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Reducing HIV-related Stigma and Discrimination in Tanzania

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Introduction

In Tanzania, as in other countries, HIV-related stigma and discrimination are pervasive and harmful. People associated with HIV often experience stigmatizing attitudes and harmful actions or discrimination in every aspect of their lives: at home, school, work, and in seeking healthcare. Further, stigma and discrimination help fuel the spread of HIV by driving fear and secrecy around testing and disclosure and contributing to lower uptake of health services and adherence to treatment.

Reducing stigma and discrimination is key to scaling up the response to HIV. Recognising this, the U.S. Agency for International Development (USAID) supported the Health Policy Initiative in Tanzania (HPI/Tanzania) to address these issues by strengthening leadership and governance, as well as promoting lasting change through policies, plans, and guidelines. A priority in all of these efforts was facilitating the inclusion and leadership of people affected by HIV. Stigma and discrimination thrive when people hide from society, avoid testing, and do not disclose their sero-status for fear of rejection or lack of confidentiality. HPI/Tanzania helped people break the silence around HIV, unify for collective action, and challenge harmful stereotypes and behaviours.

Strengthening Leadership and Governance to Reduce Stigma

People living with HIV can play a critical role in reducing stigma and advocating for government accountability. A fragmented community, fear, and a lack of confidence often impede people from participating in the response, however. HPI/Tanzania addressed these challenges through awareness raising, institutional strengthening, and engaging people affected by HIV in policy and legal issues. Key community-level activities included a grants program administered with the Tanzania Parliamentary AIDS Coalition to support district-level trainings. These trainings strengthened advocacy skills among people

affected by HIV and raised awareness of the different forms of stigma and discrimination.

For stigma reduction efforts to take hold, altering the broader sociocultural environment is also important. HPI/Tanzania strengthened the capacity of the mass media to report on stigma and discrimination and use non-stigmatizing language and images. More than 200 personnel from 21 media houses and seven regional press clubs participated in trainings supported by the project and its partners. As a result, numerous stories on stigma and discrimination have appeared in newspapers and on television and radio programs. HPI/Tanzania also supported media relations training for the National Council of People Living with HIV (NACOPHA). After the training, NACOPHA members appeared on StarTV and other media outlets, putting a human face on stigma. Additionally, NACOPHA successfully engaged Prime Minister Hon. Mizengo Pinda to speak out against stigma in the media.

An important focus of the project's work was with religious leaders, who wield enormous influence in Tanzania. Because of societal beliefs that associate HIV with sin, religious leaders living with HIV often face more stigma than others. HPI/Tanzania worked with the Tanzania Network of Religious Leaders Living with or Personally Affected by HIV/AIDS (TANERELA) to help empower their members to live openly, overcome shame, and become agents of change in their congregations and communities. The project supported TANERELA to organise a workshop in 2009 that led to the Dodoma Declaration, an agreement by nearly 60 religious leaders to join efforts to address stigma and discrimination. Building on this momentum, the project provided technical assistance that facilitated TANERELA's expansion into multiple communities.

HPI/Tanzania also worked with religious institutions to strengthen their capacity to respond to stigma. It assisted the Muslim, Christian, and Pentecostal Councils in developing guidelines on stigma and

discrimination. Additionally, the project collaborated with the Muslim and Christian Councils to prepare an HIV curriculum including stigma-reduction messages and disseminate the curriculum through faith-based schools. Recent project efforts have amplified the voices of religious leaders on stigma and discrimination through the mass media, including televised sermons and talk shows.

National Strategies, Policies, and Laws to Reduce Stigma

In Tanzania, an important benchmark was the approval in 2013 of the *National Multi-Sectoral HIV and AIDS Stigma and Discrimination Reduction Strategy*. The strategy prioritises 13 interventions, which collectively challenge the causes, manifestations, and consequences of stigma and discrimination. HPI/Tanzania worked with the Tanzania AIDS Commission and others to produce a draft of the strategy and organise a consultative process to shape and finalise it. The strategy reflects the contributions of partners from government, the private sector, NACOPHA and other organisations of people affected by HIV, USAID, faith-based organisations, and others.

Although Tanzania has favourable laws and policies in place, they are often marginally implemented. Working with government and civil society partners, HPI/Tanzania helped to disseminate and heighten awareness of the HIV/AIDS Prevention and Control Act of 2008, which has a provision prohibiting stigma and discrimination on the grounds of a person's actual or suspected HIV status. The project supported training on the law for 545 people, working with the Parliamentary AIDS Coalition and organisations of people living with

HIV, the Red Cross Society, and the Society of Women and AIDS–Tanzania Branch.

As of 2013, no cases of HIV-related discrimination had been brought to court under the 2008 law. NACOPHA and HPI/Tanzania organised an expert consultation in response to this issue, bringing together people with discrimination complaints and legal experts from the Legal and Human Rights Centre, Tanganyika Law Society, Tanzania Women Lawyers Association, Women's Legal Aid Centre, and the Ministry of Health and Social Welfare. At the consultation, experts reviewed seven complaints. Although they determined that most of the cases could be viable under the 2008 law, none could be pursued because of a lack of regulations about lodging and handling HIV discrimination cases. Efforts are underway to advocate for the needed regulations with the Ministry of Health and Social Welfare, which is responsible for administering the law.

HPI/Tanzania also worked with the President's Office – Public Service Management (POPSM) to promote implementation of a 2006 policy that outlines services and support for civil servants living with HIV. The policy, intended to improve the health of civil servants, also has the potential to encourage greater openness about HIV among a relatively educated population, thus altering negative stereotypes about people living with HIV. Dissemination meetings revealed limited awareness about the policy and barriers to its promised services and support. Findings from these meetings were presented to POPS M for action. The meetings reached more than 500 people representing 15 district councils and 21 ministries, departments, and public agencies.

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