DEMOCRACY, MARKET ECONOMY AND THE CHALLENGE OF COMMUNITY HEALTH SYSTEMS FOR HIV TREATMENT: THE CASE OF TANZANIA

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Introduction

Every time when an existing social, political or economic system is changed, some participants in the community benefit while others lose in one way or another. This is much so when it comes to changes in political systems as well as economic systems. For the African continent, there have been system changes in both the economy and in politics and in some cases it has been forward and backward depending on the successes or failures experienced with every change. The economic changes came with the surge of the International Financial Institutions (IFIs) involvement in African economies in the early 1980s after many of the Sub-Saharan African countries experienced huge economic problems due to a catalogue of reasons ranging from mismanagement, corruption, natural calamities, failed states, unequal world economic system to internal and imposed political upheavals.

As for political changes, these came with the realization that for many African countries the failure of economic packages aimed at releasing the potential of African countries failed because the politics was not right. This led to the "good governance crusade" that has taken grip of the continent as from the 1990s to date. The label that these changes took was that of democracy; it was, in the main, changes in the political space where more actors were allowed in. The post colonial one-party states changed into multiparty systems, civil society organizations were allowed to play a more active role in socio-political matters, the mass media were relieved of the chains of being muzzled for a long time, and individuals were freer to speak their minds without fearing incarceration in filthy jails for 'talking too much and too loudly'. As noted earlier, in such changes there are always winners and losers. We will look into the case of Tanzania and see what happened to whom and in the process relate the gains and losses in the fight against HIV/AIDS in Tanzania, and specifically how communities have been able, or not, to handle sufferers and those living with the virus.

Tanzania's Road to Economic Ruin: 1961 - 1980

When the economic crisis in Tanzania reached its peak in the 1980, there were several manifestations. The first was the existence of large debts owed by both internal and external financial institutions, and bilateral donors. Second was the high level of dependence to foreign aid when it came to development funding. Third, there was an increase in the decline of the capacity to produce due to, among other reasons, inability to buy inputs such as spare parts and so on. Fourth, there had been poorly integrated sectors of the economy – having what has been said in development literature that they are producing what they do not consume and consume what they do not produce. Lastly was the problem of declining infrastructure especially transportation infrastructure. The roads and railway systems were in poorly conditions which complicated the processes of accessing peasants in the rural areas as well as next to impossibility of ferrying crops from the same peasants to the export centres

and so on. The roots of all these problems are in the chronology of what happened with the post-independence state in Tanzania.

When African countries started gaining their political Independence, the state was seen and used as the main development agency. The countries in Africa vary but they share some common features in the politico-economic ventures by the ruling cliques. The mainstream theories of the time advocated for the centrality of the state in the development process. Meanwhile, as the state tried to realize what was promised during the struggle for independence by the nationalist leaders, it was realized that policies were hard to implement and intended objectives were not being realized. So there was this discrepancy between what was promised and what was happening on the ground. In most countries, there were no indigenous entrepreneurs with enough capital to take on the challenges that came with Independence. The state, therefore, for a considerable period of time, became an engine for development and the provider of goods and services. In this framework of provision in the newly independent states, political leaders became patrons, creating networks of patron-client networks which, in turn, brought about contradictions in the whole production process (Sandbrook, 1993).

The contradictions started with the ways in which the state was appropriating the surplus that was generated by the peasants and other producers. The appropriation was done by the ruling groups (or classes). The on-coming of the developmental state in Africa was a result of this in that the state was seen as the solution to all problems – and therefore, its attempt to legitimize the extraction and appropriation of the surplus mentioned above. However, not all extraction was directed towards the development effort. Leaders started to accumulate for own benefit; the state operational sphere was extended, and as a result production started to decline because the producers were not seeing the benefits from their efforts. With the crisis creeping into the production sphere, contradictions emerged between members of the political class as per Bottomore's classification (1966), as well as contradictions between the central and local governments. In Tanzania this latter conflict led to the dismantling of the local governments in 1972.

The decline in production led to another crisis – that of shortage of foreign exchange. When this happens, inputs into the production process are unavailable and this spurs two very serious problems – one is inflation and the other is the invitation to seeking aid from outside the country. The latter encourages also the use of imported commodities and production inputs. For Tanzania, there was so much aid at some point that this phenomenon negatively affected further internal production. The net result was ultimately a declining ability to pay debts as they accumulated to amounts the ailing economy could not sustain.

At the height of this crisis, basic consumer goods in Tanzania were unavailable in adequate amounts. The scarcity led to a farther problem – corruption. The distribution networks, and many of which were state's, became goldmines for public officials as they could avail such goods to those they wanted and in exchange for money or other rewards. In this process, the peasant was being farther and farther alienated. In the day to day terms, these facts are translated into a lack of many essential commodities, declining educational and health standards, the rationing of essential items like petrol, non functioning of public facilities like hospitals and an ever falling standards of life (Mallya, 1994: 81). Moreover, the "official economy was rivaled by a "parallel economy" in which the "entrepreneurs of adversity", as Green (1986) calls them, took advantage of the situation to exploit the common man in the street through practices like price hiking, racketeering, and commodity hoarding. This

situation also led to what Hyden (1980) called "exit option" where the peasant felt that the state was irrelevant and therefore no need to cooperate.

