

CV DAVID CHIWEZA

Dear Members of Thinkers International,

I am a black Zimbabwean who is trying to make a contribution to mankind. I am not sure of who I am but I thought interacting with thinkers would prove or disprove what I think I am. I enjoy great works of thinkers and find myself flowing with their thoughts. I read much of Edward De Borno's work with interest, having enjoyed all aspects of strategy and suspect that I am one.

-Born 10 April 1960. Struggled for Education. Finished form two or 9 years education. Frustrated and joined Zimbabwe's liberation war in 1978 at 18yrs. -Returned from the war and joined the regular Army as a battalion commander at 20.

-Commanded the Zimbabwe Military Academy at 23 to age 25.

-Excelled and headed the personnel department of the Army 3 years 1985-7.

-Served as Defence Attache to China (PRC), Pakistan and North Korea 4 yrs 1988-92.

-Graduated at the Zimbabwe Defence Forces Command and Staff College.

-returned and Headed the Administration Branch of the Army 1994-5.

-Retired from the Army 31 August 1995.

-founded and led an engineering company 1996-1998.

-Now chairman and director of a number of companies.

-I had corresponded to write my Ordinary level education in 19986 and 7.

This was necessary to meet the minimum qualifications demanded of an officer.

WHY BE ASSOCIATED WITH THINKERS?

1. The accompanying book explains most of what has happened.
2. In brief, there are now 1500 people dying of HIV every week in Zimbabwe's population of 12 million.
3. There are an estimated 2 million people HIV positive.
4. There are an estimated 2000 new infections a week.
5. These things represent a human catastrophe.
6. In 1990 an idea was born to me. I presented it to the authorities in 1992/3. It was rejected.
7. Coincidentally the principle was being tried in Uganda.
8. After six years of rejecting the idea, my government is now implementing this idea having copied it from Uganda.
9. Meanwhile over the years of frustration I perfected my thoughts and produced what I termed the "Last Stand".
10. Typed the manuscript 1995 but there were no publishers to take it.
11. I was convinced I was correct and kept the idea burning. All people and leaders I thought would understand where the country was going rejected me. The medical profession did not want to hear about me.
12. 1997 I lodged the manuscript with the national archives as a way of making a publication that never circulated for historical purposes.
13. In April 1999 I used my own money to publish 1000 copies of the book. The book was reviewed by the press in all its controversy.
14. I was pleasantly surprised at the overwhelming public support.
15. Today the book is sought after.
16. The national leaders and those who have suppressed me are embarrassed.
17. The public continue to sound their voices but my suppressors can neither deny nor accept the correctness of the ideas.
18. In the mean time continues to cause havoc and seems to be urging them to adopt my ideas.
19. Will pride cost millions of people? We will see in due course.
20. In my career I had not seen the need for further education because I felt quite able to compete with any one in my low education.
21. After my retirement I found that I was merely being rejected because I

- did not have a respectable education.
22. I then took up a diploma in General Management which I passed with a price.
 23. I then qualified for a Masters in Strategic Management with a UK university overseas training . I will complete this program in July 2000.
 24. I go back to my book which I wrote before many of these achievements, and realize that this education has not changed any of my perception.

Here are some of the newspaper review headlines that have appeared recently:

- "COURAGEOUS ARTICLE ON AIDS" Wrote Victimized by Law of Harare. Sunday Mail Jun 20, 1999.
- "CHIWEZA HAS RIGHT FORMULA" Wrote Zackaria Zinhumwe of Seke. 20 Jun 1999.
- "COMMENDABLE STANCE ON AIDS" Wrote Professor Norman Nyazema 27 Jun 1999.
- "HIV AND AIDS, THERE IS MORE THAN MEETS THE EYE" A Sunday Mail Feature.
- "TIME FOR BOLD SOLUTIONS" Wrote John Samuels of Victoria Falls 27 Jun 1999.
- "CHIWEZA BOOK ON AIDS MOST FASCINATING", Wrote USA based Professor Ken Mufuka 12 Dec 1999.

I have been reliably informed that thousands of other letters from the public could not be published but the message had been send home. The people of Zimbabwe need solutions even if it means entering a social contract to resolve the problem in the manner prescribed. They are tired of death and shortage of grave space let alone the fact that the trend points to a destination.

I would be grateful for honest comments from thinkers. Support from thinkers will give credibility to the ideas and may even cause their adoption, leading to the saving of millions of human lives at the verge of extinction. I think that the endorsement by Thinkers International will be a land mark that will push our cause closer to resolution. If you crowned it with a millenium conference in Zimbabwe the seat of problems, humanity will see light. Enjoy your reading.

David Chiweza Brigadier (Retired)

BOOK BEGINS HERE

Able City (Pvt) Ltd

THE LAST STAND

David Chiweza is a retired Zimbabwe National Army Brigadier who retired from service in 1995. A former infantry officer, David Chiweza spent eighteen years in the military during which he served, at an early age, as a battalion commander, Deputy Director of Army Training, Commandant of the Military Academy, Administrative Staff Officer Grade One Personnel at Army Headquarters, Defence Attache to China, Pakistan and North Korea

and Colonel Administration.

Inspired by his involvement in HIV and AIDS issues in the Army, Brigadier Chiweza spent the last eight years, 1991-1998, writing and speaking on HIV and AIDS issues. His writing has been considered controversial and sometimes repugnant to those who hold established views. However, to an open minded thinker, he offers a fresh and unique view point that is so compelling that only time will prove whether he is right or wrong. He adopts a thinking approach and makes use of the available HIV and AIDS information to formulate his strategies. In 1995 he was awarded patents on an HIV and AIDS game called Bumpy Road modeled after his strategic theory in order to demonstrate its effectiveness.

Whilst such strategies would be regarded as radical, few would argue that a radical situation requires a radical response and that elsewhere in history such radical methods have achieved positive results. His work should prove a useful future reference on the strategic alternatives to combating HIV and AIDS before and after the epidemic has been contained.

Brigadier Chiweza received 0 level formal education and several military and management courses. He is a graduate of the Zimbabwe Defence Forces Command and Staff College and is married with four children. Brigadier Chiweza and his family are practicing Baptists Christian members.

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HIV AND AIDS

THE LAST STAND

The total strategy for the annihilation of HIV and AIDS
in
Zimbabwe and the rest of the World

ISBN 0-7974-1658-7

THE WORLD NEEDS MEN AND WOMEN

Who cannot be bought

Whose word is their bond

Who put character above wealth

Who possess opinions and a will

Who are larger than their vocations

Who do not hesitate to take chances

Who will not lose their individuality in a crowd

Who will be honest in small things as in great things

Who will make no compromise with wrong

Whose ambitions are not confined to their own selfish desires

Who will not say they will do it because everybody else does it

Who are true to their friends through good and evil report, in adversity as well as in prosperity

Who are not ashamed or afraid to stand for the truth when its unpopular

Who can say "No" with emphasis, although the rest of the world says "Yes" (By an unknown author.)

FOREWORD

WHO DARES WINS

The following prescription is not for the faint hearted. It is for leaders worldwide. It is about the highest goals of society. It does not serve the interests of minorities but mankind only. The general who orders his men to battle does so not for the interests of the men who he knows are going to die in action. He does so to save a situation. His decision is based on a careful assessment of needs against means. He decides whether the means employed are

justified by the needs. It takes courage to commit men to battle.

I make no apology for the suggestions I have made. They are based on reason and not feelings. They even go against established thinking, but they are a worthwhile reference point as the HIV and AIDS situation unfolds. I am aware of the controversy that is likely to emerge out of it, and the personal criticisms I have to face. If the truth has to come out and nations are saved, it is well worth the controversy and the criticisms. I do so as a conscious duty, to share with others, my findings on the need to be alert to the catastrophic path the world is on. When a house is on fire, there comes a time when making a bolt through a ball of fire becomes the only viable alternative.

In 1990 I developed an interest in the Human Immuno Virus (HIV) and Acquired Immunity Deficiency Syndrome (AIDS). I started following up events in Zimbabwe out of concern for the situation in my country. HIV and AIDS cases were emerging realities in a nation that had largely regarded HIV and AIDS as mere hearsay. For me, then serving a four year tour of duty as a Defence Attache in Beijing, Peoples Republic of China, the atmosphere of humiliation hovered above me. The Chinese people around me had by then not known a single case of HIV and AIDS. Reports about HIV and AIDS from the world press seemed to be pointing a finger at me, accusing me of being one of the black men who carry the virus. My Chinese friends asked questions about it and a sense of guilt almost always settled in. For some time I wished I were not in a country whose people had come to know that only foreigners were HIV carriers.

An event at the end of 1990 prompted me to think about HIV and AIDS seriously. Thirteen visiting foreigners from Africa out of a group of sixty were found to be HIV positive and returned to their country. The story made headlines in China. From there onwards, the subject of HIV and AIDS became affixed in my mind, and no literature on it would pass my eyes without meeting my scrutiny. Developments were closely monitored. Discussions about the disease were rife, and from these a lot was learnt. Sometimes

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I was keen to know the symptoms just so I could monitor my health condition.

I am a habitual thinker. At school they found me to be a loner and yet I had always been comfortable with myself in the mind. I keep myself busy thinking about whatever topical issue that interests my mind. I develop viewpoints, criticize them, discard them or uphold them for the day when they meet with another point that may support or disprove them. It was from my ongoing internal debate that an interesting concept of HIV and AIDS was conceived. After having

digested it for over five months without finding reason enough to discard it, I developed so much interest that in March 1991 I committed myself to paper for the first time. Little did I know that this concept was to preoccupy my mind for five years to date.

I write this book to reveal my findings on what has been a troublesome but exciting journey through research. I am neither a researcher nor a writer. I refer to my work as research for lack of a better word, and fear that those experienced in research may feel offended at my misuse of the word. I use this word well meaning my investigation and research into the subject without any established methodology. Being a lay person I find myself at liberty to take on any ideas and integrate them into a strategy. I was drawn into research merely by coincidence, and I approached it my own way. I was a 31- year old Army officer with no connection to the medical field, driven only by this new idea. If you have ever read a book and found you could not stop reading it, you have experienced the thrills that fired me up to remain loyal to the research work for seven years. The prospect of success and the fact that HIV developments were constantly being measured against my theory and passing all the time, kept me committed.

The long journey culminating in the writing of this book has not been an easy one. I have had to fight many battles in the process. From utter rejection of my ideas by members of the medical profession who looked at me with a "who do you think you are attitude" to rejection of the publication of my ideas by two of the country's scientific journals. Sometimes I gave up, only to be fired up when I thought I had dumped the idea.

I retired from the Army on 31 August 1996 when I had risen to become the functional head of administration in the Zimbabwe National Army. This provided me with the opportunity to have a national picture of the HIV situation in the whole country, the Army being a kind of a controlled sample of the population. In my personal environment, I have seen many people dying. Although there cannot be positive confirmation, I have lost friends and relatives under circumstances that amounted to HIV positivity. In general, one can not have any other explanation other than that HIV is causing the deaths of thousands of young people in a short space of time.

It had become painful for me to think of the consequences of deaths at the rates obtaining in the country of Zimbabwe when I knew I had what amounted to useful propositions. In 1993 I then submitted my propositions to two of the country's Scientific and Medical Journals under the title "A New Concept of AIDS VIRUS Management". The concept proposed the formation of government sponsored Virus

Safe Clubs as a means of extracting those who had the genuine desire to take heed of the AIDS awareness campaign from the general public. These people's survival was seen to be at risk owing to the mere existence of a great number of careless HIV positive people. My idea was rejected under circumstances I was not pleased about. First the Journal of Applied Science of Southern Africa first responded advising me that my work was more suitable for the Journal of Medicine as there was not much of scientific content that would interest their readers. They however remained interested and were to respond after receiving comments from referees. They never responded despite seven months of follow up and I voluntarily withdrew the submission.

From the Journal of Medicine I received two of the comments from referees. The first comment was: "The paper has a number of scientific inaccuracies. The concept being promoted is strange and totally out of the context in which we approach and try to respond to the AIDS epidemic. It will certainly not benefit the readers who will certainly wonder what he is talking about in the end." The second comment was: " I regret to say this article contains many false assumptions, and is not cognisant of the perversity of human nature."

After this kind of rejection of my paper I decided I had stumbled on the wrong turf and gave up. Whilst reading through some HIV and AIDS materials, I stumbled on an article entitled "Voluntary Testing Centres: The AIDS Information Centre Experience in Uganda " by Frank Rwekikomo, AIDS information Centre, Kampala, Uganda. The striking coincidence that the concept I had conceived on my own from a completely different geographic location was in fact being tried out somewhere gave me some relief. I had been put off to the point that the enthusiasm and self-confidence I had was sapped. It left me wondering whether one would have to submit work already known to be credible or tow the line to be listened to. Whilst acknowledging my layman approach to the paper, the comments I received did not, in my view, measure up to the value of the contents of my paper as this latter article proved.

In his article, Frank Rwekikomo writes "The main message of the public education programme about AIDS in Uganda was to stick to one partner, "love faithfully," "zero grazing"..but without one's knowledge of HIV serostatus, one could zero graze with a healthy HIV positive person thus rendering the messages and practices ineffective in the prevention of HIV infection." This being the key element of my concept but in addition I had recognized the fact that in real life "zero grazing" was impracticable and that one needed a safe and reliable way to change "pastures."

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In my conviction of the practicability of this strategy, I found myself looking for ways of proving my argument. I came up with the

idea that I needed an aid to explain this rather complex matter of the influence of HIV on demographics. Fortunately I had been used to the idea of war-gaming in the Tactical Trainer at the Zimbabwe Defence Forces Staff College. The tactical trainer at the Staff College is used for training officers by playing the plans they have developed against the realistic obstacles that can possibly be met. This way a commander is exposed to some of the problems he may not have anticipated, thus testing his or her reactions and judgement. I used this knowledge to develop a game that plays up the real life activities of life in Zimbabwe in order to bring out lessons on the actual danger posed by HIV. The results were good. I played it with my family and it generated a lot of excitement especially with my children. My daughter named it "Bumpy Road" because as she put it, " You cannot walk the road of life under HIV without hitting a bump." To date this game stands as living testimony of my struggle to put across grassroots ideas to those who are in a position to act on them.

In July 1995, I stole the opportunity to present my ideas to a group of senior officers of the Zimbabwe National Army and Air Force of Zimbabwe at a workshop held in Kariba. It was at this workshop that I received the best encouragement. I was pleased also to discover that perhaps the seriousness of HIV was serving increasingly to narrow the gap of understanding since I last published my ideas in a Zimbabwe National Army Magazine in 1992.

In October 1995 I took a month-long trip to the USA where I had meetings with several US-based HIV and AIDS organizations. Having experienced the rejection of my ideas at home, I was struck by the interest and cooperation given to me by all those researchers I met. The idea exchanges were most revealing. I drew the conclusion that there was a vast gap of perceptions between foreign agencies and the realities in Zimbabwe. It seemed a matter of their considering the prescribing of medicine to treat the resultant minor headache for a patient who is now in need of a major surgery for a brain tumor. I was left with no doubt that only the nationals of Zimbabwe can champion a solution for HIV and AIDS.

I therefore dedicate this book to the people of Zimbabwe who are now at the forefront of the war against HIV and AIDS. I offer these suggestions, which could become a solution, in the sincere belief that it is the next best solution in the absence of a vaccine or a cure, both of which may never be found. In this book I raise hope that there is still a future to work up to and that the prevailing decline towards death and destruction can be reversed in total.

It is not my intention to upset anybody or any group of people who may feel that their interests are under attack. In writing this book I fully realize that my suggestions can not please everybody. In a national crisis, some people will have to be

sacrificed or will have to assume the burden of the solution. I have been a soldier all my life and have grown to know that the soldier's life is sacrificed each time the people have a problem demanding the sacrifice of lives through combat. If you happen to be the person whose interests will be sacrificed under my suggestions, consider yourself a hero of the war against HIV and AIDS.

The first part of this book is a generalization of the global picture and how it affects the HIV situation in Zimbabwe and the challenges that lie ahead. Readers might find themselves with a lot of questions at the beginning but the second part is intended to answer those questions. The second part takes the reader through the analysis of the threat, and I hope, the reader will have agreed with the seriousness of the threat. The third part is a detailed discussion of behavioural change needs with regard to awareness programmes adopted by Zimbabwe. It leads to the conclusion that the campaign position is inadequate and thus has failed. The fourth part is an analysis of strategic issues that any change manager and strategist will find interesting. It concludes that there is no situational basis for some views and actions currently being taken in Zimbabwe. It also reveals how strategic principles are being contravened. Part five details the solution directly and relates the actions to a variety of harmonious social and strategic principles applied in other areas of life. Throughout the book every effort is made to deal with negative thinking and to discredit the kind of thinking that has made us prisoners of our own stereotypical ideas and concepts. A lot of data used is ageing fast as the HIV and AIDS situation unfolds. Whilst every effort has been made to quote data from published sources, it must be understood that this data can only be representative and not 100% accurate. I have deliberately maintained some old data where its change does not affect the strategic concepts being discussed. Finally I have shown the integration of the solution with tradition and religion, two powerful forces of any society.

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PART I

THE WORLD TREND OF HIV AND ITS EFFECTS

THE POLITICS OF ORIGIN

When HIV was first discovered, no country understood that it was to spread as rapidly as it has done to date. At the end of 1995 there an estimated 15 million HIV positive people in the world with Africa taking the largest proportion with 8.6 million followed by South & Central Asia with 3 million, Latin America with 1.5 million, North America with 750,000, Western Europe with 450,000, Eastern Europe and Central Asia with 50,000+, East Asia and the Pacific with 50,000+ and Australasia with 20,000¹.

A number of theories on the origin of HIV have been floated around. The controversial one has been the Germ Warfare theory. Attempts at finding the origin of HIV have tended to polarize people of the world. The people in countries which have less of the HIV virus cases tend to be opinionated against those which have more and those that have more tend to be suspicious of countries with less. There is a coincidence that, unfortunately, lends credence to the Gem Warfare theory. Sub- Saharan Africa is black and generally its people comprise a race that has had one of the worst treatments by other races in history. Its economic backwardness and developing-nation status are often a source of ridicule from other races. The region is locked between what was a contesting white South Africa and the lighter races of North Africa. It is also an area that has

been a battle ground for the superpower rivalry over the last four decades.

