HARM REDUCTION INFORMATION NOTETANZANIA



This information note has been compiled by Harm Reduction International (HRI) to highlight the impact of US funding cuts in harm reduction in Uganda.

Last update: 10th March 2025

1. Epidemiological data

- 1.1 People who use drugs, HIV and Viral Hepatitis
 - There are an estimated 30,000 people who inject drugs in Tanzania.¹
 - The estimated HIV prevalence among people who inject drugs is 14%.²
 - The Hepatitis C (anti-HCV) prevalence among people who inject drugs is 23.1% and Hepatitis B (anti-HBsAg) prevalence among people who inject drugs is 6.9%.³
 - Estimated percentage of new HCV infections attributable to injecting drug use in Tanzania is 32.23%.⁴
 - The most consumed illicit drug in Tanzania is cannabis followed by khat, heroin and cocaine.⁵
- 1.2 HIV prevention and treatment and harm reduction
 - There is an explicit supportive reference to harm reduction in national policy documents in Tanzania.⁶
 - The needle syringe programme is aimed to be implemented in total 10 regions in the Global Fund GC7 grant.⁷
 - There are 10 OAT/MAT clinics and 5 operational satellite sites that offer comprehensive and integrated HIV services to people who inject drugs.⁸
 - The OAT coverage is 25.6%.9
 - There is no needle syringe programme in prisons, but OAT in prisons was introduced in 2020.¹⁰
 - Take-home naloxone is not available, and a naloxone peer distribution programme is not available.¹¹
 - The country coverage for providing a comprehensive prevention package for people who inject drugs is 61%.¹²
 - 66% of people who inject drugs know their HIV status.¹³

2. Harm Reduction programmes and funding source mapping

Funding agency	PEPFAR ¹⁴	Global Fund
Partners and principal recipients	 Amref Health Africa Tanzania Family Health International Henry M. Jackson Foundation For The Advancement Of Military Medicine, Inc. Management And Development For Health Tanzania Health Promotion Supp Ort (Thps) Trustees Of Columbia University In The City Of New York 	Management and development for Health Ministry of Health Community Development Gender Elderly and Children of the United Republic of Tanzania
Provinces/dis trict covered		10 regions ((Dar es Salaam, Pwani, Morogoro, Dodoma, Tanga, Arusha, Mwanza, Kilimanjaro, Shinyanga and Mbeya) ¹⁵
Key interventions	 HIV Clinical services and laboratory services Prep HIV Drugs Medication assisted treatment (MAT) Non-Biomedical HIV Prevention 	 Opioid agonistic therapy Needle syringe programme Condom and lubricants Community empowerment SRHR, hepatitis and post violence
Total reach or target		13,696 (includes reach from both PEPFAR and Global Fund by end of 2022) ¹⁶
Total funding for People who use and inject drugs	USD 707,300	USD 8,413,445 (GC7) ¹⁷
Budget for OAT/MAT	USD 483,700	USD 3,709,668 (GC7) ¹⁸
Budget for NSP		USD 2,937,509 (GC7) ¹⁹

3. Harm reduction programme gaps due to PEPFAR funding pause.

- Loss of Funding: USD 450 million in annual PEPFAR funding for Tanzania was abruptly cut.
- Impact on ARVs: Nearly 1.2 million Tanzanians lost access to free antiretroviral (ARV) medication.²⁰
- Health Consequences: Experts warned that Tanzania could see at least 30,000 additional HIV-related deaths within two years if crisis was not resolved.²¹
- Government Response: The Ministry of Health pledged to reallocate part of its budget to maintain ARV supply.²²

- Financial Strain: "Tanzania's national health budget simply couldn't cover the \$260 per patient per year needed for ARVs. For many, the cost--ranging between USD 15 and USD 20 per month--was almost impossible to afford."²³
- Young people working as peer educators, community health workers or lay counsellors funded by PEPFAR have been issued temporary job termination notices.²⁴

References

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- ¹² Tanzania Global Fund GC7 funding request https://data.theglobalfund.org/location/TZA/access-to-funding
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