National Policy on HIV/AIDS for Zimbabwe 1999

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FOREWORD

AIDS has, in a period of just one and half decades, reached unprecedented crisis levels in Zimbabwe. It is estimated that up to 25% of people aged between 15 and 49 years are infected with the Human Immunodeficiency Virus (HIV) in this country.

According to projections the cumulative number of AIDS cases was more than 400,000 by the end of 1998. AIDS has firmly embedded itself in every part of our country and the situation will worsen as an increasing number of people already infected with HIV/ develop the disease and die.

The human toll of AIDS is a tragic reality being experienced by families, communities and the nation at large. AIDS is reversing the gains which had made in social and economic development since the early eighties. AIDS has become the major cause of illness and death among young and middle-aged adults, depriving households and society of critical human resource base.

The number of orphans as a result of HIV/AIDS related premature deaths of men and women is estimated to swell to more than 500,000 by the end of 1999. The numerous consequences of HIV/ AIDS are putting further strain on an already overstretched social and economic system.

In an effort to respond to this epidemic a national programme of action has been in place since the mid eighties under the leadership and guidance of the National AIDS Co-ordination Programme (NACP) within the Ministry of Health and Child Welfare. Initiatives by NACP and other stakeholders have contributed to the high level of awareness about HIV/AIDS throughout the country. However behaviour change still remains insufficient despite the high level of knowledge.

.Some of the activities aimed at addressing the problem of HIV/AIDS which have been implemented include interventions targeted at the youth in and out of school**,** women, the workplace, people living with HIV/AIDS, the control of Sexually Transmitted Infections. (STI), counselling and care initiatives. The recently introduced HIV Voluntary Counselling and testing is intended to complement and reinforce other behaviour change interventions and foster greater openness about HIV and AIDS. Individuals, families and communities who are directly affected by HIV/AIDS are playing centre stage in trying to cope with the consequences of the epidemic. Zimbabwe has several different

organisations involved in HIV/AIDS activities and these include the public sector, private companies, non governmental organisations, churches and community groups participating actively in HIV/AIDS/STI prevention, control, care and impact mitigation efforts.

We are grateful for the assistance that has been received from these and the international community in support of our efforts to combat AIDS.

In order to create and promote a supportive environment in the workplace for a rational response to AIDS which is free from discrimination and stigmatisation, government gazetted the Labour Relations HIV and AIDS regulations under Statutory Instrument 202 of 1998.

In recognition of the severity of HIV/AIDS and the need to promote and coordinate an appropriate national response, government is establishing a multisectoral National AIDS Council (NAC).

However previous and current actions against HIV/AIDS have proved to be inadequate with limited scope and effectiveness as evidenced by the rising levels of HIV infections especially among young people and worsening multitude of consequences of the epidemic.

A more concerted and unified national response is thus urgently needed in order to bring the epidemic under control. The required individual and collective actions against HIV/AIDS should be guided by policies articulated in this document. The strength of. these policies and supportive strategies is that they have been developed through a broad based, participatory and consultative process over the past three years.

The task ahead is to ensure that the elaborated policies are disseminated widely throughout the country through a medium easily understood by all our people and translated into implementable strategies and activities which will have the required impact on HIV/AIDS throughout the country.

I urge you all to apply these policies in your efforts to contain HIV/AIDS towards the creation of a healthy nation and social stability for current and future generations.

HIS EXCELLENCY COMRADE ROBERT GABRIEL MUGABE
The President of the Republic of Zimbabwe.

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ACRONYMS

AIDS	Acquired Immune-Deficiency Syndrome
ARV	Antiretroviral drugs
CHBC	Community Home Based Care
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
MRCZ	Medical Research Council of Zimbabwe
NAC	National Aids council
NACP	National Aids Coordination Programme
NBTS	National Blood Transfusion Services
NGO	Non Governmental Organisation
NITF	National Interdisciplinary and Intersectoral Task Force
PHA	Public Health Act
PLWHA	People living with HIVJAIDS
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

1. INTRODUCTION

The first case of AIDS in Zimbabwe was identified in 1985. Since then the problem of HIV/AIDS has continued to grow at an alarming rate. According to estimates a total cumulative number of more than 1.5 million people have contracted HIV infection with more than 400,000 having developed AIDS as of end of 1998.

In response to the epidemic universal screening of blood for HIV before transfusion was established as far back as 1985. A one year emergency Short Term Plan (STP) aimed at creating public awareness about HIV/AIDS and training of health personnel in different aspects of HIV/AIDS prevention and control was implemented from 1987 to 1988.

This was followed by the first Medium Term Plan (MTP1) from 1988 to 1993. MTP1,

focused on consolidating and expanding interventions initiated during STP, motivating appropriate behaviour change among specific population groups, counselling and caring for people with HIV/AIDS and monitoring the epidemic through epidemiological surveillance.