The mutual suspicion that has arisen from this should not have been necessary if nations were dealing with HIV openly and without hiding issues. Instead too many untruths have prevailed causing nations to be individualistic to the problem and to a large extent, defensive. Little is to be gained from this. It only serves to distract those who are waging the campaign against HIV from the real issues. The existence of mutual suspicion causes nations to treat HIV as a military secret. Thus the politics of origin has made intra-national cooperation a superficial exercise.

THE FOLLY OF STIGMATIZATION

Cross national stigmatization emanates from the politics of origin mentioned above but the consequences of nations stigmatizing others is a double-edged weapon. Firstly they alienate the nations that have fallen victim to HIV and send them into hiding. The result of this concealment is the inevitable slide into destruction because people's initiatives to openly combat the virus are suppressed. Politicians are disarmed and refrain from talking about the problem

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in public to protect the dignity of their nations and to keep their countries' images favourable to tourists and investors. (As will be revealed later, cross national stigmatization has its origins in lack of accurate information about the cause of HIV infection, especially the unexplained higher than normal rate in Africa and among other black communities in the world. Since HIV has been found among social malcontents in America, this image has been erroneously attached to the African situation).

On the other hand those countries and individuals that stigmatize others also bear the brunt of the weapon. Foremost is the complacency that transcends into their people. As they label others, they not only behave loosely, but also stifle the need to find a solution-as the old adage said, "Necessity is the mother of invention". With complacency there is no anticipated necessity, and the problem is left to be solved at the time it strikes. The increase in HIV in Zimbabwe is good enough example of the pattern that is to be followed from one African country to another. In the beginning people liked to think that the problem was not in Zimbabwe but slowly it increased until in 1995 every single person had seen a person suffering or dying from AIDS. It is therefore possible to conclude as a principle, that; " Where they are we were, and where we are they shall be". The virus has taken one definite trend i.e. to be on the increase in all countries. No country in the world can claim to have been able to reverse the increase in infection except for the fact that the rate has been

slowed down in other countries as a result of the education.

The correct view of the world tomorrow can again be represented by the Zimbabwean experience that has shown that HIV is everybody's problem. It is because the people of Zimbabwe make one country and the countries of the world make one world. In Zimbabwe the situation has proved that one can not be saved by the knowledge that the virus is still in some other section of the community. This can best be explained by the following analogy: The nation of Zimbabwe and the world are all but one entity. A man whose toe develops cancer can not sit back and say that his toe has cancer and the rest of his body has not. Any attempt to distance himself from the toe and its cancer is such that the problem will continue to grow. Next he will complain of his foot, then his leg until he is consumed by the cancer. In Zimbabwe, people had this attitude but now the mere existence of others with HIV is threatening those without. This underlines the interdependency of people and nations. The world, whilst acknowledging specific country situation differences, must awaken to this reality.

THE PREOCCUPATION WITH A VACCINE OR A CURE

The fact that HIV is worst in countries that are the least developed technologically is a problem that poses much danger, given the fact that motivation for solutions comes out of necessity in a situation where the least developed countries tend not to look

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to themselves for solutions but to the developed world. Up to 1995, nations had their hopes pinned on an early discovery of a cure or a vaccine. Simultaneously countries such as Zimbabwe and Uganda were having their people infected at a rate too fast for anyone to place hopes on the cure or discovery of a vaccine. There is now recognition that a medical solution alone is not the answer. This may have come too late for nations whose populations have already been too seriously HIV infected to avert the imminent disaster.

As a hypothetical case, a reversal of the situation, i.e. having the technologically advanced nations being the worst affected, could have provided a serious drive for a wider variety of solutions to be investigated quickly. Industrialized countries have anticipated and recognized the seriousness of the problem at higher institutional level, hence their consistent funding for research but the same cannot be said of their majority nationals who have largely maintained their life styles. The possibility of solutions coming from ordinary people exists but this cannot occur unless they actively understand the HIV problem. The attitude of nationals of industrialized countries shows that events in their own countries have not yet called for critical attention to the problem. No wonder why the largely industrialized countries'

influenced policy and practice of combating HIV worldwide is that the undertakings are applicable to conditions in their countries. They are out of touch with conditions in the worst affected nations. As a result the underdeveloped countries' strategy has been a kind of-"slow down infection rates whilst waiting for a scientific solution" as the final answer. The task of finding a solution has been left to medical people, leaving the bulk of nationals to as mere spectators. For a long time the solution has been premeditated. The new thinking in some USA based organizations is that the world made a mistake by making HIV a medical problem consequent to which the medical profession became the sole regulator of all HIV prevention programmes. It has been realized that it is a wide problem that needs to be looked at and acted upon from all directions. It should include sociologists, management scientists and strategists.

THE SLOW BUT STEADY EROSION OF SOCIETY

Presently HIV infection continues, albeit more slowly because of the AIDS awareness campaign. However, it is not correct to think that an awareness campaign can guarantee the survival of a nation without implementing effective no-nonsense behavioral change strategies.

The stumbling block to no-nonsense strategies, however, might appear in the form of the developed world which has human rights values that are based on realities in their countries. The deaths due to AIDS in Zimbabwe warrant that some of the lesser rights of people be foregone for the right to survival. The vehemence with which human rights organizations have demonstrated, with regard to

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abuses in other areas, tends to arrest good and creative ideas before they are actually considered-for fear of the backlash. There are "text book" human rights organizations which oppose measures taken by states to enforce compliance of any kind merely because a human rights principle has been violated, and this without due consideration of the circumstances of a national priority necessitating the violation of human rights. This can not be said of their record on HIV prevention, but their no-nonsense reputation on other issues can be mirrored in the way the rights of the infected person are overriding in any HIV prevention programme. The effect of their campaigns appear to have had such a terrorizing effect that anyone considering action must anticipate human rights as a limiting factor. I will try to expose, in this book, how beyond the obstacles of human rights, lie opportunities for effectively controlling HIV and AIDS. However, I would like to share, with readers, the following extract from Issue 17 of AIDS Action of June 1992².

What are Human Rights?

Everyone is entitled to certain rights which have been defined in international law. The most famous example of this is the Universal Declaration of Human Rights. Governments have pledged to respect and implement these rights.

Some rights are "absolute" and although they are not always respected by governments, no one should be deprived of them. These include the right to torture or to cruel, inhumane or degrading treatment or punishment. Other rights-to privacy and to free movement-may sometimes be legitimately restricted by governments. People are also entitled to an adequate standard of health care and education, and to employment, but these may be limited by a country's economic resources.

Another important concept is equal rights. This does not mean that every one must be treated the same. Some people may have to be treated more favourably, because, for example, they are poor, ill or disadvantaged. However treating people differently is wrong, if for example they are treated unfavourably, and this can not be justified. This will often be the case when people are discriminated against only because of their sex, ethnic or national origin, religion, sexual orientation, age, disability or illness.

If the experience of the severity of the Zimbabwean AIDS situation had taken root in the industrialized countries, the common view would have been one of seeing beyond the violation of human rights principles. The industrialized countries are the ones who have emphasized and enforced human rights throughout the world. At present the human rights protectionist influence is helping and promoting the further spread of HIV in underdeveloped countries. The significance of this point will be highlighted later.

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It is argued, therefore, that the time has come for a state of war war to be declared, upon which the minor rights of citizens can be set aside in order to make way for the right to life. The developed world should be given enough information to justify this. The human rights issue can be explained as follows: A human being has the right to undisturbed occupation of his house, but if the house is on fire, the fire-men are justified when they pull a man out of his house. Despite this example being sound to common sense, it has been a contentious point in any discussion that I have attended. The obstacle has been "human rights"- a correct view from the text book point of view but utterly objectionable from a saving lives point of view. There is no credible logic in this argument. These diverse ideas can only be due to the comparative difference, in degree of severity, of the effect of HIV on our respective peoples. Unfortunately we find ourselves going along with the perceptions of other nations at the cost of our vital national interests.

THE CONFLICT OF OWNERSHIP OF HIV STRATEGIES

During my visit to the HIV and AIDS organizations in the USA, I learnt that they were in fact an established bureaucratic system which had difficulties acting on an idea unless it comes through

its system. An examination of their operatives in HIV affected countries, revealed that, whilst they had all the good intentions, there was a vast difference between what they reported as a record for HIV information and what is known to be true in Zimbabwe. Informally they talked about far more serious cases of HIV than is officially presented on paper. They seemed to be treading on a fine line of not officially disclosing information beyond what the host governments are comfortable with. The information reaching the policy makers is the half truth (although the true picture may be reported as intelligence) and hence it presents the impression that there is still time to get the situation under control. It is also inconceivable that high level western policy makers are uninformed of the seriousness and consequences of HIV and AIDS in Sub-Saharan Africa. It could very well be that they accept the fact that Africans play down their own problems thus postponing the commission of resources to dealing with the problem as a crisis issue.

The strategies arising from the above state of affairs fall short of addressing the real problem. Perhaps this lack of realistic information explains the gap in my expectations of the measures that ought to be taken and those that are being taken. It is observed that the problem is far ahead of the solution. The truth is that if one wants to shoot a flying bird, the point of aim should be somewhere in front of it and not behind it. Our strategies seem to be constantly behind the situation.

As a result of the hide-and-seek information system that is being exercised between affected countries and supporting nations and organizations, there is a general confusion on the ownership of

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strategies for combating HIV and AIDS in client countries. In the military for example, AIDS organizations attempted to carry out prevention programmes using third parties. This was viewed with suspicion as an attempt to infiltrate and obtain intelligence information. It is also viewed as undesirable that foreign countries should know the true extent of the HIV situation in other militaries, as this information should be and must be considered to be essential intelligence provided a neighbour views this as an opportunity to settle old scores. If however, HIV is viewed as a common enemy among countries, then this secrecy is unjustified. Rather, the truth should be utilized to drum up support and to generate better strategies of coping with the problem.

The question is whether foreign strategies have been endorsed and are being fully backed by the local leadership or not? In Zimbabwe, until recently, there were no political voices in the campaign against HIV except for the Minister of Health himself. Even then very little energy was being spent in this effort. Could the

country have witnessed the same docility if the plan had been hatched and endorsed by the government? I have been surprised very much that quite some senior officials in government supported me when I presented my idea to them and yet none of them had the courage to stand up and speak about them. Could this be this crippling fear of human rights violations raising its head?

The ownership of the strategy is shown in the manner in which it is funded. Generally he who provides the funds approves the strategy. In Zimbabwe, the funding for such services as defence and security is done by the state because it owns the strategies for defence. Similarly it is important for governments of the worst affected nations to assume a leading role in formulating strategies of combating HIV. They need not get a push from some suspicious organization. They should formulate strategies, own them, invite others to assist them in funding but not vice versa. Assuming a leading role means they have to fund them in the same way they fund education and defence.

THE STRATEGIC DEFENCE: WHAT IF?

The most challenging question is what would happen to the worst affected countries like Zimbabwe and Uganda if a cure or a vaccine were not found in the next five to ten years? The basic position is that HIV infection is continuing unabated despite the existence of an awareness campaign. It will continue to increase to the point where no one person will be able to find an HIV-free partner. (I differ with the views of the Ministry of Health, which is of the view that the population will decrease in the next five years before it starts to rise again. The argument will be given later.) Even though there will be uninfected people, the HIV positive rate may have risen beyond the 50% mark, at which point normal sexual relationships without some mechanical or technical intervention of some kind, will almost always result in infection. It is therefore

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important that a strategy to deal with this eventuality be discussed well in advance. The people of Zimbabwe and indeed the world should fear more what appears to be a journey towards extinction than what they actually see presently.

STRATEGIC DEFENCE: WHAT IF

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NOTES ON PART 1

1. *Statistics were taken from the global perspective given by Dr Everisto Marowa, the Director of the National AIDS Coordination Programme for Zimbabwe at a presentation to military officers during the Senior Officers Sensitisation Conference held at Kariba from 5-6 June 1995.*

2. *AIDS Action is an international publication in five languages with editions from UK, Brazil, Mexico, Senegal and Mozambique. The English edition is published by Appropriate Health Resources and Technology Action Group Limited (AHRTAG).*

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PART II

THE ZIMBABWEAN SITUATION INTERPRETED

THE DECEPTIVE NATURE OF HIV

Zimbabwe ranks high among the countries that are seriously affected by the HIV virus. Officially it is estimated that 10% of Zimbabwe's population is HIV positive, representing 1,2 million people. The worst affected population group is between the ages of 19 and 45. Today, it is estimated that 25% of children and 70% of adults deaths are AIDS related ¹.

HIV and AIDS have become a reality in homes. All families in Zimbabwe have experienced the horror of the AIDS suffering and deaths. Although prominent people are the more conspicuous the ordinary man and woman is also dying in big numbers.

In Gutu province, a local media report quoted an official revealing that the district was burying as many as 3000 people a year representing about 8.2 deaths a day in an area about 6000 km² (60 x 100km area). This pattern of deaths is not restricted to Gutu District alone. Deaths at this scale are reported elsewhere in Zimbabwe's 10 provinces. It is now clear to all the people of Zimbabwe that the occurrences of death exceed what should have been regarded as normal. I have a case of one old lady I met. When I asked her how the situation was in the rural areas in a typical traditional greeting, she replied, "My son, people are dying", in a very pitiful voice. I had expected her to give me the usual stories of the drought and cropping problems. It was clear that the top agenda in people's minds is the AIDS carnage taking place.

Zimbabwe has been to war in the past and has had other distressful conditions in its history. However, AIDS will go down as the greatest ever predicament the nation has ever been in. The hospitals have experienced an acute shortage of bed space. Grave sites are filling fast and homes are taking over as hospitals. Nursing homes have sprouted everywhere, coffin making and funeral services have become big business. Yet, with the estimated 1,2 million HIV positive people, the worst is yet to come. The situation is beyond imagination given that those who are HIV positive continue to spread the virus in one way or another before they, as infected people, develop the full blown AIDS. All possibilities point to the drift towards extinction of the nation as whole.

The nature and character of HIV is one that is prone to inducing complacency arising from hopelessness. The battle against HIV and AIDS is like a silent war. Its nature is such that when one is in the streets and looking at the beauty and charm of Zimbabwe's

healthy looking people, one gets the impression that all is well. And yet beyond the beauty and charm are raging battles with HIV. If each infection were to be preceded by gunfire, people would have realized that the nation is in a chaotic state of war. With 1.2

million combat casualties, the number of those now HIV positive, a lot of their bodies would have been buried in shallow graves. Schools could have been closed and the country's borders closed to all visitors. The factories could have been closed or redirected to produce only for the war effort. Families would have left the comfort of their homes for safer areas or to live in bunkers.

The absence of visible horror at the time the damage is caused is a factor which many should recognize as one that breeds complacency. Hence the "horror effect" forms a critical ingredient for behaviour change. Is it not a wonder that humans can think and act like animals? So long as danger does not look and sound perilous they can sleep with and cuddle it. HIV is one such danger. Despite the campaign that has been made nation wide, there is continuing evidence of non-compliance. Some of the causes of non-compliance are genuine management problems whilst some are mere carelessness. This is manifested in the number of sexually transmitted disease (STD) cases and unwanted pregnancies being reported, each of which points to the fact that no protection was used. STD cases declined significantly only once from five year national annual average of 856070 cases to 813698 cases in the year 1994 during the years from 1992 to 1996.² The number of failed relationships also show that new relationships will have to be established, thereby enhancing the multiplier factor of HIV.

On the other hand the effect of noise and horror at the incidence of the danger is amply demonstrated by the public reaction given to the accidental shooting of three people by the police in Harare in November 1995. The incident was greeted with public outrage, and a demonstration was staged to protest the police's use of fire arms. People showed that they were not prepared to live with this kind of horror. They were scared to go into the city centre for fear of the kind of violence they had heard of. This is by far a very small issue compared to the daily incidence of HIV infection, and yet no public drive to act is visible. Could we therefore draw lessons from these two parallels? Yes. What it means is that people are not so much afraid of death itself but it is the way it is administered that frightens them. On the other hand, it would appear that death must impact on their minds at the time it is about to happen. However, on each of the situations described above, there is the prospect of death, but the difference comes in the look of death (Bloody shooting versus illness). This may prove useful in influencing behaviour change.

It is important to note that HIV is much more than a medical problem. It is a political, sociological, psychological, economic, military and scientific problem. Successful strategies should seek to encompass the everyday lives of people and perhaps ensuring that

the psychological equivalent of "gunfire and horror" are made part of the measures needed to change behaviour. Introducing horror in any measures may be attacked by human rights organizations. In the face of these attacks, the important cause should be evident. The survival of the nation is at stake and thus all necessary measures must be taken even if they infringe on the rights of individuals. A synonym of this is the anti-litter laws passed by Singapore. Singapore imposes a fine of up to S\$1000.00 for dropping just a piece of paper. This may be seen by other states as being excessively harsh, but what this has bred is a culture of cleanliness among Singaporeans. Whilst the law still exists, they hardly need it in their books as it is now written in their hearts, and they appreciate its benefits-- a beautiful country. Therefore, people do not necessarily do good things just because they are good. They will avoid good things if they are inconvenient. They need a bit of coercion to act. The campaign against HIV has proved this. People know it is good to take measures to protect themselves, but the inconvenience caused allows some to let up on precautions. Do we need to coerce people to support the good cause of national survival? I believe we do as latter chapters of this book will tell.

THE IMPORTANCE OF A CAUSE

A cause is an important tool for mass mobilization. It is the light to which people are and ought to be attracted. Without agreement of minds on the cause, all efforts to combat HIV will be useless. In Zimbabwe, some questions arise: Do the people have a good reason to want to obey some advertisement on HIV? Do they have a good cause to accept some inconveniences when they could have readily avoided them? And finally do they have a good cause for them to want to sacrifice their time, effort and comfort for the struggle against HIV?

The HIV cause may not have been obvious in the early days of the AIDS Awareness Campaign, but, certainly now, everybody has the determination to fight the virus as the threat becomes evident. They now have something tangible. The time for them to take sacrifices is therefore ripe. If you are one who believes that the nation of Zimbabwe should not take the HIV struggle as seriously as they did that for liberation, then you are not going to appreciate this book. Those who believe sacrifices need be taken should read on as this is precisely the purpose of this book.

