Ovoke Moss
LAMP High School
Montgomery, AL
Zimbabwe, Factor 12: Human Diseases

Hope for a Nation Marred by Disease

Ever since the onset of human immunodeficiency virus and acquired immunodeficiency syndrome in the early 1980s, no one could have foreseen the vast impact this disease would have on the world, but specifically the continent of Africa. The disease disproportionately affects African nations in comparison to the rest of the world. But in countries like Zimbabwe, the reach of this devastating disease has made shockwaves across the social, economic, and political realms of their society. None more than in the area of agriculture. The HIV/AIDS epidemic has affected almost every family in Zimbabwe, with the vast percent of their denizens living in rural, farming communities. To that effect, the disease has put a strain on the agricultural output in the country, leading to hunger and increased social unrest.

Zimbabwe is a landlocked southeast African nation with a population of just 16,312,727 as of June 5th, 2017, according to Worldometers. (Worldometers.org) The country generates revenue through mining and agriculture, but as mentioned before, its agricultural yields have been severely compromised by the HIV/AIDS epidemic. Since nearly 70% of the Zimbabwean population live in rural areas, a livelihood in agriculture is almost an absolute must. World Factbook estimates that of the total land area, only 42.5% is actually usable for agriculture. HIV/AIDS has also affected that crops are grown (World Factbook). Around 2008, the country was a decrease in the labor force due to the detrimental disease; and while they mostly practiced subsistence farming, they began to produce more cash crops, such as tobacco. Though the economy benefited from the revenue generated, the crops that were once there to feed the population, were no longer available (World Factbook). Farmers have no choice but to grow cash crops since it also happens that Zimbabwe is currently in a major economic crisis. The inflation rate in Zimbabwe is insanely high, making the need for cash crops even greater. But despite the increased cash flow and boosted economy, this has not translated into a higher sense of food security for the predominantly rural population. But in the last year, economic growth had regressed into the negative regions due to bad harvests and low mineral and diamond revenues (World Factbook).

The HIV/AIDS epidemic has also devastated the social aspect of Zimbabwe. According to the United Nations, the disease affects 1.4 million people, an enormous percent of a country with a small relative population (UNFAO). It mostly affects people between the ages of 19-49. This age group plays a major role in society as they are considered the “breadwinner” or head of most households. This group also makes up the labor force. Despite the already hurting labor force, the Food and Agriculture Organization of the United Nations projects a vision of up to a 23% decrease of laborers and productivity by the year 2020 (FAO). It not just labor that is affected, but the structure of the labor force and the quality and quantity of products produced. This is true in both the skilled and unskilled areas of the current labor force in Zimbabwe. Once more, HIV and AIDS has drastically cut down this labor-intensive age range, not only damaging the community as a whole, but family unit as a whole. A typical Zimbabwean household consists of an estimated 4.76 according to Every Culture. The Central Intelligence Agency of the United States possesses a World FactBook which estimates of the adult population in Zimbabwe, 13.5% of them are infected with HIV or AIDS, resulting in over 30,000 deaths per year from these diseases alone (World Factbook). Families ties are broken when parents that were caregivers fall ill and die, leaving orphaned children behind as wards of the community. The cost of this disease is felt hardest by the community as they are the ones who have the burden of paying for food the few, but very expensive medicines, funeral expenses, etc. The United Nations reports that over 77,000 children are afflicted with the disease recent studies found and another 524,000 children are left orphaned, an enormous drop from 810,000 from 2015 compared to 2010 respectively (UNFAO). Children without

the disease are often taken from schools to work the fields to help compensate for the lost income due to the illness. They are also left with less food intake, leading to malnutrition and less attention from caregivers, which opens a host window of negative activities the child could participate in. The rural family must use agriculture as their main source of income, and according to the Food and Agriculture Organization of the United Nations, the agriculture production rate decreased by 50% in households affected by HIV/AIDS in comparison to those who were not affected (UNFAO). The Zimbabwean government also plays a huge role in the current failures of the nation. Their president (essentially a dictator) Robert Mugabe has allowed for extremely high government wages, expenses, debts and an endless amount of deficient in monetary funds (World Factbook).

