HIV policy action

Policy Brief | Ernest Mallya

POLICY SLIPPAGES AND THE IMPLEMENTATION OF HIV/AIDS POLICY IN TANZANIA

INRTRODUCTION

Policy slippages are one of the problem areas when it comes to policy implementation in developing countries, including when a lack of resources is not the central setback. Slippages result in non-implementation or poor quality implementation of well-intended policies. Often this results from policy makers overlooking the risks and threats to the policy found in the targeted communities themselves. The HIV/AIDS policy programs in Tanzania have been financed by Development Partners by up to 95%, yet there are noticeable failings. These failings have led to further spread of the virus, continued suffering for those already infected and affected, unending socio-economic misery, and even donor fatigue. The consequences of this predicament have affected the core policy targets of Tanzania's HIV/AIDS policy viz. prevention, treatment, care and support. A study was conducted in Tanzania to identify the possible demand side inadequacies that have been derailing a well-intended government policy.

ISSUES OF METHODOLOGY

The study had two main groups of respondents – the government officials on the supply side and the health service seekers on the demand side. For the government officials, interviews were used to elicit information. Most respondents were from the key actors in government, the National Aids Control Program (NACP, based in the Ministry of Health) and Tanzania Commission for AIDS (TACAIDS). Additionally interviews were conducted with another key actor, the Services, Health and Development for People Living with HIV and AIDS (SHDEPHA) which is an NGO. Health workers were in three regions, Kilimanjaro, Coast and Dar es Salaam were also in the sampled. The data from the two groups was supplemented by information from government and other documentary.

For the service seekers-cum-users from communities, the researcher used small group meetings in which he discussed issues with representatives from the

communities. This approach made the participants more forthcoming. Participants included opinion leaders, people living with HIV and AIDS (PLWHAs), village health workers, home based workers/attendants, and ordinary citizens. The groups' mix was further strengthened we made sure that there were men as well as women, the youth and the elderly. The age profile ranged from 15 years to 70 years. The education profile was inclusive of people with primary and secondary education in the rural settings; in health facilities there were people with higher education as well. Members of the group were fluent in Kiswahili (Tanzania's official language) which was the medium of communication for the research. The three groups had 12, 8 and 11 participants. The discussion took place assessing whether services were available, accessible and acceptable to the people.

KEY FINDINGS

There were problem areas identified on both the government and communities, with regard to causes of policy slippages. On the government side, shortcomings in the supply of public goods have had implications on the capacity of communities to do their part with regard to HIV/AIDS. For instance, poor infrastructure including impassable roads may lead to the inability of rural dwellers to transport their produce to the markets and thereby lacking income. The most critical factors on the part of the government are indequate human resources and poor infrastructure. Other factors include wanting accountability, wavering political will, high levels of dependency and a lack of inclusion in policy and project planning.

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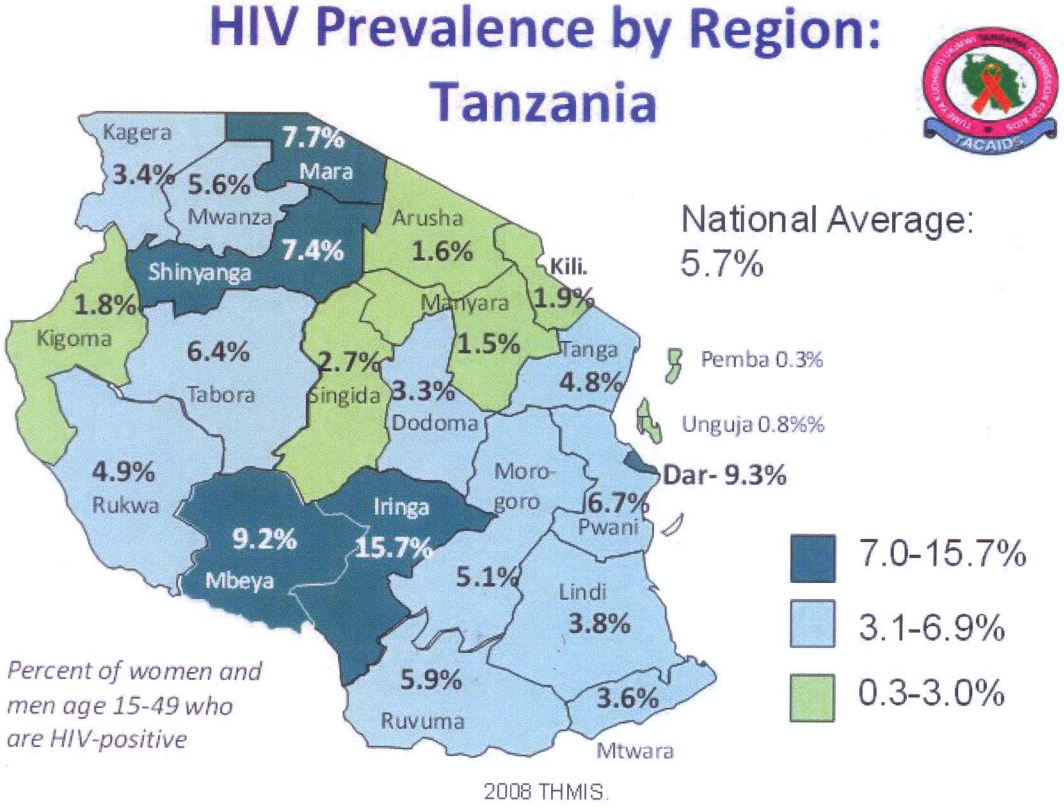
On the part of communities, there is one compound factor – poverty – which can translate into several incapacities including inability to travel, inability to acquire required nutrition, a lack of other basic needs and even a lack of confidence. Some community based practices and beliefs including stigma, cultural and religious beliefs have also been a barrier to successful policy implementation.