A CAUSE NEEDS TO BE SOLD

What appears to be a good cause for one person does not always become an obvious cause. The opportunities for disagreement are great. A lot depends on the information the person has and on the perspective from which he sees things. There are some who see

political and economic interests overriding the fight against HIV and AIDS. There are some who see the campaign as being in conflict

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with their personal interests, particularly those who want to maintain freedom of making multiple sexual partners. This means that, in marketing a cause, there will always be those who oppose it for the sake of protecting their personal interests. Interests of the nation should be distinguished from partisan interests and should be accorded the highest priority. It is in this area that marketing of a cause may have to be done to persuade people to forego their interests for those of the country. It is alluded to that the vital national interests of the people of Zimbabwe is the protection of their lives. Any attempt to raise political and economic interests above the lives of people is selfish and short-sighted. The majority of the people have no access to economic and political power. Their wealth is their only possession--LIFE. As there is an old saying that says no wealth can buy health, the people should invest all their wealth in health; for when the people die, there will be no one to govern and the wealth will be reduced to nothing.

The Liberation Struggle in Zimbabwe provides ample example of how a good cause can be hidden from the rest of the people. It took a few revolutionaries to see the good cause for the war of liberation. It took a lot of education to get the people to understand the cause. A few people joined the war effort because they understood the cause. A considerable number joined the war because others were doing so. Others joined because of the envisioned benefits, others for the sake of adventure, and others never saw good cause for them to join at all. A good cause triumphs over a bad one. The essentials of the liberation war cause were easily understood by those who were educated and intellectually sophisticated, (No wonder why Ian Smith was quoted as saying he had the happiest Africans. A peasant would not have understood the issues of governance and high level injustices without education) and despite initially drawing only a handful of followers, it was put into action without waiting for a majority consensus. Waiting for a consensus would have resulted in inaction. The cause therefore acted as the light in the darkness. Those who did not immediately see the cause were eventually attracted to it. In a similar way the cause of HIV must be properly defined to the people and action taken. Gradually as the situation worsens, one by one, the battered people will see sense and join the effort against HIV and AIDS.

UNDERSTANDING THE CAUSE: THE HIV THREAT TO THE NATION OF ZIMBABWE

It has already been alluded to that estimates say, in Zimbabwe, there are 1.2 million HIV positive people. These have not yet

developed the full blown AIDS. It is a possibility that these 1.2 million people may infect their partners, assuming that they do not use condoms. We are aware that the campaign against HIV and AIDS focuses on the use of condoms and the adoption of mutually faithful relationships as the only way to control the spread of the virus. In real practice, I conclude that the measures merely

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slow down the rate of infection whilst, hopefully, an effective solution is being sought. In other words, the measures are not a solution on their own. They are a kind of "here is a pain killer, and hang on whilst we get the doctor" type of solution.

Several reasons can be sighted for the above conclusions. Firstly, the use of condoms is widely regarded as something for use with prostitutes. Surprisingly this is even true among some of the most informed men and women. Indeed, men who frequent prostitutes are almost always using condoms, my study revealed. It also showed that in mutually faithful relationships involving premarital sex, very few people use condoms though in most cases adulterous relationships have often entailed the use of condoms, they being generally classified together with prostitution. I interviewed many young men who had adopted mutually faithful relationships with their girlfriends. These were interviewed mainly among my close employees, work mates, friends, relatives and sexually active young men in my neighbourhood. The interviews were never structured to show there was a purpose behind them. Rather they were warm purposeful friend-to-friend discussions. It was revealed to me that at the start of the relationship, they tried to use condoms, then later, they grew to trust each other so much that the condom could no longer be used as a HIV prevention measure. HIV ceases to be a factor, and they become more worried about pregnancies. This of course demonstrates that once the relationships have grown, condoms are not used thereby lending the relationship to exposure to the inherent dangers of HIV in each other depending on the history of the partner.

That leaves us with the idea that mutual faithful relationships are the solution. This assumes that both parties are HIV negative at the time they establish relationships. This is not the case of course because there is currently no requirement to check the presence of HIV before a relationship. At least the authorities have not yet found good cause to adopt this measure. Let us therefore examine the intricacies of faithfulness. Key to faithfulness is finding the ideal partner according to the modern culture. In the past,(going to traditional days), male-to-female relationships did not require an identification of many similar qualities. All that happened was for the parents to approve the behaviour of the parties, the family values of the parties, that they did not practice witchcraft and could bear children. A man

married a woman he did not know and did not need to make friends with. The man spent his time away fending for the children and returned only to bring back his find and have more children.

The modern form of male-to-female relationships have meant that man and woman have to have a close relationship where only their mutual personal values matter and not those of their parents. This has entailed closer investigation of partners. Unfortunately such investigations leading to a decision to a marriage creates conditions that lead to sex. The old Shona saying "Rinonyenga rino

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hwarara, rinozo simudza musoro ravana" (He who proposes, persuades, he will show his true colours once he has got what he wants) holds true. Very often young men and women enter into a relationship based on a first and superficial impression, hoping that it will be a long and faithful one. Once embroiled in the relationship they discover the monsters in each other, at which point they will decide to change partners. In general, most young men try out a minimum of two to three relationships before they settle down with a partner. The term "faithful mutual relationships" must be said but must therefore be understood to have definite problems of practice. Hence, unless there is a change of culture this can not work under conditions of the current culture. It can work provided the public view of sexual relationships is according to the old view; i.e., where no personal relationships of the parties matter that much. Let us therefore conclude that, with the culture of premarital sex now a reality in Zimbabwe, every change of partnership represents a potential exposure to the HIV virus. There is a lot of evidence that confirms this is happening. The number of STD cases remains high whilst the number of unwanted pregnancies is also ample evidence of the dangers inherent in trusting a partner. The ordinary man and woman in Zimbabwe should judge the situation by making reference to his or her own neighbourhood situation if the person is well informed.

This argument therefore justifies the conclusion made earlier that, instead of regarding mutual faithful relationships and the use of condoms as a solution, it should only be recognized that these practices only slow down infection as evidenced by the disregard for the condom-use campaign and the fact that mutual relations can not be established at once and be expected to stick unless the old traditions are reinstated. The saying "love can move mountains" holds true regarding the use of condoms. When love and passion have taken over the control of partners, no rightful idea can stop the needs of their passion. On the other hand, mutually faithful relationships are good but are difficult to achieve among unmarried couples as there arises, out of them, a certain amount of partner change requirement. This requirement poses a risk as will be shown when consideration is given to the presently very high HIV-positive

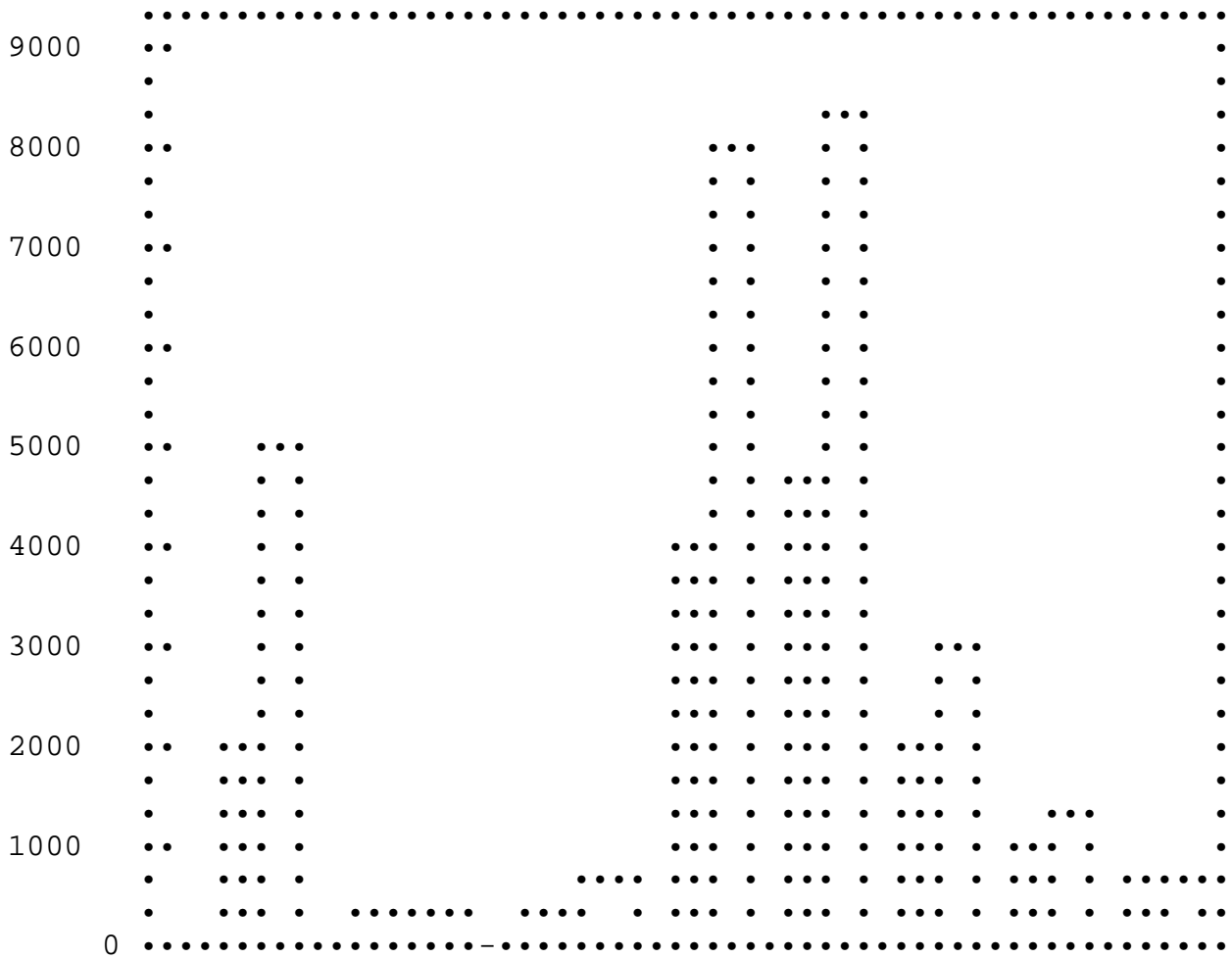
rate in the country. In other words, the opportunity to use mutually faithful relationships as a solution has already passed beyond the Zimbabwean situation. The solution may well be useful in countries which have a very low number of HIV-positive people. The Zimbabwe strategy should aim at reducing or stopping altogether, the incidents of HIV transmission. Where loop-holes exist the infection continues.

Figure 2 shows the graph of Zimbabwe's accumulated HIV infections by age group. I have divided the groups into three for ease of explanation:

- a. 1-5 years old: Infants.
- b. 6-15 years old: Core Young Adults.
- c. 16 years old and above: Adults.

A 50% HIV POSITIVE RATE IS DIFFICULT TO SURVIVE

ZIMBABWE'S
CUMULATIVE AIDS CASES BY AGE GROUPS 1987 - 1993



0-4 5-14 15-19 20-29 30-39 40-49 50-59 60+

Age Group

 ••• •••

 ••• Female ••• Male

Figure:2 (Graph) Accumulated HIV positive people by Age Group of people in Zimbabwe: Source: The National AIDS Control Programme.

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 GRAPH SHOWING THE HIV SURVIVAL PATTERN BY AGE GROUP
 AS AN INVERSION OF FIGURE 2

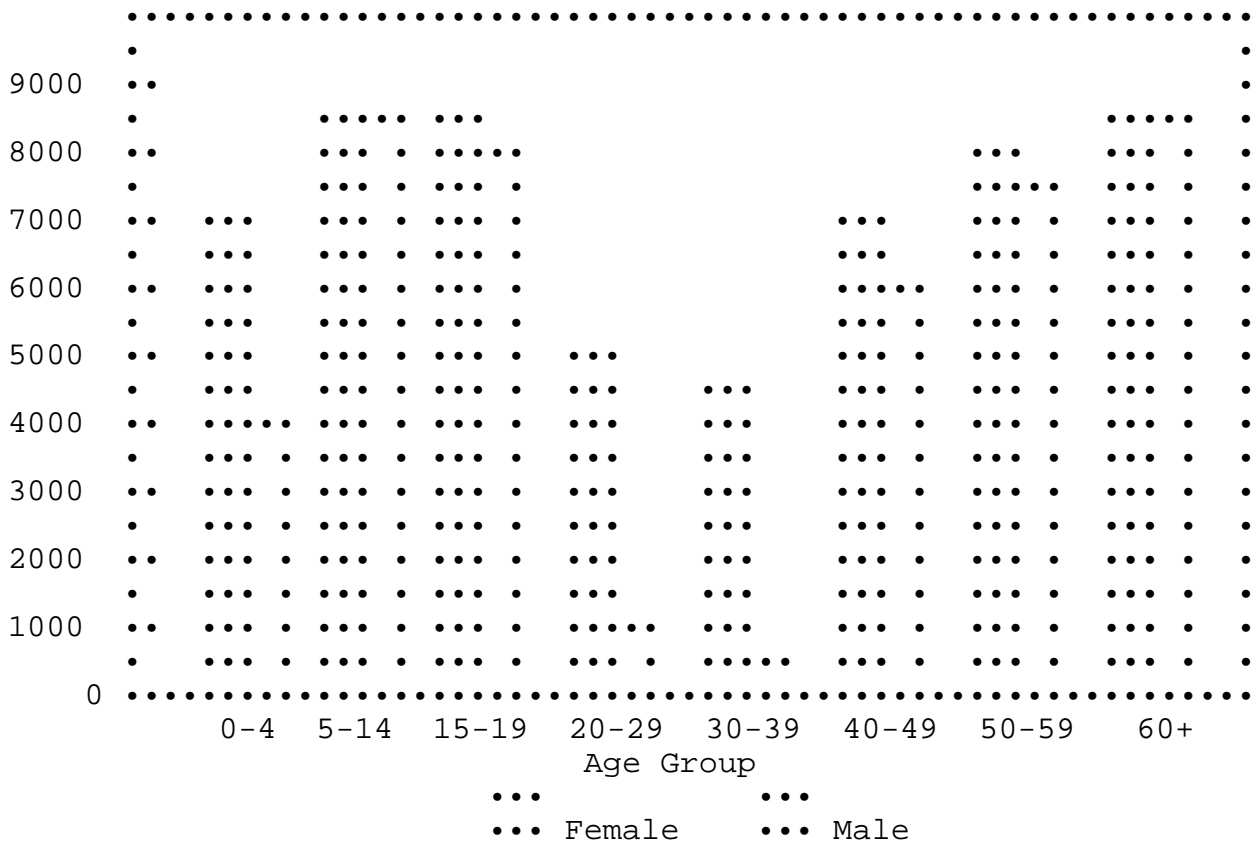


Figure 3: Graph showing proportional survival pattern by age group.

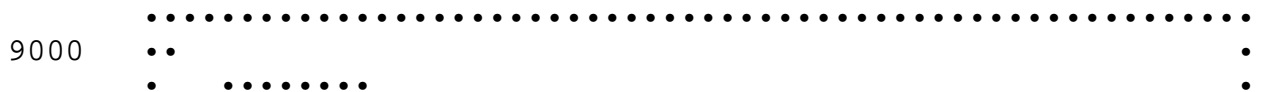
Figure 3 above is the graphical representation of survivors in each particular age group. The graph must be read in conjunction with figure 2. The assumption taken is that 9000 represents 100% of each particular age group. For example, in figure 2, 0-4 year age group, 2000 females were recorded HIV positive, the difference, out of a possible 9000 females in that age group, is 7000 females HIV negative. It helps show the pattern of HIV invasion. It can therefore be shown that in a group where there is a higher HIV positivity, there is also a lower HIV survivability of people in that age group. Thus because in figure 2, there are as many as 8000 male HIV positive in the 20-29 year age group, there are only 1000 survivors shown for the same group in figure 3. The pattern in each age group is looked at in the same way as one looks at a thermometer that uses mercury. When it is hot the mercury expands to fill the empty space in the tube. When cold it contracts, allowing more empty space. Perhaps the best way to explain it is to borrow from the way Edward de Borno looks at situations in his book "Opportunity Search"³.

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Look at figure 2 in the same way people may look at a glass containing water. One may describe it as half full and the other will describe it as half empty. In figure 2, I looked at the situation from the point of view of one who sees the glass as half full of water. In figure 3, I look at the situation as one who sees the glass as half empty.

The pattern of HIV infection shown in figure 2 is important. At the infant level, there is a gradually increasing number of children born HIV positive. The figure is definitely going to increase as more and more adults become HIV infected, the analogy being that HIV positive adults bear HIV positive children. (It is understood though that some children born to HIV positive parents may be HIV negative.) The projected picture showing results of an increase in adult HIV infection is shown in Figure 4.