With the scarcity worsening, those in power felt threatened and therefore they thought they needed to stay in power at any cost. Dispensation of favours to friendly sections and groups followed, including food subsidies to urbanites in order to garner support. Definitely this alienated the peasants who were producing the food in villages farther! The situation was at a melting point now as political instability was setting in. The government was trying to extract resources from the peasant who was reluctant and had started using different tactics to avoid the state – like opting for subsistence, while it was at this very point that the state badly needed these resources. In order to appease the population and their supporters, leaders started to look for scapegoats. Of course, according to the rhetoric of the time, imperialists and the capitalist world system were number one, followed by some internal enemies of different kinds. While the international division of labour has a part to blame for this predicament, there were definitely internal weaknesses that contributed a lot to the situation in the African countries, and Tanzania in particular as the OUA (1986: 17) acknowledged at some point.

At this juncture – at around 1981 – Tanzania was experiencing economic stagnation and socially and politically there was desperation and apathy respectively. This is when some suggestion for ways out started to come about. One was the need for democratization; another was the need for economic reforms. These possible solutions were being suggested by internal and external actors. For the economic reforms it was, in the main, the IFIs.

The Liberalizations: Economic and Political

With the economy in doldrums by early 1980s, the government of Tanzania held talks with the financial institutions, especially the IMF, as well as improvising recovery programmes like the National Economic Survival Programme (NESP) of 1981/1982 as well as the home grown Structural Adjustment Programme (SAP) of 1982 and the home grown Structural Adjustment Programme (SAP) (Stein, 1990: 8-9). These efforts were aimed at attracting more resources for the state but they were not successful. While the state wanted to mobilize more resources for its use, at the same time it maintained the control-cum-exclusionist stance that it had had for a long time. Concentration of power remained in place. Meanwhile, the financial institutions and other donors were already pushing for both economic and political liberalization. The government started to liberalize the economy a few years later in 1986 when it had an agreement with the IMF on some financial arrangements in timeframes and performance indicators agreed by both parties. This was to be named Economic Recovery Programme (ERP I).

There were several conditions though, which the government had resisted but then had yielded to including devaluation, liberalization of crop marketing, liberalization of export and import trade, and removal of subsidies to peasant farmers. More reforms were to follow in the late 1980s and early 1990s. These include:-

- 'rolling back' the state in line with the World Bank's paradigm shift in the mid-1980s (see World Bank's Berg Report 1981, for example);
- end of free services and introduction of user fees in some social services;
- creation of executive agencies and freezing of wages in the public sector;
- retrenchment of public sector workers in the attempt to control the wage bill and several other measures;

- one big subsidy consumer – the parastatal sector – was also put under restructuring in view of trimming it down.

In brief, from 1986 the Tanzanian economy started to wear a capitalist face in all aspects.

After the economic liberalization came political liberalization in 1992. Again this was a result of several factors including the 'wind of change' in Eastern Europe that begun late 1980s, internal pressure from activists and NGOs, pressure from donors, and according to Kiondo (1990: 39) as well as influence from within the only political party in which some members were pro-reforms. In that year, the law was changed to allow other political parties into the political system after a 27-year period of one-party state. Hand in hand with that, by this time NGOs and other civil society organizations were acting more freely than it had been. These include those focusing on economic matters which started to increase in numbers with the liberalization of the economy. The following year some eleven new political parties were given full registration. Others followed in the subsequent years. Competitive politics within the framework of multiparty framework was back in Tanzania. The first elections were the local government elections in 1993/94. The performance of the new parties was not impressive but at least different opinion and choice of candidates was now possible.

The liberalization of politics was followed by the donors' insistence on good governance. This was a mid-1990s demand after the structures of political liberalization were in place. Implementation and practice of good governance started in earnest. The **Tanzania Development Vision 2025** (URT, 1995) states that Tanzania "cherishes good governance" and the rule of law in the process of creating wealth and sharing benefits, as well as empowering people so that they can make leaders and public servants accountable. Where to locate the new relation between the three (state, CSOs and private sector) in theory and practice ended up in the concept of "governance". Governance is not entirely a new concept but it was given a particular meaning in the context of the revival of the management of politics in African states. Sometimes the qualifier "good" is prefixed to make it "good governance". Hyden (1992: 7 – 8) defines good governance as the conscious management of regime structures aimed at enhancing the legitimacy of the public realm. The World Bank on its part is for good governance because it believes good governance will ensure the presence of human rights, it will check corruption, and promote democratization as well as accountability (1989).