In recognition of the worsening AIDS situation and the need to mobilise other sectors to participate actively in the fight against AIDS a multisectoral approach was adopted. This led to the development and implementation of the multisectoral second Medium Term Plan (MTP2) from 1-994 to 1998. The main objectives of MTP2 which were to be realised through a set of strategies and interventions were to reduce:

- transmission of HIV and other sexually transmitted infections (STI);
- personal and social impact of HIV/AIDS/STI;
- socio-economic consequences of the epidemic

The second Medium Term Plan (MTP2) for the prevention, control and care of HIV/AIDS identified the need for development of a comprehensive policy on HIV/AIDS as a major priority which had to be addressed.

In recognition of the importance of an HIV/AIDS policy, a unit was established within the National AIDS Co-ordination Programme (NACP) to spearhead the implementation of this strategy.

In order to realise the development of the National policy on HIV/AIDS a broad based consultative process was employed. This process was undertaken under the leadership anal technical assistance of the National Interdisciplinary and Intersectoral Task Force (NITF) and seven expert groups on HIV/AIDS policy.

The NITF identified broad areas for polity consideration. The seven expert groups developed key points which formed the basis for public debate which was conducted over a period of nearly three years through 84 meetings at national, provincial, district and sectoral levels. Participation at these meetings, which were attended by more than 6,000 people was broad based.

Through these meetings and more than 70 written submissions from individuals and organisations a consensus on essential policies on HIV/AIDS was reached.
Prior to this exercise an intersectoral committee comprising of representatives from Government, labour and employer organisations had facilitated consultations on the Code of Conduct on AIDS and the workplace which culminated into the gazetting by Government of labour relations (HIV/ AIDS) regulations under the Statutory Instrument 202 of 1998. This piece of legislation, included as appendix 1 in this document, is one of the major policies on HIV/AIDS.

The National policy on HIV/AIDS has been developed in order to promote and guide present and future responses to AIDS in Zimbabwe.

As the epidemic develops and more experience is gained some policies may need to be revised in accordance with prevailing circumstances.

The policy debate and the resultant policies have been guided by the following underlying principles:

- – that HIV/AIDS is a serious public health, social and economic problem affecting the whole country and requiring to be addressed as a major priority through appropriate individual and collective actions;
- – that information and behaviour change are cornerstone for the prevention and control of HIV/AIDS /STI;
- – that human rights and dignity of all people irrespective of their HIV status should be respected and that avoidance of discrimination against People with HIV/AIDS (PLWHA) should be promoted.

  However, because of the stigma still attached to HIV/AIDS the rights of PLWHA need special consideration.

  It must however be recognised that with rights come responsibility.

  The responsibility to protect oneself and others from HIV infection should be upheld by all people including PLWHA.

- – that providing care and counselling is essential in order to minimise the personal and social impact of HIV/AIDS;
- – that sensitivity to gender and commitment to promoting gender equality should be integrated into the different policies;
- – that research should be an integral part of the effort to combat HIV/AIDS;
- – that a supportive environment at every level of society will enhance the response to HIV/ AIDS by individuals, families and communities;
- – that an appropriate National AIDS Co-ordination and advocacy framework is essential to oversee further policy development, implementation and co-ordination.

Each policy is supported by a set of strategies which are aimed at facilitating operationalisation of the defined policy/guiding principle.

MANAGEMENT OF THE NATIONAL RESPONSE TO HIV/AIDS

HIV/AIDS is a serious problem of major national significance with far reaching socio economic impact. It necessitates a strong and unified response.

The response to HIV/AIDS to date has been insufficient to slow the spread of HIV and effectively address its numerous consequences.

In view of the severity of HIV/AIDS government has the responsibility to provide the

required leadership to mobilise national efforts to combat the epidemic.

HIV/AIDS can be contained and eventually brought under control through a coherent and sustained multisectoral approach supported by political and civil leadership at all levels of society.

Government will facilitate and support the establishment and operation of an appropriate HIV/ AIDS coordination and advocacy framework.

All sectors should recognise HIV/AIDS as a priority and integrate it into their planning and programming.

The national strategy against AIDS calls for a broad based multisectoral response, through the proposed National AIDS Council (NAC), by government ministries/departments, the private sector, non governmental organisations, the churches, communities, community based organisations including support groups for people living with HIV/AIDS, the media and international collaborating partners.

The goal of all these efforts which should be based on the National Strategic Plan and priorities should be to prevent the spread of HIV and reduce the personal, social and economic impact of the epidemic.

The response to HIV/AIDS requires considerable resources. In view of the magnitude of the resources needed for HIV/AIDS prevention, control, care and impact mitigation, government has already committed itself to playing a leading role in resource mobilisation and allocation. All sectors should contribute resources to combat HIV/AIDS.

Collaboration with international agencies/organisations and government, will be maintained in order to support national efforts against HIV/AIDS.

Efforts should be made to promote viable income generation projects to support community initiatives to fight HIV/AIDS. Appropriate mechanisms should be put in place and applied to ensure effective utilisation of resources at all levels.