THE PROJECTED CONSEQUENCE OF HIV USING THE PRINCIPLE "AN INCREASE IN HIV POSITIVITY IN THE ADULT GROUP LEADS TO AN INCREASE IN HIV POSITIVITY IN THE INFANT GROUP AND A DECREASE IN THE NUMBER OF CORE YOUNG ADULTS"



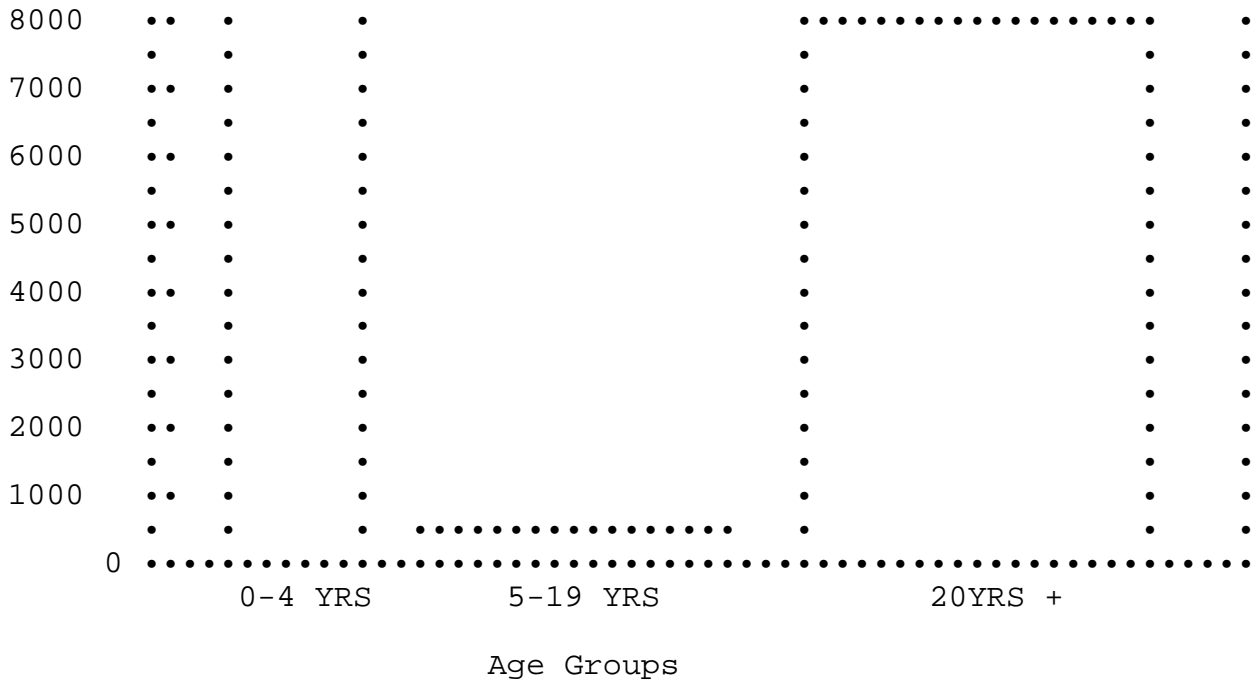


Figure 4: Graph showing the projected HIV effect on population over a period of time based on trend rather than fact. The graph shows that out of a fixed infant population of 9000 between the ages of 0-4, HIV positivity has increased so much that only 500 children

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are being born HIV negative. The result is that only the 500 children per year go through life into the 5-19 year age group. Should the figure increase to 100% i.e. 9000 HIV positive, there will be nil supply of people to the 5-19 year age group.

The graph has shown that the increase or decrease in number of the 5-15 years old age group is dependant on there being an increase or decrease in children being born HIV negative. Since the trend in the adult group is that of increased HIV positivity, we can expect a similar increase in HIV positivity of infants and thus a diminishing supply of healthy young adults. It should become obvious that, unless some form of intervention is made to stop the cycle, extinction is a certain eventuality. In the above graph, we are interested in the effect only.

It may be necessary to examine exactly what size of the population presently holds the key to Zimbabwe's future population growth needs. Figure 5 helps explain this. The adult group is divided into four categories. The first division of the rectangle (horizontally) shows the division on the basis of HIV positivity i.e. 50% of the group can be said to be HIV positive. (Justification is to follow later.) The second division is on the basis of marital status. We

are assuming that 50% of them are not yet married.

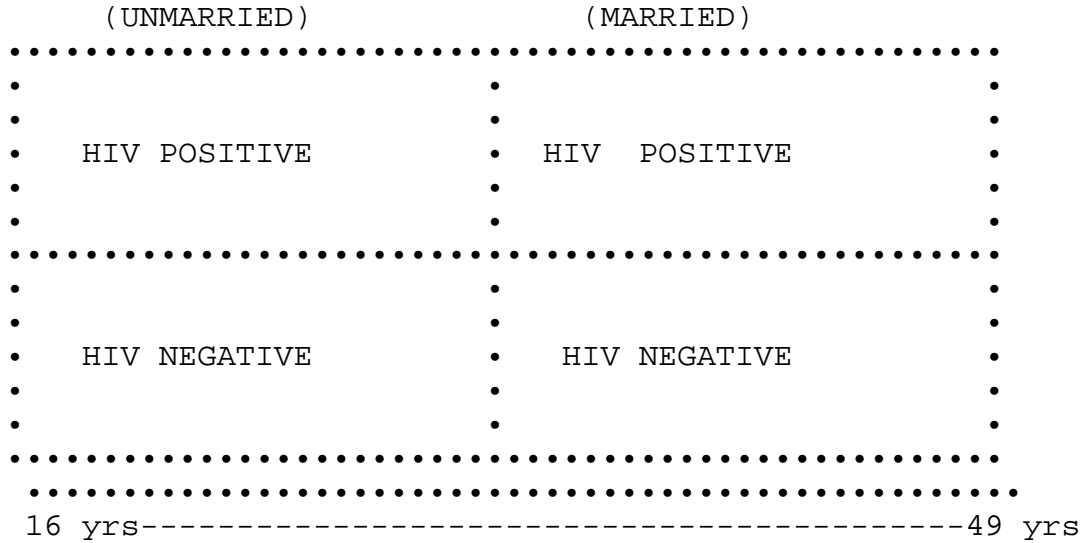


Figure 5: Contribution to Population of the 16-39 year Age Group.

The graph shows that only 25% of the sexually active group has a bearing on the future of the country. These are the unmarried HIV negative. The second group of married HIV negative has probably completed its child bearing task while both the HIV positive adults and some of their children will die. The unmarried HIV negative group is the one that one can count on for future population multiplication as they are healthy. If they marry HIV negative partners, the multiplier factor of the population can be preserved. Of the remaining population, the Core Young Adults between the ages

of 6-15 years are relatively not infected by the virus. Thus they and the 25% of the adult population stated above, hold the key to the country's future population growth. We are aware that any further infections in this group erodes the multiplier factor of the whole nation. The survival of this group is therefore of vital importance to the nation. It is like the queen bee. If it is allowed to be destroyed through further infections, the whole nation of Zimbabwe could be destroyed. (I deliberately ignore the fact that some of the children born to HIV positive parents may be HIV negative. Strategically it is safe to do so.)

It appears that the infection of the population is taking the form of a vicious circle, with each successive generation being "de-multiplied" or divided through the attrition caused by HIV and AIDS. This trend is covered by the principle "an increase in HIV positive adults leads to an increase in HIV positive infants and in turn leads to a reduction in the supply of healthy Core Young Adults". One could go on tracing the cycle until the conclusion

that extinction is possible. My game "Bumpy Road" amply illustrates the effects of this vicious circle. Conversely a decrease or elimination of HIV in the adult group will lead to a decrease or elimination of HIV positive infants which will lead to an increased or normalized supply of healthy Core Young Adults.

A factor in determining the survivability of a Core Young Adult on reaching adult status is a critical examination of the HIV population in Zimbabwe. It is estimated that about 1.5 million people are infected with the virus. (Official estimates are given at 1.2 million.) Without a critical examination of the population, this figure would appear as if the risk to the population is a mere 10 percent. Yet the reality is that the 1.5 million HIV positive people are drawn mainly from the sexually active group (20-49) which totals 3 449 782. Thus, by mere deduction, 50% of the sexually active population may be HIV positive. (See figure 6 below.) Since the HIV positive situation in the adult group has direct influence on the future of the whole population, the risk to the nation can not be said to be 10% as represented by the 1 Million official estimate of HIV positive. The risk is represented by the risk to the adult group at 50%.

Given that the risk at adult level is 50%, the law of probabilities is such that any young adult or adult attempting a new relationship is at the risk of "Zero grazing" on a healthy HIV positive person. At the ratio of about 1:1, the survivability of the nation hangs precariously on the rate of partner change taking place. It may be a matter of a few years before the fate of the whole nation is sealed. The key issue therefore is preventing the Core Young Adults from ever becoming part of the risky sexually active group.

Group					Age		
	Never Married	Married	Divorced/ Separated	Widowed	Not Stated	Total	Total Number
15-19	79.23	19.18	1.49	0.10	0.01	100	632 510
20-24	32.64	60.72	6.11	0.53	0.01	100	523 060
25-29	11.90	77.09	9.59	1.42	0.01	100	376 495
30-34	5.41	81.61	10.22	2.74	0.01	100	326 299
35-39	3.30	82.28	9.77	4.64	0.01	100	259 555
40-44	2.34	80.30	9.37	7.98	0.01	100	189 509
45-49	1.92	76.90	9.18	11.99	0.01	100	143 441
50-54	1.69	70.77	8.33	19.20	0.01	100	147 339
55-59	1.64	64.27	8.13	25.95	0.01	100	86 729
60-64	1.63	54.63	7.07	36.65	0.01	100	84 213
65-69	1.83	46.20	6.11	45.86	0.01	100	50 902
70-74	2.00	32.88	5.07	60.02	0.01	100	62 479
75+	2.48	20.67	3.79	73.05	0.01	100	68 403
Total	25.73	58.82	6.82	8.62	0.01	100	2 950 934

**Figure 6: Percent Distribution of the Total Population aged 15+
by age Group and Marital
Status, Zimbabwe 1992 Census** **National Report.**

THE WINDOW OF OPPORTUNITY

As we have examined the demographics, three important observations have emerged:

- a. It is a fact that the core of population "engineering" (Core Young Adults) is still safe from HIV. An opportunity to save this core exists and should be seized.
- b. The opportunity to save the Core Young Adults is diminishing with the prolonged and uncontrolled increase in the HIV positive adults which results in an increase in HIV positive infants and which in turn leads to a decrease in the number of safe young adults.
- c. The rate at which HIV infection increases in the adult group determines the speed with which the window of opportunity diminishes. With 50% adults HIV positive, the rate of infection can be, at most, up to 50%.

THE IMPACT OF TIME ON THE THREAT

HIV is a disease of time. The longer it takes to come up with a solution, the greater the attrition. The greater the infection rate the nearer a nation is to losing the "window of opportunity". This therefore worsens the threat to Zimbabwe. When will a cure or vaccine be ready? What if the cure or vaccine does not come? From the above discussion it is necessary to conclude that Zimbabwe and

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indeed other similarly infected countries could see the extinction of their entire nations.

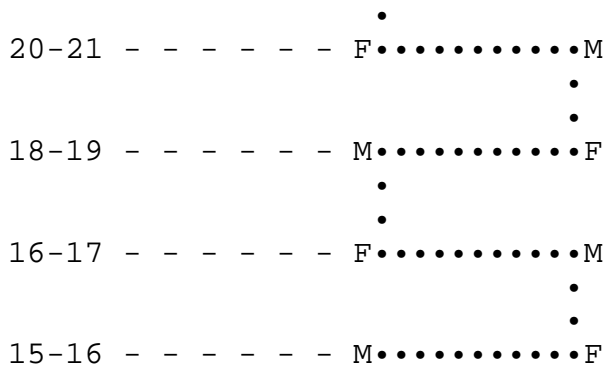
From the understanding of the threat, the conclusion is that people should be more motivated to take sacrifices. There is no better insurance policy than one of ensuring that one's offspring survives the HIV and AIDS epidemic.

THE HIV INFECTION LADDER

Age Group

22-23 - - - - - M.....F

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KEY:

M = Male

F = Female

FIGURE 7: THE PATTERN OF SEEKING SEXUAL RELATIONSHIPS

Figure 7 shows the conveyor belt system that makes HIV a problem that is passed from one generation to the other. The pattern of the relationships as accepted by the Zimbabwean tradition is one where the female is younger than the male. More often these days society tolerates relationships between couples of the same age. Taking this position into account, the conveyer belt is created by the arrows starting from ages 15-16. Males and females in that age group court each other. At the next level, 17-19, only the males court the younger females, whilst they can court females of their own age group. The females at the age group 17-19 look up to the older males outside their age group for sexual relationships. Combining the factors of HIV positive rates in the adult population and the rate of partner change, the female partner, in the under 15 age group, is seen as the bridge that passes down the virus from elder males to the younger generation, whilst the male partner in the Adult group is also seen as the bridge passing the virus to

younger generation females. In other words, whilst the male looks for partners at his age or lower, the female looks for partners at her age or higher.

THE SOCIO ECONOMIC COSTS OF HIV

It has been shown that about half of Zimbabwe's economically active (20-49 yrs) population is HIV positive. The argument presented earlier proves that people should not be comfortable with the mistaken view that only 10% of the population is HIV positive. For some unknown reason public information has given the lighter side

of the HIV situation. For example, the official 1,2 million estimated HIV positive people has been presented as 1 in 10 Zimbabweans or 10% of the population is HIV positive. This has tended to give a false picture of security to many would be partner seekers.

The working population is the one mostly affected as a consequence of its urban environment. This environment encourages a higher rate of partner exchanges. Presently industrial output is being affected but the worst is yet to come. AIDS deaths lead to loss of skills and continuity in businesses. The replacements for the lost skills are also likely to be HIV positive, leading to a high staff turnover. Training of specialist personnel takes a long time. Government and industrial organizations invest heavily in training yet these people die before they have even made a meaningful contribution to their respective organizations and the nation as a whole. Investment in people, however, is becoming a serious risk to industry. Absenteeism from work places is on the increase and will surely increase as the more than one million HIV positive fall ill. I have often compared HIV and people to a mango tree. At the beginning of the mango season, one only sees green mangoes. As one ripens, the gradual change to the yellowish colour attracts everyone to it. The ripening rate varies. Then gradually the mangoes ripen and drop down one by one. The rate of falling down increases until the mango picker can not cope with picking them. This pattern is the path HIV and AIDS is following and will surely increase the problems of industrial output. There will be a decline in industrial output should the deaths occur too frequently for any company to cope.

The above brings to question, then, the fear of scaring away investors and tourists which, apparently, has dampened official commitment to combating HIV. For example, HIV and AIDS organizations have, without success, called for the declaration of AIDS as a national disaster in order to enable resources to be mobilized and prioritized towards combating HIV. This reluctance to act is seen in all other African Governments facing an AIDS epidemic of similar proportion. It is highly unlikely that they do not see the merits of doing so. Either priorities have been misplaced or the authorities do not have the moral courage to do so.

Whilst the fears of most governments is understandable given the international stigmatization that is attached to HIV and AIDS, governments should consider the long-term implications of a continuous drift towards death and extinction. They should avoid short-term benefits enjoyed through investments. In fact the same investment could well become a national security threat. Sooner or later, as death decimates the work force, the same investors will

ask the governments for permission to import the brains of their countries in the form of skilled labour. Obviously in a nation whose best brains have been wiped by disease, foreign occupation may result from either good or bad intentions. Instead, by declaring to the world that the AIDS problem is serious, many positive forces are triggered. Firstly, the nation is put fully on alert and the truth about HIV can be freely used to change behaviour. The people can be called upon to take greater sacrifices than the liberation struggle they fought. Secondly, international support can be harnessed and channeled to areas it is needed.

On the social side, HIV and AIDS has brought about untold suffering. According to official information, HIV and AIDS deaths now comprise 70% of all adult deaths and 30 % of all child deaths. The cost of maintaining health facilities has gone up as more and more people become sick. The medical bill to government has soared. Medical aid societies have recorded a sharp rise in medical aid claims in the last seven years. This rise does not even show the correct picture as most people who are dying of AIDS do not have access to medical aid facilities. The insurance industry has experienced increases in insurance claims. The increase is threatening the demise of the industry unless something happens to stop the further spread of HIV. This industry definitely needs a long life expectancy for it to remain viable. Some of the companies are now resorting to shorter-term policies or mandatory HIV testing before a long-term policy can be granted. Many HIV patients can no longer be kept in hospitals owing to the resultant shortage of bed space. This has led to a nationwide home-based care programme being instituted. Whilst the home-based care programme provides relief to government health care institutions, medical staff are becoming too stretched to be able to make the medicare visits they ought to make, leaving patients merely dumped in their remote rural homes.

The number of AIDS orphans is increasing rapidly. In 1994 there were an estimated 500,000 AIDS orphans and the figure has increased since. This has placed a serious burden on social welfare and education. Apart from the demands placed on government and welfare organizations, the challenge is whether or not they will be able to cope with the increase in orphans that is bound to come. One can imagine what future there is for the millions of children who will be brought up without parents. Will they grow to be good enough citizens to keep Zimbabwe a country with the dignity it has enjoyed so far? Will they have the leadership ability and courage to take decisions that should have been taken by the present generation?

The answer seems to be a pessimistic view of things. There is a higher than normal chance of the generations sliding into lawlessness and anarchy. Such an environment is dangerous for the

future of Zimbabwe's children. In 1995 the world learnt from African Americans of the dangerous nature of children brought up without parental guidance. About 70% of black American children are brought up by mothers only. As a result the community has deteriorated to a situation where black-on-black violence is the order of the day. There is general economic inactivity and a general decline of social values. This led to the famous Million Man March on 16 October 1995. The March aimed at reinforcing the idea of looking after the family to African American men. However, the concerns of the black community in the USA are symbolic of the type of society that could be born out of a nation of orphans if there will not be a solution in time for such a social structure to be prevented. Those who cannot understand the social situation that would emerge need view the semblance of the Street-Kid situation that had arisen in 1994. This had simply risen to alarming proportions. And surely Street-Kids clearly manifest the undesirable results of being raised without a parent and a home. For them, it is the survival of the fittest. The world has given us numerous other examples to see. Some examples include the Street-Kid situation of Rio De Janeiro in Brazil, Addis Ababa in Ethiopia, 1981-1985 and the city of Karachi in Pakistan. These are only a negligible situation compared to what could become of the HIV orphans once the camps fail to handle them and release them to fend for their own lives.

The existence of HIV continues to worry governments and parents alike, and yet the bulk of governments' investments and effort remains visibly entrenched in economics and politics. Governments continue to plan and invest billions of dollars in a future that is uncertain. Nobody knows what the makeup of the future would be. Are the investments in dollars any more justified if there will be nobody to make use of the profits or to utilize the facilities? Parents too should worry about the survival of their children. The idea of life insurance policies has been to ensure that the children have a comfortable life when the parents die. HIV threatens to change this idea. Parents will have to find a way of ensuring that their children will survive AIDS first before they may consider a life insurance policy. The investments being made to send children to school are big. Many times parents put the life of their children before theirs, and forego many things just in order to secure a better future for their children. It is my belief that it is in the best interests of the parents and all the national institutions to put the prevention of HIV and AIDS before all else.

