



DAY 4: THE WAY FORWARD



Minister of Health and Child Welfare Dr. David Parirenyatwa gave the closing remarks on the final day of the National AIDS Conference 2004.

Nutrition guidelines released

The Minister of Health and Child Welfare Dr. David Parirenyatwa launched the much-awaited Nutrition Guidelines which he said would prove a cost-effective way to battle HIV and AIDS. Without proper nutrition and exercise, he explained, patients would be unable to benefit fully from the anti retroviral (ARV) programme.

He stated that work on the Guidelines had started as early as February 2002, but production of the final version was delayed because the role nutrition played with respect to HIV and AIDS was at that time unclear. It had therefore been necessary to consult locally, regionally and internationally to broaden the understanding of the part that good nutrition played in treating those with HIV and AIDS. Local partners who collaborated on the guidelines included The Centre, WASN, Batsirayi Group, FAO, UNICEF and WHO.

He said although the Guidelines were targeted at health workers, HIV and AIDS service providers and people living with HIV and AIDS, they could also help the uninfected live a healthy life. The Guidelines contain information on diet management, food safety, the ideal traditional herbal therapies and some simple recipes to improve people's diets. It also details how to address diet concerns for those sick with tuberculosis and how to combine the management of drugs with a healthy nutritious diet.

He said simplified pamphlets and counseling cards would be developed addressing all stages of the virus and the Guidelines would then be translated into the vernacular languages.

Commenting further, he explained that additional information about the Guidelines would be made available on the MOHCW website for easy access and also to encourage lively and active debate on various issues, such as the proposed timelines for some recommendations. He also expressed his disappointment in the fact that no significant debate had been raised on the more controversial issues, for example as to whether testing should be voluntary or made compulsory, or on what constituted human behavioral change. He also made a plea for HIV and AIDS to be regarded as two separate problems. "With proper nutrition, HIV may not develop into AIDS for the next 20 years," stated the Minister, adding that his Ministry would continue to explore how the nutritional response could be strengthened.

Closing ceremony

Officially closing the conference was Minister of Health and Child Welfare Dr. David Parirenyatwa, who called for NGO's to "work within the framework of the three ones" - the National Strategic Plan, coordinating agency and the monitoring and evaluation system - all necessary to avoid conflicting findings.

Last year the Ministry of Health and Child Welfare compiled national HIV estimates with support from organisations such as UNAIDS, the Centre for Disease Control, World Health Organization, Imperial College, the Central Statistics Office and the University of Zimbabwe. This cooperation clearly demonstrated their commitment towards the common goal of fighting the AIDS pandemic, said Dr. Parirenyatwa.

Also present at this session was the European Union Head of Delegation Francesca Mosca and Representative Victor Angelo from UNDP who both pledged their continued support to fight the pandemic. UNDP also offered to document the conference findings.

Chairman of the Conference Organising Committee Dr. Boniface Manyame, thanked the corporate world and the donor community for their full support. He promised that conference recommendations, a video and final report would be shared with all stakeholders in the next couple of months. He further recommended this conference be held every two or five years to ensure adequate planning and follow-up time.

Main conference donors included the European Union, UNICEF, DFID, WHO and CDC, among others.

Conference recommendations

Following four days of deliberation at Zimbabwe's National HIV and AIDS Conference, delegates had generated a number of recommendations they hoped would serve as the way forward in fighting the disease. With Zimbabwe's HIV and AIDS prevalence rate believed to have peaked at 26.4%, the MOHCW officials are hoping to see the number reduce to single digit figures within the next five years.

Several recommendations were put forward, one being that if prevention was to continue as the strategic focus in fighting the disease, interventions towards this end would need to be stepped up. Specific activities include the need to expand counseling and testing services, particularly in the rural areas. However, to assist those already infected, improved access to anti retroviral therapy (ART), as well as an uninterrupted, cost-effective drug supply, improved resource capacity in all aspects of the response, more comprehensive care procedures, and better nutritional practices to reduce dependence on expensive treatments were considered as essential.

Delegates also urged that the disabled be included in all intervention strategies and that services for women and children, especially orphans, be made more available. Meanwhile, those people living with AIDS must be involved in all aspects of the response, and more youth involvement is necessary in all programmes targeting their well being. Greater and more efficient coordination at all levels was also urged.

Additional recommendations included the banning of polygamy and other cultural practices which fuelled the spread of the virus, the establishment of a proper HIV and AIDS policy in the workplace which should also apply to small and informal businesses, a continued, more aggressive focus on fighting stigma and discrimination, and the need to provide greater attention to the disease within prisons.