Monitoring and evaluation should be an integral component of all programmes and projects in response to HIV/AIDS at all levels. All programme/project managers and implementors should ensure that an appropriate monitoring and evaluation strategy is developed and implemented in order to assess and improve the delivery and effectiveness of their interventions.

Guiding Principle 1: HIV/AIDS should be addressed through a mulitsectoral approach which will be coordinated by the National AIDS Council (NAC). All sectors, organizations and communities should participate in the fight against HIV/AIDS utilizing their comparative advantages.

Strategies

1. 1. Establish a multisectoral National AIDS Council (NAC) with a clear mandate to ensure overall management and co-ordination of the National response to HIV/AIDS.
2. 2. Ensure that HIV/AIDS is recognised and treated *as* major priority for political support and social and resource mobilization.
3. 3. Ensure that all sectors and organisations integrate HIV/AIDS *into,* their planning and programming.
4. 4. Mobilise resources to support the national response to HIV/AIDS/STI
5. 5. Promote effective monitoring and evaluation of all programmes/projects on HIV/AIDS/STI.

3. GENERAL HUMAN RIGHTS

Preamble

The National Policy on HIV/AIDS reaffirms the importance of respect of human rights and dignity and avoidance of discrimination in all its forms. Discrimination against people living with HIV/AIDS (PLWHA) is counterproductive as it increases vulnerability to HIV infection and undermines efforts in response to the epidemic. There is, therefore, need to create and maintain a supportive environment for the prevention, control, care and impact mitigation of HIV/AIDS/STI.

Whilst the rights of people living with HIV/AIDS are upheld, the PLWHA have a responsibility to respect the rights and health of others.

> ***Guiding Principle*** *2:* The human rights and dignity of people living with HIV/AIDS should be promoted and protected. Discrimination and stigmatisation should be avoided as far as is consistent with the rights of society and those who are uninfected.
>
> *Strategies*
>
> 1. 1. Implement education and information interventions aimed at changing the attitudes of the general public and specific target population groups in support of respect of human rights and avoidance of discrimination of PLWHA.
> 2. 2. Promote and enforce legislation which protects individuals against human rights violation and discrimination in respect of HIV/AIDS.

3.1 Confidentiality

Preamble

Confidentiality means not disclosing private or personal information without consent. Confidentiality of medical information about people living with HIV infection is

important because of the risk of stigma and discrimination in respect of HIV/AIDS.

Privacy over health matters is a basic human right and is a fundamental principle of ethics of medical practice. However, even without consent, information can be disclosed to a third party in the case of specified notifiable diseases under the Public Health Act where appropriate public health interventions can be applied.

The issue of confidentiality regarding HIV/AIDS is complex and has been a subject of considerable debate among the public and professionals during the entire' policy dialogue.

Excessive emphasis on confidentiality may lead to increased stigma, discrimination and perpetuate denial of the epidemic. "Shared confidentiality" where medical information about one's HIV status may be shared with spouse/partner and care giver(s) has been recommended.

It has been established that appropriate counselling will go along way in helping an individual cope with their situation and handle the issue of informing those who may have to know their HIV status (i.e. spouse/partner and care giver(s)).

During the policy development process calls were consistently made on thee need to develop and enforce a practical legal framework for disclosures of one's HIV status to be made by health professionals, under certain specific conditions, to those who have critical reasons to know, even if consent is denied.

Any legislation on such matters should be supported by appropriate education, information and counselling in order to change people's attitudes towards disclosures of one's. HIV status to their spouses/sexual partners and care giver(s).

> ***Guiding Principle :*** Confidentiality regarding a person's HIV status should be respected. Legal provisions should be made to enable health professionals to disclose a client's/patient's HIV status to those who have critical reasons to know.

Strategies

1. 1. Promote and maintain confidentiality as a standard approach to the management of HIV/ AIDS.
2. 2. Encourage individuals through counselling to disclose their HIV status to those who have critical reasons to know.
3. 3. Promote appropriate education, information and communication to change people's attitudes in respect of disclosures of their HIV status to those who have critical reasons to know.
4. 4. Encourage openness about HIV/AIDS in order to reduce stigma and discrimination.
5. 5. Develop legislative provisions to enable professionals to disclose client's/patient's HIV status to a third party (spouse/partner and care giver) who has critical reasons to know udder certain specific

conditions even if consent is denied.

4. PUBLIC HEALTH

Preamble

A number of factors which include poverty, unemployment, shortage of housing, migrant labour, employment which separate spouses from each other, gender inequality and some negative cultural norms and practices appear to fuel the spread of HIV. HIV/AIDS worsens poverty which in turn affects many other aspects of life in society.

The ways through which HIV is spread and public health measures necessary to prevent its transmission are well known.

Guiding Principle 4: The promotion of marital integrity and sustainability .should be a primary objective of society.