The power of the truth has been underplayed in the interests of not frightening investors, and in the interest of giving the world a better image of ourselves. Given the revelations of the extent of deaths HIV is to bring, any investor worth his salt should worry more of the future availability of markets, labour and skilled manpower to sustain his business. The smell of profits from the

population will dwindle as a nation damaged with HIV will become economically inactive or will not have the disposable incomes to buy consumer goods. There are definite challenges an investor who eyes the local market for profits will have to face. It is my assertion that contrary to the widely held view that the country will benefit from a lighter version of the effect of HIV, both the country and the investor will lose seriously. Presenting such a false picture results in a fake relationship the consequences of which will soon manifest themselves. The investor will suffer financially, and the country will face colossal losses economically and in human resources.

A better future has to come from a day of "reckoning". A day when, like the Million Man March, all people of Zimbabwe will accept their problem. It is a day when they will make a commitment to sacrifice their selfish "selves" and work to preserve the future of mankind. It is the day when they will rally towards the survival of the nation and not themselves, their brother or sister. It is the day when they will see that the solution lies in making the country an HIV-free environment. It is the recognition that it is not only making their sons and daughters HIV free that guarantees survival, but making other people's daughters and sons HIV free as well. It is the recognition of the need for a collective responsibility to fight HIV wherever it is found. It is a recognition of the fact that we share the environment and are dependant on others, that HIV prevention cannot be a piecemeal task.

In 1993, Thailand declared to the world that all tourists visiting the country for sex were unwelcome as it prepared to shut down its lucrative sex industry. It was a sign of acceptance of its problems and a recognition of the fact that no dollar or dignity is more important than the life of its people. The country demonstrated that it was willing to sacrifice the attractions of wealth for the vital interests of its citizens. It was indeed a courageous decision and one that was correct too. How can one run away from a bad smell if he or she can not accept that it is there?

I therefore conclude this section by stating that the economic and social costs of HIV and AIDS are ever increasing. As long as HIV continues to spread unchecked, the final cost to African nations will be certain destruction. The tendencies to present the lighter side of HIV and AIDS are self-defeating to all countries affected.

NOTES ON PART II

1. *Estimates are regularly published in the Zimbabwean media quoting National Health Authorities.*

2. *Information is from the Zimbabwe National AIDS Coordination Programme, Ministry of Health and Child Welfare quarterly report October to December 1996.*

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PART III

THE ART OF BEHAVIOUR CHANGE

THE HIV AND AIDS AWARENESS CAMPAIGN IN ZIMBABWE

It is difficult to explain the art of behaviour change without first examining the form of the HIV campaign in Zimbabwe and elsewhere in the world. Zimbabwe's Awareness Campaign has a complete international character with apparent established acceptable standards. There is hardly any local characteristic distinctiveness in the current approach to combating HIV. I make this assertion at the risk of offending others. However, let it be known that a trend has been set by the powers that be, and those who want to operate outside those "norms" are afraid of being isolated by this established group of campaigners. Whilst this attitude may not be institutionalized, it is human nature to want to conform to the norms of the times. Unless an internationally acceptable fundi comes up with suggestions for change, there is a tendency to be conservative.

This reminds me of a true story my friend told me. He was having a beer with two of his friends at a Mutare hotel. It happened that one of his friends had returned from the Soviet Union where he had been studying. After downing a number of beers, he took a casual glance at his friend's watch and was surprised to see the hands of the watch moving backwards. He could not believe his eyes. So he convinced himself that he was getting drunk and that it was time he went home. He left. Later the other fellow saw the same thing and left too. The next day when my friend was sober, he was apologetic to his Soviet based friend, admitting that he drank enough to see the hands of the watch moving in the opposite direction. The Soviet fellow laughed and told him it was indeed true that his watch was moving in the opposite direction. The fact of the matter was that my friend could not face up to the truth his eyes told him. Just because there was an established norm, it had to be he who was wrong. This conformity syndrome tends to shut out any new ideas even before they are carefully considered.

HIV and AIDS organizations in Zimbabwe are coordinated by the National AIDS Control Programme with the latter being a coordinator and facilitator only. The general field of activities are summarized in subsequent paragraphs.

PUBLIC INFORMATION AND EDUCATION

The public information is conveyed to the people using the various media. The electronic and print media carries advertisements on HIV and AIDS. The general focus being to tell the people to act by avoiding casual sex, stick to one mutually faithful partner and to use condoms if one has to have sex.

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The second component of the public information comes in the form of awareness workshops which are targeted at groups which are either vulnerable themselves or are seen to be in a position to educate others about AIDS (peer educators). A school educational programme was launched with assistance from UNICEF, with specific objectives of educating school children about HIV and AIDS. Within the print media there are a number of AIDS education books, posters and other materials produced by the National AIDS Control programme (NACP), UNICEF and other HIV and AIDS organizations. The Ministry of Health itself has become a medium for the AIDS awareness campaign.

BLOOD TRANSFUSION SERVICES

Safe and HIV-free blood is provided by the Zimbabwe Blood Transfusion Services. The service uses state-of-the-art equipment and is second to none in Africa, south of the Sahara. This way the risk of contracting HIV through contaminated blood has more or less been eliminated. As this will remain an important component of the machinery to combat HIV and AIDS, there is need to continuously upgrade the system to ensure that chances of contaminated blood slipping through are eliminated.

CONDOM DISTRIBUTION

A large part of the HIV and AIDS awareness campaign involves the distribution of condoms to ensure that they are accessible to all those who need to use them. The distribution has been largely effective. Whether people use them or not is a result of how well they are convinced by the AIDS awareness campaign.

AIDS TESTING AND COUNSELLING SERVICES

Some organizations have sprung up offering counselling and testing services to those who volunteer for AIDS testing. The provision of pre-test counselling has been incorporated as a standing procedure in all incidence of HIV testing. These measures are aimed at reducing the shock that usually accompanies receipt of HIV positive results.

HOME BASED CARE PROGRAMMES

Home-based care programmes were launched to ensure that HIV positive patients who fall ill for a long time are cared for in the comforts of their homes. Medical people visit them from time to

time to administer treatments when necessary. Patients are rushed to hospitals only at their critical illness condition. The programme has helped create hospital bed space for urgent cases only, whilst some of the costs of looking after the many AIDS patients are passed back to the family members.

ORPHANS MANAGEMENT

The growing orphan population in Zimbabwe has led to the springing up of charity organizations coming to their aid. At the end of 1994 there were about 500 000 AIDS orphans in Zimbabwe and the figure has risen. The charity organizations can only provide the barest possible assistance in the form of food, clothes and sometimes education assistance. It will not be long before they give up as numbers increase. Life is full of examples where the initial enthusiasm arises because the event is abnormal, but fades as acceptance and inability to cope settles in.

FOCUS GROUPS

Apart from the national perspective, the HIV and AIDS awareness campaign has targeted high risk groups such as the Army, long distance drivers of trucks, commercial sex workers and farming communities for focussed education on HIV and AIDS. These are noble efforts, but I fear that the extended use could be equally misleading to the nation. Key to the problem is the fact that the programme continues to subscribe to the view that HIV is being imported and spread through these groups, a fact that was probably true at the beginning. It should now acknowledge that the importation stage has long passed and that these groups are as much at risk of contracting HIV from the rest of the population as they are of passing it on. Hence the opportunity to focus on these groups only has since been lost.

RESEARCH

Research on HIV remains the hope and focus for the future. There is no known government funding of local research although it is known that local scientists are doing research work in their individual capacities. Traditional healers are making frantic efforts to try out their inventory of traditional herbs in an effort to come up with the cure. However, given the rapid deterioration of the HIV and AIDS situation, Zimbabwe might unwisely wait for the cure from the outside rather than taking the needed internal action.

Since the intensification of the AIDS awareness campaign in 1990

there has been a steady increase of HIV positivity as has been shown by the increase of HIV estimates from 500,000 to over a million by the end of 1997. STD's have remained high and decreased only once in 1994 before increasing again in the first half of 1995. If one were to assess the results, one would want to think of how worse the situation would have been without the awareness campaign. We could be talking of a vanishing adult population by now. However, this is difficult to quantify, and without this view point, one can clearly see that whatever achievements have been made by this programme, the bottom line is we still face a worsening situation. The kind of success that is important for Zimbabwe is where we face a decrease in the severity of the

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problem. From the statistics, it is clear that the AIDS Awareness Campaign currently in place falls short of reversing the situation and thus all efforts should be made to find new methods.

It is my view that the current AIDS awareness programme, which is being promoted worldwide, is a humane and liberal method, but is unsuitable for managing a crisis situation. This liberal and humane approach could cost the country millions of people. One need not look for divine understanding except to look at the statistics to see that, as a country, Zimbabwe is fighting a losing battle. Perhaps it is time new strategies and tactics are tried. The people do not want the caretaker attitude, one that nurses and helps them along on their way to inevitable death. What is needed are effective measures to stop them from dying.

THE FAILURE OF THE AIDS CAMPAIGN

I may have appeared to say that the AIDS awareness campaign has failed because of design weaknesses. This is not. The problem to me is twofold. Firstly it is the natural human weakness to sex, and the existence of others with the virus. In fact there are a considerable number of people who have taken heed to the danger of contracting HIV. People having extra-marital affairs come top on the list of those who have responded positively, while those who fall in love for serious relationships have either used condoms or failed to do so in subsequent sexual encounters.¹ The question is whether or not the response is due to the impulse arising from the awareness campaign or merely due to evidence provided by the circumstances? To understand this, it is necessary to examine the responsiveness of people. From 1985 to 1990 people became aware of AIDS and the danger posed, a significant contribution of the Awareness Campaign, but they did not respond. A number of people started to take the problem seriously when they started to see some of their peers dying of AIDS. The response therefore is attributable to the combination of knowledge about AIDS and evidence. This has shown that knowledge alone was not enough to

persuade people. I thus fear that the Awareness Campaign has put too much emphasis in passing knowledge year after year and failing to present the second component effectively.

It is true therefore that people, through the awareness campaign, know what is right but are not acting upon it because it is inconvenient to do so, or it may be that there is no incentive or punishment for complying or not complying.

The need for a forceful second component of the AIDS campaign is well demonstrated by the case of Singapore and its anti-litter laws. Its harsh laws have, over time, built compliance to the extent that later generations no longer see the law as an inconvenience. It is now a part of their lives and they do not have to put litter into its proper places for fear of the law, rather because it is a good and civilized behaviour to do so. Another

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story of success is that of China and its one child policy. China has outlawed having more than one child for most Chinese against the will of human rights activists. Whether this policy is viewed as correct or not is immaterial, the importance to Zimbabwe is that a nation determined to overcome its problems did take an unpopular decision and implemented it with considerable success. Few would doubt China's wisdom on this policy.

The existence of others with the virus is one of the problems affecting the type of response being promoted. I have covered this in the earlier discussion of statistics. The high prevalence of HIV positive persons means that even those who have responded positively to the awareness campaign can contract the virus at their first attempt. There is currently no strategy to address this problem. There is need for, in addition to the campaign, a practical survival strategy.

Whilst I relate the above examples of some harsh laws that have worked, I do not believe the campaign against HIV need go to the extreme. I believe that, with minor manipulation of the law, a campaign is possible, that is so compelling, so engaging that citizens want to comply without having to suffer the sanction of the law. However, I also believe that we cannot be permanently loyal to a no-coercion policy when it has become clear that it is not working for the people. There has to be a time when leaders have to take tough and unpopular decisions for the good of the nation.

It is seen, therefore, that the Awareness Campaign has put its trust on individual responsibility so much that it has lost its effectiveness. The campaigners have failed to recognize that whilst their message is good, people do not necessarily respond

accordingly. They may need prompting. I therefore allude that the failure of the campaign is caused by the absence of the whip and practical survival options.

THE INFLUENCE OF SOCIETY ON BEHAVIOR

One of the favoured AIDS Awareness tactic is the Peer Educators Programme. This strategy aims to influence a change of behaviour by using peers who are well educated about HIV and AIDS to communicate the message. This is a well intended tactic which has probably succeeded in getting the message to its intended target. I however fear that because of the lack of a coercive thrust, the message has continually fallen on deaf ears. I have often argued that communication does not seem to be the problem here. The Zimbabwean society is sophisticated enough to receive a national message in all four corners of the country within a matter of days. What appears to be the problem is the inability to act upon the message. It is thus my objective to suggest ways of ensuring that people act on the messages they receive. The impact of peer educator programmes must be weighed against the possible effect of peer

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pressure. The peer educators are few people who have to sell what they know to a society that believes otherwise. The result would thus be slow to accomplish as they have to win few converts at a time. With peer pressure, it is the case of the majority bringing pressure to bear on the minority. This kind of pressure would bring sweeping changes in the behaviour of people. I therefore advocate for a better society, one which does not condone immorality, but this is easier said than done. Immorality is so entrenched that any amount of persuasion does not pay off. Thus governments should take the initiative to provide a catalyst for reviving higher moral values. Such initiative could mean spelling out the direction that should be taken and accepting a temporary period of confrontation with the people until they begin to enjoy the fruits of the measures.

A typical example is the case of theft. The whole society resents this and all those who steal have to do it as a clandestine activity lest someone sees and reports them to authorities who will mete out punishment. On the other hand, imagine that one became convinced that soccer had become a dangerous sport and decided to create peers to educate young men not to take up the sport. The result would be that the peer effect would be hard to realize because the peers are in the minority, and may, in the first place, have sympathies towards the sport.

Peer educator action under these circumstances would work over a very long time, at least when the majority of the people are converted to support the ban. One will expect that converts will

have to be won one by one. It would therefore be necessary to weigh the time it takes to get the message across this way against the urgency with which the message must take effect. The peer educators programme strikes me as a protracted campaign much as the Christian religious campaign is. On the other hand, outlawing the sport all together would have an instant sweeping effect. If there ever has been a good reason for banning the sport, in the first place, the merits would be immediately realized and will serve as consolation to those enraged by the ban. Therefore there is a need to adopt more effective measures in addition to the peer education programme which allows for the gradual achievement of results. Since there is nothing in place to check the disease, the fate of nations can only be decided by time. Hence time is of essence.

SEX AND DANGER, THE TWO IMPULSES

An effective campaign against HIV and AIDS should be based on the complete understanding of why people do not listen to the advice of danger as given by the AIDS campaign. To do so, it is important to address their needs, what they are being told, what they are doing and what needs to be done.

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THE CONCEPT OF MASLOW'S HIERARCHY OF NEEDS TO HIV PREVENTION

Every individual has various needs. Some needs are basic and some grow into people in accordance with Maslow's hierarchy of needs. The basic needs of an individual can be said to arise from the need for life. The need for life is paramount because it is the whole concept of existence. It might therefore be said that a rational man's priority need is survival and all his efforts in life are directed at ensuring just that. Maslow lists his needs according to the following order:

- a. Physiological--includes the need for air, water, food and sex.
- b. Security--includes the need for safety, order, and freedom from fear or threat.
- c. Belongingness and love (social needs)--includes the need for love , affection, feelings of belonging and human contact.
- d. Esteem--includes the need for self respect, self esteem, achievement and respect for others.
- e. Self-actualization--includes the need to grow, to feel

fulfilled, and to realize one's potential. ²
(Source: Management by Stoner/Wankel Third Edition)

Within the physiological needs, it can be said that all the most basic ones arise out of the need for life. Thus I rank life to be the object of all man's needs for air, water and food. Sex is a physiological need arising out of the need to multiply after self-preservation has taken precedence. It would be a surprise if anyone argued that man had priorities above that of life. If life is the most important priority for man, how then is it that today he puts sexuality or the sex drive ahead of the need for survival, thereby putting his life at risk?

We will begin by analyzing the sexual need. Sex is not a permanent need. It is a force that is ignited by affection, mentally or physically. At its most intense degree, it can make one lose control of his or her emotions momentarily and sometimes good judgement is abandoned in order to satisfy the sexual drive. Love was said to be something that moves mountains. Surely my lay experience is full of examples where rational thinking has been clouded by love. I have a strong conviction that this is the reason why people do not see HIV as an obstacle to their sexual relationships. When pitted against the need for survival, I see the force of love in three different ways.

STAGE I: An individual may have a remote affection for a person. His or her judgement is based on what is immediately seen. At the time of making that judgement, the brain computes all the

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information at its disposal and decides. Suppose at the decision threshold, new information came to the effect that the loved one has a venereal disease for which he/she is being treated. I believe a rational person would immediately see the threat to his/her life. Reason will settle in, and the affection would wane. Reason will make the point that although one has affection, it is too dangerous to do so. At this stage of building a relationship, it is very easy for one to control his or her mind. The force of love has not yet attacked the individual. This stage should therefore be viewed as an opportune stage for introducing HIV control measures. It is the opportune time when he or she is still in control of his or her own senses.

STAGE II- An individual has already taken a decision to love someone and is now committed to the other party. He or she is emotionally involved. Over time, the couple has made an emotional investment that has resulted in faith and mutual trust. It has become more painful to break a relationship than it is to continue it. Introducing negative information at this stage is generally unwelcome. The information is easily dismissed depending on the

seriousness of the relationship. At this stage it is becoming difficult for anyone to intervene and reverse or control the relationship. Those who can exercise control are among the few who have a very strong character. However, whilst such bits of gossip as "your partner is unfaithful" are easily dismissed, the introduction of compelling, concrete information that stimulates the survival stimulus may cause the motivation for survival to take precedence over love. For example; if a parent told its child, at this stage, that the child's partner was planning to kill him or her, the information is more likely to be brushed aside than welcomed. If the same parent brought tangible evidence that the partner had planned to kill him/her, the survival instinct would be triggered and tear away the veil of romance. The parent will be obeyed. It can be seen that there is an increasing difficulty of bringing outside influence into a deep sexual relationship. This should not be confused with a stale relationship.

STAGE III. A mutually agreed sexual encounter represents a moment of completeness where only love manifest and all other interventions are excluded. No wonder why it takes place behind closed doors. There is nobody to disturb, only thoughts of the sexual relationship. It is the most intense element of a love relationship between a man and a woman. Here, only the strongest people can survive the temptation not to use the condom. It is a fit of frenzy that knows no boundaries.

The interviews I conducted of young men between the ages of 20 and 25 helped prove the increasing difficulty of influencing people who are making love. The points I made were often to provoke them. "Do you know there is AIDS? I see you have a girl friend; tell me honestly, are you taking the precaution you need to take?" The first part of the answer often involved the answer "Yes, I use

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condoms." When prodded, "Do you use condoms every time you have sex?" The answers have been, "Sometimes we get caught up when the condoms are not there and just decide to do it". Some answers were that it just happened that, even if the condom was available, either of them wanted it off and the other could not refuse. They felt that the partners were, at that time, the best possible persons and no thoughts of a possible flaw, illness, or problem came into their minds. There is nothing that mattered about each other's past or future.