What is most alarming to scientists is the rate at which new cases of infections appear. It is estimated that 64,000 new cases appear every year and it seems that there are no signs of stopping the epidemic (UNAIDS). Despite the fact that Zimbabwe also has the highest level of condom usage in the world, their rates of HIV/AIDS cases are still higher that the vast percentage of the world. There are multiple reasons why the country suffers from the disease. The biggest issue is social stigma and the social reaction. In many areas of the world not just in Zimbabwe, those who test positive for HIV/AIDS are ostracized from the community and shamed. Because the main institution of their society is the community unit, many feel as though they cannot get tested because of the stigma of the disease and the reaction the community will give them. Thus, a sufficient support system is not in place for those suffering from HIV/AIDS. Many of those affected could even face legal barriers and discrimination that would prevent them from obtaining access to HIV services, including antiretroviral treatments (AVERT.org). Not only does a proper system of social and legal support in place, but the medical support for the disease is practically nonexistent. According to AVERT, a UK-based HIV/AIDS non-profit research and support organization, just 61% of all of those with the HIV/AIDS are actually on retroviral medications (AVERT.org). Antiretroviral therapy is one of the most important keys to controlling the spread of the infection to others. Retroviral therapy prevents the HIV virus that causes AIDS to not progress into full blown AIDS. The current number of AIDS and AIDS related deaths in Zimbabwe as of 2015 was 29,000, a number that could be greatly reduced with the introduction of a more widespread and accessible use of such a vital regime of medicines (AVERT.org).

It is worth noting that Zimbabwe is nestled within the southern and eastern regions of Africa, which geographically represents 6.2% of the world's population, but yields over 50% of the world's HIV/AIDS infected population (AVERT.org). To this effect, surrounding nations such as Kenya, Botswana, Malawi, Uganda, and Lesotho are taking steps in decreasing infection rates. Widespread education campaigns and HIV testing and counselling (also known as HTC services) are being put in place due to the fact that more than half of all people living with HIV/AIDS do not actually know their infection status. A very positive example of proper implementation can be seen in the nation of Kenya. Their adoption of new practices has led to a dramatic decrease in the rate of new cases. In recent years, Kenya implemented community-based HIV testing and door-to-door testing campaigns. Between 2008 and 2013, HIV testing increased from 860,000 to over 6.4 million. In 2015, self-testing kits were introduced to the public, leading to an even greater increase in the number of people testing for HIV/AIDS (AVERT.org). Lesotho began implementing HTC services at the community level which allowed for HIV testing rates in adults to increase from 2.7% in 2004 to over 35% in 2011 (AVERT.org). If Zimbabwe were to follow in the footsteps of its fellow African nations like Kenya and Lesotho, they too could see a dramatic increase in the number of citizens receiving testing and treatment, and to that effect, a decrease in the number of new cases each year.

Of course, a plan of action would have to be implemented in order to help revert the current crisis. But as of now, the current solutions are the widespread campaigning for the use of condoms and the limited usage of retroviral medications. But as Zimbabwe is not the only nation in the Sub-Saharan region dealing with the effects of the HIV/AIDS crisis, I believe that they could stand to learn from the

example of other nations in the region. The nation of Kenya proves that the adoption of new practices could lead to a drastic decrease in the number of new HIV/AIDS per year. In recent years, Kenya implemented community-based HIV testing and door-to-door testing campaigns. In 2015, self-test kits were introduced to the public, leading to a monumental jump in the number of citizens testing for HIV/AIDS. Between 2008 and 2013, HIV-testing increased from 860,000 to over 64 million respectively. Lesotho, a tiny nation encompassed by South Africa, began implementing HTC services at the community level which has allowed for HIV to over 35%. The increased testing and awareness through the door-to-door campaigns have attributed to the overall decrease in HIV/Aids rates in those countries. (AVERT.org)

Since the social aspect of Zimbabwe revolves around the community, placing more accessible clinics in various afflicted communities around the country would most definitely aid in decreasing the number of cases. This method has been applied before, with great results. In the mid-1990s and 2000s, the first clinics were made available to the general public and upon them opening, HIV/AIDS prevalence rates began to drop. At first, scientists were wary of the change, but eventually realized that clinics that were open meant those that could afford to go, could go. But by decreasing the costs of the essential medications and treatment regimens, this country with the second highest HIV\AIDS rates could see significant and even dramatic decreases in AIDS-related deaths, so long as this proposed solution is coupled with pre-existing options. As a nation that already receives monetary support from UNAIDS, funds should be allocated from the already existing monies. The existing money would come from the levy placed on taxable income back in 2000, which actually increased domestic financing for HIV by 40% between 2011 and 2014 (UNAIDS.org). It is also worth mentioning the current work that UNAIDS is accomplishing. Back in 2015, a delegation from the UNAIDS sector of the UN was sent to Zimbabwe to kick off an accelerated response to the HIV/AIDS crisis. This delegation UNAIDS found that the engagement in response to the crisis was spread far across the board, from various political ministries to the civil society and the private sector, from which 30% of all HIV funding comes from (UNAIDS).