Strategies

1. 1. Promote the right of a. marital union to be protected from any external interference.
2. 2. Ensure the provision of adequate and appropriate housing to ensure effective and sustained marital unity.
3. 3. Reinforce the protection by the fiscus of the family unit from financial and economic threats.
4. 4. Encourage the churches and civic society to respect and uphold the institution of marriage.
5. 5. Ensure that the government puts into place appropriate financial and tax provisions, to promote the cementing of marital unions.
6. 6. Ensure, so far as is possible and as a priority consideration, that where both spouses are in employment, their places of work are proximate so as to facilitate cohabitation and the establishment of a stable family home.

Guiding Principle 5: Reducing HIV transmission should be central to combating the HIV/ AIDS epidemic.

Strategies

1. 1. Promote interventions that reduce sexual transmission of HIV.
2. 2. Ensure safety of blood and: blood products before transfusion.
3. 3. Apply universal precautions for prevention of cross infection in all health care settings including emergency/disaster care.

4.1 Sexually Transmitted Infections (STIs)

Preamble

Sexually Transmitted Infections (STIs) increase the risk of sexual transmission of HIV significantly. Effective control of STIs has been shown to decrease the transmission of HIV. Women are particularly vulnerable to STIs because of biological and socio cultural factors.

STIs on their own are a major cause of illness among young and middle aged adults as evidenced by the high number of sexually transmitted diseases reported annually throughout the country.

Complications of STIs can lead to chronic lower abdominal pain and ectopic pregnancy in women and infertility in both men and women. STI can also be transmitted to the unborn child causing neonatal infections or death.

> ***Guiding Principle 6:*** Quality STI care services should be made available and accessible at all levels of the health care delivery system and in the community.

Strategies

1. 1. Ensure availability of appropriate technical capacity and drugs for effective treatment of STIs in all health facilities.
2. 2. Upgrade STI management skills of health personnel at each level including community workers.
3. 3. Strengthen integration of STI management skills into training curriculum of health personnel at both undergraduate and postgraduate levels.
4. 4. Strengthen contact tracing and treat partners for STIs.
5. 5. Address barriers faced by women and young people in seeking treatment for STIs and their complications. These barriers include lack of information, education, stigma and negative cultural norms.
6. 6. Improve diagnosis and treatment of STI by developing, implementing and evaluating cost-effective management guidelines on STIs and their complications, backed by research and appropriate training.
7. 7. Educate the community and especially young people on STI health seeking behaviour.
8. 8. Provide information to everyone attending any level of, the health system for reproductive or sexual health care about STIs and advise them on their prevention.
9. 9. Enhance the relationship between health care providers and patients by undertaking systematic review and research and implementing research results.
10. 10. Provide information on STIs and related conditions in a gender sensitive and integrated manner.
11. 11. Ensure that every pregnant woman has access to screening for STIs which are vertically transmittable.

4.2 Blood transfusion

Preamble

HIV is transmitted through infected blood and blood products to a very high degree of risk. In Zimbabwe, the risk of HIV transmission through blood transfusion is virtually non-existent as all blood and blood products are screened for HIV before transfusion.

Guiding Principle 8: Safety of all blood and blood products should be ensured before any transfusion.

Strategies

1. 1. Screen all blood for HIV before transfusion using procedures and policies which meet both national and international standards.
2. 2. Apply effective blood donor recruitment and selection strategies.
3. 3. Encourage those patients awaiting non-emergency surgery who may need blood transfusion, to "bank" their own blood for use during surgery.
4. 4. Maintain blood donation as a voluntary and non-remunerated service.

Guiding principle 8: Transfusion of blood and blood products should be carried out only when absolutely necessary.

Strategies

1. 1. Promote preventive health care to reduce the risk of anaemia and thus reduce the need for blood transfusion.
2. 2. Train and encourage medical practitioners to avoid unnecessary transfusions and adopt strict criteria for undertaking blood transfusions.
3. 3. Adhere to Essential Drugs List for Zimbabwe (EDLIZ) guidelines for use of blood and blood products and justify any deviation from those guidelines in special circumstances.

4.3 Condoms/Barrier methods

Preamble

Male and-female condoms, when properly and consistently used, highly reduce the risk of HIV transmission and other sexually transmitted infections.

Guiding Principle 9: To limit HIV transmission through sexual intercourse, condoms should be made available, accessible and affordable to all sexually active individuals.

Strategies

1. 1. Make quality condoms affordable and easily accessible to sexually active people through different distribution channels.
2. 2. Ensure condom quality through the application of condom quality control measures, by adherence to the current legal requirement for registration under the Medicines and Allied Substances Control (Condoms) Regulations, 1991 for all products sold, offered, donated and used for barrier protection.
3. 3. Give proper instructions and information on condom use and disposal before issuing condoms.
4. 4. Barrier products should include comprehensive information and instructions in the package, using the relevant languages.

4.4 Pregnancy and HIV

Preamble

HIV can be transmitted from mother to her child during pregnancy, delivery and through breast milk. The risk of HIV transmission from mother to child is significant. Many children with HIV related illness develop AIDS early in life and die before they reach the age of five years. Child bearing is a very important event-for-every Zimbabwean-yet the desire of the couple with HIV infection to have children needs to be balanced with the possibility of having an HIV infected baby who has a high risk of dying within the first five years of life.

