

Perspective of PLHIV in the Mid Term Technical Review of the NMSF

National Council of PLHIV Tanzania
(NACOPHA)

MLIMANI CITY HALL
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About NACOPHA

- National Council of People Living with HIV in Tanzania
- Umbrella organization established to serve as peak body and ultimate voice advocating for issues and concerns of the PLHIV in Tanzania
- Established in 2003 and Registered in 2005
- NACOPHA has a leadership and governing board supported by the Secretariat staff
- Beneficiaries are all individuals living with HIV, PLHIV networks and district clusters of PLHIV.
- Currently there are 11 registered national networks of PLHIV and 58 District Clusters as members of the Council

Mandates of NACOPHA

- Platform for advocating and voicing for PLHIV and their rights
- National body for Coordinating all efforts, support and activities implemented for and by PLHIV in the national HIV response
- Support in building capacity of national networks and grassroots level efforts of PLHIV
- Resource mobilization for PLHIV (Human, material and Financial resources)
- Promoting positive living through behavioral change and promotion of positive response toward PLHIV in Tanzania

Mandate of NACOPHA cont...

- Advocate for more engagement and participation of PLHIV at different forums and levels of planning, implementation, decision and policy making
- Increase visibility of PLHIV efforts to destigmatize the pandemic, coordinated collective voice and expressed needs of PLHIV in Tanzania
- Safeguard interests of Social Constituency of PLHIV

Reasons for PLHIV participating in NMSF Review

- PLHIV are Primary target and beneficiary of HIV/AIDS policies, programs and other national HIV frameworks
- PLHIV are key stakeholders in developing and implementing National HIV/AIDS Programs and interventions
- The NMSF has greater impact in the lives of PLHIV
- Translation of GIPA and MIPA frameworks for providing opportunities to PLHIV in taking active roles in the NMSF review process
- NMSF review is National Forum where the voice of PLHIV can be heard for impacting on policy, planning decision making, and implementation processes

How PLHIV participated

- Organized workshop with representatives from district clusters, PLHIV networks, and NACOPHA Board members
- **Main objective:** engage and provide PLHIV with a forum where their voice and opinion on the NMSF review can be heard
- Technical and financial support provided by and through MSH
- UNAIDS, USAID and TACAIDS advocated for solicitation of financial support for the workshop
- Expected outputs: PLHIV recommendations and Statement for inputting the NMSF review

Strengths of NMSF to PLHIV

- Recognition of PLHIV as key stakeholders in implementation of the NMSF at different levels and in different sectors
- All strategic thematic areas of the NMSF address the PLHIV with different specific needs within their constituency
- NMSF provides systematic guidance for and harmonized coordination in HIV programming for PLHIV to all stakeholders

Implementation Outcomes

- Existence of the national functioning body (NACOPHA) coordinating, advocating and voicing for PLHIV
- Increased recognition and support for PLHIV from the various stakeholders including Development partners
- Establishment of District clusters of PLHIV that work together with local government authorities including CMACs, WMACs, VMACs
- Increased participation and engagement of professional, youth and gender based PLHIV networks in collaboration with CSOs in providing support to PLHIV (e.g. TAPOTI, TNJ+, TNW+, NETWO+, NYP, NNEYOP+)

Implementation outcomes

- Existence of HIV/AIDS law to support reduction of stigma and discrimination to PLHIV
- Increased numbers stakeholders providing services to PLHIV recognizing engagement of PLHIV in service delivery programs at community level
- Tri-Partite Code of conduct on HIV/AIDS at the workplace in Tanzania-Mainland (2008) in place, addressing the PLHIV concerns at the work place
- Provision of nutritional food supplements (Monthly allowances) to civil servants who have disclosed their HIV positive status.
- Availability of ARVs for PLHIV
- Reduced stigma from community members against PLHIV

Challenges/Gaps

Enabling Environment

- Stigma and discrimination against PLHIV is still prevalent in various sectors including the private sector and the HIV/AIDS law.
- There is limited engagement and participation of PLHIV in developing the national HIV advocacy agenda
- PLHIV at work place have limited access to and are unaware of the Tri- Partite Code of conduct on HIV/AIDS at workplace in Tanzania-Mainland (2008)
- there is no clear mechanism for the provision of Nutritional food for PLHIV at work place despite existence of government secular
- Tanzania has no National guidelines on implementing GIPA

Challenges/Gaps

Coordination

- NACOPHA is receiving inadequate support to make it grow strong and sustainable
- PLHIV lack influence in making decisions at CMACs since are not recognized as **'members'** instead are recognized as **'invitees' (co-opted members)**
- Most PLHIV from public and private sectors are not motivated to join effort of fellow PLHIV networks
- the current guidelines in forming CMACs indicate no time limit for representation of PLHIVs in the CMACs

Challenges/Gaps

- **Treatment, care and Support**
 - Access to ARVs is very limited to most eligible PLHIVs especially in rural areas due to limited number CTC , inadequate health staff and distance to health facilities (e.g 10kms away from the PLHIV homes)
 - Resource allocation for procurement of ARVs is decreasing and is threatened by withdrawal of Donor support and limited capacity of government budget
 - Very few women and children living with HIV adhere to quality ART services due to inadequate information and support from their spouses, families and community
 - Private sector response on food support to PLHIV is unavailable

Challenges/gaps

- **Prevention**

- HIV infection prevention is not addressed as a **shared responsibility** between PLHIVs and those who are not PLHIVs (Items 7 &8 in the HIV/AIDS law discriminates PLHIVs)
- The most at risk populations (MARPs) living with HIV have been given inadequate attention in prevention interventions/strategies
- There has been a serious shortage and limited access to condoms in the general population especially in among semi urban and rural communities.

Recommendations

- Distribution of Copies for code of conduct at the workplace to local government Authorities
- Promote establishment of clear mechanism for provision of Nutritional food supplements to public and private sectors
- Uses of Patients Expertise trainees on CTC, HBC services
- Advocate for '**shared responsibility**' on HIV infection prevention
- Guidelines for the establishment of CMACs be reviewed
- Accelerate implementation of HIV prevention interventions among the most at risk populations
- Items 7 & 8 in the HIV/AIDS law be modified or removed forthwith

Recommendations

- PLHIVs humbly request the Government and the international community to ensure that care and treatment services are available and accessible to all eligible PLHIV
- The government support to NACOPHA be increased and sustained to enable it carry out its mandate including establishment of district Clusters of PLHIV
- PLHIV be represented in various high level of decision and policy making bodies including the parliament to ensure their is heard
- Non government organizations should be involved in designing alternative approaches and channels in condoms distribution

Recommendations cont..

- PLHIVs membership in the District HIV/AIDS Committees be legally categorized as ‘members’ instead of ‘invitees
- District Clusters of be formally recognized and mandated to coordinate all the PLHIVs activities in the district
- Local government councils are requested to facilitate the functioning of the District Clusters of PLHIV.
- Interventions of PLHIV at workplace advocate promotion of engaging more professionals living with PLHIV