODOLOGY

UNAIDS has set ambitious goals to end AIDS by 2030 but progress towards these goals in Tanzania is now under threat. Cuts in US funding and shifts in other donor support have weakened national health systems and disrupted HIV prevention programmes, potentially triggering a resurgence of new HIV infections.

Following the funding cuts, Frontline AIDS – together with advocates and civil society partners across Tanzania – reviewed national policy documents and strategies, and consulted government officials, civil society leaders and community stakeholders. The process aimed to capture the perspectives of those most affected and assess how funding changes are impacting both communities and government responses.

This report highlights key achievements and gaps, as well as experiences from community members, showcasing how the shifting financial landscape is undermining access to health and HIV services, community leadership and the ability for civil society and communities to engage with the government on transition arrangements. Drawing on community priorities, it offers practical recommendations to promote greater national ownership of the HIV response and to support the development of a more resilient and sustainable health system in Tanzania.

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OUR PARTNERS



Not all organisations and networks that contributed to this report are represented in the logos displayed above.

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