NATIONAL POLICY ON HIV/AIDS

FOR

THE REPUBLIC OF ZIMBABWE

DECEMBER 1999

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 been 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.

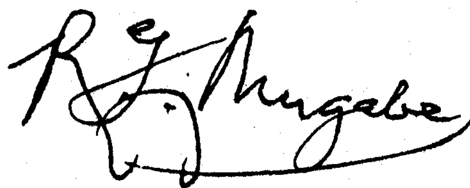
In recognition of the severity of HIV/AIDS and the need to promote and coordinate an appropriate national response, government is establishing a multisectoral National AIDS Council (NAC).

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 HIV/AIDS
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 1994 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 and 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 policy 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.

2. 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 multisectoral approach which will be coordinated by the National AIDS Council (NAC). All sectors, organisations and communities should participate actively in the fight against HIV/AIDS utilising their comparative advantages.

Strategies

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. Ensure that HIV/AIDS is recognised and treated as major priority for political support and social and resource mobilisation.
3. Ensure that all sectors and organisations integrate HIV/AIDS into their planning and programming.
4. Mobilise resources to support the national response to HIV/AIDS/STI.
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. 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. 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 a long 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 the 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 3: 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. Promote and maintain confidentiality as a standard approach to the management of HIV/ AIDS.
2. Encourage individuals through counselling to disclose their HIV status to those who have critical reasons to know.
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. Encourage openness about HIV/AIDS in order to reduce stigma and discrimination.
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 under 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. Promote the right of a marital union to be protected from any external interference.
2. Ensure the provision of adequate and appropriate housing to ensure effective and sustained marital unity.
3. Reinforce the protection by the fiscus of the family unit from financial and economic threats.
4. Encourage the churches and civic society to respect and uphold the institution of marriage.
5. Ensure that the government puts into place appropriate financial and tax provisions to promote the cementing of marital unions.
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. Promote interventions that reduce sexual transmission of HIV.
2. Ensure safety of blood and blood products before transfusion.
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. Ensure availability of appropriate technical capacity and drugs for effective treatment of STIs in all health facilities.
2. Upgrade STI management skills of health personnel at each level including community workers.
3. Strengthen integration of STI management skills into training curriculum of health personnel at both undergraduate and postgraduate levels.
4. Strengthen contact tracing and treat partners for STIs.
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. 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. Educate the community and especially young people on STI health seeking behaviour.
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. Enhance the relationship between health care providers and patients by undertaking systematic review and research and implementing research results.
10. Provide information on STIs and related conditions in a gender sensitive and integrated manner.
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 7: Safety of all blood and blood products should be ensured before any transfusion.

Strategies

1. Screen all blood for HIV before transfusion using procedures and policies which meet both national and international standards.
2. Apply effective blood donor recruitment and selection strategies.
3. Encourage those patients awaiting non-emergency surgery who may need blood transfusion, to "bank" their own blood for use during surgery.
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. Promote preventive health care to reduce the risk of anaemia and thus reduce the need for blood transfusion.
2. Train and encourage medical practitioners to avoid unnecessary transfusions and adopt strict criteria for undertaking blood transfusions.
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. Make quality condoms affordable and easily accessible to sexually active people through different distribution channels.
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. Give proper instructions and information on condom use and disposal before issuing condoms.
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. Encourage women and couples considering pregnancy to seek voluntary testing and counselling for HIV.
2. Increase the availability, accessibility and acceptability of voluntary counselling and testing services throughout the country.
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. 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. 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. Emphasise the importance of primary prevention of HIV transmission among all young people through appropriate behaviour change.
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 11: Breastfeeding should continue to be encouraged unless there are viable options to ensure appropriate infant and child feeding for women who know they are HIV positive.

Strategies

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. Provide appropriate information and counselling to enable an HIV infected woman to make an informed decision about breastfeeding.
3. Support women with HIV infection who choose not to breast-feed with information on appropriate, safe and affordable alternatives.
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. Incorporate accurate information on HIV transmission into breastfeeding guidelines. These guidelines should be standardised, updated and made widely available.
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. Strengthen the capacity of the health care delivery system through provision of adequate resources.
2. Make essential drugs available at all levels of the health care delivery system.
3. Develop cost-effective management protocols for HIV-related illnesses backed by research.

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. Provide health workers in the public and private health care delivery system with appropriate training in HIV/AIDS education, counselling and management.
6. Ensure that the patient referral system adequately caters for people with HIV/AIDS.
7. Eliminate any form of discrimination in the health care delivery in respect of HIV/AIDS through education and information to change attitudes.
8. Promote good nutritional habits, including information on vitamins and other nutrients.
9. Educate HIV/AIDS patients about their rights by promoting and widely publicising The Patients' Charter.
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 to 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. 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. Monitor and enforce registration of traditional medical practitioners and make them accountable to a statutory body.
3. Encourage co-operation and collaboration between orthodox and traditional medical practitioners in order to strengthen HIV/AIDS control and care.
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. Promote quality nursing care provided by health professionals, volunteers, family members and others as an essential component of care for PLWHA.
2. Provide basic nursing skills to community volunteers and other relevant personnel in the community.

3. Encourage and support volunteers to focus on empowering the household/family to care for the patient in the home.
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. Improve and strengthen primary health care delivery and social welfare system to be able to support CHBC.
2. Promote and strengthen different forms of support and care for the chronically and terminally ill and their families.
3. Mobilise and support communities and families to deliver CHBC and utilise existing community structures.
4. Mobilise resources to meet the needs of CHBC.
5. Promote orphan care within the community.
6. Cater for the needs of children in households affected by HIV/AIDS paying special attention to the children's socialisation and education.
7. Educate the public about the importance of CHBC in response to HIV/AIDS.
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 an 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 16: Counselling services should be made accessible to all people affected by HIV/AIDS.