The Economic Reforms and Subsequent Implications

As we have noted, bad policies in the post-Independence regimes led to poor performance and policies had to be changed in order to rescue the economy. Tanzania held talks with the financial institutions, especially the IMF, as well as improvising own recovery programmes like the National Economic Survival Programme (NESP) of 1981/1982 as well as the home grown Structural Adjustment Programme (SAP) of 1982. These efforts were aimed at attracting more resources for the state but they were not successful. While the state wanted to mobilize more resources for its use, at the same time it maintained the control-cum-exclusionist stance that it had had for a long time. Concentration of power remained in place.

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The issue is whether the reforms changed things on the ground. It might have been too early in late 1990s for one to assess the successes of the two liberalizations but on reflection now, things did not change much on the part of the peasant. In 1991 the second phase president and his colleagues in the party issued the Zanzibar Resolution which opened the doors for political leaders to participate in business – a thing that was not allowed during the Arusha Declaration years of Julius Nyerere. The remarkably little private capital there was started to increase through private capital accumulation and a ‘nouveau riche’ group of entrepreneurs joined the political and bureaucratic elites in the race for wealth accumulation (Mallya,2007: 183). Looked into closely, with the reforms associated with cutbacks on public expenditure directly point to the situation whereby the poor would suffer most. Given the corruption levels that had been prevailing in Tanzania, those in government offices, even if not in high positions, had something of a bargaining chip to get some extra money to cover for the extra expenses that will be brought about by the reforms – such as user fees and charges on services that were not paid for before. The most unlucky in this game became the peasants who had no say on their produce prices and had nothing to hold on to, which could mitigate the effects of the reforms. Under such a situation the emerging commercial elites, the political and bureaucratic elites found means to survive at the expense of the majority peasantry.

As the private sector has assumed a greater role in the economies of the developing countries in the past two decades, Tanzania has not been left behind. With the dwindling ability of the state to provide ‘free’ services as it were, the private sector – which was suppressed for some thirty years – came to be alternative-cum-partner in the provision of goods and services. Hand in hand with the coming onto the scene of the private sector, is the reduction of state activities in the economy. This means, among other things:-

- That rationalization had to take place and which by all means came with a cost – job losses.
- The private sector also came with improved technology in some of the privatized sections of the economy, which again come with the same cost – job losses.
- But on the other hand, production improved, tax revenues for the state went up, and market distortions were eliminated.
- The state had new challenges. First, as the economy was opened up, competition became stiffer. Local enterprises and businesses needed support in order to become competitive on the world market. Secondly, on the local scene, there was need to support formal and informal sector small businesses and enterprises by, for example, creating credit facilities. These are the sectors that were supposed to create jobs. Thirdly, there was always the need to take care of casualties of the reforms – the vulnerable, including women, children, disabled and those who live with HIV/AIDS as well as other devastating diseases.

To sum up, it is now obvious that the state, the private sector and, of course the civil society have been forging closer and closer ties – whether willingly or due to pressure from, among others, the development partners. Continued donor assistance and solid macro-economic policies – many of which were laid down during the third phase government of 1995 to 2005 – have supported real GDP growth in Tanzania of more than 6% and the current government has attempted to review upwards.

Good Governance and the Management of the Economy

The HIPC and the PRSPs in Tanzania

The economic reforms that were initiated mid-1980s did not yield enough to convince the donors that there was going to be change that was significant and sustainable. There were no tangible changes on the ground on the part of the common man and woman either. In the mid-1990s, the tack changed and now what was being targeted was poverty. How could poverty be reduced if not eradicated was the key issue in development parlance, policy, programmes and projects. The two financial institutions initiated new strategies to combat poverty.

The Heavily Indebted Poor Countries (HIPC) Initiative was launched by the Bretton Woods Institutions in 1996 also referred to as IFIs here. It was a significant development in that it acknowledged that previous efforts at restructuring or rescheduling debt had been insufficient to resolve the debt crisis in the developing world. This was the first comprehensive international debt relief scheme, integrating all multilateral, bilateral and private creditors into one framework. The aim of the HIPC Initiative was to reduce to "sustainable levels" the debt burden of poor countries that demonstrated pragmatic economic and social policy reforms, and thereby to provide a lasting solution to the debt crisis. Reducing the debt to "sustainable" levels was intended to remove the debt overhang, and make it such that the debt service owed was the same as the amount being paid, thus preventing countries from falling behind on their repayments.

According to Colgan (2001) the HIPC process was divided into two phases. First was a three-year period between the "entry point" and the "decision point", during which a country followed IFI adjustment programs, and at the end of which a debt sustainability analysis would be conducted to see whether and to what degree the country qualified for debt relief. After a second three-year period, during which the country would consolidate its track record in following World Bank and IMF programs, the "completion point" would be reached, and the country would then receive a reduction in its total debt stock.

