

**JOINT STAKEHOLDERS MEETING TO LAUNCH THE
POLICY BRIEF AND SHADOW REPORT ON HUMAN
RIGHTS VIOLATIONS ROOTED IN STIGMA AND
DISCRIMINATION TO KVP AND WLHIV
MEETING REPORT**

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1.0 Introduction



UNAIDS representative during the session.

On 23rd May 2025, a half-day joint stakeholders meeting was held at the Landmark Hotel, Mbezi Beach in Dar es Salaam. The event was co-organized by the Tanzania Network of Women Living with HIV (TNW+) and the Key and Vulnerable Populations Forum (KVPPF), with financial and technical support from the Global Fund through CSSC, under the coordination of NACOPHA. This meeting served as the official launch of a Policy Brief and Shadow Report that documents the lived experiences and systemic challenges faced by Women Living with HIV (WLHIV) and Key and Vulnerable Populations (KVPs) in Tanzania.

The gathering brought together a diverse range of participants, including WLHIV and KVP community members, development partners such as UNAIDS, implementing partners including CSSC and THPS, and representatives from NSA Health Tanzania. Also in attendance were leaders and organizers from TNW+, NACOPHA, and the KVP Forum. The session was co-facilitated by Kennedy Godwin and Francis Luwole (lead technical team),

and moderated by Zahara Mansoor, ensuring inclusive engagement and active dialogue throughout the proceedings.

The Shadow Report that was launched stems from a community-led data collection and advocacy initiative, aimed at uncovering persistent stigma, discrimination, and human rights violations that are often underreported or absent in official national data systems. While national-level reports such as the Stigma Index, CLM reports, and BBS surveys have attempted to track the lived realities of PLHIV, they have often excluded or insufficiently represented WLHIV and specific KVP groups.

To address this gap, a two-day interactive community dialogue was conducted from 19th to 20th February 2025. This dialogue employed mixed methods, including pre-dialogue questionnaires, testimony sharing, focus group discussions (FGDs), and plenary sessions to gather both quantitative and qualitative data. Participants shared firsthand experiences related to healthcare access, law enforcement, housing, employment, and social exclusion, forming the evidence base of the report.

This convening was therefore both a culmination of grassroots research efforts and a launchpad for policy dialogue, urging all stakeholders, government, civil society, and development partners, to respond with urgency and accountability to the realities facing WLHIV and KVPs in Tanzania.



2.0 Main Goal and Objectives of the Meeting

2.1 Main Goal

The primary goal of the joint stakeholders meeting was to officially launch the Shadow Report and accompanying Policy Brief on stigma, discrimination, and human rights violations affecting Women Living with HIV (WLHIV) and Key and Vulnerable Populations (KVPs) in Tanzania. The meeting aimed to catalyze national attention, stakeholder dialogue, and collective action toward the protection and promotion of the rights, dignity, and well-being of these communities.

2.2 Specific Objectives

1. **To disseminate the findings** of the Shadow Report and Policy Brief developed through a participatory, community-led process involving WLHIV and KVPs from across Tanzania.

2. **To amplify community voices** by presenting firsthand testimonies and lived experiences of human rights violations rooted in stigma and discrimination, as documented in the report.
3. **To generate multi-stakeholder dialogue** on the structural, legal, and institutional barriers affecting WLHIV and KVPs, with participation from development partners, implementing organizations, community representatives, and government actors.
4. **To provide evidence-based recommendations** for legal reforms, policy improvements, and programmatic interventions aimed at reducing stigma and discrimination and strengthening human rights protections.
5. **To promote inclusive engagement and accountability**, ensuring WLHIV and KVPs are meaningfully involved in the design, implementation, and monitoring of HIV, human rights, and social protection policies and programs.

3.0 Opening Remarks

The meeting officially commenced with welcoming remarks from a representative of the Chief Executive Officer of the National Council of People Living with HIV and AIDS in Tanzania (NACOPHA). In her address, the representative commended the Tanzania Network of Women Living with HIV (TNW+) and the Key and Vulnerable Populations Forum (KVPPF) for their leadership and commitment in spearheading the development of the Shadow Report and Policy Brief.

She recognized the critical importance of the initiative, particularly in amplifying community voices and documenting lived realities that are often excluded from national reports. Although government officials were not physically present at the time of the meeting, she noted that some may join virtually, and stressed the need for continued engagement with government structures moving forward.