Strategies

1. Adopt and implement counselling as an integral and essential component of institutional and community based management of HIV/AIDS.
2. Provide appropriate training in HIV/AIDS counselling and establish minimum standards required for such training.
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. Establish VCT services which are accessible and affordable throughout the country.
2. Develop and apply appropriate procedures, guidelines and standards on how VCT services should be operated, monitored and evaluated.
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. Obtain informed consent from the client/patient before doing an HIV test.
2. Provide pre and post test counselling. This service must be offered by people with the appropriate technical and professional ability.
3. Offer or refer people with HIV infection for ongoing supportive counselling, social support and medical care as required.
4. Make information about informed consent for HIV testing available and accessible to the public.
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 be an integral part of the continuum of care.

Strategies

1. Consult with the household and the patient before discharging patients from health care institutions in order to ensure the continuum of care.
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. 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. 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. Provide adequate preparation and skills training to care givers.

3. Arrange respite periods for care givers through family/community involvement and develop additional care services such as respite centres which offer, where possible, short in-patient/admissions for the client.

4. Encourage emotional and physical support for care givers by family members in the household or family setting.

5. Ensure adequate training facilities for replacement care providers.

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 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. **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. **Infants:** Accurate testing of new-born babies is not currently widely available and no purpose would be 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. **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. **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. **Education**: Mandatory testing of children or adults entering or continuing education is not justified. There shall be no discrimination against people who test positive to HIV with respect to education, the usual medical considerations shall be accepted in the event of symptomatic disease.
6. **Insurance**: The guidelines in the Labour Relations (HIV and AIDS) Regulations, 1998, section 7 prescribe the procedures which shall be adopted.
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. **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. Respect the rights of people affected by HIV/AIDS in all spheres of life and safeguard these rights.
2. Assess the impact of the demand by the insurance industry for an HIV test before an insurance policy is adjudicated.
3. Encourage the Insurance Industry to develop and apply policies which take into account the insurance needs of persons with HIV/AIDS.
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 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. 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. Promote counselling and testing of partners together so that both are informed at the same time of their HIV status.

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. Encourage openness about HIV/AIDS in order to reduce stigma and discrimination.

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. Strengthen the current sentinel surveillance in order to monitor the trends of HIV infection and assess the impact of prevention and control interventions.

2. Improve current AIDS case reporting.

3. Monitor the current position on notification regularly and review it with regard to new developments.

6.5 Children and young people

Preamble

The rights of children in Zimbabwe are defined in the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, both of which Zimbabwe is a signatory; and more specifically in the Children's Protection and Adoption Act [*Chap. 5:06*], the Education Act [*Chap. 25:04*] the Guardianship of Minors Act [*Chap. 5:08*], among other statutes. In Zimbabwe persons under the age of 18 are minors according to the Legal Age of Majority Act [*Chapter 8:07*]. World Health Organisation (WHO) defines those between the ages of 15 and 24 years as young people. The provisions of these national and international instruments apply to all children including those living with and affected by HIV/AIDS.

The rights of children and young people will be upheld in regard to protection from HIV infection. If children have HIV/AIDS, these rights must extend to freedom from discrimination in all spheres of life and the right to full access to health care, education and welfare support. Children of both sexes must be brought up in ways that develop responsible behaviour and a sense of responsibility towards themselves and others. Children and young people should have access to knowledge and life skills needed to avoid HIV infection.

Guiding principle 25: The rights of children and young people with, or affected by HIV/AIDS must be protected and respected.

Strategies

1. Ensure that children and young people, regardless of their HIV status, enjoy all their rights as enshrined in the African Charter, UN Convention on the rights of the Child, the Children's Protection and Adoption Act, the Education Act, the Guardianship of Minors Act and the Orphan Care Policy.
2. Avoid any form of discrimination against children infected or affected by HIV/AIDS. They must be treated with respect and dignity, and afforded the necessary support for their needs.
3. Support and counsel children and young people to help them to cope with the situation of HIV infection and/or living in a family with someone infected by HIV/AIDS.

Guiding principle 26: Children orphaned as a result of HIV/AIDS shall not be discriminated against in any way and require such support as is necessary to grow up with respect and dignity.

Strategies

1. Encourage and support orphaned children to remain in their communities, especially within the extended family. This should apply to all children regardless of their HIV status.
2. Educate the community and civil society on the importance of fostering and adopting orphaned children.
3. Encourage shared responsibility for the care of orphans within society, these includes; financial, material and psychosocial support from the extended family, community,

government, non-governmental organisations and churches. The goal is to successfully integrate orphaned children into the extended family or the community. Placement of orphans into institutions should be carefully monitored and discouraged as a policy.

4. Ensure that children infected with HIV have the same rights to be fostered, adopted or placed in institutions as other children. Fostering and adoption of children placed in institutions should be strongly encouraged.

5. Keep the medical history of children in care confidential. Institutions, however, have the right to know the medical history and health status, including available information on HIV, of children in their care. Institutions do not have any right to refuse admission to a child on the grounds of his or her HIV status, unless this is clearly in the interest of the child and other children, which, it is the duty of the institution to prove.

6. Information that is known about a child's HIV status or any other significant medical condition should be communicated to prospective foster or adoptive parents so that they can make informed choices regarding the care of the child.

Guiding principle 27: **Children and young people have the right to information and to advice on means to protect themselves from early sex, unwanted pregnancies and HIV/STI. Girls, in particular, should have equal access to education, training and employment. Abstinence and the deferment of sexual debut should be a major component of reproductive health advice to the children and the youths.**

Strategies

1. Provide support to parents and guardians to inform and educate their children about HIV/AIDS/STIS and unwanted pregnancies.

2. Ensure that all children and young people have access to accurate information on sexual health and related matters appropriate to their age, including information on abstinence and other interventions to protect themselves.

3. Promote youth friendly health services.

4. Train health personnel and other youth practitioners in counselling young people to protect themselves from early sex, unwanted pregnancies and prevention of HIV/STIs.