Various sources (including Colgan, op. cit.; Africa Action, 2006; Jubilee 2000) note that under the original HIPC Initiative, progress was very slow, and criticisms of the pace of the process and the stringency of the qualifying criteria led to a revision of the plan and the unveiling of the Enhanced HIPC Initiative at the G-7 summit in Cologne in 1999. Under the enhanced framework, debt relief was to be made "broader, faster and deeper", and it was to be linked more closely with the goal of poverty reduction. Debt relief was to be "broader" in the sense that the lowering of the debt sustainability ratio to 150% of exports would admit more countries to qualify for relief. It was to be "faster" in the sense that the timetable for offering relief was accelerated by 'interim' assistance being provided between the decision and completion points. In addition, the completion point was made 'floating', which meant that countries that performed exceptionally well would not be required to wait the full three

years in the second phase of the Initiative, but could reach the completion point more quickly. Debt relief was to be "deeper" because expanded assistance was to be provided to qualifying countries.

The Enhanced HIPC Initiative also aimed at linking debt relief more firmly with poverty reduction efforts, requiring that all HIPC governments produce a Poverty Reduction Strategy Paper (PRSP) as a condition to their being eligible for HIPC relief. PRSPs were to be developed transparently through a government-led national process, in consultation with civil society, the private sector and external donors, and with the assistance of the World Bank and IMF. The aim of a PRSP process was to ensure consistency between a country's macroeconomic, structural and social policies and the goals of poverty reduction and social development. A country was expected to have a viable and comprehensive poverty reduction strategy in place prior to its decision point, either in the form of a PRSP or an Interim PRSP. The Boards of the World Bank and IMF then considered this paper as they reviewed the eligibility of a country for HIPC debt relief. Under the Enhanced HIPC Initiative, 22 countries had reached their decision points by early 2001, including 18 in Africa, Tanzania being one of those. HIPC II also introduced the PRSP as a condition for gaining debt relief. Under HIPC II, countries reach 'decision point' once they have completed three years' compliance with IFI macro-economic policy designed to help the country "establish a record of implementing economic reforms and poverty reducing policies" (World Bank, 2002). This includes the production, in a participatory manner (i.e. inclusive of all development partners), of a PRSP which sets out a comprehensive summary of macroeconomic and social policies and targets, and the resources required from development partners to fulfill them. PRSPs are supposed to be financed through the savings made from debt relief. Once a country reaches the so-called 'decision point', it is either declared to have reached a sustainable level of debt, or it is committed to the next HIPC phase, which grants interim debt relief until 'completion point' is reached. Countries are eligible for their full package of debt relief once they have "implemented a set of key, pre-defined structural reforms" (World Bank, 2002). Decisions on the status of HIPCs are made in Washington, DC by the boards of the IFIs, and the timescale between decision and completion points is not fixed, allowing countries to accelerate their drive towards completion. However, debt relief can also be cancelled at any point between the two stages if a country is deemed to have departed from the structural reforms set out in the IMF's PRGF or the World Bank's PSAC-1. In mid-2002, seventeen African countries were between decision and completion point. Viewed together as a package, these initiatives channel the energies devoted to the governance of Africa; that is, the micro-framework though which African governments and civil societies, and international donors and financial institutions, work to achieve democracy and market-led, pro-poor growth in partnership with one another.

According to Mercer (2003, and whom I reference *in extenso* here) the IMF introduced a Poverty Reduction and Growth Facility (PRGF) and the World Bank a Programmatic Structural Adjustment Credit (PSAC-1). Attention was now paid to the new disciplinary tools that have been designed to manage Africa's indebted economies; the HIPC initiative, and the Poverty Reduction Strategy Paper (PRSP), both of which are attached in conditional terms to the PRGF and PSAC-1. Of the seven countries that had entered the HIPC process by 1999 (five of them African) of a potential forty-one states designated by the IFIs as 'heavily indebted', Tanzania was among them. Moreover, the IFIs were criticized for the continued adjustment-type conditionalities attached to debt relief eligibility (Callaghy, 2001). In 1999 the IFIs responded by launching the 'enhanced' HIPC II initiative which aimed to give more debt relief to more countries within a shorter time span (World Bank, 2002b). These arrangements in the packages can be understood as a contract of empowerment between the

