



DAY 1: CARE

Conference Begins – A time to take stock

More than six hundred participants swarmed at the Harare International Conference Center for the first day of the country's historic National HIV and AIDS Conference. Participants were represented from all walks of life, including public servants, traditional leaders, rural and urban local authorities, to workers and employer organizations, civil society organizations, bilateral partners, multi lateral partners and the media. The four day conference looks set to generate a lot of healthy discussion on how to best tackle the fight against HIV and AIDS.

It is almost 20 years since the first person tested HIV positive in Zimbabwe in 1985, and as Dr. Boniface Manyame, Organizing Committee Chairman explained in the introductory session, this conference represents the need to "Take Stock" and to review what has happened up to now so as to better be able to draw lessons that can be used to direct what is done in the future.

Dr. Manyame stressed the need to reflect on how well the nation has done so far in responding to the epidemic. As he pointed out, a lot has been accomplished. The first AIDS programme was launched by the Ministry of Health and Child Welfare (MOHCW) in 1987, the first National AIDS Policy adopted in 1999, the multi sectoral National AIDS Council (NAC) was created in 2000 to coordinate the overall HIV and AIDS response, and the National AIDS Trust Fund was also established in that same year. The conference represents an opportunity to see how this response can be improved.

He emphasized that although the conference had been agreed to by the MOHCW, NAC and Zimbabwe College of Public Health Physicians, (ZCPHP), it was intended to bring everyone together from all sectors of society. After the four days of presentations, sharing of experiences and observations, and group discussions, it is hoped that there will be consensus on key lessons learned and the main achievements to date, as well as clear recommendations on key actions to strengthen the response in the future.

Home-grown approach is effective

Home grown approaches to HIV and AIDS are ideal for a setting where resources are limited, presenters of abstracts on opportunistic infections (OIs) and anti retrovirals (ARVs) in a clinic based environment.

A number of case studies were presented, some urban and some rural-based but all showing that it was possible to provide the highest quality care and training in a resource limited environment. Abstracts were presented by ZAPP, MSF, HIV and AIDS Quality of Care Initiative (HAQOCI), Chidamoyo, a rural Christian Hospital in Hurungwe, Zach, Care for HIV and AIDS Prevention and Positive Living Network (CHAPPL), among others.

Most of the case studies revealed the importance of involving the communities in matters of HIV and AIDS care by turning their members into primary care counselors. The community setting, they said, was important in building up confidence in the community and in fighting the scourge of stigmatization. But with limited resources, it was revealed, the very best of results could be obtained through an innovative and flexible approach. However, a number of problems were cited, among them inadequate infrastructure, shortage of staff and lack of an effective cost-recovery method.

Among some of the recommendations were that anti retroviral therapy (ART) had to be decentralized at the district level and that quality of care had to be maintained in the process of scaling up HIV and AIDS measures. It was recommended that cheaper CD4 cell counts and viral load testing be made available. Currently, CD4 cell counts cost about Z\$300 000 while one viral load test costs about Z\$1,5 million. An effective retention scheme for staff was also discussed, as well as cost affordable second line regimens. To reduce the cost of in-service training, it was recommended that HIV and AIDS care be incorporated in the nursing curriculum. The need for a coordinated approach by NGOs was suggested, with each handling a different HIV and AIDS problem to avoid duplication in certain areas and neglect in others.



The Market Exhibition Space buzzed with conversation as people gathered information from the wide array of organizations, from ngos to private sector companies, all involved in the battle against AIDS.

Care

The first day of the conference focused on aspects of care to people infected with HIV and AIDS. The three primary areas of discussion were anti retroviral therapy (ART), nutrition and home based care.

The ART discussion focused on issues of access, affordability and availability of ARV and OIs in the country and how best to expand services. There was agreement that there was an urgent need to expand access to treatment but there needed to be greater involvement of communities, especially in rural areas, better sharing of existing experiences and training for all involved in administering drugs so as to make sure the complications were minimised. Participants also emphasized that drug treatment could not be separated from other aspects of care, especially counseling.

Nutrition formed an important other thread to how best maintain the health of those living positively. It was agreed that much more could be done to link good nutrition to care, and information needed to reach those on the ground in a much more practical way.

Home based care was the third area of discussion. Although thousands of people have been trained in counseling, the discussion focused on how they can be better assisted in their work and also how men can be more actively included in the provision of care to people living positively.





People Living with AIDS Key to the Fight

HIV infected people are the best disseminators of information when it comes to HIV and AIDS. This was the conclusion reached by participants at a panel discussion on Day One of the conference.

One of the panelists, Lynde Francis founding member of The Centre, a pre and post counselling HIV and AIDS body, and who has herself been living with the virus for 18 years, said it was important to use "patient experts" to teach awareness because being HIV-infected they were "more expert" than the actual health experts in that field. She said some of the people who had come to The Centre for counseling had themselves become counselors, to good effect. Changing the perception of HIV-infected people from victims to "proud and loud" providers of service in their communities was one of the most effective ways of dealing with stigma, she added.

