



*Permanent Mission of the Republic of Zimbabwe
to the United Nations*

STATEMENT

BY

**HONOURABLE DR. DAVID PARIRENYATWA
MINISTER OF HEALTH AND CHILD WELFARE**

TO THE

**HIGH LEVEL MEETING OF THE GENERAL ASSEMBLY
ON HIV AND AIDS**

**2 JUNE 2006
NEW YORK**

Check against Delivery

Your Excellency, Mr. Jan Eliason - President of the General Assembly

Your Excellencies Heads of State or Government here present.

Your Excellency, Mr. Kof Annan - Secretary General of the United Nations.

Honourable Ministers

Distinguished delegates

Ladies and Gentlemen.

Mr. President,

It is an honour to address this gathering today as we meet to review progress we have made in the fight against HIV and AIDS. It is now close to two decades since the first HIV case was first reported in Southern Africa. Over the years nobody expected that the region would be facing such a catastrophe which remains the worst in human memory. Sub Saharan Africa remains the worst affected region in the world and the disease has reversed most of the gains that we had achieved over years both socially and economically. The region continues to loose sons and daughters who are in the productive age group. No specific sector has been spared and the disease remains the leading cause of morbidity and mortality in the history of mankind.

Mr. President,

My government has committed itself fully to the fight the epidemic. HIV & AIDS was declared a national disaster so as to give priority to the disease and its impact. I am proud to say that government commitment towards the fight against HIV and AIDS is not only a rhetoric statement. The Zimbabwe Government became the first in the world to establish the National AIDS Trust Fund which is purely a home grown - fund that is being administered by the National AIDS Council. Contributions to the National AIDS Trust fund are calculated at 3% of taxable income and are collected monthly. The National AIDS Council was established by an act of parliament to coordinate and facilitate a multisectoral response to the pandemic.

The Three Ones initiative launched at ICASA in September 2003 further emphasizes the need for a coordinating mechanism. The National AIDS Council has coordinated the drafting of the Zimbabwe National AIDS Strategic Plan that is now in its final phase of approval. The strategic plan has taken into consideration the lessons learnt since HIV was first reported in the country and it also takes note of the ever-changing nature of the AIDS epidemic. The National AIDS Council has coordinated the launch of national

monitoring and evaluation mechanism that has enabled all stakeholders to abide by national laid down guidelines and procedures. Zimbabwe adopted a multi-sectoral approach, which ensures that all sectors are adequately represented and have made a commitment towards the fight against HIV&AIDS. Structures have been set in form of AIDS Action Committees from National to village level. The major thrust of the HIV and AIDS response has been community empowerment and community ownership of the interventions through decentralized structures from national down to village level structures.

As earlier noted, all hope is not lost in the fight against HIV and AIDS. The country has recorded a steady decline of HIV prevalence over the past 8years. This has seen a steady decline in the prevalence of 35% in the late 90s to the current 20.1%. This was mainly due to positive behavior change. Let me however reiterate that my government still considers this prevalence rate to be still too high. We still regard prevention as the key in the fight against HIV and AIDS since the majority of our people are still HIV free. Recently, the National AIDS Council coordinated the review of behavior change situation and response analysis to identify the major drivers of the epidemic so as to address the grey areas as well as strengthen strategies that have proven to be effective.

Mr. President,

The review established that positive behavior change has taken place over the years particularly partner reduction and condom use by high-risk groups. Knowledge levels of HIV and AIDS are now very high but however, the knowledge is not translated to personal risk reduction. The sexual debut for the youth has remained the highest in region which is a positive achievement since we regard the youth as our window of hope. Of concern is the fact that young girls particularly 15 to 19 years have recorded the highest incidence and this has been attributed to intergenerational sex. Male participation in HIV and AIDS programmes has remained low and this has been cause for concern. The disease burden remains heavily loaded on the women and measures are now put in place to address this anomaly. From this review, the National AIDS Council has spearheaded the drafting of a national behavior change strategy. Through this document stakeholders have made a commitment to scale up prevention efforts so as to ensure that over the next 5 years, the incidence of HIV is further reduced to the lowest possible levels. The strategy recognises the important role that people living with HIV and AIDS play in terms of disease prevention and the role that men can play as active players in reducing the incidence of HIV and AIDS. Our faith based organizations have taken it upon themselves to spearhead the gospel of fidelity and faithfulness since infidelity is one of the major drivers of the epidemic. I am happy to state that SADC as a block has also identified this as one of major challenges and is putting in place a regional campaign to address the problem of multi- partnering.

Mr. President,

Zimbabwe continues to ensure access to prevention services for its citizens. The Prevention of Mother to Child Transmission Programme has been rolled out to cover every district in the country. Post test support services have been established to assist those in need. Voluntary Counseling and Testing services remain one of the major prevention services in HIV and AIDS prevention in Zimbabwe. Efforts have been made to ensure that the services reach the grass roots levels through mobile VCT services where there are no institutions offering the services.