IFIs, donors and African states. As such, nowadays African states are no longer named as aid recipients but as partners; that is, as owners of the reform process and therefore agents of their own development. Power is exercised through the donor practice of selectivity and surveillance, rewarding governments which act responsibly and are committed to the right kinds of policy (Slater and Bell, 2002:349); that is, the norms of democratic neoliberal market reform. Thus, the CDF has ushered in a set of participatory devices to be employed by disciplined governments and their civil societies to measure, allocate, evaluate and audit the resources used for development, such as the PRSP, Participatory Poverty Assessments (PPA), Poverty Action Funds (PAFs), the Participatory Monitoring System (PMS), the Medium Term Expenditure Framework (MTEF), and the Public Expenditure Review (PER), to name but a few. These are the mechanisms by which indebted states are subjected to management, monitoring and surveillance, through the granting of responsibility and empowerment within an overall context of partnership as trusteeship and tutelage (Slater & Bell, 2002). Indeed, in Tanzania, one of the earliest donor investments in the PER was a computer system to which all government department budgets are linked, and through which all expenditure is monitored (Harrison, 2001a). These are the tools for the technical, depoliticized practice of governance (Craig & Porter, 2003), which, viewed as individual management techniques, render the overall picture less tangible. In this way IFI and donor power is not exerted directly on African states, but its effects are produced through the self-policing of African governments.

Good governance and civil society

Civil society has now become an accepted ingredient in the pursuit of 'good governance' among IFIs, donors and African governments themselves (Abrahamsen, 2001). The governance approach has been central to the World Bank's strategy for Africa since the publication of its 1989 report, Sub-Saharan Africa: from crisis to sustainable growth, which located the failure of structural adjustment in the political, rather than the economic realm; 'underlying the litany of Africa's development problems is a crisis of governance' (World Bank, 1989:60). Key components of the good governance approach include: multi-party elections; a free and independent civil society, media and judiciary; the provision of an 'enabling environment' for the free market; respect for the rule of law; and the decentralization of government. Within this framework civil society is held to be an inherently democratic and democratizing sphere wherein private actors and institutions can flourish. Within discourses of development it was the liberal position, in which civil society has come to signal the ensemble of associations which exist outside of, and in opposition to, the state, which has become common parlance (e.g. Bratton, 1988, 1994; Clark, 1995; Makumbe, 1998; Rothchild & Chazan, 1988). Civil Society Organizations in their varying names and forms are the ones that are expected to participate in political processes in the advent of good governance practices. With regard to their participation in the development of the PRSPs in Tanzania, the picture is not that good.

The CSOs experience in Tanzania about participation in the PRSPs processes has been that of not having enough time to be fruitfully engaged in the process; as well as the government having rushed the process (Muna, 2000; Evans et al., 2001; Kajege, op. cit.; Curran, 2003). The Kajege and Muna studies were done under the Tanzania Coalition on Debt and Development (TCDD) which comprise several NGOs and are united against debt conditions for poor countries like Tanzania. These commentators note that generally the CSOs participation in the PRSP process was similar to that in many other government-led processes. These processes have been characterized by:

- CSOs being uninformed on the process and getting to know about it through unofficial channels;
- Some active CSOs organizing to get involved through the government-led process and organizing for a separate process to review the proposed process and content.
- CSOs working towards influencing the government to listen and enlarge their process to adopt gender and civil society perspectives.

Throughout the PRSP processes, civil society organizations were demanding for more active involvement and participation in the process of both NGOs and communities. However, on the whole process CSOs were involved in a superficial and half-handed manner (Muna, op. cit.). She laments that CSOs were only involved at later stages like the post-National Workshop stage carried after the zonal workshops of the government process. And this was only partial involvement where NGOs were invited to comment at that workshop on all the topics in the strategy paper. Furthermore she notes that some of the inputs were very critical but they never ended being part of the final document. CSOs were not called for, to the final drafting of the paper, although they had argued that the final process should include representatives of civil society organizations. In this way, civil society organizations were inadequately involved in the process and did not truly participated fully in the process of preparing the poverty strategy paper for the United Republic of Tanzania. The second PRSP for Tanzania which was christened National Strategy for Growth and Poverty Reduction (NSGPR) of 2005 happened to be more participatory, partly because of the reservations by civil society organizations but also because the donors/initiators demanded that they be so.

HIV/AIDS Treatment in the Aftermath of Political and Economic Reforms in Tanzania

The PRSPs have become the contextuating policy frameworks in most of the poorer countries following their initiation towards the end of the last decade of the 20th Century. In Tanzania, such paper is named *National Strategy for Growth and Reduction of Poverty II (NSGRP II also with a Swahili acronym MKUKUTA II*. MKUKUTA II translates Vision 2025 aspirations and MDGs into measurable broad outcomes organized under three clusters –

Cluster I: Growth for Reduction of Income Poverty;
Cluster II: Improvement of Quality of Life and Social Well-being; and
Cluster III: Governance and Accountability.

Cluster II has a goal on: *Improving Survival, Health, Nutrition and Well Being, Especially for Children, Women and Vulnerable Groups*. In the Strategy Paper, strategies and targets have been identified as described below.