Guiding Principle 10: Individuals and couples considering marriage or bearing children should have access to accurate information about HIV infection and pregnancy and Voluntary Counselling and Testing.

Strategies

1. 1. Encourage women and couples considering pregnancy to seek voluntary testing and counselling for HIV.
2. 2. Increase the availability, accessibility and acceptability of voluntary counselling and testing services throughout the country.
3. 3. Give information and offer counselling to HIV-positive women and their partners in order to enable them to make informed decisions about planning pregnancy.
4. 4. Increase the general public's access to information, education and communication about options for HIV-positive women to reduce the risk of mother to child transmission of HIV.
5. 5. Adopt interventions to reduce the risk of mother-to-child transmission of HIV based on results of research considering acceptability, affordability and sustainability of such initiatives.
6. 6. Emphasise the importance of primary prevention of HIV transmission among all young people through appropriate behaviour change.

7. 7. Ensure full information is available to all couples contemplating pregnancy.

4.5 Breastfeeding

Preamble

Over the years breastfeeding has been encouraged to improve child survival. Breastfeeding is universally affordable, uniquely nutritious, offers protection, from most serious infant infections, ensures bonding between mother and baby and acts as contraception. Breastfeeding remains a key preventive measure against infant morbidity and mortality. HIV can be transmitted to the baby through breastfeeding. HIV positive women need to make informed decisions about breastfeeding. Such decisions should be based on correct information. A decision not to breastfeed may raise questions in the family. Women making this decision will need considerable support from their families and health professionals. In addition, if they cannot safely replace breastfeeding, they will increase the risk of infant and childhood illnesses and mortality. Latest statistics indicate that exclusive breastfeeding for the first 3 months by HIV positive mothers does not increase the risk of vertical transmission. The need to protect breastfeeding must be paramount in any advice given to the mother.

Guiding Principle 1l*:* Breastfeeding should continue to be encouraged unless. there are viable options to ensure appropriate in Lint and child feeding for women who know they are HIV positive.

Strategies

1. 1. Encourage all breastfeeding women, whether HIV positive or not, to use barrier protection methods to, prevent early conception and HIV infection, or reinfection.
2. 2. Provide appropriate information and counselling to enable an HIV infected woman to make an informed decision about breastfeeding.
3. 3. Support women with HIV infection who choose not to breast-feed with information on appropriate, safe and affordable alternatives.
4. 4. Provide the family and the community with education and information in order to reduce stigma which may be faced by women who decide not to breastfeed because of their HIV status.
5. 5. Incorporate accurate information on HIV transmission into breastfeeding guidelines. These guidelines should be standardised, updated and made widely available.
6. 6. Make breastfeeding and adequate nutrition for mother and child the subject of intervention or action research.

5. CARE FOR PEOPLE LIVING WITH HIV/AIDS

Preamble

The needs of individuals with HIV/AIDS, their families and communities pose a serious challenge to the health care delivery and social welfare systems.

A holistic approach to care should address the physical, psychological and social needs of people with HIV/AIDS and their families. People affected by HIV/AIDS should be treated with respect and dignity. Health professionals and others providing care should be sensitive to the diverse needs of PLWHA and their families.

Continuum of care refers to the entire range of care from professional health workers in a hospital or clinic to the care provided by a volunteer, or household member in a home.

5.1 Medical and Nursing Care

Preamble

In Zimbabwe the care of HIV/AIDS is integrated into the primary health care delivery system. The health care system is strained by the increasing problem of HIV/AIDS.

Although there is no cure for HIV/AIDS, good standard medical and nursing care can prolong and improve the quality of life of PLWHA.

In the developed countries HIV/AIDS is transforming into a chronic and manageable condition, as a result of wide use of antiretroviral (ARV) drugs.

The drugs, are however, not accessible to the majority of PLWHA in Zimbabwe because of their prohibitive costs.

Efforts, therefore, should be made to improve the standard of care for PLWHA.

Efforts should also continue to be pursued to identify feasible strategies to make ARVs more accessible to PLWHA.

> ***Guiding Principle 12:*** Comprehensive, cost-effective and affordable care should be made accessible to people living with HIV/AIDS.
>
> ***Strategies***
>
> 1. 1. Strengthen the capacity of the health care delivery system through provision of adequate resources.
> 2. 2. Make essential drugs available at all levels of the health care delivery system.
> 3. 3. Develop cost-effective management protocols for HIV-related illnesses backed by research.
> 4. 4. Develop an essential *HIV/AIDS* drug policy based on proven efficacy, safety and cost effectiveness of the drugs, supported by

information on nutrition, sanitation, exercise and other aspects of healthy living.