Among the panelists discussing the multi-sectoral approach to the issue of care were Hercules Maguma of Varichem, the pharmaceutical company providing generic ARVs, Dr Kadzirange of ZAPP (Zimbabwe Aids Prevention Project), Dr Dhene of UNAIDS and Dr James Dhuri, who was representing the traditional medical practitioners.

Sebastian Nyakapanga, another of the panelists and a recipient of ART (anti-retroviral therapy) agreed with the sentiments of Francis. He said to be able to go out and empower others, the process had to "start in your mind", with knowing one's status and to be completely truthful about so as to be able to "do the right thing at the right time".

The discussion also concluded that to make real inroads in the fight against the disease, it was important to make the approach women-centered because women had the power to influence their husbands, children and other women while men had little impact. Participants heard that according to a recent report, 58% of infected in sub Saharan Africa were women while more than 80% of those who had access to treatment were men.

The wisdom of simplifying the language of AIDS was discussed, as well as having simplified information leaflets for patients and having all HIV and AIDS stakeholders coordinating their activities rather than doing things separately. Participants heard that the Ministry of Health and Child Welfare is working on guidelines on nutrition while The Centre which has been working with HIV and AIDS infected children for many years without the benefit of ARVs, has available, a booklet on how people can use food as therapy particularly the local traditional cuisine which is both available and affordable.

Participants agreed on the prudence of having second line drugs as part of a backup plan against the development of resistance. Generic ARVs which are said to cost a minimum of Z\$150 000 were too high said Dr Dhene of UNAIDS given that internationally, the price of ARVs was as low as US\$300 per year. Hercules Maguma of Varichem explained that the cost was determined by the pharmaceutical ingredients but that they were working at reducing the cost.

Nutrition and Care of PLWA

There is a strong relationship between nutrition and HIV and AIDS, and as such the well being of people living with AIDS (PLWA) depends on it, said delegates at a first day of the Zimbabwe National HIV and AIDS Conference.

Presenting a paper, Midlands provincial nutritionist, Dr Percy Chipepera said maintaining a balanced diet for a person living with HIV and AIDS can make a huge difference and improve the quality of life a PLWA has. "A balanced diet which include nutrients such as proteins, carbohydrates and vitamins should be an important part of the diet of PLWA as this helps boost their weakened immune systems," said Dr Chipepera. "Carbohydrates which includes starchy foods are a good source of energy and they should make the greatest part of a meal and proteins that help in the growth and repair of body tissues. Vitamins and minerals on the other hand help in maintaining the normal body functions such as making blood cells and enzymes."

Dr Chapepera said malnutrition affects 90 percent of HIV and AIDS patients and is responsible for 60-80 percent of AIDS deaths. "The relationship between nutrition and HIV and AIDS is that it is a co therapy in combination with drug therapy, herbal therapy and psycho social support among other things."

Giving a personal testimony, Tendai Westerhof, who is living positively with AIDS said nutrition is the best tool that PLWAs can bank on. "There is no greater tool for a PLWA than the use of food for boosting the immune system. I have experimented with this and I can testify to that effect. When I fell pregnant I did not use any anti retrovirals and relied on nutrition to give me the boost," she said. "I ate everything I knew could add more nutrients to my body and this includes foods such as mufushwa, kapenta, peanut butter, okra, anything I could get my hands on." "Instead of clamouring to get ARVs we must also tell people that nutrition plays a very important role in so far as boosting their immune systems."

Rounding up the break out session on nutrition, participants raised concern on the lack of priority on nutrition in AIDS interventions. The delegates stressed on the rapporteur to recommend to the Ministry of Health and Child Welfare the need to hold a separate workshop or seminar on nutrition so that they lobby the ministry to give more priority to the provision of food to people, especially children living with AIDS.

Increasing Male Participation in Home Based Care

There is need to increase the participation of men in home based care programmes to ensure a shared responsibility in the AIDS fight, activists attending the Zimbabwe National HIV and AIDS Conference said in a session on home based care.

Home based care has become an important facet in HIV and AIDS interventions as it has helped ease the burden on existing health structures and also improving the lives of those infected. Women have carried and continue to carry the brunt of the AIDS pandemic and this was a concern raised by most delegates attending the three-day conference.

Research studies done authoritative bodies such as the World Health Organisation show that men are five times more likely than women to spread HIV and AIDS.

"Women have shouldered the burden of the AIDS fight for a long time now. Faced with illness in the home and their communities they are the caregivers but the sad part of it is that when they fall sick themselves they is no one to look after them, said Danmore Sithole, Director of Matabeland AIDS Council. "It is time now that men help share the responsibilities of the AIDS scourge so that we remove the gender disparities that fueling the AIDS pandemic."

Also speaking on men's involvement in HBC Ms Cassie Chipere from AFRICARE reiterated Sithole's views saying men should participate in HIV prevention, provision of care and support of PLWAs. "Both men and women must share the responsibility of dealing with HIV and AIDS and this is the reason we are involved in training men to be voluntary care givers. We do not need these gender disparities in the AIDS fight. It is the reason that has made women and girls vulnerable in this scourge," said Ms Chipere.

AFRICARE has trained more than 100 men since 2002 as care givers in an effort to involve them more in the AIDS fight.

"Training men as voluntary care givers requires a reexamination of gender and cultural roles traditionally associated with Home based care practices."