The HIV & AIDS epidemic poses a threat to development, security and economic growth, and thus undermines effort to attain MKUKUTA and MDG poverty targets. HIV and AIDS and TB infections reduce productivity, savings and investment, and decrease the growth rate of per capita income, as well as creating social instability within families and communities. The negative impact on children's education, health and nutrition reduce the potential for longer term national economic growth and development. Operational targets have been set to guide the implementation of strategic interventions.

The Strategy continues to emphasize the multi-sectoral responsibility for addressing HIV/AIDS. From health point of view, HIV and AIDS and TB issues will be addressed

focusing on reducing new infections, treatment and mitigating impacts on the wellbeing of People Living with HIV (PLWH). The interventions include:

i. Sustaining current strategies such as multi-sectoral strategies and sector specific strategies on HIV prevention;
ii. Sustaining care and treatment with emphasis on Prevention of Mother to Child Transmission (PMTCT+) and paediatrics' AIDS services;
iii. Improving HIV surveillance and follow-up of neonates;
iv. integrating measures to address gender and inequalities that result in higher HIV prevalence rates especially among women and girls;
v. Introducing measures for protecting girls such as keeping girls longer in school;
vi. Promoting income-generating/livelihood schemes and life-skills for adolescent girls and women including access to credit as a social protection measure;
vii. Strengthening social protection measures for PLWHAs (with particular attention to women, children, elderly carers, widows and child-headed households);
viii. Strengthening awareness campaign (e.g. using game and sports) and measures to address the stigma and discrimination which limit access of PLHIV to prompt and quality care, treatment and support, especially at district and local levels;
ix. Ensuring universal access to ARVs and increase VCT service provision as well as measures for BCC;

Cluster III has a goal on: *Promoting and Protecting Human Rights for all, Particularly for Poor Women, Children, Men and the Vulnerable, Including People Living With HIV/AIDS.* The Strategy Paper continues to say that the achievement of this goal depends critically on strengthening of health service delivery system. Moreover, strategies need to be geared towards improving the health of mothers and children. It entails, addressing the prevalent illnesses such as malaria and HIV and AIDS which are major causes of deaths. The goal also focuses on the human resource crisis which constrains provision of adequate health care. Further, given the strains placed on available resources by high population growth rate, effective measures are deployed in order to promote access to education on reproductive health and appropriate mix of family planning methods. It also recognizes the need to make health service delivery affordable, while reducing disparities of access (between regions, socioeconomic groups). While there is emphasis on disease-specific interventions, the Strategy recognizes their integration into an overall health care delivery system. Thus, strategic interventions are also needed to improve the functioning of the health care delivery system.

Operational targets and strategic interventions for achieving this goal have been identified based on the strategic areas and targets defined in the National Health Policy 2007, Health Sector Strategic Plan III (2008-2015), Primary Health Services Development Programme 2007-2017, Human Resource for Health Strategic Plan 2008-2013, the National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008-2015 (also known as 'One Plan'), the ongoing disease specific programmes); EPI (for immunization) and others. The major areas are: human resources for health; addressing fertility, maternal and neonatal health, improving child health and nutrition; and addressing HIV and AIDS.

Other areas of the MKUKUTA which target HIV and AIDS and which come under other general policy areas or sectors include:

- Implementing comprehensive gender responsive and rights-based HIV & AIDS programs for employees and their families, in both formal and informal sectors, public and private (Workplace Programs (WPPs); (Cluster I).
- Effective implementation of the HIV and AIDS and life skills education components of the national education strategy including building it into teacher training; (Cluster II under Education).
- Mainstreaming HIV and AIDS into curricula, implementing HIV and AIDS intervention for students. (Cluster II under Education).

Home/Community Based Care Services

The objectives as provided for in the National Guidelines for HBC services is to mitigate the physical, mental, spiritual, social and economical difficulties experienced by the chronically ill patients including PLWHA and their families. Therefore, families are the central focus and form the basis of community HBC services. The Ministry of Health and Social Welfare (MOHSW) started implementing HBC services back in 1996 as a pilot into two regions namely; Coast and Rukwa under DANIDA (the Danish International Development Agency) support, these services have been scaled up gradually to cover all districts in the country. The main implementers of HBC are nongovernmental organizations (NGOs), community based organizations (CBOs), District councils and faith-based organizations (FBOs) under a mandate from the MOHSW that develops policies, guidelines and training materials. In 1999, the first National Home Based Care Guidelines were developed, aiming to provide guidance to managers, health care providers and Home Based Care providers in the community.

In 2003 the Ministry of Health and Social Welfare developed a Health Sector Strategy for HIV/AIDS (2003-2006) which identified Home Based Care as the most cost effective alternatives to mitigate the physical, mental, spiritual, and socio-economic difficulties experienced by PLWHA and their families. The second Health Sector HIV and AIDS Strategic Plan-II (2008-2012)now in use and the strategy emphasizes the establishment of effective linkages between care and treatment and support of PLWHA after introduction of Nation Care and Treatment services. In 2010 National AIDS Control programme developed National Guidelines for Home Based Care Services.