In Victoria Falls, Zimbabwe, a UNAIDS-supported community clinic has already been set up, with great effects already occurring. Victoria Falls, Zimbabwe is a major tourist destination for people all over the world due to the absolute splendor of her most famous attraction, the Victoria Falls. It is also a transit area into the neighboring country of Zambia. But being the major western city in Zimbabwe that it is, many truck driver and sex workers pass through the city and make it an area of high HIV/AIDS prevalence. The North Star Alliance Clinic functions as both a truck stop and wellness center, also serving the surrounding communities around it. They do outreaches and mobilize the community to be aware of the disease around them. The clinic also educates families about the disease and the false stereotypes around it. According to UNAIDS, "…They offer primary health-care services, services for sexually transmitted infections and malaria, HIV counselling and testing and screening for tuberculosis. Through the clinic, essential health services are brought closer to the people who need them most in a comfortable environment without prejudice." This clinic also targets the most affected age group, 25-49 year olds. This is a perfect example of my solution being implemented and it being successful in practice.

One thing I found in my research about the HIV/AIDS in Zimbabwe was the fact that most clinics were opened up in areas of high urban populations. In areas like Harare (the capital), Bulawayo, and Chitungwiza, it is much easier to open clinics since the high concentration of people could allow for the disease to be easily passed from person to person (WorldAtlas). But many times the rural parts of the country smattered between the north and southern region are often forgotten and left out of the essential resources that these clinics provide. These projects, funded by organizations such as UNAIDS and UNFAO, often raise money to be spread across multiple nations. This is good, but more often than not, it leaves a country without enough money or supplies to complete their set task. Also, this does tend to treat the problems of one nation like the problems of another, thus generalizing them all. I would propose an

organization that would focus totally on the nation of Zimbabwe as it is one of the most negatively impacted nations in the Sub-Saharan region. This organization would be similar to the UNAIDs coalition in that it concentrates on the HIV/AIDS crisis and explores various treatments and methods for combatting the disease, such as HTC and self-testing. Clinics on a much smaller scale, but greater in quantity, could be placed in areas where accessibility for citizens would not be of an issue. But in addition to that, this organization would also emphasize the education, especially in the agricultural aspect of their society to rural communities that the disease has severely compromised. The people could be educated on how to care for those with the disease, coping with the disease, treatment, and prevention from the disease. In order to emphasize agriculture, one would have to reintroduce the farming techniques and new technology that escaped these areas and different crops that would grow well in the soil. Subsistence crops could eventually make a resurgence where cash crops had grown to replace them due to their profitability. This in turn could mean an economic revival as well. In this decade, the HIV/AIDS rates have dramatically begun to decrease, which has translated into more people being able to join back into the work force. My solution would be funded similarly to the UNAIDS, with larger international nation-states contributing along with private donors and national support.

My solution would aid Zimbabwe much more than current resolutions, since it would focus on Zimbabwe and her issues, many of which are different from her neighboring Sub-Saharan countries. My solution would also encourage the community unity, which this disease has destroyed much of. Unity and activism are key to the success of this project. With the success of this project, one would expect to see the agricultural output of the country increase along with more people of working age being placed back into the work force, instead is suffering from HIV/AIDS. One would also expect a more educated populous on the prevention and treatment of HIV/AIDS. One would also expect a revival of the knowledge about farming and other traditional methods that was lost in the ravages of the disease. By funding my solution. The issue of HIV and AIDS can happen at a faster rate than current measure are. There is indeed hope to ending the crisis that has marred the history of this sub-Saharan nation. But international support and community action can only make this happen. In a nation such as Zimbabwe, food security is a current issue and has been greatly affected by the HIV/AIDS virus. The USDA seeks to solve the issue of food security in the agricultural sect, but in order to do so, one must resolve this extremely devastating underlying issue.

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