

THE CHURCH IN TANZANIA

THE HIV/AIDS CHALLENGE

Introduction:

- Sub-Saharan Africa is more heavily affected by HIV and AIDS than any other region of the world. An estimated 22 million people were living with HIV at the end of 2007 and approximately 1.9 million additional people were infected with HIV during that year. In just the past year, the AIDS epidemic in Africa has claimed the lives of an estimated 1.5 million people in this region. More than 11 million children have been orphaned by AIDS.[\[1\]](#)
- [\[1\]](#) UNAIDS 2008 Report on the global AIDS epidemic

THE SITUATION IN TANZANIA

- The situation in Tanzania is that, 7% of Tanzania adults were infected with HIV; the prevalence among women was higher (8%) than among men (6%); the most affected age groups are between 40 and 44 yrs, between 30 and 34 yrs. (10.9%), between 35 and 39 yrs. (10.7%), and between 25-29 (8.3%), and between 45 and 49 yrs (6.3%), between 20 and 24 yrs (5.2%) and between 15 and 19 yrs (2.1%). HIV prevalence is more than twice as high in urban areas (10%) compared to the rural areas with 5.3%. Moreover, prevalence is higher in cities than



IN AFRICA SUBSAHARA

- HIV/AIDS HAS REMAINED A HEALTH CHALLENGE IN Africa and sub-Saharan region for the last decade. In 2007, this sub region accounted for almost a third (32%) of all new HIV infections and AIDS –related deaths globally, with national adult HIV prevalence exceeding 15%. South Africa, for instance, has the largest number of infections in the world. The latest HIV data collected at antenatal clinics suggest that HIV infection levels might be levelling off, with HIV prevalence in pregnant women at 30% in 2005 and 29% in 2006 (Department of Health, South Africa, 2007). The infection is low in some countries such as Somalia and Senegal (1%) whereas higher in other countries such as Namibia and Zimbabwe with around (15 – 20%); Botswana (23%); Lesotho (23.2%), and Swaziland (26.1%) to mention but a few.

The Catholic Church Response

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- Responding to AMECEA resolution Nr. 10 of the 14th Plenary Assembly of July 2002 and to the Government call for multisectorial response, the Catholic Church in Tanzania implements HIV/AIDS activities in five core areas:
PREVENTION, CARE AND SUPPORT, VOLUNTARY COUNSELLING AND TESTING, TREATMENT, ORGANISATIONAL IMPROVEMENT AND ADVOCACY

Prevention:

- The emphasis is on behaviour change and abstinence among the youth and to be faithful in matrimonial relationships among married couples. (the so called AB)
- Capacity building and training for religious and lay people on HIV/AIDS

Care and support for (PLHAs) and Orphans

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- Support to needy groups: Orphans who are estimated to be about 2 million and PLHAs, which is mostly channelled through Small Christian Communities (SCCs)
- Through the SCCs, groups of marginalized people including People Living with HIV/aids, orphans, and other most vulnerable groups are identified and reached

Voluntary Counselling and Testing (VCT)

- VCT centres have been established and are being managed in some of the dioceses. More of such centres are being established even in some facilities
- The Church collaborates with the Government and other organizations to implement the VCT projects
- VCT services are being also provided in 33 church health facilities (Bugando Referral Hospital, Litembo, Peramiho and Nyangao Hospital to mention but some).

Treatment:

- In Tanzania, the Catholic Church owns 40 hospitals, 50 Health Centres and more than 300 Dispensaries
- Treatment which involves the use of the Anti Retroviral Therapy (ARVs) is done in the 33 Hospitals .
- Of late we have started for the first time in Tanzania to screen the blood of babies of up to 5 months after getting the proper machine for this purpose in Bugando Hospital

Organizational Development

- We have embarked on improving communication and flow of information at all levels
- Establishment of HIV/AIDS desks dedicated to fighting against HIV/AIDS at diocesan, national and regional level
- At regional level forums like the Association of Member Episcopal Conferences in Eastern Africa (AMECEA), and the Symposium of Episcopal Conferences of Africa and Madagascar (SECAM) have become instrumental in jointly fighting against the pandemic in the Region.

Achievements

- Established operational HIV/AIDS Desks in all 31 catholic dioceses
- Formulated HIV/AIDS policy to guide interventions in the church
- Increased collaboration, net-working and support from government, NGOs, and HIV/AIDS stakeholders both at national and regional levels
- Increased support to people infected and affected by HIV/AIDS: Orphans and most vulnerable children (OVCs, MVCs and PLHAs)
- Increased church HIV/AIDS best practices: PASADA (Dar Es Salaam), and similar ones in Tanga (PASADIT) and Iringa (PASAI), Bukoba (KAKAU) to mention but a few.

General Challenges

- Human resources crisis in the health sector
- The use of mass media which are expensive, but effective communication strategy
- Poor infrastructure and capacity to reach out to needy groups in rural areas
- Poverty in general
- Limited skills and knowledge to accessing HIV/AIDS resources both nationally and internationally
- OVC crisis which is deepening to outpacing response

Pastoral and Theological Challenges

- Slow or sometimes complete failure of some pastors being reactive and proactive
- The complex situation brought by the pandemic with regard to morality and to theology in general:
- Easy solutions to the pandemic *visa vi* theological and pastoral solutions to the situation.
- Sometimes the ailure to come in direct contact with those who are infected and affected.