HIV/AIDS

A holistic response to a national emergency

Zimbabwe is one of the countries with the highest HIV prevalence in the world. About 3,000 people are estimated to be infected every week, and around 3,500 HIV/AIDS-related deaths occur weekly. The already grave situation is further exacerbated by the current harsh economic climate, high unemployment, malnutrition and a collapsed health-delivery system. The psychological impact, combined with the physical illness and difficulties, will see infected people progressing much more rapidly into full-blown AIDS.

Zimbabwe is losing its most productive and economic population to this pandemic. Its most disturbing long-term feature is its impact on life expectancy, now 34 years in women and 37 years in men, presenting a serious threat to the country's social and economic development.

There is still no cure or vaccine. The only options are to prevent the further spread of HIV/AIDS, to minimize its impact, to mitigate its effects, and to provide a caring and compassionate environment for those infected and affected, which includes the provision of antiretrovirals (ARVs). This calls for an expanded and intensified response to mobilize all players to take action that is aimed at slowing the spread of the pandemic and managing its impact.

The MDC's Response

Zimbabwe's response to the epidemic was slow, with a notable absence of political will and leadership. It initially confined the epidemic to a medical issue alone, excluding the socio-economic and developmental aspects. Commendable and committed responses and efforts since 1985 came from various private-sector and NGO groups, participating actively in HIV/AIDS awareness, prevention and control of sexually transmitted infections, condom procurement and distribution, home-based and community-based care, counselling and impact mitigation.

However, despite increased awareness, there appears to have been insufficient behaviour change. The scale at which the pandemic continues to spread evidences this. Enhanced commitment will need to be as broad as the epidemic itself and intense enough to make up for the late start.

The MDC will therefore mobilize all stakeholders – political leadership, civil society, the private and public sectors, the traditional sector and NGOs – to face the harsh realities of the epidemic head-on, and will work to drop those areas of conventional

wisdom which no longer work, and differentiate clearly between myths that hold us back and proven good practice and knowledge that we should be implementing.

Confining the responsibility for HIV/AIDS solely to the health sector is seen as a major stumbling block to drastically reducing the spread of HIV and TB. HIV/AIDS must be recognized as a socio-economic and developmental crisis, as well as a health issue. The MDC government's agenda for HIV/AIDS prevention will therefore take into account those socio-economic issues that exacerbate the spread of HIV/AIDS and include:

- The harsh economic environment.
- High levels of unemployment and poverty.
- Lack of empowerment of, and poor economic opportunities for, women.
- Stigma of, and discrimination against, those infected and affected.
- Housing, security and overcrowding.
- Poor water and sanitation delivery and access.
- A collapsed health-delivery system, particularly in rural areas.
- Availability of, and access to, essential drugs and the cost involved.
- Breakdown in the rule of law, resulting in condoned 'political' crimes such as rape, torture, and physical and mental abuse.
- Lack of universal access to effective ARV therapy.

These elements are inextricably linked. The spread of HIV and progression from HIV to AIDS are most rapid where there are substantial social and economic inequalities between the rich and the poor, between women and men, where people lack adequate and secure housing, where there is employment insecurity or where families are split, where parent–child and partner communication is weak, where people lack access to adequate food, are unable to access health services, and where there is political instability and a breakdown in the rule of law.

This situation represents one of the greatest challenges to a new MDC government, and the responses required to mitigate the impact of the pandemic must be multi-sectoral.

The Way Forward

The MDC's position on the challenges for tackling the HIV/AIDS problem is one of recognizing the importance of leadership to tap organizational capacities in order to implement the various action options available.

The MDC government will take immediate measures to recognize the pandemic (in policy and law) as a national emergency in view of its devastating impact on both social and economic development.

The MDC believes that the core elements of a response that begins to match the scale and seriousness of the pandemic are:

- Visible and committed leadership from the top levels of government, and the public and private sectors in preventing the spread of HIV, with clearly assigned responsibilities for dealing with the pandemic.
- Co-ordination of a national response that involves and mobilizes *all* social and economic institutions.
- Identifying priority areas for action for prevention and care based on best practices.
- Mobilizing resources and identifying priorities, ensuring that these reach the target groups with meaningful and effective support services.
- Providing public information to support changes in KAPB (Knowledge, Attitude, Prevention and Behaviour) practices around HIV/AIDS.
- Management of the wider social and economic determinants of HIV/AIDS through specific programmes for improving access to education (especially for the most vulnerable), housing and health care, outlined in other policies.
- Attainment of best practice in HIV medicine as far as possible in terms of:
  - The correct use of antiretroviral drugs.
  - Assessment of ARV resistance in the population and taking appropriate measures in the light of available data.
  - The establishment and sustainable support of laboratory services for the proper case management of HIV/AIDS.
- Universal access to care and treatment through public, private and mission facilities.

Policy Issues

A national HIV/AIDS policy, involving wide stakeholder consultation, was drafted in December 1999. The MDC recognizes the valuable contributions made by many social groups in this process and does not seek to duplicate it. The national policy provides for health and human rights, policies on care for people living with HIV/AIDS, gender and workplace rights, and policies on information.