Prevention approaches and practices are incorporated into HBC services. Community HBC providers convey safer-sex message and distribute condoms, discuss good nutrition and safe drinking water, and they refer clients to health facilities when needed. Focus of HBC program has been to educate, support and motivate PLWHA to adopt basic lifestyle practices, such as observing good hygiene and eating nutritious food.

The introduction of antiretroviral therapy required links to be established with successful HBC programmes that would increase patient identification, adherence to treatment and patient follow-up. National HBC Guidelines focus on provision of quality care to PLWHA. Therefore, intensified efforts must be made to identify PLWHA in need of services to meet the goals of the National HIV and AIDS care and treatment plan

The Challenges Facing Community Health Systems for HIV Treatment

As this chapter has been looking at economic and political reforms in Tanzania, there definitely are issues that have some bearing on HIV treatment that come out of the reforms. We will, therefore, discuss two sets of challenges that face community systems for the treatment of HIV. The first is the one comprising the challenges emanating from the reforms. The second will comprise what we can call technical challenges basically emanating from the health sector as a sector and one operating in the environment of Tanzania.

The first set of challenges as noted above are a result of the liberalization of both politics and the economy. The reforms led to, among others, the withdrawal of the state from some key social responsibilities as it has been noted elsewhere that the net outcome of the reforms in many developing countries has been negative on the most vulnerable. (Jaycox, 1989; Cornea et. al., 1987). The removal of such things as subsidies to peasants would definitely have had a negative impact on their income in that they may not have been able to buy enough inputs for their farms. User fees and charges on services like health and water curtailed demand but with deadly implications to poor health and other service seekers who could not pay. The political reforms which ejected socialism coupled with the competition in the economic sphere dented the communal spirit which was built over the decades of *ujamaa*. People have started being "capitalist" and therefore individualistic thereby caring for their own close family rather than the community. These developments have had implications on how people conducted themselves towards community issues and projects.

The second set of challenges is technical and as provided by the MOHSW as well as the Tanzania Commission for AIDS (TACAIDS). These are:

- There is shortage of human resources for the health sector. This has affected the service provision to all areas including services in HIV and AIDS. The shortage is in skills, numbers and uneven distribution across the country. Many districts have not trained HBC providers.
- There is poor infrastructure to provide HIV and AIDS services. For instance, there are areas where vehicles cannot reach during certain times of the year like during the rainy season. This complicates the distribution of drugs and other inputs into the health system.
- Some areas are yet to be covered. Coverage of services is still low compared to population needs.
- There is also a problem of availability of adequate and predictable financial resources to ensure universal access to prevention, care, treatment and support.
- National infrastructure has also been a hitch when it comes to data on HBC services – as such planning has been difficult.
- There is a shortage of HBC kits to enable providers to run the services smoothly.
- Stigma remains to be a big problem creating reluctance of the part of many patients to accept being provided HBC services.

Conclusion

The developing countries in Africa have had a history of the state being the provider of basic services. The political and economic reforms that swept the continent as from the mid-1980s until now ushered in changes that the state does not have the infrastructure to handle. These include the safety nets that the vulnerable in society use to continue living a decent life as is the case with the developed world. The privatization of social infrastructure and the entertainment of private sector spirit and techniques in the social services have led to many

poor and vulnerable losing out. When the state withdraws and leaves the market or market like systems to operate, the community (civil society) comes in some areas that need people to be taken care of. This is much so with regard to taking care of the sick, elderly, orphaned and other vulnerable groups. HIV/AIDS has produced many of these vulnerable persons in Tanzania and the community has tried to cope to some extent but the challenges have been enormous. As mentioned above, there are the challenges brought about by the changes in political and economic spheres. These are exacerbated by physical and infrastructural weaknesses in the country which render service providers unable to pursue some critical functions.

While the spirit and structures of capitalism are being installed in Tanzania, the African spirit of communalism and brother/sisterhood has not yet died out completely. Communities are trying to hold out and help members as much as possible. However, there are matters that are so technical that the old styles and areas of communal activity would not be effective unless assisted by modern and more scientific techniques, equipment and skilled personnel. Such an area is HIV/AIDS. It requires skills, equipment and other inputs like drugs which are for now not available in enough quantities for the communities to cope with the challenge. But, the communities are trying their best and improvements are expected with time. With the grip the development partners have on the developing countries – and for Tanzania, the requirement for the presence of a PRS paper – it is likely that if there are no policy slippages then communities will be empowered in order to perform their role better in caring for the sick, poor, elderly and so on, including those living with HIV and AIDS sufferers. The PRSP in Tanzania firmly places HIV/AIDS at centre stage and hopefully things will get better as communities struggle to cope with the challenges of handling HIV/AIDS in a poor country.