At the third stage, it can be said that the use of the condom for HIV control is difficult. This does not rule out the fact that there are many mature adults who can exercise control over their sexual desires. It may only be concluded that the majority of the people do not have the necessary discipline to resist the temptation not to use the condom. At best, it may mean that the

young people are passionate, or at least being passionate with wilder abandon, and are more likely to succumb to their emotions than not. This may explain why there are over 800 000 people contracting STD every year. We therefore must make this observation with concern as the young people represent the future.

The three stages explained above show that it is better to introduce control measures before an individual is emotionally involved with a partner in order to allow the survival need to work. Emotions tend to cloud judgement and even disarm the mind where correct judgement has been reached. It is similar to computer logic. If you want to install a software that you are not sure of, you have to run an anti-virus software first before you install the new software. If you load the software before you have screened it for the virus, it may be too late to correct the problem.

THE THRUST OF ZIMBABWE'S HIV AND AIDS CAMPAIGN

- Have the courage to say no to sex.
- Have one faithful partner.
- I would rather you wait.

The above slogans are familiar AIDS campaign messages people are expected to respond to. They have a target audience presumably as follows:

Below 18 years of Age: "I would rather you wait." (until you grow up? or until there is a cure for the virus?)

Unmarried Adult: "Have the courage to say no to sex."
(Until you marry?)

Married Adult: "Have one faithful partner".

A number of factors tend to militate against two of the campaign positions. Firstly, let us consider the "I would rather you wait position". This position politely tells the youth to wait having sex. I can only deduce from the message that one has to wait either, until marriage or perhaps when a cure or a vaccine is found. The youth's practice of having boy friends and girlfriends is condoned (Which, as we know, leads to sex). In all cases of the campaign there is the acceptance that people who are in love will find abstinence from sex impossible and hence the advice to resort to the condom for safety. This is a fair message to say. However, I would like to reveal that it is at this point where we are tactically wrong. This should be understood against the fact that

it is difficult to control emotions when a person is in love. The fact that we give room for the young children to have lovers under the pretext of boy friends and girl friends gives room for exposure to unsafe sex through the weaknesses already alluded to. I believe the message should take a strong position against having early romantic affairs.

There are two schools of thought here; one is about accepting that teenagers fall in love and thus are bound to end up having unsafe sex, this requiring that we emphasize on prevention by screening for HIV before relationships and, facilitating safe sex through the provision of the condom option. However facilitation of safe sex through the provision of condoms has failed to work in 10 years of campaigning. The reasons for this failure have been discussed above.

The second thought is that youth cannot possibly practice safe sex and therefore should not be allowed to have lovers, requiring that we concentrate more on moral pressure to "de-popularize" the practice of "youth lovers". Given the fact that the first thought is not working on its own, there may be merit in introducing the second to complement the first. It is also noted that the concept of screening for HIV before relationships has not been actively encouraged or applied on a wide scale. Instead desperate people have taken the initiative to apply this concept³.

The second slogan, "Have the courage to say no to sex", can now be examined against reality. I assume that this would better serve the interests of the unmarried adults who are in love. As in the first slogan, we see the contradictions of today's culture and traditional Zimbabwean culture. We see the desire to stick to modern life which permits early love relationships on one hand, and on the other we want these adults to say no to sex before marriage - modern culture but leaning towards traditional culture. We thus find ourselves trapped between these two positions because they are mutually exclusive. It is hard for them to coexist because when one is in love he or she is bound to end up having sex. It is my opinion that the campaign has to take a position between going back to tradition and sticking to the present culture. To understand this, we need to revisit our culture, tradition and religion. We

abandoned the tradition of not having lovers before marriage which in turn, prevented premarital sex. The problem is that few lovers refuse each other the full enjoyment of sex because of the dominance of sexual emotions over rational judgement. Therefore I see that, in "have the power to say no", are echoes of the very traditions that we abandoned. We thus are desirous of an outcome that only traditional practice was able to bring about. The problem

is such that we have no option but to comply with traditional concepts of marriage. The answer to this is found in our traditions. Is it not that the human's desire for liberty made him think that he could start having sex at 14 and marry at 28 years of age? The problem of HIV and AIDS is only proving how wrong he has been.

A revisit to the traditions shows that the principled mechanism of ensuring safe relationships were built into the system. In the tradition, there is recognition that the human being cannot cope with sexual emotions and therefore should not have a boy friend or girl friend. In fact there was no such thing as a boy friend or a girl friend in tradition. There was only the marriage stage. When an individual was to marry, there was a quick "anti-virus" screening system. The anti-virus screening system being the role of parents in vetting the partner. This way the dominance of sexual emotions was precluded from influencing premarital sex. The new conditions of today's world, which attempt to allow premarital relationships between man and woman and still hope that one would be able to refuse sex have failed to work. They only manifest the underlying wisdom of our ancient traditions. In this tradition, children did not have lovers, men and women married in order to have sex, and when married they did not commit adultery. The human being does not have the power to control sexual emotions. If he can control it, he probably has not found his most attractive partner yet.

THE MULTIPLICATION OF HIV IN SOCIETY

We have looked at the HIV risk in Zimbabwe. The risk can be safely put at 50%. Within each of the two categories of sexually active people, i.e., core young adults and adults, there is continuing disobedience. The youth continue to have friends of the opposite sex, a guise for love relationships condoned by parents, they fail to control their emotions and end up engaging in sex. The unmarried adults love but fail to refuse sex and end up practicing unsafe sex. Adulterous adults try to control themselves. Most use condoms if they can control themselves. When their marriages are broken, they take the queue to look for new partners. They have to show these partners that they truly love them. They do not use condoms and meet their fate. This is the nature of our new culture. It was born out of a rebellion to the old culture. It is a way of living that is difficult to change. If it has to be changed, people must rebel against it out of necessity. Such a necessity has to be an impulse greater than sex. It is the need for survival. This need

should be highlighted and it can best be absorbed at the opportune stage, the stage when one is not emotionally committed to a partner.

THE NEED FOR AN INTERVENTION STRATEGY

Having made it clear that there are two schools of thought, we have to decide what strategy to adopt. We have, on one hand, lovers being asked to abstain from sex (modern life) and, no lovers, marry in order to have sex (tradition) on the other. The main strategy therefore, should be to go back to tradition as the guarantee for survival. However, because the process of going back to culture is long, we need an intervention strategy, which is a modernization of the first school of thought, to include such aspects as verification before relationships and the aspect of coercion.

The survival instinct should be introduced at the opportune moment so that the affected individual can act upon it. This requires that an individual take a test before having a love relationship with a partner. Taking a test allows the input of additional information to a decision taken. We earlier noted that a person computes information and decides that he or she has affection for a particular person. This decision is not complete until additional information as to whether or not the person is HIV positive is given. If positive, this will trigger the survival need. If negative, this will trigger the need for love.

The threat to survival, in an HIV situation, is hidden. It does not become obvious. If a person was in a romantic encounter with a partner and a gun-wielding intruder came by, the response for survival would be instantaneous. We therefore need to recreate the "gun-wielding man" effect with each relationship that is started. It is very difficult to create the effect without wielding the gun itself. However, society can do something about it. Since "gun wielding" threatens the human being's most basic need--life, it is possible for society to attack needs higher than life in order to force the person to come to the defence of his life. We have earlier compared the need for life and sex with Maslow's Hierarchy of needs. I have included "life" in Maslow's list of needs as the most basic. It comes first, before the need for air, water, shelter and food. It is the one that drives all other needs.

Accordingly the most serious threat to man is the threat to his life. Let us assume that a man has climbed up the ladder of Maslow's hierarchy of needs. If you threaten his life, he will leave everything else and come to the defence of life. In the fight against HIV and AIDS it is clear from the situation that people have not felt their lives threatened directly. However one common threat that has sunk among all is the fear of being a stigmatized victim of HIV. This attack on individual self-esteem seems to have taken precedence over the indirect threat to life.

Since people fear more the attack to their self esteem, it follows that, if you want them to defend their lives, you must threaten their self-esteem. As a strategy, it is therefore necessary to introduce a sanction for people who, through willful negligence continue to contract HIV or spread HIV to others.

I want to give an example here. In the early days when I was in school, I used to know that impregnating a woman was one of the nightmare experiences of life. Some people took their lives because of it. The whole society rejected people who had pregnancies at school. For the school child, pregnancy meant being talked about by everybody at school and in the villages. It meant being expelled from school and perhaps never to be at school again. It was the end of a march towards a bright future. It was probably fearsome because pregnancy could not easily be concealed. The fear that was triggered was such that it served as a deterrent to youths. Those who fell pregnant were actually expelled. The reigning fear prevented others from doing the same. The fear was not that everyone fears pregnancy. When one marries, he or she actually looks forward to it. What boys and girls feared most were, first the limits pregnancy imposed on their lives and, secondly, the public image it gave them. Therefore, one can save life by threatening the higher expectations of people.

In view of the argument above, I believe that stigmatization can very well be the other side of the coin and can be applied with success in a situation where positive reinforcement has failed.

It emphasizes society's rejection of what is going on. It also plays the role of bringing about peer pressure. Sanction is a promise that if the wrong thing is done, certain punishment will be meted out. Stigmatization of an individual was wrong when people did not know how to be safe. Its object was also different. It was wrong because nobody knew about HIV until recently. Stigmatization is a powerful weapon of combating HIV if people have a way to prevent HIV. The new thinking should be, that once society has spelt out the rules for not contracting HIV. Everybody is bound by that new code. There should no longer be any excuse for anyone contracting HIV. As such, those who contract HIV should be penalized by society. The HIV test forms the verification point. If HIV can be detected by a test, then there is no excuse for anyone to deliberately allow it to come into him. The only people who should be excused are the adults, prior to a cut-off date, who are thought to have contracted the virus when they did not know of its existence. There should be a distinction between an accident and mere negligence.

In future, it is possible that if people were to observe HIV survival rules strictly, incidence of HIV infection should ideally be attributable to mistake or negligence. If future systems start

from the position that, where HIV test facilities are provided, contracting HIV is a matter of choice, the onus will be upon the victim to indicate to the authorities that the equipment or someone

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else was to blame. Hence each incident of HIV infection should accompany an explanation. Where the national health system is to blame, corrective action can therefore be taken, and where individual negligence is involved the sanction can be applied. (I will detail my suggestions later.

THE PRINCIPLE OF CHOICE

The principle of choice helps explain the psychological aspects of the two impulses (sex and survival) explained earlier. It is a crucial principle that should be allowed to work in any interim HIV control measures. A human being is capable of judgement from a personal point of view. The quality of his judgement will depend on the information he receives, his level of intelligence and the reserve of stored experiences that make up his or her impressions. Choosing between items becomes a matter of taste owing to the difference in perceptions that people naturally have. I have often observed guests selecting food on a buffet. All of them file around the table, each picking food according to the impressions it makes on them without actually tasting it. Some like the looks of the food, some the smell and some know the good food from experience. Those who do not like hot food stay away from food marked "hot". I see the theory of choice working in practice in this informal gathering. They all attached different values to the food in front of them.

Let us suppose that none of the food on the table was marked "hot" and the same people were making their choices. The factor "hot" would cease to apply in their selection of food. As a result they may find out that they have picked hot food when they did not intend to do so. And the reverse could happen to those who like hot food. This scenario serves to explain the working of the principle of choice in an HIV environment.

In choice we can conclude:

A human being, when given the choice between un-identical items, he will use his personal value system to select what is best for him.

A human being, when given the choice between identical items, he will gamble. (He will not know which one to choose and therefore he will just make a decision without reason).

HIV is a hidden factor in individuals. There is no way of knowing

who is infected and who is not. When a person has to find a partner, HIV is not one of the factors to watch out for because there is no way of detecting, at the first instance, that the partner is HIV positive or negative. Therefore when individuals try to find a partner in the adult group, they are gambling with a 50% HIV positive rate. This is the same as playing the "King and Teller" gambling game-- one where a coin is tossed and a person has

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to guess the correct side up when it rests. In order to bring the principle of choice into play, it is necessary to introduce HIV as a factor in the decision process for any relationship. Choice can therefore be exercised with certainty. Informed decisions mean knowing the true state of their partners regarding HIV status. I may seem to be overstating this fact, but this is because I want to impress to the reader that it is crucially important that the HIV environment be able to apply the principle of choice to HIV and AIDS prevention. This of course is currently absent in our environment. Hence people continue to gamble with their choice of partners. We cannot contain the virus if we cannot introduce this.

In 1992, I proposed the use of Virus Safe Clubs. The object of the Virus Safe Clubs was to have one group of persons who profess to be HIV free and who are willing to undergo HIV testing to prove it, on one side and "separate" them from the group of "I do not care type of persons" who obviously will not respond to the call to heed the presence of HIV. The principle of choice would then have been set in motion as people would choose between not being in the club and the accompanying risks and being in the club and the resultant benefits of making an informed decision about a partner.

The way this would have worked is that people would have known of the existence of this club. Those who genuinely wanted to survive HIV would make their informed decisions by finding their partners among the Virus Safe Club members. This meant that they would undergo HIV testing before they took a relationship seriously. Choice was to be achieved by the fact that there were, in existence, un-identical men, one who belonged to the club and guaranteed safety and one who did not belong to the club and thus was implicitly marked as a high risk type person. The Virus Safe Club guaranteed the prospect of meeting both the sexual drive and the survival needs whilst non-members only guaranteed sex whilst posing a serious risk to life.

The Virus Safe Club system had been designed to operate in an environment where the majority of the people do not care about AIDS or where the Club members are in the minority. Membership was to be on a voluntary basis. This was because it is difficult to influence the majority if they do not share the same values. The rapid spread of HIV and the high death rate that became evident from 1992 has

meant that the majority of the people of Zimbabwe are now aware of the problem of HIV and want to stay alive but do not know how to do so given that the environment is such that one does not know how to distinguish the HIV-free from the rest of the people. As a result of this development, the concept should now be developed nationally and thus instead of operating as a club, it should be fostered into a national custom. This will be detailed later.

I once asked myself these questions: "If you had an orange and 25% of it was rotten, what would you cut out? And if you had 75% of it rotten what would you cut out?" The irony of the question is that

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it exposes the prejudicial position our mind takes. In the first question people will almost always say they will cut out the 25% rotten part. In the second, there begins to be a split in opinion. Others will say that they will cut out the 25% and others 75% respectively.

The correct position is that whichever part we cut out, it will result in our holding two separate parts. One will be the rotten part and the other will be the good part. The mind conditions itself to the fact that the cut out part should be the one to be thrown away. Where as, you can also cut out the part you want to preserve. The question is posed to Zimbabwe's population as a national orange. Which part of the population is to be cut out or which part of it will feel cut out? There is the HIV positive group and the HIV negative group. What is the resistance expected from the group that feels cut out?

I discuss this point because I believe that eliminating the virus will involve the separation of sexual relations between those who are HIV positive and those who are not. I can not foresee a successful AIDS control programme that will continue to permit sexual relationships between those who are HIV positive and those who are not as there will continue to be in existence, "cross pollination of humans," no matter how careful they may be. Even the strategy for the control of the newcastle disease in chickens or foot and mouth disease in cattle recognizes this need. The Department of Veterinary Services has been applying this strategic concept at all times. When the newcastle disease breaks out, they seal off the area and prevent movement of chickens into unaffected areas. This always works.

Cutting out any portion of the population will meet with resistance particularly from those who feel that they should die with others too. It is common for people to want to feel comfortable about the thought that "there are many of us dying" and to feel it scary and unjust that one be one unfortunate person among millions. Therefore there will be need for an initial campaign including national

debate about the merits of separation. Here you might be getting skeptical about these suggestions, but I take it that you are probably an adult with teenage boys and girls. You have probably been at great pains to explain to them the danger of HIV, and at a 50% HIV risk in society, are wondering whether the guy or lady your beloved is going out with is not his or her killer. If you are one such parent, I believe your concern is about survival of your child and not whether or not he and she continue to have the freedom to love whoever they like at their peril. I trust that education will be well received by parents like you because you are better able to understand what the risks are. It is the responsibility of parents to control and educate their children. Education is therefore necessary and must play an important part to minimize the effect. Separation in my context is not the physical separation of people. It is in a way the separation of thoughts and risks brought about

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by the creation of, and the institutionalization of the doctrine of verification which will thus compete for superiority with that of blind dating. This is the separation I am talking about. Its more like introducing a fashion that is presented in such a way that one has no choice but to catch on to it.

THE PRINCIPLE OF REGULATION

The term "regulation" takes on the meaning of introducing some form of control in order to bring about manageability. In its legal sense it introduces a stipulated way of doing or not doing things the violation of which will attract the sanction of law.

In its first meaning, it is suggesting something has to be regulated. If this is not done, there can be considerable negative developments. In life, many situations are regulated; otherwise, without regulation, there will be chaos. The product of a lack of regulation is therefore chaos. A game of soccer is regulated in that people have to play to some rules. The absence of the rules will create chaos and even change the face of the game. In fact it would be impossible to call it soccer. It would be some other name such as rugby or American football or any other name. The same analogy applies to almost anything from meetings, gatherings, family life, relationships etc. The power of regulation is at play throughout every activity of life. The HIV situation should not be the exception.

Let me give you the example of traffic regulations. Could anyone imagine how deadly motor vehicles would have been had there not been the laws that regulate the flow of traffic? Imagine how many people would be killed if people just jumped in a car and headed in the direction they happen to be facing? The regulations brought about have made it possible for us to live with cars without facing

astronomical deaths. Deaths due to traffic accidents are so acceptable that it is not necessary to outlaw the existence of cars.

In comparison with the HIV environment, it should be possible to regulate the existence of HIV in such a way that people can live with it and yet its impact will be minimized to acceptable levels. No regulation is watertight and, inasmuch as motor vehicle accidents continue to occur, a regulated HIV environment will continue to have HIV casualties but at a much lower level.

The matter to be addressed is how to regulate the existence of HIV. The absence of a cure or a vaccine means that HIV has to be accepted as a reality we live with. It is to be with us whether we like it or not. The problem is, human beings are preoccupied with trying to destroy HIV. For this reason, they fail to seize other opportunities. They are like a motorist who suddenly finds a big rock on the road. He stops and tries to push it out of the road and spends all his time and effort trying to do the impossible.