NACOPHA's representative reiterated the value of community-led processes in influencing systemic change and highlighted the urgency of translating the report's findings into concrete action. She concluded by calling on all stakeholders to support the implementation of the report's recommendations and to work collaboratively to address the persistent issues of stigma, discrimination, and human rights violations affecting WLHIV and KVPs in Tanzania.

4.0 Presentation of Policy Brief and Shadow Report

The presentation segment of the meeting began with an overview session led by Kennedy Godwin, providing context, purpose, and the methodology behind the Shadow Report and accompanying Policy Brief. This overview was followed by two focused presentations from the WLHIV, by Joan Chamungu, and KVP communities, by Arnold Nicholas, respectively, each highlighting unique findings and community-driven recommendations derived from their lived experiences.

4.1 Overview Presentation: Methodology and Context

The Shadow Report was developed through a community-led, participatory process that included pre-dialogue questionnaires, focus group discussions, personal testimonies, and plenary reflections. The methodology was designed to ensure safe, inclusive, and empowering spaces for WLHIV and KVP communities to document their experiences of stigma, discrimination, and human rights violations. Key pillars of the methodology included:

- Grounding findings in firsthand narratives.
- Emphasizing ethical documentation and confidentiality.
- Bridging knowledge gaps on rights and accountability mechanisms.

4.2 Key Findings from the WLHIV Presentation

Presented by TNW+, this segment explored how stigma and discrimination within healthcare, community, and socio-economic systems continue to affect Women Living with HIV. Highlights included:

- **Health facilities** remain a major source of rights violations, including breaches of confidentiality, verbal abuse, and forced disclosure.
- **Community-level stigma** manifests in social exclusion, rejection, and internalized shame, often linked to traditional and gender norms.
- **Economic vulnerability** among WLHIV—especially young and single women—leads to dependency and reduced access to education or employment.
- Many WLHIV **lack knowledge of their rights** and available support mechanisms, resulting in normalized abuse and underreporting.

Implications: If unaddressed, these barriers undermine national HIV targets and gender equity goals. WLHIV must be recognized as rights-holders and leaders, not just recipients of care.

Community Recommendations:

- Enforce anti-discrimination laws protecting WLHIV in healthcare, education, housing, and employment.
- Invest in mental health, legal aid, and GBV services within HIV programs.
- Ensure WLHIV representation in policy forums and decision-making spaces.
- Fund grassroots, WLHIV-led organizations and promote inclusive service delivery.

4.3 Key Findings from the KVP Presentation

Presented by KVP Forum, this session focused on the complex layers of discrimination experienced by KVP groups, including MSM, FSWs, PWUID, and Trans individuals. Key findings included:

- **Avoidance of health services** due to fear of mistreatment, humiliation, or arrest.
- **Mistrust of institutions**, including healthcare and law enforcement, due to repeated abuse.
- **Data invisibility**, where KVP voices are absent from national systems, leading to uninformed policy and budget decisions.
- **Knowledge gaps**—many KVPs could not distinguish between stigma, discrimination, and rights violations, limiting their ability to seek redress.

Implications: These systemic violations threaten the achievement of national and global HIV targets and perpetuate a cycle of exclusion and vulnerability among KVPs.

Community Recommendations:

- Institutionalize confidentiality and accountability mechanisms in health settings.
- Train frontline workers (healthcare, police, social workers) in non-discrimination practices.
- Prioritize direct funding to KVP-led groups and inclusive programming.
- Promote legal literacy, peer-led monitoring, and community storytelling to drive change.

5.0 Plenary Discussion: Recommendations and Way Forward

The plenary session served as a dynamic space for reflection, response, and co-creation of actionable strategies following the presentation of the Shadow Report and Policy Brief. Contributions were made by development partners, national stakeholders, implementing partners, and community representatives. The discussion emphasized the need for concrete action to transform the findings into meaningful, sustained change.

5.1 Summary of Key Contributions

The plenary session featured contributions from a wide range of stakeholders, each bringing unique insights and affirmations that reinforced the relevance, urgency, and potential utility of the Shadow Report and Policy Brief. Below is a detailed summary of the key contributions:

5.1.1 UNAIDS

The UNAIDS Country Director highlighted the disturbing reality that stigma and discrimination continue to persist despite four decades of global and national HIV programming. He emphasized that both internalized stigma (within individuals and communities) and external stigma (from society and institutions) remain formidable barriers to achieving HIV epidemic control and human rights for all. UNAIDS acknowledged the value of the Shadow Report in providing community-grounded evidence and committed to:

- Presenting the findings and recommendations to the Development Partners (DPs) group for consideration in ongoing and future funding and programmatic discussions.
- Exploring collaborative actions with other partners to integrate the report's recommendations into broader HIV and human rights frameworks. This commitment signals strong support for leveraging donor influence to catalyze systemic change.