5. 5. Provide health workers in the public and private health care delivery system with appropriate training in HIV/AIDS education, counselling and management.
6. 6. Ensure that the patient referral system adequately caters for people with HIV/AIDS.
7. 7. Eliminate any form of discrimination in the health care delivery in respect of HIV/AIDS through education and information to change attitudes.
8. 8. Promote good nutritional habits, including information on vitamins and other nutrients.
9. 9. Educate HIV/AIDS patients about their rights by promoting and widely publicising The Patients' Charter.
10. 10. Undertake efforts to increase the accessibility of antiretrovirals and ensure their safe and equitable management.

Guiding Principle 13: People with HIV/AIDS have the right to choose the type of care they want and should have access too accurate information regarding orthodox and traditional medicine. Public awareness about the known benefits and limitations of the different sources of care should be made widely available to enable people to make informed choices.

Strategies

1. 1. Fully operationalise subsections (2) and (3) of section 31 of the Traditional Medical Practitioners Act. *[Chapter 27: 14]* which requires all traditional medical practitioners to register with a statutory body before they are allowed to practise.
2. 2. Monitor and enforce registration of traditional medical practitioners and make them accountable to a statutory body.
3. 3. Encourage co-operation and collaboration between orthodox and traditional medical. practitioners in order to strengthen HIV/AIDS control and care.
4. 4. Institute and apply measures to control claims of HIV/AIDS cure. This will ensure that if such claims are made it will only be through one recognised. body and after an acceptable validation of the efficacy of the treatment regimen.

Guiding principle 14: Nursing care, provided by health professionals in collaboration with care providers from the community, churches, NGOs, traditional medical practitioners etc, should be holistic and of acceptable quality.

Strategies

1. 1. Promote quality nursing care provided by health professionals, volunteers, family members and others as an essential component of care for PLWHA.
2. 2. Provide basic nursing skills to community volunteers and other

relevant personnel in the community.

3. 3. Encourage and support volunteers to focus on empowering the household/family to care for the patient in the home.
4. 4. Involve patient, household, support groups and relevant personnel in formulating care plans for patients discharged from health care. institutions.

5.2 Community Home-Based Care (CHBC)

Preamble

CHBC is an extension of the health care delivery system and is an integral component of the continuum of care for PLWHA.

The delivery of effective care and support can make a significant difference to patients, families and communities concerned. CHBC should not only target PLWHA but should also cover people with other chronic and terminal illnesses.

There is no standard approach to CHBC. However all CHBC programmes should adopt a patient, family and community focus. Close co-operation between the implementors of CHBC and health facilities (hospital or clinic) is essential to facilitate accessing support whenever necessary.

In developing and implementing CHBC, issues of quality, patient satisfaction, family and community ownership of the programme should be given priority.

> ***Guiding Principle 15:*** Community Home Based Care should be fully developed and supported as an essential component of the continuum of care for PLWHA and their families.

Strategies

1. 1. Improve and strengthen primary health care delivery and social welfare system to be able to support CHBC.
2. 2. Promote and strengthen different forms of support and care for the chronically and terminally ill and their families.
3. 3. Mobilise and support communities and families to deliver CHBC and utilise existing community structures.
4. 4. Mobilise resources to meet the needs of CHBC.
5. **5.** Promote orphan care within the community.
6. 6. Cater for the needs of children in households affected by HIV/AIDS paying special attention to the children's socialisation and education.
7. 7. Educate the public about the importance of CHBC in response to HIV/AIDS.
8. 8. Monitor and evaluate CHBC to ensure its quality and assess its effectiveness.

5.3 Counselling and Psychosocial Support

Preamble

Counselling is a vital component of HIV/AIDS prevention, control and care. It is a_ n interpersonal interaction between the counsellor and the client that enables the client to deal with and make informed decisions about his/her situation.
HIV counselling has two main functions that are often interrelated. The first function is to offer psychological and social support to enable those infected and affected by HIV to deal with a wide range of emotional, social, economic and medical, problems. The diagnosis of HIV infection, or the realisation that one has been exposed to HIV infection, has emotional, social and medical consequences.

The second function of counselling is to enable the concerned persons prevent HIV infection. This is done by helping people to assess and understand risky lifestyles and define their potential for behaviour change.

> ***Guiding Principle l6:*** Counselling services should be made accessible to all people affected by HIV/AIDS.
>
> ***Strategies***
>
> 1. 1. Adopt and implement counselling as an integral and essential component of institutional and community based management of HIV/AIDS.
> 2. 2. Provide appropriate training in HIV/AIDS counselling and establish minimum standards required for such training**.**
> 3. 3. Ensure availability of appropriate technical and logistic capacity to implement HIV/ AIDS counselling.

5.3.1 Voluntary Counselling and Testing (VCT)

Preamble

It is generally assumed. that knowledge of one's HIV status acquired voluntarily in a supportive environment with appropriate pre-test and post-test counselling is a significant motivator for positive behaviour change.

