



DAY 2: MITIGATION



President Robert Mugabe officially opened the National AIDS Conference at the Harare International Conference Centre on 16th June 2004.

"AIDS has robbed us of our childhood"

Sheila Kapungu, who just graduated from the University of Zimbabwe, left almost everyone on the verge of tears as she narrated how HIV and AIDS has wreaked havoc in Zimbabwe and left children vulnerable at the opening ceremony of the National AIDS Conference.

"As a young person I cannot complain that I have not had opportunity. On the contrary, I have grown up in the age of progress and in the age of the information super highway, but alas, also the age of AIDS. This disease has robbed the youth of their childhood and made children parents and caregivers." Sheila tells a story of ten year old Tumai who is deprived of her mother's love because her mother must take care of a sick relative."

The hardships that result from those youth both infected and affected in Zimbabwe were echoed by Trevor Matambudziko, a youth activist, at a session on HIV Prevention Among Youth. He highlighted that not only are they suffering the consequences of the disease through the loss of parents but also at greater risk of being infected. With 22% of women and 11% of males infected between the ages of 15-29 years old, they are, according to Trevor, the crucial link in preventing the further transmission of the disease.

And although there are many youth interventions underway, such as youth friendly services, lifeskill education in schools, peer education and youth groups, Trevor stressed that much more needs to be done. Young people must be fully engaged and empowered, not simply with facts and messages but with real ways to find solutions to their circumstances.

Consensus was reached whereby the focus should shift from adult led to youth led interventions. Interventions must go beyond solely focusing on the individual as the target, but also address the social and policy environment where youth live to better address their circumstances. Recommendations were made that youth friendly centres be expanded to include sporting and income generating activities. Also discussed was the need to sensitise authorities and communities on the importance of listening and respecting youth opinion.

President Mugabe Officially Opens the Zimbabwe National AIDS Conference

The Government of Zimbabwe is committed to fighting the AIDS pandemic and will continue to improve the access to treatment of all people living with AIDS, said President Robert Mugabe during yesterday's Official Opening of the Zimbabwe National HIV and AIDS Conference in Harare. In his remarks, the President stated that combating the epidemic remains a major challenge for the country.

"Though the adult prevalence rate appears to be stabilizing, the number of AIDS related illnesses and deaths continue to rise, as present HIV cases develop into full blown AIDS," he said. "We are, therefore, faced with challenges of stemming the number of new HIV infections, providing comprehensive care, treatment and psychological programmes for those living with HIV and AIDS, and integrating the impact of AIDS in our society."

President Mugabe said the effects of the pandemic have been felt by everyone but expressed disappointment at the stigma associated with testing and counseling and knowing one's HIV status.

"As we meet here, there is hardly any community or family in our country that has not been touched by HIV and AIDS. The evidence lies bare for all us to see; increasing number of helpless orphans and the growing incidence of children being forced to abandon their education in order to become family heads, well before their time. It is disappointing that the majority of people still choose not to know their HIV status. I hope this conference will help to dispel stigma and bring the reassurance to our people that knowing your HIV status enables you to live a healthier, informed life," said President Mugabe.

The President called for a multi sectoral approach in the fight against AIDS saying good coordination by various NGO's would harvest good results.

"At the start of the epidemic, the Ministry of Health and Child Welfare was at the forefront of this fight. But as it became clear that the effects of HIV and AIDS went beyond the health sector, a multi sectoral strategy was adopted to fight the deadly pandemic. We note and appreciate the assistance we have received from bilateral agencies from the United Nations. We also note the number of NGO's formed specifically to tackle the HIV and AIDS pandemic. Those involved in HIV and AIDS programmes need to work in a co-ordinated manner which strengthens the agreed framework of the 'Three ones', namely one National Strategic Plan for the fight against HIV/AIDS, one Coordinating Authority and one monitoring and evaluating system," noted President Mugabe said.

Also at the opening ceremony was Health and Child Welfare Minister Dr. David Parirenyatwa who commended the participants and delegates for taking part in the conference and thus the AIDS fight. "The participants and delegates to the conference draw inspiration and encouragement from your personal commitment towards the improvement of the nations' health in general and in particular, to the fight against HIV and AIDS."

Delegates at the opening ceremony also heard speeches by three youths, one from the University of Zimbabwe and two others from Harare High and Selbourne Routledge. Traditional dances were performed by Pamuzinda, a nationally acclaimed dance company.





SADC ministers give solidarity messages

Two SADC ministers, Dr. Manto Tshabala Msimang, South Africa Minister of Health and Deputy Health Minister of Angola, Dr. Jose Van-dunem, shared with participants their countries experiences and programmes in the fight against HIV and AIDS. The two ministers together expressed their support for the conference and thanked the Government of Zimbabwe for the opportunity to participate.