Availability and accessibility issues are closely related. Distributing drugs and equipment is the responsibility of the government but when the service seekers fail to reach the distribution centres and service points due to some constraining factors, then the problem becomes one of the communities themselves. Human resources which is a perennial problem is exacerbated by the communities as some staff observed that in certain areas the conditions were not conducive because of lack of key facilities like housing, but also mistreatment by community members – as is the case with witchcraft which makes potential employees avoid some areas, or leave soon after reporting. As noted earlier, poverty is a big compounding factor that limits the government's effort to implement the policy on HIV/AIDS.

While services can be available and accessible to communities, these services may not be acceptable to this or other particular sections of the population. Thus, the HIV treatment resources end up being not used if they are unacceptable. Services available included medication, voluntary testing, nutritional support, and assistance to get to the health facilities and they are free of charge. However, there are times when service equipment break down and patients are required to go to private providers or to other hospitals; costs are incurred.

Cultural practices and religious beliefs and practices are very influential throughout Tanzania. Polygamy, which is acceptable to Moslems in a way opens one avenue through which individuals can find themselves in a multiple-partners relationships. The use of condoms is abhorred by both Christianity and Islam. Some preachers still believe and preach that HIV/AIDS is a result of promiscuity – which is culpable to both religions. This attitude, has led to some infected people to go underground or not wanting to declare their status. Theories about accepting the use of condoms range from those that see it as condoning promiscuity to those who see it as going against procreation.

Government policy stipulates that the HIV/AIDS programs require that all stakeholders be involved at all stages. Further, the grassroots level is considered an all-important action area for the programs' success. While the Local



Government Authorities have been identified as key stakeholders in the implementation of HIV/AIDS programs, there has been very slow progress towards making these structures of governance autonomous. Lack of autonomy has had implications on participation in planning, budgeting and decision-making. Low levels of political competence on the part of the people contribute further to the problem, leading to instances of exclusion.

CONCLUSION

The study has shown that both sides – communities and government – comprise factors that negatively affect policies implementation. The most important factor on the part of the government is lack of some resources and inability to put in place reliable infrastructure. Others include lacking accountability, wavering political will, high level of dependency and a lack of inclusion in policy and project planning. On the part of communities, poverty is the key factor, making community members unable to access facilities, buy critical requirements, and even to create opportunities for income generation. Stigma is widespread.

In theory, the problem of policy slippages is seen to be on the supply side – the government. However, the findings in this research show that when it comes to the implementation of Tanzania's HIV/AIDS policy, plans, programs and projects, the demand side – the communities – has its own part to blame. First, stigma against people living with HIV and AIDS has led to many sufferers and others going underground or not to go for counseling and testing respectively. Second, the weak and incompetent CSOs/NGOS hinder effective implementation. Some of these do not have the capacity to handle matters related to HIV/AIDS; they may not even have the capacity to spend money available in the system. Some customary and religious beliefs are also a barrier. Lastly, citizen political competence is low. This leads to badly articulated demands to the state, and non-participation even when opportunity is provided. The net outcome then becomes low ownership of programs and projects.

RECOMMENDATIONS

The policy instruments need to be current. Tanzania is still using what appears to be the outdated National HIV/AIDS Policy of 2001. For instance, the main problem with the HIV/AIDS Policy of 2001 is that it was developed in a time prior to the introduction of ARVs in the country. Although it also advocated for the protection of PLHWAs rights, it did not capture the Greater Involvement of People Living with HIV/AIDS (GIPA) principles introduced globally;

- The government should make sure that HIV/AIDS policy and other instruments are current. Tanzania is still using what appears to be the outdated National HIV/AIDS Policy of 2001. Since its launching there have been developments such as the introduction of ARVs in the country, new international declarations and targets, as well as new knowledge from research;
- Given the shortage of health workers and the congestion in health facilities, the government should consider training and facilitating community health workers/home based carers; the government should pursue capacity building to PLHWAs on treatment, home-based care skills and orphan support skills;
- The government should increase its effort towards poverty reduction through such initiatives as infrastructure improvement, education, SME skills for income generating activities etc., which in turn will enhance the capacity of its people to avail, access accept health services;
- Government and society processes should mainstream HIV and AIDS issues at all levels.
- The government should provide technical support to CSOs and communities so that they can improve their lobbying and advocacy abilities which will improve, among others, their capacity to challenge social norms and practices that weaken the response to HIV and AIDS;
- The government should put in place mechanisms to track policy slippages and take corrective measures to avoid future unnecessary slippages. This includes developing ethical guidelines and a stronger M&E framework;
- The government should work in collaboration with cultural and religious leaders and persuade them to support its efforts directed at HIV/AIDS and where there are irreconcilable differences (such as condom use) then ways should be sought to mutually agree on the ways forward.
- The political will shown when the HIV policy was being formulated in the early 2000s should be rekindled to show support to the HIV/AIDS efforts by the government;

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