



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

**STATEMENT BY HON. DR. HENRY MADZORERA
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**TO THE
UNITED NATIONS GENERAL ASSEMBLY
AT THE
HIGH LEVEL MEETING ON HIV & AIDS**

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Check against Delivery

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Your Excellencies, Heads of State & Government,
Honourable Ministers,
President of the General Assembly, Mr. Joseph Deiss
Secretary General, Mr. Ban Ki-moon
Distinguished Guests,

Zimbabwe is pleased to participate in this high level meeting that seeks, among other issues, to craft a way forward in the global response to the HIV and AIDS epidemic. To that end, I thank the UN Secretariat for its reports that provide the basis of our deliberations. Allow me to align myself with the statements made by Namibia on behalf of the Southern African Development Community.

Mr. President,

Pursuant to our universal access commitments, Zimbabwe has over the years scaled up its national response to HIV and AIDS guided by specific targets and indicators in the universal access declaration.

In this regard, Zimbabwe's HIV prevalence has continued to decline from a high of over 29% in 1999 to the current 13.7%. This decline has also been consistent with the decline of the HIV incidence. The declines in both areas have been underpinned by expansion of access to HIV prevention services, including prevention of mother to child transmission, male and female condoms, HIV testing and counseling, awareness campaigns and others. We have recently added male circumcision to our HIV prevention programmes following compelling evidence that if offered to many men and is taken up appropriately, the practice offers potential benefits in HIV prevention.

Following the adoption of the universal access declaration, Zimbabwe, in 2006, was perhaps among the first in the world to develop and implement an evidence based behavior change strategy whose primary import has been the reduction of new cases of HIV. Evidence has already been noted that the behavior change strategy has contributed to increased demand for and uptake of HIV prevention services.

To enhance utilisation of testing and counseling services as a gateway to treatment and care, Zimbabwe introduced provider initiated testing and counseling services in all health institutions. This proactive service made our testing and counseling services user friendly and robust by enhancing services already provided under the voluntary testing and counseling services.

Mr. President,

Despite the funding challenges, Zimbabwe has also recorded significant progress in the provision of treatment and care services. By the end of 2010, Zimbabwe had achieved 77% coverage towards our universal access target, wherein 350 000 of an estimated 593 000 who required antiretroviral therapy were accessing anti retrovirals.

Although the achievement of universal access in treatment and care was well within reach in 2010, Zimbabwe took a deliberate step to ensure that people needing treatment can access drugs when they are still looking and feeling healthy and likely able to respond well to treatment. In

this regard Zimbabwe adopted the World Health Organisation's newly revised treatment guidelines, raising the threshold for initiation to a CD4 cell count of 350 up from 200 at initiation. Based on this adjustment, the demand for treatment services immediately rose with 593 000 clients now needing treatment up from 340 000.

In pursuit of universal access targets, Zimbabwe has expanded and decentralized treatment services to all districts and various rural health centres as well, opening new ART sites at all these levels. Regular outreach campaigns penetrating into villages, farming and mining establishments have resulted in increased uptake of treatment services as well as the reduction of stigma and discrimination.

Mr. President, on the backdrop of increased external support in this area, Zimbabwe has also recorded significant increase in the number of children accessing ARV drugs. The number of children on treatment, which is 10% of the total population on treatment, has doubled in the last two years. Efforts are in place to ensure this service is expanded so that many more children can access treatment. Part of the efforts includes the creation of an enabling environment, wherein the bottlenecks that result in access challenges are eliminated.

The increase in the number of children accessing treatment and care services has benefited from a deliberate effort by Zimbabwe to expand the coverage of Prevention of Mother to Child Transmission services and the introduction of early infant diagnosis as well as community mobilization to participate in PMTCT.

In pursuit of universal access, Zimbabwe has also strengthened collaborative TB/HIV interventions, whose impact has already been immense in scaling up of treatment and care services.

As part of our commitment to and pursuit of universal access, Zimbabwe has now switched to the use of more efficacious regimens and is slowly phasing out triple dose regimens whose efficacy was also comparatively lower.

Mr. President,

I would like to salute our partners for the assistance they have rendered Zimbabwe in the area of treatment and care. The Global Fund against AIDS, TB and Malaria as well as the Expanded Support Programme, PEPFAR, Children's Investment Fund-CIFF, Clinton Health Action Initiative-CHAI, Bill & Melinda Gates Foundation, and many others have played central roles in enabling Zimbabwe to expand access to treatment and care services.

Zimbabwe recognized that achievement of universal access targets requires an adequately enabling environment and as such created structures for proper coordination and implementation in a multi-sectoral approach. Under this approach, Government enacted relevant legislation for the creation of the National AIDS Council and the National AIDS Trust Fund. These institutional arrangements are supported by various sectoral policies which seek to promote achievement of universal access targets. Indeed the effectiveness of these institutional arrangements has been recognized not only regionally but internationally and has been subject to study and analysis as a best practice by many.

Mr. President,

Spurred by improvements in the performance of the economy since the adoption of a multi-currency regime, our home grown AIDS Levy has already started to reclaim its place in our financing strategy and is already playing a significant role in resourcing the national response to HIV and AIDS. Cognizant of our universal access targets, we have deployed the AIDS Levy to various critical areas such as procurement of antiretroviral drugs, CD4 count machines, HIV test kits, blood kits and of late we have also started funding regular outreach campaigns to initiate and follow up on ART clients. Mr. President, although we are still in need of external funding, we are very proud that our own home grown initiative is making a meaningful contribution.

Our pursuit of universal access is set to tremendously benefit from the recently developed results based Zimbabwe National HIV and AIDS Strategic Plan for 2011 to 2015 (ZNASP II), which seeks to scale up availability of and access to both prevention and treatment and care services. To reduce the number of new cases of HIV, the strategic plan prioritises Prevention of Mother to Child Transmission (PMTCT), Male circumcision (MC), HIV testing and counseling (HTC), Condom promotion and distribution, and Social behavior change communication, Blood safety, Post exposure prophylaxis and Treatment of sexually transmitted infections (STIs) among others.

Antiretroviral therapy for both children and adults, HIV and TB co-infection management, Nutritional support for adults and children living with HIV, Community home based care (CHBC), and Social protection for orphans and vulnerable children are also prioritised as means to reduce the number of annual deaths to AIDS and HIV related maternal mortality.

Mr. President,

There have however been some challenges in pursuing the universal access targets. Despite these challenges, we are hopeful that Zimbabwe will scale up interventions and eventually achieve universal access to HIV prevention, treatment and care in the shortest possible time.

I Thank You