South Africa's comprehensive HIV and AIDS plan was initiated in 2000 and focused on care, prevention, mitigation and other factors important in the fight against the epidemic. Condom use, Minister Msimanga said, played a major role in their prevention strategies and just two days ago, South Africa had launched its very own condom, "Choice". The packaging of this condom includes the very fitting slogan, "No choice, no play". The slogan is linked to the 2010 World Cup which South Africa is to host and is a reminder to the youth that if they don't make responsible choices, "they won't play the World Cup". She promptly presented Zimbabwe's Minister of Health, Dr. David Parirenyatwa with a box of the condoms as a reminder to him to live responsibly.

But South Africa's roll out plan has not been without its difficulties. Challenges have included problems of interrupted drug supplies, even though South Africa is producing its own ARVs. Also a recently released report indicated that approximately 50% of women had shown resistance to Nevirapine, prompting the vital need for review of the prevention of mother to child transmission (PMTCT) programme. It was because of these and other problems that prevention through abstinence and fidelity were likely to be the cornerstones of South Africa's thrust in the battle against HIV and AIDS, the minister said.

She revealed that South Africa was not averse to the use of traditional medicine in the fight against HIV since there was compelling empirical evidence that they boosted the immune system. While such practices have not been documented or scientifically followed through, she stated this could be carried out and at the same time safeguard our heritage.

The Angolan Deputy Minister for Health said Angola was making inroads in the fight against HIV and AIDS, despite the destructive effects of 30 years of war. Their prevalence rate was currently 5.5% and they had instituted a national strategic plan which involved all stakeholders in order to encourage broad participation. He stressed that abstinence and fidelity were important facets of their programme. ARVs, he said, were being offered free of charge in three maternity hospitals.

Workplace plans help deal with HIV and AIDS

With 24.6% of Zimbabweans infected with the virus, attention is centering more on workplace strategies.

A number of presentations were made. In his paper on Hippo Valley Estates, Dr. Richard Davy outlined the measures they were undertaking to encourage a responsible attitude among members of staff. It was a 10-pronged approach, he said, involving home-based care, HIV and AIDS awareness schemes, an sexually transmitted infection (STI) control programme, voluntary counseling and testing (VCT) and prevention of parent to child transmission (PPTCT) programmes. He said although they had developed valuable linkages with the Ministry of Health, it was important for the private sector itself to form strategic alliances in the fight against the disease.

Delegates learnt that David Whitehead (textile company) too, was running a workplace prevention programme which involves counseling and support for the sick, including assistance in building up a vegetable and herbal garden. At the same time, the National Railways of Zimbabwe (NRZ)'s programme involves much the same features but is also concerned with addressing stigma, discrimination and training peer educators.

Some recommendations resulting from the discussions included the importance of empowering women to be able to make informed decisions, the need to train more peer educators for the workplace and make available incentives. Workplace strategies were identified as important measures to be incorporated in helping reduce stigma, given that many workers are now disclosing their status.

Prevention of Mother to Child Transmission

The uptake of the prevention of mother to child transmission programme remains an enormous challenge in the AIDS fight and men have been encouraged to be supportive of the initiative. These were sentiments raised by participants during a presentation on Prevention of Parent to Child Transmission (PPCT). The National Technical Coordinator, Dr Agnes Mahomva said prevention of mother to child transmission is critical and a public health priority in Zimbabwe.

Dr Mahomva defined PMTCT as the use of interventions before and during pregnancy, as well as during labour and delivery in attempts to reduce HIV transmission rates to the infant. This risk of transmission is high during pregnancy, labour and delivery, and when breastfeeding. "Over 90 percent of HIV infection in children due to mother to child transmission," said Dr Mahomva. "The overall transmission rate in breastfeeding populations such as Zimbabwe is estimated to be about 33 percent."

The Ministry of Health and Child Welfare together with its partners began the PMTCT programme in 1999 as a pilot project and to date there are more than 100 health institutions that now provide these services. However, the bone of contention by some AIDS activists is that men were not supporting the PMTCT programme. "Men are not coming out to support their pregnant wives. They claim that they feel intimidated by the largely female environment at prenatal clinics," said Miriam Zimbizi, coordinator of the Mufudzi Wakanaka home based care programme in Mhondoro. "There is a need for men to come out of their shells and support their women through the whole process. Men must be told that because of anti retroviral treatment, there is hope of a better life for them and the child." All agreed that much more needs to be done to make prenatal clinics more "male friendly."

Stakeholders share their successes



Running concurrently with the HIV and AIDS conference is an exhibition of stakeholders involved in the fight against the disease. Useful information, documentation and samples is available on strategies to do with care, prevention and mitigation.

Several companies are exhibiting new products such as a B-immune porridge and a maize and soy drink, all produced to boost the immune system. Other exhibitors are displaying better ways to use homegrown foods and off the shelf products to improve a persons nutritional status.

The various UN agencies involved in the fight against HIV and AIDS are also exhibiting. They have useful information on the progress they have made in both rural and urban areas and the challenges they have faced.

Many AIDS service providers, such as the Red Cross Society and Family AIDS Caring Trust (FACT) based in Mutare, have useful information on home based care and prevention.

Also exhibiting are the traditional medical practitioners whose role in the HIV and AIDS fight is becoming more recognised given the low cost and availability of herbal remedies and evidence of their ability to boost the immune system and reduce viral load.

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