5. Accord priority to education for both boys and girls. Girls must not be discriminated against in education because of home care and other work needs in the home, lack of finance etc.

6. Mobilise relevant governmental, non-governmental organisations, religious and other bodies to encourage boys and girls to develop supportive and responsible attitudes to each other and to have a sense of self-esteem and personal responsibility.

7. Promote appropriate role models in all sectors of the society to influence the attitudes and behaviour of youths with regard to sexual responsibility, abstinence and the concept of mutual faithfulness within a secure, life long marriage partnership.

8. Develop sports and other recreational and leisure programmes/facilities to help occupy the youth in a creative way.

Guiding principle 28: Children and young people should be protected from any form of abuse that is likely to expose them to HIV infection.

Strategies

1. Intensify efforts to increase community awareness of child abuse, particularly by engaging teachers, parents, police, churches and other community and traditional leaders.
2. Encourage children and youths in any setting to report sexual, psychological and physical abuse. Counselling should be made available and accessible.
3. Promote education and stronger enforcement of laws that prohibit the use of young girls for reparation or barter. Reference should be made to section 11 of the Customary Marriages Act [*Chapter 5:07*]. Changes are needed in cultural practices that are likely to fuel the HIV epidemic (e.g., *ngozi/ingozi, nhaka/ukungenwa, chigara mapfihwa/ umthanyelo*).
4. Give children and young people, wherever possible, non-custodial sentences particularly for first time offenders (e.g., community service) and provide them with support and counselling.

6.5.1 Young people below the age of 16 years seeking advice and/ or care for Sexually Transmitted Infections (STIs)

Preamble

Over the years health professionals have observed an increasing number of young people below the age of consent (16 years) who are seeking advice on and/or care for Sexually Transmitted Infections (STIS).

According to research that has been conducted in Zimbabwe a number of young people are sexually active before the age of 16 years. This therefore means that these young people are vulnerable to HIV infection. Their visit to a health facility for advice and/or care should present a special opportunity to health professionals to provide them with education, information and counselling about HIV/AIDS/STIs, and the advantage of behaviour change ("secondary virginity") and deferment of further sexual adventurism.

Because of the serious risks of pregnancy, and HIV/STI, that these sexually active young people face, health workers should counsel them appropriately and use their professional judgement to advise them on available means for the prevention of HIV/STI depending on each client's specific circumstances, with special emphasis on abstinence and preparation for a life time commitment to mutually faithful partnership.

Guiding principle 29: Children and young people below the age of 16 years who have concerns about and/or have an STI have the right to appropriate counselling and care services and advice on means to prevent HIV/STI. The counselling and professional advice given should depend on each young person's circumstances and potential risk of HIV/STI.

6.6 Wilful transmission of HIV

Preamble

Wilful transmission of HIV is the deliberate attempt by people who know they are HIV positive to infect other people, normally through unprotected sexual intercourse or deliberate failure to take adequate precautions to prevent the risk of transmission.

It depends on a number of factors: that the person knew at the time that he/she was HIV positive and knew how the infection is transmitted; that he/she did not inform the other person of the risk; and that he/she did not attempt to use a barrier method of protection. Proving whether the partner was already infected before the sexual encounter in question may also be problematic.

At present according to the studies that have been done unprotected sex within marriage may be the most significant risk factor for any women. Condom use is lowest in marriage and highest in commercial and casual sex. Laying the burden of responsibility solely on those who know they have HIV infection would deter some people from finding out their HIV status so that they could avoid prosecution or conviction for this offence. This risks reducing the sense of responsibility for prevention in those who do not know their HIV status. The proposed Sexual Offences Bill intends to make it a criminal offence for people who know they have HIV infection to transmit it or to do anything that is likely to lead to transmission including within marriage. People with HIV/AIDS are criminalised unless they can prove that they informed their partners, who consented to sex with the full knowledge of the risk. Maternal to child transmission of HIV is not regarded in this sense as wilful transmission of HIV.

Guiding principle 30: Wilful transmission of HIV in any setting should be considered a crime in the same sense as inflicting other life-threatening injuries to another.

Strategies

1. Achieve appropriate, acceptable and applicable legislation on wilful transmission. This necessitates widespread education, awareness and consultation with relevant stakeholders.
2. Improve gender-sensitive awareness campaigns for men and women in order to promote communication and more responsible sexual relationships and to reduce gender violence.
3. Encourage couples to be counselled and tested for HIV together.
4. Encourage the use of male and female condoms and other barrier methods in all sexual partnerships, including marriage, where there is risk of HIV/STIs.
5. Apply severe sentences to sex offenders with HIV infection whether or not they knew they were infected and whether or not they infected the victim. The offender's HIV status is to be determined by a timely mandatory HIV test done after conviction and before sentencing.
6. Put in place support systems for victims and offenders in the form of counselling education, information, rehabilitation and appropriate therapy.
7. Make provisions for all cases of wilful transmission to be heard in camera to safeguard confidentiality of the individuals involved.

6.7 Commercial sex work

Preamble

Commercial sex work is selling sex for money or other material gain, conventionally termed prostitution, an activity primarily, but not entirely, engaged in by women and girls. It occurs in virtually all societies under a wide variety of arrangements. Although commercial sex work is not seen as desirable or socially acceptable, it occurs widely, being exacerbated by particularly socio economic hardships as well as moral attitudes to male and female relationships. Commercial sex work being thought of as criminal, results in the activity remaining hidden and sex workers stigmatised, making the provision of health services and education for them and their clients difficult. This poses a serious risk of HIV transmission and leaves sex workers open to client abuse, harassment by the law enforcement agencies, discrimination and stigma. Prostitution per se is not illegal. However currently in Zimbabwe loitering for the purpose of prostitution in a public place is an offence by virtue of section 4 of the Miscellaneous Offences Act [*Chapter 9: 15*], which has the effect of criminalising the sex worker but not the client. The costs of condoning an undesirable but common practice versus the health and human rights costs of criminalising sex work must be objectively assessed.