5.1.2 CSSC (Global Fund Interim Principal Recipient – PR2)

A representative from CSSC commended the technical and community teams for the quality and depth of the Shadow Report. She emphasized that stigma has remained an enduring and often under-addressed challenge despite significant investments and advocacy. CSSC proposed:

- A follow-up convening in the near future to review progress made following the launch of the report, particularly focusing on what changes have occurred and which recommendations have been implemented.

- Resource mobilization efforts to support the implementation of the report's community-driven recommendations, acknowledging that funding is a key enabler of action.
- CSO-level engagement, encouraging communities and local organizations to use the report to inform their own micro-level strategies. This reflects CSSC's alignment with the community-led approach and its potential to shape future Global Fund priorities.

5.1.3 NIMR (National Institute for Medical Research)

A representative from NIMR validated the report's findings by confirming that the documented stigma and discrimination issues resonate with realities observed at facility level across the country. She noted that:

- The report offers a rich resource for academic inquiry and health systems research, especially in areas that are often overlooked by traditional research frameworks.
- She intends to share the findings with her superiors at NIMR and possibly use the report as part of her postgraduate dissertation, illustrating the academic value of community-generated evidence. This acknowledgment reinforces the legitimacy of community-led research and its potential to inform both policy and academic discourse.

5.1.4 NSA Health Tanzania

The Country Coordinator of NSA Health Tanzania praised the quality of the work and emphasized the importance of putting community voices at the center of priority-setting in HIV programs. He particularly referenced large initiatives like the KILI Challenge, noting that community input is often underutilized in such processes. He proposed:

- The creation of a formal mechanism to track progress on the issues raised in the report, including how stakeholders are responding to recommendations over time.
- Ensuring that community consultation is institutionalized in all national HIV programming and policy decisions. His contribution underscored the need for systematic accountability and ongoing monitoring mechanisms to ensure community priorities translate into tangible outcomes.

5.1.5 THPS

The representative from THPS appreciated the report's focus on stigma and rights violations, noting its direct implications for treatment retention and adherence, particularly among WLHIV. She stated that:

- The findings can help implementing partners refine and better target their interventions, especially in improving the delivery of stigma-free, friendly, and confidential services.
- The report serves as an important tool to reach underserved KVP communities with appropriate and respectful care. This contribution emphasized the operational relevance of the findings for program improvement within IP-led service delivery models.

5.1.6 NACOPHA

A NACOPHA representative commended the community groups involved in conducting the study and reaffirmed the value of the Shadow Report in highlighting health facility-level barriers. She noted that:

- Although Tanzania has comprehensive policies in place, their implementation remains weak, which allows stigma and discrimination to persist within healthcare and community settings.
- Existing local systems, such as Council Health Management Teams (CHMTs) and community forums, could be leveraged to start addressing violations at grassroots level.
- Advocacy should be grounded in legal and policy frameworks already available, avoiding confrontational approaches and instead pursuing structured dialogue and reform.

This contribution emphasized community agency and strategic engagement with the health system to drive sustainable change.

5.2 Agreed Priority Actions

Following the rich deliberations and stakeholder reflections, the meeting concluded with consensus on a set of strategic priority actions aimed at translating the Shadow Report findings into practical advocacy, programming, and policy influence. These actions reflect the collective will to address stigma, discrimination, and human rights violations through coordinated efforts across sectors.

1. Utilize the Shadow Report as a Baseline for PEPFAR COP and Global Fund Proposal Development

Participants agreed that the Shadow Report provides strong, community-validated evidence that can serve as a foundational reference during the upcoming PEPFAR Country Operational Plan (COP) and Global Fund proposal writing cycles. Stakeholders committed to using the report to:

- Advocate for dedicated funding for stigma reduction interventions.
- Integrate human rights and community priorities into national and donor strategies.
- Strengthen accountability frameworks within donor-funded HIV programming.

This action ensures that community-identified priorities inform and influence resource allocation at the national and international level.

