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Improving the Use of HIV and AIDS Services among Civil Servants in Tanzania

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Introduction

In Tanzania, HIV and AIDS has impacted every element of society, including the Civil Service. Concerned about the toll HIV was taking on its government employees, the Government of Tanzania passed Circular No. 2 in 2006 to increase the use of prevention, care, and treatment services among its staff. Important aims of the Circular were to devise official procedures for facilitating service use and improving health among those living with HIV, and encourage voluntary testing and counselling. Although the Circular passed in 2006, many civil servants still have not realised its benefits.

Among the Circular's commitments are the right to employment, non-discrimination based on HIV status; specific schemes for promoting greater use of HIV testing and counselling among civil servants; formal arrangements for employees to receive free HIV treatment services; nutritional support services; and transport and allowances for employee travel to health facilities for treatment of HIV-related opportunistic infections, and diagnostic CD4 counts, and antiretrovirals (ARVs).

In 2012, at the request of the President's Office – Public Service Management (POPSM), the Health Policy Initiative, a USAID-funded project, worked with the Tanzania Commission for AIDS (TACAIDS) and the National Council of People Living with HIV and AIDS (NACOPHA) to monitor implementation of the Circular. This initiative entailed meetings with nearly 500 civil servants, which took place in 15 district councils in five regions and included representatives of 21 central ministries, departments, and agencies. A number of meeting participants were civil servants living with HIV.

Primary Barriers to Implementation of Circular No. 2

Findings from the meetings suggested a number of implementation barriers, including the following:

- **Limited awareness among civil servants about the Circular.** Many employees had not heard about the Circular, including the human resource staff charged with implementation.
- **Lack of standardised guidelines for implementing the Circular.** There is no uniform formal system for recognising and supporting civil servants living with HIV and AIDS. The levels of assistance provided employees often varied by location. Some employees, despite having registered per the Circular's requirements, did not receive any benefits at all. Some believed their managers had not prioritised implementing the Circular.
- **Poor budgeting and misallocation of HIV and AIDS resources in councils and ministries.** Meeting participants believed HIV and AIDS resources were commonly shifted to other activities after budgets had been approved. Some managers admitted shifting resources due to chronic budgetary constraints. This may be compounded by lack of familiarity with HIV and AIDS budgeting on the part of the human resource officers responsible for managing implementation of the Circular. Generally, employees expressed concern about a lack of transparency in the application of resources for HIV and AIDS.

- **Lack of HIV and AIDS Workplace Programmes.** The Circular was intended to be implemented in the context of the more comprehensive HIV and AIDS workplace programming outlined in the 2007 Public Service Workplace Guidelines. These Guidelines, however, do not appear to have been widely implemented.
- **Lack of AIDS treatment education for civil servants.** Employees expressed a need for treatment education in the workplace. Community programmes tend to take place during work hours, making participation difficult.
- **Inadequate quality of services.** Many civil servants complained about inappropriate testing procedures, malfunctioning equipment, medicine stock-outs, overwhelmed providers, no opinion box for registering feedback, lack of treatment counsellors, and charges for services that are supposed to be free.
- **Fear of breaches of confidentiality and stigmatisation.** To register for Circular benefits, civil servants need to report their sero-status to their employers. Civil servants expressed concern about this process because of a lack of confidentiality in the system and widespread denial, stigma, and discrimination.
- **Need for functional and vocal clusters of people living with HIV** to act as watchdogs for maintenance of good quality care and treatment.

Ways Forward for Implementing the Circular

Discussions during these meetings suggested some deficits with the Circular itself. While its intent was largely appreciated, it was clear that much has changed with the HIV epidemic in Tanzania since 2006, when the Circular was developed. It was agreed that POPSM should update and disseminate the Circular, with an emphasis on the basic health and rights provisions. HPI/Tanzania helped develop a brochure for POPSM for dissemination to its decentralized offices around the country. The discussions with civil servants around Tanzania solicited many recommendations and inputs on how the Government of Tanzania could improve efforts to support civil servants living with HIV. Most important, the discussions revealed that government policies and processes need to be better disseminated and understood by those they are intended to serve. The HPI efforts, in collaboration with POPSM and the NACOPHA, helped hundreds of government employees and human resource managers better understand how to support employees living with HIV in Tanzania.

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