Some experiences from some communities around the world have shown that supportive programmes for commercial sex workers combining education counselling, condoms, health services for STIs have reduced HIV transmission among this target group. Other evidence has shown that legalising organised commercial sex has neither curbed the risk to the client, nor reduced the stigmatisation or abuse of the commercial sex worker.

Guiding principle 31: Apply the most effective policies and strategies to deal with commercial sex work in order to reduce the transmission of HIV and STIs and deal appropriately with legislative provisions and revise those which do not comply with current community concerns.

Guiding principle 32: Information, education, counselling, male and female condoms and STI care services must be made accessible and affordable to all sex workers and their clients.

Strategies

1. Assess objectively the relative social and health costs for dealing with sex work and design and implement more appropriate strategies to facilitate prevention and control of HIV/STIs among commercial sex workers and their clients accordingly.
2. Strengthen and expand peer education programmes among sex workers. These programmes should include income generation and skills training for alternative employment.
3. Target clients of sex workers with appropriate information and education and encourage them to take responsibility for their own and their partner's sexual health.
4. Treat all people with HIV/AIDS/STI's whether they are known or believed to be sex workers or not with respect and dignity and avoid any form of discrimination against them.
5. Promote accessibility and affordability of preventive and supportive health care services for women.

6.8 Prisoners

Preamble

Overcrowding in Zimbabwe's prisons is acknowledged as a problem by the Ministry of Justice, Legal and Parliamentary Affairs. HIV/AIDS levels among prisoners is high. Homosexuality and sodomy are known to occur in prisons worldwide. Improved surveillance and supervision is not sufficient to prevent consensual and forced sexual activity in crowded prisons. Prisoners have the right to information about HIV/AIDS. It is in the prisoners' interests and the community into which prisoners will be released that the risk of HIV/STIs in prisons be reduced.

Guiding principle 33: Prisoners have basic rights that must be respected and protected including the right to HIV/AIDS/STI information, counselling and care.

Strategies

1. Ensure that all prisoners and detainees have access to HIV voluntary counselling and testing on admission to custodial remand or imprisonment.
2. Give all prisoners access to accurate, clear and relevant information, in the appropriate language, throughout their period of detention and on release to assist them to avoid HIV/STIs.
3. Provide appropriate information, education and training on HIV/AIDS/STI prevention, control and care to prison staff.
4. Explain clearly the risks of HIV and STI transmission to prisoners and prison staff in relation to all forms of sexual activity. Prisoners should have access to information and advice on ways to prevent HIV and sexually transmitted infections.
5. Initiate and promote peer education programmes for the prevention of HIV/STIs in prison.
6. Promote the development and implementation of measures to reduce chances of sexual abuse within prison cells.
7. Allocate additional resources to the prison services to improve the quality of prison care.

6.8.1 Compulsory testing and segregation

Preamble

Compulsory testing and segregation of HIV positive prisoners infringe on their basic human rights. HIV testing for prisoners must be on a voluntary basis and accompanied by both pre and post test counselling. Professional and ethical considerations such as confidentiality and informed consent on HIV testing should also apply to prisoners.

Guiding principle 34: Routine segregation of HIV infected prisoners is neither desirable nor practical.

Strategies

1. Take measures to address the issue of violence and sexual exploitation in prison.
2. Apply disciplinary measures or solitary confinement of prisoners who are violent, irrespective of their HIV status.

7. GENDER

Preamble

Sex refers to the biological differences between males and females. Gender refers to the socially-determined personal and psychological characteristics associated with being male or female, namely masculinity and femininity. A person's gender affects that person in all aspects of life. There are societal expectations, mores and norms that regulate behaviour. This is true of all societies although the degree may vary widely from one society to another. In most societies masculinity takes precedence over femininity and may lead to discrimination and oppression. Societal norms and values and society's ability to handle change and challenges have to be considered when looking at gender issues. The feminine gender accorded a low status is disadvantaged or marginalised. Gender roles and gender relationships further predispose females to HIV/STIs because of unequal power relations. Cultural practices, including traditional medicine and midwifery, should be reviewed in the face of HIV/AIDS. There are many examples of men and women being able to work out complementary relationships based on respect, understanding and acceptance. These positive images should not be used to cover the inequality and harsh lives many women face daily. AIDS impacts on women by increasing their care load in the home and leaving many women widowed.

Their economic hardships are worsened because traditional structural support systems do not favour women.

Guiding principle 35: Men and women should be accorded equal status with equal opportunity for education and advancement in all spheres of life.

Strategies

1. Enforce the full constitutional rights of women and men on an equal basis in every sphere.
2. Design participatory programmes to mobilise both men and women in communities to question the norms that shape unequal power balance in relationships and to encourage wide debate on cultural issues that have a negative effect on the status of women, including *ngozi/idlozi, kuzvarirwa/ukungenwa, kugara nhaka/umthanyelo* which will lead to the elimination of practices which demean women.
3. Improve the status of women and girls through measures that enhance access to primary, secondary and tertiary education, credit, skills training and employment.
4. Make information widely available on legal procedures, consumer and patients' rights, saving and investment and inheritance rights. Include such information in school education and in appropriate languages and formats for the general public.
5. Recognising that females have been disadvantaged, encourage the education and economic independence of girls and women based on strengthening their self-esteem and the development of life skills.
6. Promote sexual and family responsibility by integrating it into all programmes, particularly those targeting men and adolescent boys. Discuss consequences of multiple sexual partnerships and high-risk sexual behaviour.

7.1 Sexual health

Preamble

Culturally, female ignorance of sexual matters is considered a sign of purity and, conversely, knowledge of sexual matters and reproductive system is viewed negatively.