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Instead, he could easily find a suitable detour around the rock and quickly proceed on his journey.

In regulating HIV, humans accept that HIV is perhaps a rock that can not be moved away. The gift of God that humans have is that, through scientific breakthroughs, the virus can be detected. All one needs is to find out whether the virus is present in a partner or not. If he knows, then the detour can be taken. In the traffic regulation example, the rule "GIVE WAY" applies before one crosses a given intersection. The aspect of giving way has to be done before one crosses the road. There is no point in giving way when one is in the process or has already crossed the road. As a rule, check whether a "potential" partner is HIV positive or not before taking the big move. Remember the 50% HIV positive rate is difficult to escape. I sometimes wonder at the solutions being prescribed in other countries. In Lebanon and, most recently, Malaysia the law requires that there be HIV testing before a marriage certificate is given. In Zimbabwe that does not work well because there is a lot of premarital sex. The couple will by then have infected each other. The other reason is that the couple has probably made a lot of emotional investment in each other and will certainly not want to go to have a test so that they "may not" marry. That is a bit of putting-the-horse-before-the-cart type of situation.

A regulation is not complete if it is not accompanied by a sanction of the law. We have earlier found that people do not necessarily do the right things because they are right. There is always the guy who is inclined to cutting corners. There is another who likes to

bend rules and yet another who is just too lazy to follow the rules merely because nobody does anything about his lack of compliance. It is therefore necessary that in an HIV campaign there be a sanction of some kind. This can be introduced in the form of pressure from the society. For example, all children born on or after 1 January 1980 should be required to produce HIV tests for each significant step as they progress in life. If they wish to be admitted to a school, college or employment, they must be HIV free. Those who test positive and are found to have been negligent should not be admitted to school or work. The message should be clear to them that infection as a result of a violation of a regulation will meet with a sanction from society. This way, we will enforce the application of the Theory of Regulation in our HIV environment. To continue to admit them at school will be like condoning the violation of survival rules and taking away the pressure to observe the rules. People who contract HIV, where the rules are properly defined and the facilities for testing are provided, should be viewed the same as those who commit suicide by throwing themselves into oncoming traffic. Once the sanction of the law is put in place, the essential elements of a regulation are complete.

My readers may wonder how and where the line should be drawn on sanctions. Here I am referring to sanctions being applied to a

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group at a cutoff date. The cutoff date has many implications. The group I refer to is intercepted at just 15 years of age and below, and is still very much uninfected by the virus. At the time of introducing this law, the objective is not to catch them but to encourage and to give negative reinforcement to stay HIV negative. For those above 15 years old, there is a higher incidence of HIV infection and applying the same law would certainly cause resentment. It is not the objective of this law to expose those who are already infected by the virus, instead the cutoff date helps protect their identity. These become a crop of people who, if one were a business man, should be provided for as a bad debt.

The extent to which the sanctions should be applied is fairly flexible and should be subject to review in accordance with the situation. I take it that because in the under 15 year age group there will be very few incidence of HIV positivity, tough measures should be applied when one is negligently infected any time after this cutoff date. It is important to demonstrate that there is resolute action that can be taken against violators of the new HIV survival rules. This will have a ripple effect and serve as deterrence for others not to do similarly.

THE ESSENTIAL ROLE OF THE HIV TEST

The discussion so far has pointed to the HIV test as pivotal to the

HIV solution. Indeed the HIV test forms the solution that is the least preferred and yet it is the only solution available so far. The HIV test is the eyes a person can use to detect the presence of HIV. The modern HIV test has a 99.8% accuracy and a 99.5% specificity. This leaves a margin of error or chance of not detecting the virus of 0.2%. In other words, the risk of a person passing the HIV virus between partners who have taken tests is 0.2%. This is a significant reduction from the national risk of 50%. There is a window period of up to six months from infection during which the HIV virus may not be detected by a test. The requirement is therefore, for a person to have a repeat test after six months to confirm the absence of HIV. This is of course complicated, but for anyone committed to survival, six months is never too long. The process, however, makes the relationship system a complex procedure that may find few volunteers. The reward for those who can be patient is a 99.8% surety.

There is now a proliferation of a variety of tests available on the market. It is understood that there are at least 100 different types of tests developed by various companies worldwide. Clinical requirements have led to a development of two main areas of test requirements. The first being the requirement for a test to be sensitive to any form of infection so that there is very little opportunity for missing the infection. The second is the requirement for specificity. This requires that medical staff be able to isolate the type of virus. This therefore has necessitated that there be a screening test for sensitivity and a supplementary or confirmatory test for specificity.

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The well known and commonly used HIV test kit is the Enzyme Linked Immunosorbent Assay (ELISA) which is used as a screening test. It is capable of detecting both HIV 1 and HIV 2. Further innovative research has been going on, and it is possible that an upgraded version is or will be on the market soon. The direction of the research is aimed at improving the ability to detect all the virus strains within one test including Hepatitis B. The Western Blot is currently being used for confirmatory tests. It is technically complicated and thus requires suitable environments for it to be used. There are many other tests in the form of Simple Rapid Tests in which further research has been and is still taking place. A common trait of the tests has been that they all have to detect the environment or conditions, such as antibodies, caused by the virus and not the virus itself. This has necessitated the allowance of between three and six months after exposure for the conditions to be detected on the tests.

There has been a recent technological breakthrough by the Belgians. In this breakthrough, a new HIV test was invented. Unlike the presently available test, the Belgian one can detect the HIV virus in the blood. This way a person does not have to wait for the

six months window period. The HIV virus can be detected within a day or so after being infected⁴. This is a significant contribution to the fight against HIV and AIDS. With this new development, the argument for the use of the HIV test has been greatly enhanced. The critics, who have underplayed its role, should now have a rethink. The excuse given by some opponents of the HIV test as a control measure is that the tests currently available on the market are not 100% accurate and that even if tests were taken there is a window period during which the virus cannot be detected. The window period could mislead people into a false sense of security, they argue. Despite these apparently genuine arguments, the problem is really not about the test but is about individuals putting obstacles in front of themselves. A solution should be taken for what it is, and the problem of avoiding a false sense of security should be looked at on its own. As has been seen in the discussion above, there are many solutions to this kind of problem if only one sets out to find solutions to it. However, the arrival of the Belgian test should overcome the objections of those who have opposed the HIV test as a solution.

NOT DOING WHAT IS GOOD BECAUSE BETTER THINGS ARE NOT GOOD ENOUGH

I have discussed the HIV Management Concept with some local and foreign based medical people, in an effort to sell the concept to them. The common excuse I received from them was that the HIV test was inadequate as it did not guarantee that a person who passed the test was actually negative. I had similar views from an official of a major USA based AIDS control organization. When I advanced the argument that it was better to take the 0.2% risk (representing a 1 in 500 persons risk) than the 50% risk

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(representing a 1 in 2 persons risk) that the people are currently exposed to, he suddenly realized that there was folly in not adopting the recommended measures. However, the irony remains as to why we cannot take the better solution in the absence of the best solution.

Perhaps it is because medical people are keen to do what they can do best. They will continue to find a medical solution even if it appears impossible to do so. The HIV test has established itself as the best available technological breakthrough in the fight against HIV. As such it must be put to maximum use. A medical breakthrough will be a welcome bonus.

VIEWS AND ISSUES CONCERNING HIV TESTING

For most Zimbabweans, HIV testing is frightening. Very few people can stand the experience of going through a test. It is mainly so because to a great extent, a culture of promiscuity had settled in

and at any time, one is unsure whether he or she is among the one million-plus HIV positive people in the country. Most people would rather not know about their HIV status and prefer to live whatever is left of their lives peacefully. This is more so among black Zimbabweans. This means that testing people will be a very unwelcome exercise and yet it presents an opportunity for effective HIV prevention. How then can the test be used in combating HIV without meeting the expected resistance? Earlier in this chapter, I discussed the issue of a rotten orange and questioned what part of the orange was to be cut out, the rotten or the edible part? Let us assume that the young people between the ages of 6 and 15 are the edible part. The rotten part starts from the age of 16 and above. As is a fact, the young (6-15 years) are relatively not yet infected by HIV. The adults (16 and above) are heavily infected. Of the two groups, the young are innocent and confident that they are not infected as long as they have not yet engaged in sexual intercourse whilst the adults, who as a result of the many careless sexual encounters they have had, shudder at the thought of the HIV test as it almost certainly will bring home some bad news. The character of the groups is that the young will not fear an HIV test, and the adult will resist the test. There is therefore the opportunity that HIV testing can be exercised with success among the youth and with difficulties among the adults. It should be concluded that the HIV test, as a weapon against HIV, can be administered among the youth at first and thereafter it should become their way of life until death. Within the adult group, there are people who like to be responsible and stay safe. They should be encouraged to use the test out of conscience and not by regulation. This is because they did not get the opportunity to know that HIV is a dangerous virus. The youth should out of necessity, be forced through the mill or else they will meet the fate of their adults.

At this stage of the book, readers should be clear that the fulcrum of the approach is centred on preserving the youth. All factors

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considered have supported the feasibility of preserving the youth. It is difficult to change adults, but youth easily catch on to the way they have been brought up. Any strategy that brings in the youth as targets for behaviour change is bound to succeed. The youth have no reason to fear the HIV test, and so there is no reason why they should not be happy or be compelled to take the test. After all, it is their group which is contracting the virus whilst the adults are spreading it to them. There is a strong case for them to feel endangered and unite as a group. The adults are the slaughterers of their own children, and they should unite to prevent the onslaught that is self-destructing. If adults were not there, HIV would not be so much a youth problem.

REDEFINING THE ENEMY

In order to determine a successful strategy for combating HIV we have to define very clearly who our enemy is. I fear that our enemy in the struggle against HIV is somewhat obscured and thus our efforts to combat HIV fail. It is from thorough knowledge of our enemy that we can derive our aim. The aim should be to do that which is possible. It may be just to harm the weakest part of the enemy. For example if a small man were to fight a huge man, from good knowledge, he may choose to hit the eye or some sensitive organ only as his strategy. Here, although he has planned to fight, he has set an achievable objective.

The problem of HIV can be defined as follows:

"People are contracting, heterosexually, a fatal and incurable virus, for which there is no vaccine".

The problem changes with the mix of the situation. For example if a cure or a vaccine were to be found one would describe the situation as follows:

"People are contracting, heterosexually, a fatal but curable virus for which there is a vaccine".

The solution for the problem above would certainly be to give the infected the medicine and to administer the vaccine. However, in the first problem, one would have to search for the weak points of the chain under "contracting, heterosexually". The assumption is that if the intervention is done here the remainder can be prevented. Even here too, the enemy is still obscured because the easiest way would have been to ban all heterosexual mating--an impossibility. That calls for uncovering the next veil of this obscurity.

The next step therefore would be, if we can not ban heterosexual sex, to target the means of delivering sex. An analysis of this reveals that in order for it to spread, the virus must be passed from one person to another. If the virus remained confined to its

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carrier, then the spread will be terminated. Therefore, the enemy is neither the virus, nor the sex itself. It is "the act of passing on the virus". That is the enemy that has to be attacked in order to defeat HIV. There is no point of attacking HIV if one cannot defeat it.

Let us imagine a military setting where the bullet is equated to HIV and the gun, a means of delivery. Soldiers go into combat training as part of their routine duties. This combat training can be equated to the act of sexual intercourse. In the process of the

combat training exercises, the soldiers accidentally shoot each other to death. The military thinkers are faced with an immediate problem for which a solution is required. They could decide to design a bullet that does not kill friendly forces. However this could be a lengthy exercise with no certain results at all. The alternative would be banning all combat training exercises whilst they try to design the friendly bullet. However that means they would have to suspend their whole purpose as a military. Therefore, it is yet another unsound solution. Today the military define the problem as "friendly fire deaths". They have designed rules and procedures to stop friendly fire deaths without stopping combat training exercises. To date these combat manoeuvres remain despite the inherent dangers of friendly fire deaths. Given the similar circumstances in an HIV environment, the definition of our enemy today is "Death by Friendly Fire". Stopping the friendly fire deaths through the skillful use of rules and procedures will fulfill the equation:

The current nation of Zimbabwe minus friendly fire deaths equals, the nation of Zimbabwe without HIV.

This is the very goal we must pursue at all costs. Everybody must know that as humans we are being absurdly unwise not to see this problem. How come that we have allowed ourselves to behave like goats. They eat millet, and after drinking water, the millet grows in their stomachs and they swell to death. The goat herder tries to reason with them, that it kills to eat millet, but being what they are, the goats do not understand him. Under those circumstances, a wise goat herder will not go on quarrelling with his goats. He either locks them up or waits by with a big whip to chase them away. Have we not behaved like one of those goats; informed but incapable of understanding?

FIGURE 9: DEATH BY FRIENDLY FIRE

NOTES ON PART III

1. *David Chiweza "A New Concept of AIDS Virus Management" submitted to the Journal*

of Medicine in 1993 (not published) discussed the survey I conducted but could not be accepted. Results partially confirmed 3 years later from joint research carried out by Ministry of Health and the Matebeleland AIDS Council published in 1996 and reported by the Zimbabwe Herald under the title "Anti-Aids Campaigns Making Little Impact" Herald 8 May 1996 refers.

2. AF Stoner and C Wankel "Management" Third Edition 1987 p.423.

3. Ministry of Health Zimbabwe "Working Document, National HIV and AIDS Policy Document" of December 1996 p.16 para 3.5.3.

4. Civil Military Alliance News Letter of July 1995 quoting Reuters report of 21 March 1995.

STRATEGIC CONSIDERATIONS

THE MEANING OF STRATEGY

It would appear that strategic principles are not being applied correctly in the war against HIV and AIDS. A key observation is that many in Zimbabwe copy foreign ideas without assessing their practicability to their situations. With few exceptions this trait is manifest in many institutional leaders. Zimbabweans might recall how often they have heard such statements as, "The world trend is ..., global village... and information super highway", e.t.c., all of which are good statements but wrong when they substitute thought and analysis of a situation. How can one's actions be justified by actions of others who act on the basis of a situation peculiar to them?

There are several views on strategy across national perspectives. The following are some of the views necessary to unleash our discussion on this topic:

"Strategy invariably involves a situation which must be dealt with in its totality"¹.

"The broad programme for defining and achieving an organisation's objectives and implementing its missions"².

"Strategy means putting things in place carefully, with a great deal of thought. It is the opposite of just waiting for things to happen or taking a flyer"³.

"The study of the laws of a situation as a whole"⁴.

"Strategy (in terms of optimization) means that rational persons making use of all available information, can deduce a strategy that is optimal and so the outcome can be preordained"⁵.

There are several approaches to defining strategy but there are some common characteristics of each of them.

a. They each consciously or unconsciously, flow from a situation or environment of the organisation for which the strategy is formulated.

b. They each give a general programme of action to move to a new desired situation.

In its simplest form a strategy can be found in a situation where a car has had a tyre puncture (situation) and the driver resolves

to remove and fit a spare tyre, (programme of action) and manages to fit and drive away. (moves to new desired situation). This being simplistic, in real life, strategy is often referred to and applied to social, military and economic situations. These situations are often complex and lending themselves to different interpretations. Because of the complex nature of strategy, strategists are usually criticized and are only acknowledged after they have successfully resolved a situation whilst others may never be acknowledged at all.

True strategies flow from accurate diagnosis of a situation and those who diagnose complex situations accurately often find the cure for a problem. In the simplistic car scenario, if the driver erroneously diagnosed the problem as an engine failure, the problem would not be solved even after attending to the engine.

Strategy assumes a higher meaning in the military. Management textbooks cover strategy as a direct and overt matter whilst in the military it assumes the added sense of skimming, or hatching a clever plot. It is adversarial as it is directed against an equally cunning adversary. In business and non-military circles, it is a solid approach against a generally static situation. It is that harmless part that is discussed in the open. The covert part of inner dealing and manouvring that is shrouded in secrecy and deception that is never told. In business strategy is directed at achieving the task. Competition is a side threat and not the main purpose of a business strategy. In the military strategy is directed against the competition. In the world of today there is a need for nations to understand much of the covert part of the strategic willing and dealing. Africa in particular needs to read through events and the deceptive veil of competitor nations in order to understand this part of strategy.

Sun Tsu, who wrote his treatise, "The Art of War", 23 hundred years ago, is one of the world's most respected strategists whose strategy is still applied in the world today. His main concept of strategy is one of consistently computing information as it becomes available so that one can foretell defeat or triumph. When defeat is foreseen, a conflict must be avoided and action must be taken only when triumph is guaranteed. Sun Tsu clearly reveals that a situation of grave consequences can be foreseen and, if the situation serious enough to warrant war one must choose war, and if a situation allows one to retreat and fight his battles later he must retreat. Sun Tsu attacks those who take ineffective decisions for they reflect failure to calculate decisive action. They are kind of trial and error decisions which can prove costly. He thus summaries this view point as follows:

"Those who win one hundred triumphs in one hundred conflicts do not have skill. Those who have supreme skill use strategy to bend others without coming to conflict"⁶. (R.L. WING, The Art of Strategy page 12.)

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There is a sense in which Sun Tsu's do not do relates to many of the HIV prevention programmes which continue to be done but producing no results at all. As early as 1990, through computation, I became aware that the prevention programmes in Zimbabwe were bound to fail. In 1992 I made these views known to the Ministry of Health. Sun Tsu teaches us to place emphasis on analyzing the situation (computation) as a basis for success. Computation is a diagnostic process whose final purpose is to win battles, preferably effortless. Sun Tsu advocates deception, which ensures that victory is won by tactical pre-positioning. He recognizes that open strategies attract direct opposition which could be costly.

Within the HIV scenario, the value of this strategy is that as Africans we have to preempt defeat when we know its coming. We are currently can compute from available information that if a cure or vaccine is not found defeat through death is inevitable. If we have to preempt this defeat we cannot postpone the battle until the day when we have the last 1000 HIV free persons. To deceive HIV, we have to tactically position ourself in such a way that, in the event that a vaccine or cure is never found, triumph will remain on our side. This means we have to fight our battle with HIV today as if it is that battle to defend the last 1000 HIV free persons. Those who will wait to fight the battle at the last moment, even if they win it, shall be guilty of violating Sun Tsu's principle. i.e. winning the battle after suffering 10 million casualties.

