

**A REPORT ON THE NATIONAL
PRIORITY SETTING MEETING BY
TANZANIA WOMEN LIVING WITH HIV**

HELD AT TIFFANY DIAMOND HOTEL

FEBRUARY 24, 2017.

The International Community of Women Living with HIV Eastern Africa (ICWEA) in collaboration with the Tanzania Network of Women Living with HIV (TNW+) convened a national priority setting meeting by women living with HIV on February 23-24, at Tiffany Diamond Hotel. The overall objective of the meeting was to identify the concerns and priorities of women living with HIV for PEPFAR COP 2017. On 23rd February, 2017, the meeting was attended by only women living with HIV in all diversity. The participants were representatives of the networks of women living with HIV, representatives of women living with HIV from Zanzibar, Pemba, Mwanza, Morogoro, Coast, Arusha, and Dar-es-salaam. On 24th February, 2017, the meeting was attended by the representatives from TZ PEPFAR team and women living with HIV.

A presentation on the TZ PEPFAR COP17 Guidance was made by Margaret Happy. Thereafter, the participants carried out an analysis of the performance of the PEPFAR COP 16 considering what worked, what did not work, and proposed recommendations for PEPFAR COP 17.

Based on the analysis of the performance of the PEPFAR COP16, the following concerns of the women living with HIV were identified, priorities for PEPFAR COP17 and a request for affirmative action for women living with HIV to participate at the PEPFAR COP17 regional meeting in South Africa.

Concerns

Adolescent girls and young women (AGYW) living with HIV experience unique challenges as was testified by young women who participated at the PEPFAR COP 17 priority setting meeting of women living with HIV. Among the challenges which were identified included: issues of disclosure, violence, stigma and discrimination at health facility setting, schools and at community levels.

Violence against women living with HIV: Women living with HIV experience all forms of violence. Domestic violence (sexual, economic, psychological and physical) is the most prevalent problem linked to HIV as was revealed by women living with HIV from the main land and Zanzibar. In addition, the HIV-related policy and legal environment is unfavorable to women living with HIV. The unequal power relation between women and men in our society acerbates violence against women living with HIV because majority of women depend on their male-counterpart economically. All these have a lot of negative consequences on access to health care and adherence to HIV medication.

Stigma and discrimination: The women living with HIV especially adolescent girls and young women living with HIV reported high levels of verbal stigma especially when they are suspected of being HIV positive and on ART. They are given names that imply that their days of staying alive are numbered especially in school setting and communities. In addition, social stigma was revealed where by the young women are morally judged for being HIV positive. The health service providers and community members tend to associate HIV positive status of adolescents and young women with engagement in immoral behaviors. Community members perceive that

all people living with HIV engaged in sex carelessly. In addition, the women living with HIV revealed that they are several times treated negatively by family and community members.

The women living with HIV experience relational discrimination when spouses, family members, friends, and neighbors discover that they are living with HIV. Spousal discrimination manifests in the form of blame and less support from their partners once diagnosed with HIV. Mistreatment by health service providers manifests in various forms. These included neglect, verbal abuse, overusing protective materials such as gloves, and paying little attention to their concerns.

Sexual and reproductive health concerns which were raised included **increasing cases of cervical cancer** by women living with HIV, yet there is limited access to cervical cancer screening and no access to cervical cancer treatment. In addition, intimate partner violence which is fueled by disclosure of HIV status after being enrolled on the eMTCT intervention, mixed information on the feeding options for the baby were revealed.

Poverty and lack of nutritional support

The women living with HIV are faced with severe challenges of poverty and lack of nutrition support which impacts severely on treatment adherence and retention. The situation is worse for the pregnant and lactating mothers living with HIV. Nutrition is a very important aspect that has been inadequately addressed in the management of HIV. There is a close relationship between nutritional factors and Physical weakness, malnutrition, anaemia, muscle wasting and other micronutrient deficiencies. HIV exacerbates malnutrition and malnutrition accelerates the progression of HIV infection to AIDS.

Limited investment in the networks and group of women living with HIV, yet it is very important structure in providing psychosocial support, treatment adherence, stigma-reduction, demand creation and connecting the women living with SRH services including HIV.

Priorities of women living with HIV

- Invest in addressing the needs and priorities of the adolescent girls and young women living with HIV
- Invest in interventions to reduce stigma and discrimination in order to enable us to access HIV prevention and treatment services with dignity
- Invest in addressing violence against women living with HIV
- Cervical cancer screening and treatment should be given particular attention
- Invest in communities or groups or networks of women living with HIV to fight **poor adherence and retention problems**
- Invest in livelihood support to increase adherence and retention on treatment

A request by women living with HIV

The women living with HIV requested for affirmative action from PEPFAR to facilitate their participation at the PEPFAR COP17 regional meeting which will take place in April in Johannesburg.

The PEPFAR representative clarified that the selection of the CSO representatives would be facilitated by the non-state actors' constituency group of the Tanzania National Coordinating Mechanism (TNCM).

On February 24, 2017, representative of the PEPFAR team, made a presentation which is attached as slides in this report.

In response to his presentation, participants asked as to what PEPFAR will do to accelerate the involvement of women living with HIV in the PEPFAR program.

The PEPFAR representative informed the stakeholders that greater involvement of women living with HIV remains a strategic priority. However, the selection of specific organizations in the implementation of the program remains a prerogative of the prime implementing partners.