The equating of ignorance with innocence may inhibit some women from seeking information that is critical to their well-being. The lack of vital information among women and girls limits their ability to adopt risk-reducing behaviour and identify early abnormal symptoms that could signify a sexually transmitted infection. The risks associated with sexuality in the cultural context should be reviewed.

Guiding principle 36: Men and women need to understand and respect their own and each other's sexuality.

Strategies

1. Promote wide debate on the sexual rights of women and men.
2. Educate women, men, girls and boys about male and female sexuality, HIV/AIDS and other sexually transmitted infections and the consequences of high-risk behaviour.
3. Educate individuals to refrain from high-risk behaviour such as multiple partners, unprotected sex, alcohol and drug abuse.
4. Provide opportunities to women and men for individual counselling and group interactions to enable them to discuss openly sexual issues and the benefits of either adopting or negotiating risk-reduction options and thus share personal experiences.
5. Educate women and men about the risks related to certain practices that may facilitate transmission of HIV, e.g., the adverse physical effects of herbs and chemicals which some women insert in the genital area.

Guiding principle 37: All HIV/AIDS/STI programmes should be gender sensitive and include gender-related issues.

Strategies

1. Review objectives and content of all HIV/AIDS/STI programmes to ensure that they address the gender perspective.
2. Improve the information and education of men and women about HIV/AIDS/STI. Better understanding of the risk of HIV/STI is the critical first step towards behaviour change.
3. Provide explicit information and guidelines regarding men and regarding women living with HIV/AIDS because society accords each gender a different status.

7.2 Gender violence

Preamble

Gender violence is defined as acts that are systematically perpetrated by one gender against the other, usually men against women or girls. It takes various forms such as wife/husband battering, emotional and psychological torture, incest and child molestation and it occurs in various locations such as the home, in public, the workplace, schools, etc. Gender violence occurs between people with unequal social and kinship relationships. Men usually dominate in violent encounters.

As a result, some aspects of gender violence are culturally condoned because they are perceived as within the bounds of what is expected of men in their interaction with women in different situations. This violence denotes men's way of asserting and reasserting their control over women; and their anger and disapproval of women's real or perceived resistance to this control. These different power relationships have a bearing on the transmission of HIV and should be dealt with effectively.

Guiding principle 38: Gender violence in any form and setting is unacceptable and should be proscribed by law.

Strategies

1. Provide resources to strengthen existing community-based women's organisations to improve and expand services including networking, income generation and support for women who are victims of domestic violence.
2. Make facilities for reporting sexual abuse available countrywide.
3. Provide and expand counselling and support for victims of sexual abuse and violence.
4. Enforce existing legislative measures to deal with sexual harassment in any setting.

8. INFORMATION AND EDUCATION ABOUT HIV/AIDS/STI

Preamble

Information, Education and Communication (IEC) is an essential component of HIV/AIDS/STI prevention and control. However, IEC alone is insufficient to effect sustained behaviour change. It has to be well targeted and combined with other interventions in order for it to have the desired impact.

Information and education about HIV/AIDS should be accurate, clear and delivered through a medium well understood by the target population.

The messages must be relevant and appropriate for specific population groups or communities.

Guiding principle 39: All persons have the absolute right to clear and accurate information, education and communication on HIV/AIDS/STIs.

Strategies

1. Ensure accessibility of HIV/AIDS/STI information to all people throughout the country. The information must be based on specific needs of the target population.
2. Provide the information and education using clear and relevant messages through appropriate channels.

8.1 Information and Communication issues

Preamble

HIV/AIDS/STI should be viewed and dealt with in the context of sexuality and sexual relationships and socio-cultural perspective. Society needs to accept that avoiding addressing difficult subjects such as sexuality and sexual relationships will only fuel the epidemic.

Issues of gender imbalance and gender inequality need to be redressed in order to create a supportive environment for HIV/AIDS/STI prevention, control and care.

Guiding principle 40: Information, education and communication on HIV/AIDS/ STI should address relationships and promote positive family and cultural values through a language and approach which must be appropriate for the respective target groups, communities and individuals.

Strategies

1. Support organisations and institutions such as churches, schools and families to adopt effective communication skills in order to enable people to discuss and understand HIV/

AIDS/STI issues within the context of respect for family values, social development and sexuality.

2. Integrate life skills and HIV/AIDS issues into all educational and training curricula and develop and apply appropriate guidelines on HIV/AIDS education.
3. Encourage and support parents to take an active role in educating their children about sexuality and HIV/AIDS/STI. Where possible, extended family members, e.g, *tete/ ubabalazi, sekuru/ubabamukulu, ambuya/ugogo* should compliment this role.
4. Encourage parents and other adults to provide positive role models for the young people. There is need to develop programmes to strengthen parents' ability to communicate with their children about sexuality, HIV/AIDS and develop their life skills.
5. Encourage and strengthen the role of the family as the basic building structure of society, and a protection against AIDS.

8.2 Development of Education Materials and Messages

Preamble

For the education material to be relevant and appropriate the target audience for which it is intended should be involved in its design, application and evaluation.

Guiding principle 41: The development of IEC material should be based on participatory methods involving the intended target audience/population.

Strategies

1. Utilise participatory methods to develop appropriate HIV/AIDS/STI education material and messages for different target groups.
2. Ensure that the materials and messages reflect the needs of the target groups.
3. Promote and support operational research aimed at improving the quality and impact of information and education interventions.

8.3 Mass media

Preamble

Currently, media and popular entertainment has little regard for the implications of ignoring the risk of HIV. Mass media channels are an important force for influencing public opinion and stimulating debate and creating awareness.

They must be supported by interpersonal channels in order to influence and sustain appropriate behaviour change.

Guiding Principle 42: Mass media should be utilised in a manner positive towards cultural values in order to create and promote awareness about HIV/AIDS/STI and promote positive and supportive attitudes in response to the epidemic.