2. Convene a Follow-Up Session to Monitor Implementation

A follow-up convening was proposed to:

- Review progress in implementing the report's recommendations.
- Identify challenges and emerging issues.
- Maintain momentum and political will around the issues raised.

Such a session would serve as an accountability platform for stakeholders, allowing them to report back on actions taken and renew commitments. It also supports a culture of continuous dialogue and responsiveness.

3. Develop Localized Action Plans Using Existing Community Structures

To ensure community ownership and decentralized impact, stakeholders recommended the development of district-level or regional action plans using structures such as:

- Council Health Management Teams (CHMTs)
- Civil Society Organizations (CSOs)
- KVP and WLHIV networks

These plans would focus on addressing stigma and discrimination in health facilities, schools, law enforcement, and religious institutions, tailored to the specific context and capacity of each area. This step promotes integration of the Shadow Report findings into routine local health governance processes.

4. Advance Legal Literacy and Community Education

A significant knowledge gap was identified among WLHIV and KVP communities regarding what constitutes stigma, discrimination, and human rights violations. To address this, stakeholders agreed to:

- Implement legal literacy campaigns to help communities understand and claim their rights.
- Use peer-led education and safe spaces to reach marginalized groups in a relatable and culturally appropriate manner.
- Develop simplified educational materials in Swahili, using storytelling, illustrations, or digital media.

These efforts aim to empower communities to recognize, document, and respond to violations, ultimately reducing normalization of abuse and promoting a culture of rights awareness.

5. Leverage the Shadow Report to Pursue New Funding Opportunities

Stakeholders recognized the Shadow Report as a compelling advocacy tool that can be used to:

- Mobilize funding from non-traditional sources such as embassies, UN agencies, and philanthropic organizations.
- Align advocacy with global frameworks such as the Sustainable Development Goals (SDGs)—especially SDG 3 (Health), SDG 5 (Gender Equality), and SDG 10 (Reduced Inequalities).
- Pitch the report’s findings and recommendations in upcoming national, regional, and international forums to elevate visibility and attract support.

This approach expands the potential resourcing base beyond traditional HIV funders.

6. Share and Mainstream the Report Across Institutions

It was agreed that the findings and recommendations of the Shadow Report should be mainstreamed within key public institutions, including:

- Health training institutions (for integration into pre-service and in-service curricula)
- Law enforcement academies
- Social welfare offices

In addition, the report will be used as a training and advocacy tool to:

- Sensitize healthcare providers on non-discrimination, confidentiality, and ethical treatment.
- Educate police officers and legal service providers on the rights of WLHIV and KVPs.
- Inform decision-makers and duty bearers about community experiences and legal obligations.

This action is essential for fostering systemic change and transforming institutional culture.

5.3 Commitments from Stakeholders

The plenary session concluded with clear and actionable commitments from key stakeholders, affirming their readiness to support the implementation of the Shadow Report recommendations and to collectively address stigma, discrimination, and human rights violations experienced by WLHIV and KVPs. These commitments represent a critical step toward ensuring that the findings and recommendations of the report are not only acknowledged but acted upon.

5.3.1 NSA Health Tanzania

The Country Coordinator of NSA Health Tanzania, speaking on behalf of the organization and the Chairperson of the National Steering Advisory (NSA) group, made a firm commitment to:

- Support the operationalization of the report's recommendations through policy dialogue and coordination platforms.
- Ensure community voices are central in shaping health and human rights interventions, particularly in upcoming national advocacy priorities like the KILI Challenge.
- Champion the creation of a national-level accountability mechanism to track progress on addressing stigma and rights violations across institutions.

NSA also encouraged all participants, particularly development partners and IPs, to take responsibility in translating the report's findings into institutional and programmatic change.

5.3.2 UNAIDS

UNAIDS committed to:

- Elevate the Shadow Report and Policy Brief in national and global advocacy spaces, including presenting them to the Development Partners (DPs) group.

- Advocate for integration of the report’s findings into donor planning and funding frameworks, including the Global AIDS Strategy and national policy instruments.
- Explore opportunities for technical and financial support toward the implementation of the report’s community-driven recommendations.

This commitment underscores the agency’s continued role in promoting evidence-informed, rights-based, and community-led responses to HIV.

5.3.3 CSSC (Global Fund Interim Principal Recipient – PR2)

CSSC expressed its commitment to:

- Convene a future follow-up session to assess the level of progress made in implementing the report’s recommendations.
- Advocate within the Global Fund mechanisms to ensure stigma, discrimination, and rights-based programming receive adequate financial support.
- Collaborate with CSOs and community networks to ensure the voices of WLHIV and KVPs are integrated into proposal development and implementation planning.