However, some policy areas have not been fully resolved, and the MDC government will continue to ensure informed public debate and dialogue on issues such as partner notification, shared confidentiality, reproductive health education for adolescents, commercial sex workers and prisoners, and the promotion of gender equality in a manner that respects social norms but also confronts those that are leading to the spread of the disease and impeding its effective management.

Many policy areas that have been resolved upon are not being followed by implementation owing to pitfalls in the legal or institutional framework, the lack

of political leadership, or the absence of a clear strategy for resource allocation. The MDC government will ensure that its highest political offices are used to move policies into practice and to organize the necessary institutional and other resources to achieve this.

The MDC government will, for example, ensure that:

- Labour market institutions actively enforce non-discrimination in the workplace.
- Public health institutions are properly equipped to manage the pandemic.
- National campaigns are carried out to reduce the incidence of STIs and TB.
- Condom distribution is increased.
- Hospital and palliative care for people with HIV/AIDS is improved, with a minimum platform of resources and professional supervision observed.
- Voluntary counselling and testing (VCT) facilities are increased and accessible to all population groups.
- Minimum safety standards are legislated and implemented in all settings where health-care providers are in contact with body fluids, and that post-exposure prophylaxis is available for all occupational exposures.
- The allocation of resources to youth programmes is increased to ensure that in- and out-of-school youths have access to appropriate information on life skills, reproductive health services, counselling, VCT, etc.
- Information, education, counselling, male and female condoms, and STI care services are made available to commercial sex workers.
- Appropriate, strong measures are taken to prevent and penalize gender violence and sexual abuse in all forms, especially against children.
- Far greater attention will be given to the risk environments that increase the spread of HIV, and, in particular, support more-rapid and intensive housing programmes for low-income groups, and sustained access to formal education for youths, particularly female adolescents.
- Public- and private-sector employees (e.g. teachers) are not separated from their families in their employment, that they are adequately housed, and that, where possible, specific measures are put in place to reduce the time of family separation.
- Access to health information and services is available for mobile workers, particularly truck drivers.

Future National Responses

The MDC government will lead the national response by integrating HIV/AIDS measures as an employer, as a provider of essential services, and as a facilitator of social security. It will put in place measures to implement government responses to HIV/AIDS in all these spheres:

- Recognize the HIV/AIDS pandemic as a national emergency.
- Set up and support a national HIV-prevention network, co-ordinating and ratcheting up existing prevention work.
- Procure low-cost treatments for HIV-related opportunistic infections.
- Prevent mother-to-child transmission.
- Provide post-exposure prophylaxis for health workers and victims of sexual abuse.
- Establish the clinical facilities, drug procurement channels and financing mechanisms for treatment of AIDS.
- Institute 'opt-out' testing policies, providing HIV testing to everybody who attends a health facility unless the individual refuses testing.
- Request international donor support to place CD4 machines in all district and provincial hospitals, and viral-load counters in all provincial hospitals, to ensure that ARV treatment initiation can occur at every hospital.
- For stable patients, establish satellite treatment centres at Health Centres for treatment continuation.
- Provide for adherence support at every ARV treatment centre. This would include payment of adherence counsellors and 'expert' patients who would help new patients become fully adherent.

The MDC government will ensure that public spending on treatment for HIV/AIDS or related infections does not only, or preferentially, reach groups that currently have better access to health services, by improving the health service infrastructure.

It will immediately put in place legal reforms to allow for compulsory licensing for public health emergencies, declare HIV/AIDS such an emergency, and procure drugs at lowest cost for the treatment of AIDS and HIV-related opportunistic infections.

The MDC government will review both the National Aids Council and the National Aids Trust Fund, which will be run by a Board of Trustees appointed by Parliament. The Trust will report annually to Parliament and will be required to obtain approval for its annual budget at the same time. The Trust will assist in financing the network of prevention programmes, the additional resources needed in the health sector to guarantee the prevention and treatment of STIs, TB and HIV-related infection and the prevention of mother-to-child transmission, the support of any community-based caring, and the support of orphan care, education and health needs.

Trust funds will be disbursed through community orphan support and fostering schemes, community prevention networks, linked to multi-stakeholder district AIDS committees and to the local authority. A proportion of the funds will be applied

to building or reinforcing these community-based mechanisms in all parts of the country. All receipts and disbursements will be reported in a transparent fashion.

In all its programmes and processes, the MDC government will open up to wider stakeholder and civil-society participation. This will allow for the incorporation of, and response to, community views to tap and support community institutions, and also improve reporting, monitoring and accountability to/from communities on the responses.

At the same time the MDC government will participate actively in regional platforms that seek to build an equitable and sustainable global response to the pandemic through improved channelling of global resources to community and public infrastructures, reduced trade, cost and tariff barriers to drugs and other inputs for AIDS management, and through providing recognition of the links between AIDS and poverty.