Some members of the public may wish to know their HIV status for various reasons. HIV testing should not be offered alone, but should be supported by counselling. Therefore voluntary counselling and testing for HIV should be made accessible to the general public as an important intervention for HIV/AIDS prevention and control.

> ***Guiding Principle 17:*** Voluntary HIV counselling and testing services should be made available and accessible to all members of the public.

Strategies

1. 1. Establish VCT services which are accessible and affordable throughout the country.
2. 2. Develop and apply appropriate procedures, guidelines and standards on how VCT services should be operated, monitored and evaluated.
3. 3. Utilise HIV testing techniques which meet required national and international standards.

5.3.2 Informed consent to HIV testing

Preamble

HIV testing is subject to client consent. If informed consent to HIV testing is not obtained, the client's motivation to receive and accept the results may be compromised and can induce denial of one's HIV status.

The client/patient should be counselled and given sufficient health education on HIV/AIDS. Consideration should also be given to the implications of the test on personal and social relations, sexual life and medical status. As the implications of an HIV test are significant, clients should be given time to make informed decisions on whether to be tested or not.

Until the legal age of consent, a child is considered a minor and consent is obtained from parents or a legal guardian.

Where cognitive impairment has occurred and there is no valid medical reason for HIV testing, an HIV test should not be carried out. Should medical grounds for testing exist, consent should be obtained from the appropriate next-of-kin or the head of the medical institution.

Guiding Principle 18: Access to information and counselling necessary for informed consent to HIV testing should be ensured as a fundamental human right.

Strategies

1. 1. Obtain informed consent from the client/patient before doing an HIV test.
2. 2. Provide pre and post test counselling. This service must be offered by people with the appropriate technical and. professional ability.
3. 3. Offer or refer people with HIV infection for ongoing supportive counselling, social support and medical care as required.
4. 4. Make information about informed consent for HIV testing available and accessible to the public.
5. 5. Encourage couples envisaging marriage, routinely to have HIV voluntary counselling, and testing and present results to each other.

5.4. Referral and discharge system for PLWHA

Preamble

There is no uniform referral plan for patients amongst health care institutions. Health facilities tend to discharge patients without necessarily considering the patients' needs, their family setting and the capacity of the family to provide care. The referral/discharge plan within the health institutions is often based on crisis management and this has a negative impact on the care given to the patient. These problems in the health system are made worse by patients moving from one area to another, accessing different health facilities and not disclosing their previous medical history.

> ***Guiding principle 19:*** An effective referral and discharge plan should bean integral part of the continuum of care.

Strategies

1. 1. Consult with the household and the patient before discharging patients from health care institutions in order to ensure the continuum of care.
2. 2. Promote the development of a practical discharge and referral system that involves the patient and the household or family and community based support group.
3. 3. Develop guidelines with minimum standards of care and requirements for planning and implementing discharge of patients to CHBC and referral and re-admission into health institutions.

5.5 Burn-out among care providers

Preamble

Caring for people with HIV/AIDS is a very demanding task. After a period of time care providers may experience physical, emotional and mental exhaustion.

Along the continuum of care from the health institutions to the home and community all types of care givers risk burnout if they do not receive the necessary emotional and physical support while caring for an ill person for an extended period of time. Not dealing with burnout contributes to poor and ineffective care and undermines the coping capacity of care givers.

> ***Guiding Principle 20****:* Burn-out experienced by health care and other HIV/AIDS care providers needs to be recognised and addressed as a serious and fundamental problem.

Strategies

1. 1. Encourage health professionals and other care team members from the family and community to provide support to each other in the form of backup, sharing of work, exchange of experiences, support and counselling.
2. 2. Provide adequate preparation and skills training to care givers.

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6. HUMAN RIGHTS

6.1 Mandatory Testing

Preamble

The public health justification for mandatory testing is strictly limited. Mandatory testing, risks, and is often used for discrimination, and creates fear and resistance. It is counterproductive to the aims of HIV/AIDS prevention and improved care and does not help control the epidemic. It is also prohibitively expensive on a wide scale; particularly if the ethical requirement for pre- and post-test counselling is taken into a account.

> ***Guiding principle 21:*** Legalising mandatory testing is not recommended in any situation other than in the case of a person charged with any sexual offence that could involve risk of HIV transmission: In this case, prompt testing of the perpetrator is -required. The assaulted person should be offered voluntary counselling and testing, and where appropriate, treatment at the expense of the State.

The following description of categories of people and situations highlights the need to approach mandatory HIV testing with great reservation.

1. 1. **Pregnant women**: Women who Know their HIV status may decide not to breast-feed or to take other precautions to reduce the risk of HIV transmission to their babies. Mandatory testing would not by itself mean that women would have access to different options and, for many, it would merely raise fear and anxiety. HIV testing, with pre- and post-test counselling, should be available to all antenatal women on a voluntary basis.
2. 2. **Infants:** Accurate testing of new-born babies is not currently widely available and no purpose would he served by mandatory testing. HIV testing of babies should be available to HIV-positive parents who request this when the baby reaches an age at which tests are likely to be accurate.
3. 3. **Engaged couples:** HIV testing should be encouraged prior to marriage and-Voluntary Counselling and Testing should be accessible to all people including those who plan to get married.
4. 4. **Employment, training and promotion:** Statutory Instrument 202 of 1998 Labour Relations (HIV and AIDS) Regulations, sections 4, 5 and 6

provide for the condition under which testing shall be carried out.