The session concluded with the understanding that formulating recommendations were only of value if put into action. To make an impact, a proper strategic plan of action that included regular updates of progress and the dissemination of critical material reflecting current research and new findings about HIV and AIDS to all stakeholders, was essential to ensure progress is made towards battling the disease.





Coordination vital in fight against HIV and AIDS

The conference final day focused on identifying opportunities available for the many stakeholders to work together on improving and strengthening their effectiveness in the fight against HIV and AIDS.

In summarizing on how best to proceed, Mr. Manenji of the National AIDS Council (NAC) proposed that NAC coordinate partner intervention efforts to address the pandemic. He believed a holistic approach would lessen duplication, ensure greater synergy, networking and transparency.

Established through an Act of Parliament with a mandate to coordinate the HIV and AIDS response and channel the monies appropriately, the National AIDS Council must look to strengthen its role as the major coordinating body. Mr. Manenji explained that NAC itself obtained its funding through the AIDS Levy which is 3% of all taxable income. Ninety percent of this was disbursed to decentralized structures at the village and ward level by the District AIDS Committees (DACs). The remaining 10%, he explained, went to support strategic institutions, such as the MOHCW which has both the infrastructure and technical expertise necessary to support critical interventions like anti retroviral therapy and drug treatments to fight opportunistic infections.

He said proper coordination was needed in matters of policy formulation, programme intervention, and monitoring and evaluation to prevent some areas from being overwhelmed with assistance, while others remained totally neglected. It was thus prudent, he said, to establish a problematic database at the ward, district and village levels in order to identify and clarify "who was doing what, and where".

Fewer resources were being committed to monitoring and evaluation, he reported, yet these activities were crucial for checking the efficacy of every programme implemented. To address this gap, he announced that the Centre for Disease Control (CDC) was working with the NAC and other partners to improve monitoring and evaluation. He said research was yet another neglected area, even though this activity is essential to ensuring the country "moved with the times".

In answer to the question of why many AIDS-infected patients died under conditions of dire neglect, Mr. Manenji said the NAC simply did not have the resources to pay people to care for the ill. The Council could only commit itself to supplying the simplest of home based care kits, currently valued at Z\$300 000 each. With that provision, it was then hoped that the communities and relatives of the sick would be able to supplement their care.

SADC health leaders show appreciation for the Zimbabwean experience

During the press meeting held on the closing day, three health leaders from SADC expressed their appreciation for the strides made in Zimbabwe against the HIV and AIDS pandemic.

The Angolan Deputy Minister of Health, Dr Jose Van-Dunem, said he had been impressed by Zimbabwe's nutritional focus and would look to incorporate the Nutrition Guidelines within his country's own nutrition programme. He said the few days at the conference had shown him that strong and committed leadership were crucial for a workable HIV and AIDS policy, as was the need to avoid an overlap in interventions.

Dr. Ben Chirwa, the Director General of the Central Board of Health in Zambia, felt the conference had been of great relevance because his country shared Zimbabwe's challenges and history. He said Zambia had much to learn from the decentralized and institutionalized structures of the NAC, such as the manner in which the HIV and AIDS response was being coordinated; the one of its kind, AIDS Levy; the integration of OVCs into the national response; and the local manufacture of ARVs. At the same time, he said his country could assist Zimbabwe in the ARV scale up which had originally started in just two centres of Zambia, but had since rapidly spread nationwide.

Dr. Stephen Shongwe, the Executive Secretary for the Eastern, Central and Southern African Health Ministers Community (ECSA), based in Arusha, Tanzania, pronounced the Harare conference one of the best he had attended. He was impressed with the organization and depth of the discussions; the unique AIDS Levy; the clarity of the recommendations; President Robert Mugabe's admission that the epidemic had touched even his own family, and his insistence that it was "a fight that we must all fight." "Not many heads of state would declare this openly," Dr. Shongwe said, adding that Zimbabwe had shown that Africans can mobilize their own resources.

Commenting on the single coordinating system that was being tried in Zimbabwe through NAC structures, he said it was a great improvement from the often full-scale rivalries that seem to exist between coordinating bodies in other countries. Zimbabwe's prevention strategies, he added, had clearly contributed towards reaching a plateau of 24.6% in prevalence rate. He closed by expressing his confidence that following the "final push", the figure would start to decline.