Strategies

1. Mobilise the mass media to promote and support appropriate HIV/AIDS/STI prevention, control, care and impact mitigation policies and interventions.
2. Promote responsible reporting about HIV/AIDS/STI, observance of journalistic ethics and avoidance of negative stereotypes and sensationalism.
3. Encourage the mass media, video clubs and films to show programmes that portray acceptable social and moral values, and promote fidelity and family values.
4. Eliminate images which promote promiscuity and casual sex as purely enjoyable without any consequential risks and health implications.
5. Promote family life as the ideal, rather than the object of ridicule especially in "soap operas" targeted at the young.
6. Warn people appropriately about the risks of excessive alcoholic intoxication leading to removal of inhibitions to known high risk activity.

9. HIV/AIDS/STI RESEARCH

Preamble

Although significant knowledge about HIV/AIDS has accrued over the past several years of experience with the epidemic, numerous questions still remain unanswered. Research is needed to provide sound, scientific and reliable information that will influence and guide policy practice and interventions in response to HIV/AIDS.

The challenges that are posed by HIV/AIDS are diverse and an effort to try and address them requires a multidisciplinary and collaborative research.

Guiding principle 43: HIV/AIDS/STI research should focus on priority needs in Zimbabwe and should be undertaken through a co-ordinated and multidisciplinary collaborative strategy with active participation of the potential beneficiaries as well as the investigated community throughout the research process where possible.

Strategies

1. Develop and implement a national HIV/AIDS research agenda and action plan.
2. Reinforce the appropriate HIV/AIDS research co-ordination strategy within the framework of the Zimbabwe Research Council and the National AIDS Council.
3. Mobilise resources to promote and support identified priority research and application of research findings.
4. Ensure dissemination of research results to all stakeholders including research participants, intended beneficiaries of research findings, policy and decision makers and communities in which research was undertaken.
5. Ensure that all those involved in research strictly observe ethical standards with particular attention to issues of confidentiality, informed consent and safeguard for human rights.
6. Ensure that all research on HIV/AIDS done in Zimbabwe is available preferably before but at least at the point of publication in external or internal journals to all interested parties, including the government and the public, so that appropriate responses can be developed.
7. Evaluate the appropriateness and ethical implication of anonymous HIV testing.

APPENDIX I

STATUTORY INSTRUMENT 202 OF 1998

Labour Relations (HIV AND AIDS) Regulations, 1998

Introduction

In September 1998, the Minister of Public Service Labour and Social Welfare enacted Statutory Instrument 202 of 1998, the Labour Relations (HIV and AIDS) Regulations. The regulations were introduced under the Labour Relations Act [*Chapter 28:01*]. They are also based on the provisions of the Constitution of Zimbabwe. As they are under the Labour Relations Act they currently cover only workers in the private sector and parastatals, but give an indication of the intention of the tripartite parties on what should apply across all sectors of employment.

The regulations are a product of the Intersectoral Committee on AIDS and Employment, chaired by the Ministry of Public Service, Labour and Social Welfare, and involving the Employers' Confederation of Zimbabwe, the Zimbabwe AIDS Co-ordination Programme and non-government organisations with expertise on HIV/AIDS. The drafting of the regulations involved three years of consultations and review of draft legal provisions by over 300 organisational representatives nationally. The legal provisions were adopted by the National Tripartite committee.

The regulations aim to ensure non-discrimination between individuals with HIV infection and those without; and between HIV/AIDS and other comparable life-threatening medical conditions.

In relation to employment, they establish that HIV-infection is an infection with a virus that by itself does not affect an employee's ability to perform the functions for which he/she will be or has been assigned in employment.

The law establishes rights and responsibilities of both employers and employees with regards to the prevention and management of HIV/AIDS and its employment consequences.

Arrangement of Sections

Section

1. Title
2. Interpretation
3. Education of employees on HIV and AIDS
4. Medical testing on recruitment
5. Testing of employees for HIV and confidentiality
6. Job status and training
7. Eligibility for employee benefits
8. Sick and compassionate leave
9. HIV-risk management
10. Copy of regulations for each employee
11. Offence and penalty

It is hereby notified that the Minister of Public Service, Labour and Social Welfare, in terms of section 17 of the Labour Relations Act [*Chapter 28:01*], has made the following regulations:—

Title

1. These regulations may be cited as the Labour Relations (HIV and AIDS) Regulations, 1998.

Interpretation

2. In these regulations:

AIDS means acquired human immuno-deficiency syndrome and includes the AIDS-related complex;

HIV means human immuno-deficiency virus;

Testing, in relation to HIV, includes:

(a) any direct analysis of the blood or other body fluid of a person to determine the presence of HIV or antibodies to HIV; or

(b) any direct method, other than the testing of blood or other body fluid, through which an inference is made as to the presence of HIV;

Related communicable disease means any communicable disease whose transmission may be linked with HIV due to its transmission through body fluids or whose risk of clinical disease may be increased due to the presence of HIV;

Medical practitioner means a person registered as a medical practitioner in terms of the Medical, Dental and Allied Professions Act [*Chapter 27:08*].

Education of employees on HIV and AIDS

3. (1) Every employer shall cause to be provided for the benefit of every person employed by him, and at such place and time during normal working hours as he may appoint, education and information relating to:

   (a) the promotion of safe sex and risk-reducing measures in relation to sexually transmitted diseases; and

   (b) the acquiring and transmission of HIV; and

   (c) the prevention of the spread of HIV and AIDS; and

   (d) counselling facilities for HIV and AIDS patients.

(2) Education and information shall be provided in terms of subsection (1) by persons who have proven sound knowledge and expertise in matters relating to HIV and AIDS, and who are able to communicate information with consistency and accuracy.

(3) The design of the education programmes shall be in accordance with guidelines approved by the relevant employer and employee organisations, in consultation with the Ministry of Health and Child Welfare and any other organisation with expertise in HIV and AIDS-related matters.