We continue to value the importance of prevention of HIV and AIDS especially among the youth. HIV and AIDS education has been integrated into the school curricula to ensure life skills for the youth. Measures have been put in place to ensure that youth have access to HIV and AIDS education through establishment of youth centres throughout the country and equipping our staff with skills in youth friendly provision services.

Mr. President,

My government remains committed to meet set targets and has put in place measures to scale up access to ARVs and Opportunistic Infection drugs through decentralization from Central Hospitals to district hospitals. ARVs are made available at heavily subsidized rates to ensure access by the majority of deserving members of the society. Government has put in place a mechanism for public private sector partnership to enhance service delivery. Currently Zimbabwe has 32 000 people on ARVs in both public and private sectors. This figure represents only 10% of those who are in need of the drugs

In addition to provision of treatment, government is in the process of building the infrastructure that enhance the scaling up of treatment such laboratories. Measures have been put in place to ensure that children also have access to ARVs. Half of the National AIDS Trust Fund is now committed to procurement of ARVs to ensure sustainability. Let me acknowledge the role that the church through mission hospitals and some civil society partners are playing in the provision of treatment. Global Fund Round One, which we started implementing last year, also has provision for offering treatment in selected sites. In Global Fund round five we expect to scale up treatment to cover an additional nine districts in addition to the current twelve sites in round one.

Mr. President,

In line with the government's primary health care concept and the current demand for treatment, Community Home Based Care (CHBC) has been strengthened to ensure accessibility, quality of care, standardized and sustainable CHBC programme. Guidelines on CHBC have been reviewed and standards developed to further enrich the current programmes. Linkages between the current ART programmes have been established to ensure that all both services are complimentary.

Mitigatory measures have been put in place for vulnerable members of the society in particular People Living with HIV and Orphans and Vulnerable Children. Community structures for caring for orphans and vulnerable children are over stretched and cannot adequately absorb the increasing numbers of OVC. The social and economic impact of HIV and AIDS on communities and families further weakens the social systems for caring for orphans. There is an increasing number of Orphans and Vulnerable Children in need of services and this has severely strained social services in the country. The numbers of people on home based care is on the increase in the absence of adequate ARVs. There is therefore a need to continue to provide accessible, affordable and quality CHBC services as a continuum of the health delivery service in the country.

The government drafted the - National Plan of action for Orphans and Vulnerable Children to ensure that the needs of the ever increasing number of orphans are catered for. Community structures have been put in place to ensure community safety nets through establishment of child protection committees at all levels. The government is also working with traditional leaders to ensure food security for the vulnerable members of the society. This is an old concept where chiefs use voluntary labor to till the land and provide for the less privileged in their communities (Zunde Ramambo). My government has also put in place Basic Education Assistance Model (BEAM) which is a safety mechanism to ensure access to basic education for vulnerable children.

We would like to acknowledge the role played by civil society in the fight against HIV and AIDS in Zimbabwe. As indicated earlier on civil society is involved in treatment, treatment literacy, mitigation and prevention services. Zimbabwe also enjoys good working relations with international partners especially the UN family.

Mr. President,

Despite major strides taken to reverse the impact of the AIDS pandemic, Zimbabwe still faces major challenges. It is widely accepted that HIV and AIDS has major economic and social impact on individuals, families, communities and society as a whole. In Zimbabwe, just as in other countries

in Sub Saharan Africa, AIDS threatens personal and national well-being by negatively affecting health, life span productive capacity of the individual and severely constraining the human capital and its transfer between generations.

The challenge my government is facing is to ensure that affordable drugs are available. Although we have local pharmaceutical companies producing ARVS, there is need to considerably scale up their capacities in order for them to meet the demand. In this regard, we urge our partners to assist in capacity building and the provision of ARVS.

Zimbabwe embarked on a long overdue but justified land reform. In protest many countries and AID organizations including SIDA, CIDA and DANIDA withdrew support of the health sector. This, in spite of the severity of the pandemic in Zimbabwe, ignores the fact that HIV and AIDS knows no political divide. The HIV and AIDS pandemic cannot be addressed selectively in this increasingly globalised village. The GFTAM Round One proposal which was approved in 2002 was only disbursed last year. This round had a modest budget of USD14million. It is hoped that Round Five will be funded this year in order to improve the national response to HIV and AIDS.

Despite massive investment in the training of health professionals, Zimbabwe continues to suffer from the brain drain. The sad part is that we are losing our staff to the developed world and this has derailed plans to roll out treatment and general health service provision.

Mr. President,

Despite the numerous challenges that we have outlined above, Zimbabwe is still confident that with increased cooperation from the international community we will go a long way towards realizing the goal for universal access to HIV and AIDS prevention, treatment, care and support.

Zimbabwe looks forward to an appropriately strong political declaration from this meeting.

I thank you