REFERENCES

1. Abrahamsen, R. (2001). *Disciplining democracy: development discourse and good governance in Africa*. (London: Zed).
2. Africa Action, (2006). "The World Bank and IMF in Africa" at www.africaaction.org /resources/issues.
3. Bratton, M. (1988). Beyond the state: civil society and associational life in Africa. *World Politics*, *41*(3), 407 – 430.
4. Bottomore, T. B. (1966). *Elites and Society* (Harmondsworth: Penguin).
5. Callaghy, T. (2001). Networks and governance in Africa: innovation in the debt regime. In T. Callaghy, R. Kassimir, & R. Latham (eds.), *Intervention and transnationalism in Africa: global-local networks of power* (pp. 115–148). Cambridge: CUP.
6. Clark, J. (1995). The state, popular participation, and the voluntary sector. *World Development*, *23*(4), 593–601.
7. Colgan, Ann-Louise, (2001). Africa Action: Debt Position Paper 07/04/01 (Africa Action).
8. Cornea, G. A., R. Jolly and F. Stewart (eds.) (1987). *Adjustment with a Human Face: Protecting the Vulnerable and Promoting Growth* (Oxford: Oxford university Press).
9. Craig, D., and Porter, D. (2003). Poverty reduction strategy papers: A new convergence. *World Development*, *31*(1), 53–69.
10. Curran, Zaza, (2003). "Civil Society Participation in the PRSP: The Role of Evidence and the Impact on Policy Choices".
11. Evans, Alison and Erasto Ngalwea, (2001). *PRSP Institutionalization Study: Final Report*, Submitted to Strategic Partnerships with Africa.
12. Green R. H. (1986). *The IMF and Stabilization in Sub-Saharan Africa: A Critical Review*. IDS Discussion Paper No. 216, (Falmer: IDS, University of Sussex).
13. Harrison, G. (2001). Post-conditionality politics and administrative reform: reflections on the cases of Uganda and Tanzania. *Development and Change*, *32*, 657–679.
14. Hyden, G. (1980). *Beyond Ujamaa in Tanzania: Underdevelopment and an Uncaptured Peasantry* (London: Heinemann).
15. Hyden, G. (1992). "Governance and the Study of Politics" in Goran Hyden and Michael Bratton (eds.), *Governance and Politics in Africa* (Boulder: Lynne Rienner).
16. Jaycox, E. V. (1989). "Structural Adjustment in Sub-Saharan Africa: The World Bank Perspective" *Issue* (Vol. 18, Winter).
17. Jubilee 2000 at www.jubileedebtcampaign.org.uk
18. Kajege C. M. M. (undated), "Civil Society Participation in PRSP: Tanzania Experience" (Dar es Salaam: TCDD).
19. Kiondo, Andrew (1990). "The Nature of Economic Reforms in Tanzania" *Taamuli: A Political Science Forum* Vol. 1 Nos 1 & 2 pp. 26 – 45.
20. Makumbe, J. (1998). Is there a civil society in Africa? *International Affairs*, 74(2), 304–317.
21. Mallya E. T. (1994). "The Politics of Policy Reform: Privatization in Tanzania" (Manchester, PhD Thesis).
22. Mallya, E. T. (2007). "The Political Economy of democracy in Tanzania", *Journal of African Elections* Vol. 6 (1): 174 – 188).
23. Mercer, Claire, (2003). Performing partnership: civil society and the illusions of good governance in Tanzania, *Political Geography* 22 (2003) 741–763.
24. Muna, Rebecca, (2000). "Civil Society Participation in the PRSP: A Case Study of Tanzania" (Dar es Salaam: Tanzania Coalition on Debt and Development – TCDD).

25. Organization of African Unity (1986). Africa's Submission to the Special Session of the United Nations General Assembly on Africa's Economic and Social Crisis (Addis Ababa, March 1986).
26. Rothchild, D., and Chazan, N. (eds.). (1988). *The precarious balance: state and society in Africa*. (London: Westview).
27. Sandbrook, R. (1993), *The Politics of Africa's Economic Recovery* (Cambridge: Cambridge University Press).
28. Slater, D., & Bell, M. (2002). Aid and the geopolitics of the post-colonial: critical reflections on New Labour's overseas development strategy. *Development and Change*, 33(2), 335–360.
29. Stein, Howard (1990), "The Economics of the State and the IMF in Tanzania", *Taamuli: A Political Science Forum* Vol 1 Nos 1 & 2 pp. 1 – 25.
30. United Republic of Tanzania (URT) (2010). *National Strategy for Growth and Reduction of Poverty II - NSGRP II* (Dar es Salaam: Ministry of Finance and Economic Affairs).
31. World Bank (1989). *Sub-Saharan Africa: from crisis to sustainable growth*. (Washington, DC: World Bank).
32. World Bank (2002). H*IPC: Frequently asked questions.* Accessed at: http://www.worldbank.org/hipc/faq/faq.html (January 2003).