(4) The provision of the education referred to in subsection (1) shall be at such intervals as the relevant employer and employee organisations may agree.

Medical testing on recruitment

4. (1) No employer shall require, whether directly or indirectly, any person to undergo any form of testing for HIV as a precondition to the offer of employment.

(2) Subsection (1) shall not prevent the medical testing of persons for fitness for work as a precondition to the offer of employment.

Testing of employees for HIV and confidentiality

5. (1) It shall not be compulsory for any employee to undergo, directly, any testing for HIV.

(2) No employer shall require any employee, and it shall not be compulsory for any employee, to disclose, in respect of any matter whatsoever in connection with his employment, his HIV status.

(3) No person shall, except with the written consent of the employee to whom the information relates, disclose any information relating to the HIV status of any employee acquired by that person in the course of his duties unless the information is required to be disclosed in terms of any other law.

Job status and training

6. (1) No employer shall terminate the employment of an employee on the grounds of that employee's HIV status alone.

(2) No employee shall be prejudiced in relation to:

(a) promotion; or

(b) transfer; or

(c) subject to any other law to the contrary, any training or other employee development programme; or

(d) status;

or in any other way be discriminated against on the grounds of his HIV status alone.

Eligibility for employee benefits

7. (1) Subject to any other law to the contrary, the HIV status of an employee shall not affect his eligibility for any occupational or other benefit schemes provided for employees.

(2) Where in terms of any law the eligibility of a person for any occupational or other benefit scheme is conditional upon an HIV or AIDS test, the conditions attaching to HIV and AIDS shall be the same as those applicable in respect of comparable life-threatening illnesses.

(3) Where any HIV testing is necessary in terms of subsection (2), the employer shall ensure that the employee undergoes appropriate pre- and post-HIV test counselling.

(4) Where an employee who opts not to undergo an HIV testing for the purposes of subsection (2), no inferences concerning the HIV status of the employee may be drawn from such exercise by the employee of the option not to undergo the testing.

(5) Where an employee undergoes an HIV testing for the purposes of subsection (2), the employer shall not, unless the occupational of other benefit scheme concerned is operated by the employer, be entitled to information concerning the HIV status of the employee concerned.

Sick and compassionate leave

8. Any employee suffering from HIV or AIDS shall be subject to the same conditions relating to sick leave as those applicable to any other employee in terms of the Act.

9. (1) Where a person is employed in an occupation or is required to provide services where there may be a risk of transmitting or acquiring HIV or AIDS, the employer shall provide appropriate training, together with clear and accurate information and guidelines on minimising the hazards of the spread of HIV or AIDS and related communicable diseases.

(2) The working conditions and procedures in relation to occupations referred to in subsection (1) shall be designed to ensure optimal hygienic precautions to prevent the

spread of HIV or AIDS and related communicable diseases to employees and members of the public.

(3) Personal protective devices shall be issued, free of charge, by the employer to persons employed in occupations referred to in subsection (1).

Copy of regulations for each employee

10. An employer shall provide every employee with a copy of these regulations.

Offence and penalty

11. Any person who contravenes any provision of these regulations shall be guilty of an offence and liable to a fine not exceeding five thousand dollars or to imprisonment for a period not exceeding six months or to both such fine and such imprisonment.

APPENDIX II

Guiding Principles

Guiding Principle 1: HIV/AIDS should be addressed through a multisectoral approach which will be co-ordinated by the National AIDS Council (NAC). All sectors, organisations and communities should participate actively in the fight against HIV/AIDS utilising their comparative advantages.

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.

Guiding principle 3: 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.

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

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

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.

Guiding principle 7: Safety of all blood and blood products should be ensured before any transfusion.

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

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

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.

Guiding principle 11: Breastfeeding should continue to be encouraged unless there are viable options to ensure appropriate infant and child feeding for women who know they are HIV positive.

Guiding principle 12: Comprehensive, cost-effective and affordable care should be made accessible to people living with HIV/AIDS.

Guiding principle 13: People with HIV/AIDS have the right to choose the type of care they want and should have access to 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.

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.

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.

Guiding principle 16: Counselling services should be made accessible to all people affected by HIV/AIDS.

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

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

Guiding principle 19: An effective referral and discharge plan should be an integral part of the continuum of care.

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.

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.

Guiding principle 22: All asymptomatic 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.

Guiding principle 23: Partner notification of HIV status is an important issue for both men and women and should be encouraged and supported.

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

Guiding principle 25: The rights of children and young people with, or affected by HIV/AIDS must be protected and respected.

Guiding principle 26: Children orphaned as a result of HIV/AIDS shall not be discriminated against in any way and require such support as is necessary to grow up with respect and dignity.

Guiding principle 27: Children and young people have the right to information and to advice on means to protect themselves from early sex, unwanted pregnancy and HIV/STI. Girls, in particular,

should have equal access to education, training and employment. Abstinence and the deferment of sexual debut should be a major component of reproductive health advice to the children and the youths.

Guiding principle 28: Children and young people should be protected from any form of abuse that is likely to expose them to HIV infection.

Guiding principle 29: Children and young people below the age of 16 years who have concerns about and/or have an STI have the right to appropriate counselling and care services and advice on means to prevent HIV/STI. The counselling and professional advice given should depend on each young person's circumstances and potential risk of HIV/STI.

Guiding principle 30: Willful transmission of HIV in any setting should be considered a crime in the same sense as inflicting other life-threatening injuries to another.

Guiding principle 31: Apply the most effective policies and strategies to deal with commercial sex work in order to reduce the transmission of HIV and STIs and deal appropriately with legislative provisions and revise those which do not comply with current community concerns.

Guiding principle 32: Information, education, counselling, male and female condoms and STI care services must be made accessible and affordable to all sex workers and their clients.

Guiding principle 33: Prisoners have basic rights that must be respected and protected including the right to HIV/AIDS/STI information, counselling and care.

