

**Report by Dr. Carlo Spagnoli M.D,
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- **Problems facing Zimbabwe**
- **Results of the RBO HAART (Highly Active Antiretroviral Treatment) Programme to date.**

Problems facing Zimbabwe

In Zimbabwe, for many years now, the First Cause of Death is AIDS and AIDS-related Syndromes:

This is true also in South Africa, Botswana, Zambia and Malawi.

Official statistics downplay the extent and prevalence of the Epidemic due to political considerations. None of these countries allow physicians to state AIDS as official cause of death.

In Zimbabwe, more than 30% of the general population is infected with the HIV virus.

In the age sector from 16 to 45 years (the sexually active and economically productive age) such percentage raises beyond 40 %, and in some Antenatal Clinics of Harare and Bulawayo the seropositivity rate has reached now includes over 50% of the attending Pregnant Mothers.

Women are worst affected.

Young girls are very often sexually exploited by males. Rape of minors is a common and well hidden tragic reality. It is wrongly believed that a man can cure himself of AIDS by having sex with a child.

For their own survival and that of their families, many girls and young mothers resort to prostitution/sexual favours after the death of the father or husband. This phenomenon is worsening dramatically by the day, due to the melting of the economy, salaries and purchasing power, the rate of unemployment already at 80% and the spread of AIDS.

At the age of 16, a girl has 3 times more chances to become seropositive than a coed male.

Seminal fluid is the most contaminant body fluid in terms of HIV virus count, much more than blood or vaginal secretions. One man can more easily infect a woman than the contrary.

Male sexual promiscuity is still largely condoned by the local culture, and facilitated by migrant labour.

A woman is seen as mans property. She cannot refuse having sex with an unfaithful husband, nor ask him to use the condom, or risks being beaten and victimized. Lack of economic independence stops her from leaving.

The denial syndrome is spreading the disease.

In spite of condoned male promiscuity, speaking openly about sex and AIDS is culturally forbidden. Testing positive in Zimbabwe before RBO's arrival was very scanty, conducted in secrecy and in fright, often followed by desperation and sometimes suicide.

Lack of leadership contributes to a real genocide of the young population of these countries. Governments in the Southern African Region (with the notable exception of Botswana) are willingly concealing the extent of the Epidemic and its origins. The main negative example is President Thabo Mbeki of South Africa who denies having ever having seen anybody he knows die from AIDS, and furthermore denies the pathogenesis from HIV virus and its main cause, male promiscuity.

There are 1 million Orphans in Zimbabwe alone.

This is a consequence of the AIDS Epidemic. Many of these are destined for the streets, sexual and labour exploitation, diseases and hunger.

Results of the RBO HAART (Highly Active Antiretroviral Treatment) Programme to date:

RBO is addressing the basic need of survival for the Zimbabwe population. It has been a pioneer in the field, starting in July 2002 when no other private or public Body was providing ARV's (Antiretroviral Therapy) in the Country.

From July 2002 up to date, the RBO has financed ARV (Antiretroviral Therapy) and medical monitoring for:

Adults (women and men) 723

Children (under 12) 147

The PMTCT Plus Programme for HIV Mothers (Prevention of Mother-to-Child Transmission PLUS Therapy of the Mothers) was started in June 2004. Under this programme the RBO has provided therapy for:

Mothers 217

The RBO launched the PMTCT Plus Programme in 2004, AHEAD of any other private or public initiative

The underlying aim of this is to save the lives of HIV Mothers thereby saving as many children as possible.

In the tragic reality of the AIDS Pandemic, mothers often become the caretakers of children orphaned by the premature death of relatives in the enlarged family. It is therefore socially and economically imperative that mothers in the community are given this priority.

The RBO has decentralized therapies in four locations:

This is within the same PMTCT Programme and is in order to reduce the number of patients defaulting due to the high and increasing costs of transports from home to hospital,

- Luisa Guidotti Hospital itself (Mashonaland East Province, 178 km north of Harare)

- St. Michael's Hospital (Mashonaland West Province, 120 km south of Harare)

- G. Spagnoli Centre for Health and Promotion of Women in Marlborough, Harare City (Harare Province)

- Gazema Nyamayaro Clinic in Chinhoyi (Mashonaland West Province, 120 km west of Harare)

The Giovanni Spagnoli Centre of Harare was purchased and refurbished by the RBO for the purpose of PMTCT Plus Programme

Helping Mothers Become More Independent

The RBO recognizes the need to help these mothers become more independent in order to avoid risking their health with unreliable and often unfaithful partners. It planned and sponsored the construction of the first professional laboratory for tailoring, knitting and basic computer skills within the G. Spagnoli Centre of Harare. This should facilitate the acquisition of professional skills by the mothers on therapy, giving them a chance to find work and a way to survive independently, allowing thereby their children to have a better chance at survival.

With the sponsorship of RBO, **another similar and larger Centre for Mothers and Children has recently begun to take shape** in the destitute outskirts of Chinhoyi Town, to the benefit of 4400 families. HAART will be associated with Professional Training of the HIV Mothers in the same field, and social aggregation activities for the Community at large.

The RBO, in association with other private donors and support groups, is also taking care of the Nutritional Aspect of HAART Programme.

RBO's HAART programme has set up the following University Cooperation:

Stanford University of California (Dept of Virology, Prof. David Katzenstein)

Catania University (Dept. of Infectious Diseases, Prof. Luciano Nigro)

Universita' Cattolica of Roma (Dept. of Infectious Diseases, Prof. Roberto Cauda)

Professors and Postgraduate Students from these Institutions are organising working periods side by side with us in Luisa Guidotti Hospital and associated Centres, in order to improve our capabilities in:

- selection and monitoring of the Patients
- improving basic diagnostic techniques in resources-poor setting according to WHO guidelines
- monitoring of possible (but rare) occurrence of viral resistance to drugs
- proper utilization of Laboratory equipments

The RBO has taken and continues to take care of UPDATING the laboratory equipment at Luisa Guidotti Hospital and associated centres by purchasing:

Coulter Counters Full Blood Count Automatic Analysers

CD4-CD8 automatic Cytofluorimeter

Centrifuges

Microscopes

Refrigerators

and other Laboratory equipments and reagents

Measuring the achievements is done by collecting statistical data according to the Government Guidelines and forwarding them periodically to the Epidemiology and Disease Control Provincial Office of the Ministry of Health Zimbabwe.

From there they are sent to the Central Statistical Office of the National Aids Control Programme.

Our Patients are under medical check-up regularly, both at Luisa Guidotti Hospital (which remains the Reference Centre to the whole Programme) and at the peripheral Centres every one or two months, depending on their condition and their distance from the HAART Centre.

Diagnostic and therapeutic regulations followed in the Programme are those of WHO and Ministry of Health and Child Welfare of Zimbabwe

The Roberto Bazzoni Onlus offers an ALTERNATIVE TO CERTAIN DEATH in the form of free, efficient, easy to take therapy to all those who have the courage to Test for HIV, encouraging others to do the same by showing the evident clinical positive effects in hundreds of adults and children.

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