5. 5. **Education:** Mandatory testing of children or adults entering or continuing education is not justified. There shall he no discrimination against, people who test positive to HIV with respect to education. The usual medical consideration shall be accepted in the event of symptomatic disease.
6. 6. **Insurance:** The guidelines in the Labour-Relations. (HIV and AIDS) Regulations, 1998, section 7, prescribe the procedures which shall be adopted.
7. 7. **Travel and immigration:** Some countries require HIV testing for various categories of visitors or for stay beyond a certain period of time, study and. immigration. Such a policy, however, will not contribute to prevention of HIV and merely stigmatises people with HIV/AIDS. No requirement for HIV testing of visitors or immigrants to Zimbabwe will be introduced.
8. 8. **Prisoners:** Mandatory testing is not recommended except for persons charged with any sexual offence or any other offence that could transmit HIV.

6.2 Discrimination

Preamble

The risk of discrimination and stigmatisation is high in respect of HIV/AIDS and is being encountered in many spheres of life. To achieve full human and constitutional rights for people with HIV/AIDS, measures are needed to eliminate stigma against PLWHA.

> ***Guiding Principle 22:*** All symptomatic people with HIV infection should be treated as any other healthy individual with respect to education, training, employment, housing, travel, health care, and other social amenities and citizenship rights. People with AIDS should be treated as others who may have chronic or life threatening conditions.

Strategies:

1. 1. Respect the rights of people affected by HIV/AIDS in all spheres of life and safeguard these rights.
2. 2. Assess the impact of the demand by the insurance industry for an HIV test before an insurance policy is adjudicated.
3. 3. Encourage the Insurance Industry to develop and apply policies which take into account the insurance needs of persons with HIV/AIDS.
4. 4. Provide education and information to the public to reduce discrimination against PLWHA.

6.3 Partner notification

Preamble

In the context of the HIV/AIDS policy document, partner notification means sharing information about one's HIV status with his/her sexual partner(s). Men and women

should be informed that engaging in sex with a new partner of unknown HIV status or with different partners poses a risk of STI/HIV transmission. In many cases information regarding a partner's HIV status may not be shared and the other partner may continue to be put at risk. Contact tracing for sexually transmitted infections has proven difficult and the rate of contact tracing is low. It is problematic for health professionals and counsellors to breach the confidentiality of their patient/client and to inform the partner without consent. If not handled sensitively and appropriately it may destroy the confidence of the patient in the health advisor and may reduce the effectiveness of care. In a socio-cultural setting where there is still insufficient gender equality, women are often unable to practise safe sexual behaviour because they have little control over their sexual relationships. The implications of non-partner notification in a polygamous marriage can be severe. In accordance with the consensus reached on this issue through the policy debate a legally approved move toward shared confidentiality is desirable to promote prevention, better care, and coping.

> ***Guiding principle 23****:* Partner notification of HIV status is an important issue for both men and women and should be encouraged and supported.
>
> ***Strategies***
>
> 1. 1. Encourage couples/partners to share information about their HIV status with each other in order for them to take informed action to prevent HIV transmission.
> 2. 2. Encourage people with HIV infection to inform their partners of their HIV status and to use barrier methods to protect each other from infection and reinfection.
> 3. 3. Promote counselling and testing of partners together so that both are informed at the same time of their HIV status.
> 4. 4. Promote appropriate education, information and communication to change people's attitudes in respect of disclosures of their HIV status to those who have critical reasons to know.
> 5. 5. Encourage openness about HIV/AIDS in order to reduce stigma and discrimination.
> 6. 6. Develop legislative provisions to enable health professionals to disclose client's/ patient's HIV status to their partner under certain specific conditions even if consent is denied.

6.4 Surveillance and notification

Preamble

Notification is the systematic recording of personal details of individuals with conditions specified under the Public Health Act (PHA) *[Chapter 15:09]*. Sexually Transmitted Diseases (STDs) are notifiable under the PHA because of the public health benefits regarding contact tracing, treatment, and collecting national epidemiological data.

Surveillance data on HIV is currently obtained through unlinked anonymous screening in selected sites among-sentinel groups throughout the country.

***Guiding principle* 24**: Where HIV or AIDS is deemed to be a public health concern, they shall be separately and confidentially notified by the practitioner in terms of the Public Health Act.

Strategies

1. 1. Strengthen the current sentinel surveillance in order to monitor the trends of HIV infection and assess the impact of prevention and control interventions.
2. 2. Improve current AIDS case reporting.
3. 3. Monitor the current position on notification regularly and review it with regard to new developments.

6.5 Children and young people