Guiding principle 34: Routine segregation of HIV infected prisoners is neither desirable nor practical.

Guiding principle 35: Men and women should be accorded equal status with equal opportunity for education and advancement in all spheres of life.

Guiding principle 36: Men and women need to understand and respect their own and each other's sexuality.

Guiding principle 37: All HIV/AIDS/STI programmes should be gender sensitive and include gender-related issues.

Guiding principle 38: Gender violence in any form and setting is unacceptable and should be prescribed by law.

Guiding principle 39: All persons have the absolute right to clear and accurate information, education and communication on HIV/AIDS/STIs.

Guiding principle 40: Information, education and communication on HIV/AIDS/ STI should address the relationships and promote positive family and cultural values through a language and approach which must be appropriate for the respective target groups, communities and individuals.

Guiding principle 41: The development of IEC material should be based on participatory methods involving the intended target audience/population.

Guiding principle 42: Mass media should be utilised in a manner positive towards cultural values in order to create and promote awareness about HIV/AIDS/STI and promote positive and supportive attitudes in response to the epidemic.

Guiding principle 43: HIV/AIDS/STI research should focus on priority needs in Zimbabwe and should be undertaken through a co-ordinated and multidisciplinary collaborative strategy with active participation of the potential beneficiaries as well as the investigated community throughout the research process where possible.

APPENDIX III

Legal Instruments

Children's Protection and Adoption Act	Chapter 5:06	28
Customary Marriages Act	Chapter 5:07	31
Education Act	Chapter 25:04	28
Guardianship of Minors Act	Chapter 5:08	28
Labour Relations Act	Chapter 28:01	48
Legal Age of Majority Act	Chapter 8:07	23
Miscellaneous Offences Act	Chapter 9:15	33
Public Health Act	Chapter 15:09	27
Traditional Medical Practitioners Act	Chapter 27:14 38/81	11

APPENDIX IV

Glossary of Terms

Barrier methods: Contraceptive methods that work by blocking the entry of the male sperm into the female womb during sex, e.g., male and female condoms, diaphragms, etc.

Basic human rights: A person's rights under the Bill of Rights in the Constitution.

Children: All persons under the age of 18 years, the legal age of majority in Zimbabwe.

Collaborative research: Research involving different institutions or teams from different disciplines.

Confidentiality: Keeping private information about someone, e.g., a patient/client, particularly information obtained in the course of employment/duties.

Contact tracing: Identifying and contacting all people who could have been infected by a person who has a communicable disease like tuberculosis.

Counselling: An interpersonal interaction between a counsellor trained in the techniques of counselling and a client(s) presenting with a problem, that enables the client to talk about, cope and deal with the problem presented in an atmosphere of trust and acceptance and confidentiality.

Epidemic: An outbreak of disease on a scale not normally seen in a given population.

Epidemiology: The study of the distribution, frequency and the cause of disease patterns in populations and the application of this study to control the disease.

Ethical guidelines: A set of morals, standards or principles used to guide the practice of various professions.

Fostering: An arrangement by which a person or a couple agree, for a period of time, to look after someone else's child.

Gender sensitivity: Being gender sensitive means having a sympathetic awareness of the social and cultural construction of male and female identity and roles while recognising the reality of gender differences and complementarity.

Informed consent: Agreement with or permission from a person, e.g., for a medical procedure, after they have understood clearly what the decision means.

***Kugara Nhaka/umthanyelo*:** To inherit the spouse of a dead relative.

Kuzvarirwa/ukungenwa: Pledging a girl child or unborn girl into marriage usually to an older man.

Multidisciplinary: An approach actively involving different disciplines (e.g., medicine, demography, social work, psychology etc).

Multisectoral: An approach that actively involves different sectors, e.g., agriculture, health, etc. and includes Government, private enterprise, NGO and other players.

National notification: The procedure of recording names and physical addresses of persons with a communicable disease to the medical authorities so that individuals can be followed up for control purposes and to monitor trends and disease patterns.

Ngozi/idlozi: The spirit of an aggrieved deceased believed to return to haunt those who angered the spirit until restitution is made to the relatives of the deceased.

Operational research: A practical (as opposed to theoretical) research approach designed to lead to direct changes in implementation.

Orthodox: Currently accepted methods and opinions.

People with HIV/AIDS (PLWHA): An acceptable way of describing people who have HIV (also called PLWHIV).

Physical abuse: Handling someone physically against their wish or in an unacceptable way or with violence.

Positive living: The adopting of a healthy lifestyle by PLWHAs, to ensure a longer, more fulfilling life without adversely affecting themselves or others.

Post-test counselling: Counselling after an HIV test to help the client understand and cope with the test results, including ways to reduce the risk of infection if negative or transmission if HIV positive.

Pre-test counselling: Counselling before an HIV test, including a discussion of the test, the reason for doing it and the implication of being tested.

Rape: The legal offence of having sexual intercourse with someone without his/her consent.

Reproductive health: The well-being of a person, usually female, in matters related to sex, conception and child-bearing.

Sexual abuse: Unlawful, immoral, unwanted or cruel sexual contact of any degree.

Sexual health: The state of well-being in all matters related to sex and sexuality.

Shared confidentiality: The sharing of HIV serostatus and related issues with people who are important in the care and support of PLWHA.

Sodomy: Anal sex.

Support groups: A group of people with the same problem coming together to provide each other with psychological, social, emotional, spiritual, material or other support.

Syndromic treatment: The treatment of STDs on the basis of symptoms rather than specific diagnosis so that broad-based drugs may be used without the need for diagnostic test.

Traditional: Following conventional or traditional ways of doing things.

Universal precautions: A set of internationally agreed upon steps that can be taken to prevent cross infection, e.g., wearing protective clothing, washing hands before and after attending to a patient and sterilising procedure for contaminated instruments etc.

Window period: The period between the time when one is infected with HIV virus and the actual time antibodies to the virus can be detected in the blood.