CSSC reiterated that tackling stigma is central to achieving health equity and optimizing the impact of HIV investments.

5.3.4 NIMR (National Institute for Medical Research)

The NIMR representative committed to:

- Circulate the report within institutional leadership for consideration in future research and programming.
- Utilize the findings for academic research, including potential integration into postgraduate studies, to further validate and expand the evidence base.
- Advocate for more inclusive research methodologies that meaningfully involve marginalized communities like WLHIV and KVPs.

This demonstrates NIMR’s willingness to bridge community-generated evidence with formal research and policy ecosystems.

5.3.5 THPS

THPS committed to:

- Incorporate the report’s insights into its HIV programming, particularly around improving treatment retention and the client experience for WLHIV and KVPs.

- Enhance staff training to better respond to stigma-related challenges in service delivery.
- Work with CSOs to strengthen outreach and follow-up for clients affected by rights violations.

THPS acknowledged the report as a critical tool for quality improvement and program refinement.

5.3.6 NACOPHA

NACOPHA reaffirmed its leadership role in community engagement and coordination and committed to:

- Use the report to push for implementation of protective policies through national coordination platforms like the CCM, CHMTs, and sectoral working groups.
- Support WLHIV and KVP organizations in grassroots advocacy and mobilization.
- Leverage its position within national structures to ensure that the issues raised are not sidelined in broader HIV response discussions.

NACOPHA called on all stakeholders to use the Shadow Report as both an advocacy instrument and an accountability framework for policy action.

6.0 Closing Remarks

The meeting concluded with powerful closing remarks delivered by the Country Coordinator of NSA-Health Tanzania, who spoke on behalf of the NSA chairperson. In his address, he commended the organizers, TNW+ and the KVP Forum, for their leadership in developing and launching the Shadow Report and Policy Brief. He also acknowledged the courage of WLHIV and KVP community members who shared their lived experiences, noting that their voices were central to shaping evidence-based solutions.

He emphasized that the Shadow Report is more than a documentation exercise, it is a call to action, a tool for advocacy, and a baseline for accountability. The Country Coordinator urged all stakeholders present, including development partners, implementing organizations, and community networks, to take ownership of the findings and commit to their implementation.

Key messages from his closing remarks included:

- The need for joint responsibility in translating the report's recommendations into measurable impact.

- Encouragement to institutionalize community voice and leadership in all stages of HIV programming, from planning and implementation to monitoring and evaluation.
- A call for the creation of a national mechanism to track progress on stigma reduction and rights-based programming, ensuring that commitments made during the meeting are followed through.
- Recognition of the Shadow Report as a living document, to be used, updated, and applied as part of ongoing national efforts to achieve health equity and human rights for all.

He closed by reminding the audience that real change will only occur when all actors, from policymakers to service providers, from donors to communities, act collectively, consistently, and with purpose. The session ended on a note of renewed commitment, partnership, and shared vision for a just and inclusive HIV response in Tanzania.

ANNEXES

1. Meeting Agenda

Time	Agenda /Item	Responsible Person
08:30 -09:00am	Arrival and Registration	NACOPHA Secretariat
09:00 -09:10am	Welcome Note and Introduction of	Moderator
	Participants	
09:10 -09:20am	Open Remarks	Chief Executive Officer – NACOPHA
09:20 -09:30am	Remarks from TNW+	Representative – TNW+
09:30 -09:40am	Remarks from KVP Forum	Representative – KVPF
09:40 -10:10am	Remarks from Invited Implementing Partners 6 Organizations	Representatives from IPs
10:10 -10:25am	Greetings from Development Partners	UNAIDS, CDC, THPS, SIKIKA
10:25 -10:45am	Health Break and Networking	All
10:45 -11:15am	Presentation of Policy Brief and Shadow report	TNW+ & KVPF Technical
11:15-12:00pm	Reflections and Community Voices	KVP & WLHIV Repr.
12:00 -12:30pm	Plenary Discussion: Key Recommendations And way forward	All
12:30 – 12:50pm	Closing Remarks	TNW+, NACOPHA, KVPF
12:50 – 1:00pm	Vote of thanks	Chief Executive Officer, NACOPHA
1:00pm	Lunch and departure	All