Unfortunately Africa has not yet started applying the strategy to win. There is a relationship between Sun Tsu's statement and the Pareto Principle of management. "Do the vital few instead of the trivial many". You get more from the vital few. Within the HIV scenario it does not matter how many volunteers come up or how many campaigns are launched per day. They will not be effective as long as they are trivial. The vital issue is, "Is there an element of detection and isolation in these programmes". Opportunities to preempt national defeat fell flat because some people worship human rights to the extent that national survival is sacrificed. Africans are being outwitted by the virus.

Mao Tse Tung's view of strategy has important implications for Zimbabwe. He defines strategy as the "study of the laws of a war situation as a whole". His views are not different from Sun Tsu, who in his "five fundamentals of strategy", looks first, for the presence of a popular cause, then studies the laws of nature governing a situation, then the situation, the leadership and the

art or style. Mao Tse Tung's emphasis on the "whole" is important. He addressed the question "Why is it necessary for a commander of a campaign or tactical operation to understand the laws of strategy to some degree?" "Because an understanding of the whole facilitates the handling of the part, and because the part is subordinate to the whole. The view that strategic victory is determined by tactical successes alone is wrong because it overlooks the fact

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that victory or defeat in a war is first and foremost a question of whether the situation as a whole and its various stages are properly taken into account. If there are serious defects or mistakes in taking the situation as a whole and its various stages into account, the war is sure to be lost"⁷. (MAO TSETUNG, Six Essays on Military Affairs.) In Zimbabwe's war against HIV and AIDS, it is clear that this strategic principle has been violated. This is evidenced by so much of tactical issues such as the confidentiality principle we have concentrated on without due regard to their effect on the whole.

Africa is trapped by her desire to fraternize the developed world to the extent that her HIV strategies do not flow from her situation but from the developed world's situation. Indeed there are circumstances when strategies can be borrowed from others if the situations are identical or similar. The Chinese, who are undoubtedly a winning nation on global economics, have insisted that they will build socialism with Chinese characteristics in accordance with concrete and practical conditions of China. There is a clear understanding that one man's meat may be another man's poison. An advantage for one is usually a disadvantage for the other.

Whilst focussing on HIV and AIDS, let us expose some of the untruths that are self-defeating to Africans. If at all Africans are to survive HIV and AIDS they have to adjust their thinking in light of these truths. These truths are open secrets which have largely been ignored by policy making bodies in Africa.

ONE WORLD ONE HOPE IS SELF DECEPTION

In December 1996 the Ministry of Health of Zimbabwe had its HIV and AIDS theme as "One World One Hope". This thought typifies the national view of HIV and AIDS even at this advanced stage of the epidemic. I have always understood that it is customary for humans to find similarities in anything and to find differences in anything depending on the mind-set at a particular time. One could look at the ocean and see similarities where ever he goes. In a detailed analysis the structural differences on the sea-bed cause differences on the surface which only serious study can reveal. I

have examined the structural differences in our HIV and AIDS situation and have found that, contrary to the national view, the differences are startling.

The following table gives comparative statistics of HIV situations per 10 million population of the US and Zimbabwe. The early part of my explanation has deliberately painted the common situation as given through open media to Zimbabweans. This second part analyses the structure of the situation to show that, in essence, the situation and hope are not identical. Therefore there is the danger that the nation can misconstrue this apparent common approach.

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A COMPARATIVE STUDY OF USA AND ZIMBABWE HIV INFECTIONS PER 10 MILLION POPULATION

	TOTAL HIV +	HETERO SEXUAL (11%)	DRUG USERS (26%)	HOMO SEXUAL (42%)	OTHER (21%)	PEOPLE ATTITUDE
USA SITUATION ⁸	30000	3300	7800	12600	6300	RESPONSIVE
EFFECT	THREATENING*	LOW TX*	HIGH TX*	HIGHEST TX*	HIGH TX*	WORRYING*
PREVALENCE PATTERN	NATIONAL	NATIONAL	LOCAL*	LOCAL*	NATIONAL*	ISOLATED*
A COMMON STRATEGIC RESPONSE	EDUCATION AND RESEARCH.	PERSUASION	PERSUASION, ANT DRUG WAR	PERSUASION	SAFE BLOOD	SIMILAR ATTITUDES
ZIMBABWEAN SITUATION ⁹	1.5 MILLION	1.5 MILLION	N/A*	N/A*	N/A*	WIDE SPREAD
PREVALENCE PATTERN	NATIONAL	NATIONAL	N/A*	N/A*	N/A*	WIDE SPREAD*
EFFECT	DEVASTATING*	HIGH TX*	NEGLECTIBLE*	NON-EXISTENT*	UNSPECIFIED*	SHATTERING*
VARIANCES	41.6 X DIFFERENCE	425 X DIFFERENCE	9360 X DIFFERENCE	15120 X DIFFERENCE	UNSPECIFIED DIFFERENCE	DEGREE OF INFECTION

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(USA information sourced from US reports on National AIDS week AIDS reporting from the Washington Post September 1997)

THE FINDINGS FROM USA-ZIMBABWE COMPARATIVE STUDY

It will take a forty-one-point-six-fold increase in HIV infection in America for her to experience the same level of HIV threat with Zimbabwe.

America's HIV problem is localised because high transmission is only found in isolated groups of people such as homosexuals and intravenous drug users whilst the infection to her heterosexual component of the population is almost rare.

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Zimbabwe's problem is national because every Zimbabwean is heterosexual. Since all transmission is heterosexual, the threat to Zimbabwe affects all of her people. If this situation is to be allowed to continue without intervention, Africans will lose whole nations whilst the European race will lose only its homosexual and drug user communities.

In strategy, correct responses come from accurate diagnosis. It is noted from the American situation, that the drug problem has slowly taken a national outlook, threatening to make national in scope, the HIV threat. Apart from an HIV awareness campaign, drug abuse in America has been responded to with a militant campaign that has witnessed the commitment of military force against drug barons in South America and Panama. This determination, whilst not directly targeting HIV, is a recognition of the threat caused by drugs to America's prosperous nation. In contrast the role played by sex among Africans for transmission of HIV has been erroneously downplayed. Thus, whilst Americans use all necessary force to protect their nation from the drug/HIV threat, Africans have failed to confront the threat caused by heterosexual intercourse on HIV transmission.

We can deduct from above that since a homosexual community cannot become a national majority, the threat of homosexual HIV transmission is largely self-governing. However, the American and African heterosexual transmission rates are two completely different situations being served or addressed by one common social strategy. The fundamental consideration seems to be the limits of human rights which have taken precedence over the value of African lives. America, in arguably a case of human rights violations, seems to have covered her "back" in combating drugs with militant vigour. On the other hand the Africans, for fear of human rights violations, seem to be taking the beating with their hands tied.

Whether by design or coincidence, this phenomenon is a reality which must be acknowledged. Strategies being pursued by Africa today suit very well for an American situation but are quite out of touch with her real African situation.

There is thus a very strong case for an independent strategy, arising from Zimbabwe's concrete and practical situation, to be adopted. The wanton copying of other's strategies will end Africa in death whilst other nations will survive to inherit her resources.

AFRICA'S SCIENTISTS NOT QUESTIONING FACTS

At this advanced stage of the HIV epidemic, African medical authorities continue to view HIV as a common global problem. It appears that African scientists are deliberately avoiding a discussion on the differences of infectiosity between Africans and the White race. Controversial German scientist, Wolff Geisler alleged a conspiracy theory against Africans¹⁰. Whilst he was

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largely ignored, his concerns were founded on the fact that the differences in infection between blacks and whites could not be scientifically explained. Indeed, African scientists owe so much to their people for, in the first place failing to explain the truth and secondly, for failing to counter the false stigma that has been attached to them.

The World Health Organisation's (WHO) established HIV infectiosity rate through heterosexual intercourse is 1 in 550 sexual intercourses and according to other studies sighted by Dr Geisler from women to men the incidence of infection occurred once in every 2050 intercourses. This means "acquiring HIV through sexual intercourse is practically impossible" says Dr Geisler in his book. It is on this basis that Dr Geisler developed his own theories.

The astounding question however is the failure by African scientists to challenge the universal validity of these infectiosity rates and to offer an explanation for the difference in heterosexual infections between the black and white races. This great omission has been deceptive to blacks, who continue to think that their fate is similar to that of the white race.

NO BASIS FOR STIGMATISATION IN AFRICA

The discovery of HIV in the west was such that it was predominantly found among drug users and homosexuals. (And indeed this remains true today) It is logical, from a western point of view, to assume that any one who has HIV is likely to have contracted it whilst doing these dirty practices. On the other hand this stigma was

transplanted "unedited" to blacks, reflecting Africa's lack of originality. But as facts show, the situation in black communities in Africa is the reverse of that of white communities. Had the discovery been made in Africa, the question of stigma would not have arisen. The initial stigma, coined in western countries was directed at distasteful practices of homosexuality and drug abuse. Since the general perception was that heterosexual was not a dirty practice, the stigma of a higher-than-normal-sexual-promiscuity was coined to explain away the high HIV incidents among African heterosexual communities. Africans bought this view, triggering a bitter sense of guilt and shame. Now that this can be explained, the African be set free.

It is illogical that high incidents of infection among blacks should be blamed on sexual pervasion. A typical example is of people who are eating food prepared from the same pot. If part of them develop stomach problems and others do not, anyone investigating the problem would rule out poisoning during preparation. It may be possible that the problem could be that someone put poison in selected plates or that there is something else uncharacteristic of normal beings in the affected persons. Therefore, since whites have heterosexual sex and not get infected while blacks have heterosexual sex and get infected, the problem

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cannot be the act of having sex but what has been put in sex or the biological composition of an African may be such that he contracts HIV where a white-man cannot. Stigmatisation of sex is an attack on all heterosexual beings. Since most Africans are culturally heterosexual, they cannot escape from this stigma.

The impact of stigmatisation has serious consequences. It is an incapacitant. It paralyses the minds of leaders and people. It brings into play the politics of "why you are pointing at me". Stigmatisation has been so dramatised that anyone singling out a HIV victim for good reasons would be condemned. This over protective mentality has worked to the detriment of good judgement. Stigmatisation has targeted the character of the person infected and yet the real truth is its target should be the virus that has been brought into the person. Given that the sexual immorality level among races is equal, where is the basis for blaming immorality as the cause of African infections? The original basis for stigmatization was justifiably associated with drug users and homosexuals. Generally none of these conditions exist in Zimbabwe and Africa.

From a strategic point of view, the fact that from equal heterosexual activity we have different outcomes proves that HIV infections among blacks should not be blamed on their sexual behaviour. Rather, we see heterosexual as being a vehicle for HIV to

infect every black person who by the nature of his creation should practise this kind of sexual behaviour.

WHY HIV INFECTS BLACKS AND NOT WHITES UNDER HETEROSEXUAL CONDITIONS

The correct diagnosis is the basis for a solution in any given situation. Why the difference in infections? There are several explanations being offered in scientific circles and yet none of them seems to be satisfactory. I will try to deal with these explanations and comment on the areas of difficulty.

a. Sexual promiscuity. Unfortunately HIV reporting on infections in Africa has been veiled. Most reports have taken the form "HIV, which is mostly heterosexually transmitted in Africa....". I call this way of explaining veiled because it has the element of acknowledging the heterosexual transmission but is not clear enough to remove the element of extra sexual activity among Africans. It also fails to make clear the distinctions made above. (Also it does not reflect understanding of the African's unique situation). The increased heterosexual transmission has been mistaken to mean they must be having more sexual activity than other races. The psychological impact of this misrepresentation has had far reaching consequences. The message on HIV has focussed on blame worthiness of high sexual activity as if this was the primary cause. Whilst the pattern of infection in Zimbabwe follows the pattern of increased sexual activity, the same

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pattern can not be said of heterosexual communities in the white race. The pattern in whites reflects the rareness of HIV transmission in accordance with WHO infectiosity rates. This difference should thus have necessitated the revision of published WHO infectiosity rates. There should have been an exception to exclude blacks in the rate of 1 in 550 heterosexual intercourses. This lack of vigilance can only be shouldered by African health authorities. There is therefore no basis whatsoever for blaming sexual promiscuity as the cause of HIV in black populations.

b. Biological Weapon Theory. Wolff Geisler, the controversial German scientist came up with a biological weapon theory. His study was comprehensive and scientific. I subjected his theory to my own comparative analysis. The principle used in my analysis was that theory must match practical conditions on the ground. The following is how the biological weapon theory would relate to Zimbabwe's situation.

(1) A biological weapon is a weapon of mass destruction and to employ it effectively the perpetrator would have

to find a way of selecting his target (blacks) whilst leaving out whites. The weapon should thus be staged. Geisler's three stage biological weapon had the following stages:

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(a) Stage 1. Mass spreading of mycotoxins in the to lower immunity. Victims would be both blacks and whites.

(b) Stage 2. Selective introduction of HIV to blacks through food, etc. (excluding whites). This would attack black immune systems.

(c) Stage 3. Mass spreading of normally harmless diseases in water and in the air to both blacks and whites. The diseases would become deadly to blacks whilst whites would easily fight the diseases off.

(2) Comments. The following were crucial observations I raised with Wolff Geisler and a satisfactory explanation could not be obtained.

(a) Up to stage three of the weapon, it is possible to target blacks. What the theory could not explain is how to target black adults whilst excluding youths between the ages of 6 and 12. Wolff Geisler's explanation was to challenge the authenticity of the view that children between the ages of 6 and 12 are HIV free. The question therefore hangs in the balance. If a study proves that children between the ages of 6 and 12 are as much infected as the

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adult population, then Wolff Geisler's theory would be credible. Conversely if they are not equally infected, as is currently reported¹¹, his theory does not pass. However there is no known official study on this.

(b) Selective spreading of the HIV virus through food and ensuring that whites did not consume the contaminated food or use the same vaccines as blacks is a complicated secret operation which should have been compromised somehow in the process. However this remains a possibility.

(2) The Clade Theory. Clade, from genealogical grouping with a clade being of single lineage. This comes from scientific grouping of organisms by genealogical links. Those corresponding to a single

lineage have a common ancestor in all their descendants. Thus groups that do not contain the common ancestor have separate origins¹². This is commonly known as a strain which denotes a "breed". Out of curiosity I asked the Director of the USA based Army Institute of Virology during my visit there why there were differences in infection between races. He explained that African and Asian clades grew in semen for men and vaginal walls for women, making them more transmissible with each sexual intercourse. This concept fits very well with the situation in Africa today.

However there are now more questions that have come from this explanation. If clade merely identifies the original family of a virus, there still remains the fact that the African clade can infect non-Africans if they have inter-racial sex. Given the numerous sexual exchanges among races the African clade should by now have been exported to many parts of Europe so that HIV in these countries would have taken epidemic proportions.

Another area of contention is the fact that the black population in America which is 12% of the population now makes up more than half the HIV patients in America¹³. There is evidence of high infectiosity within this population despite it being in America. It is understood that the case of Haiti also defies attempts to explain this through the clade theory. Conversely, white communities in Africa do not appear to have been infected at the same rates as their black counterparts. What seems to be the truth is that the epidemic is following racial boundaries.

In 1995 the British Scientific journal nature reported that British scientists were on alert as the deadly African virus had crossed the English Channel. This report has some ambiguity about HIV. The main ambiguity is on the meaning of "crossed"? Inter racial

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movements have been taking place before then resulting in HIV carriers from Asia and Africa entering UK. What then was meant by crossing? Could it have meant that the virus in the UK had mutated into a deadly African virus? More questions than answers.

HUMAN RIGHTS AROSE FROM A SITUATION WHICH DID NOT INCLUDE HIV

I have already discussed human rights at length. However, the requirement is to refocus the implications of Human rights on strategy. "Strategy arises from a situation that must be resolved in its totality". There is no doubt that the current human rights debate and focus arose from a situation where the rights of individuals were needlessly abused. The coming of HIV into society

has altered the decision base. Conservatism is simply resistance to adapt to change. Humans want to cling to what they know. However, to continue to give human rights the original profile on a changed environment is foolhardy. In the Working Document on the National Policy on HIV and AIDS of December 1996, the crippling effect of this conservatism are obvious. Confidentiality and prevention are as mutually exclusive as the cohabitation between a lion and a goat.

At this stage it is good to state that human rights should not be allowed to stand in the way of combating HIV. "If a situation calls for war, you must go for war, if a situation calls for retreat, you must retreat" (Sun Tsu). HIV must be resolved in its totality.

STRATEGIC APPROACH

From the discussion above it has been established that the African approach to HIV prevention is based on how HIV is being spread in America and Europe. I have discussed three theories all of which are inconclusive. Within the limits of my ability to research, I have deliberately chosen to develop a strategy for Zimbabwe based on the assumption that AIDS is being caused by, unlike the American situation, a heterosexually transmitted virus. In this approach, I note that the rest of the white race does not share the same degree of infectiosity and that, if the world situation were to be left to nature, the result would be the extinction of the black race, homosexuals and intravenous drug users whilst the heterosexual white community remains significantly intact. Human rights propagated by western people remain appropriate to their situations whilst the severity of the situation in the black race is such that they be superseded by the need to save the race.

CONSTITUTIONALITY OF HUMAN RIGHTS

The focus on human rights is important as it will be shown in latter chapters. The paralysis of the African situation is the absence of a decisive choice between pursuing a policy of confidentiality of HIV victims at the risk of infecting unsuspecting persons or pursuing a policy that affords members to

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identify risky persons. The two policies are mutually exclusive and any unitary application of these policies results in no progress at all. Suffice to summarise this view point this short.

Section 12 of the constitution of Zimbabwe provides for rights and freedoms of individuals. It is also clear from Section 11 of this constitution that such rights are not absolute. It accords rights and freedoms which by implication are conditional upon the limitation that the enjoyment of such rights and freedoms by any

person does not prejudice the rights and freedoms of others or the public interests. In Section 13 (2) (g) of the constitution the state is empowered to waive personal rights and liberties for the protection of people's lives from the spread of an infectious or contagious disease. In the case of HIV, I conclude that the adamant upholding of the right to confidentiality is thus unconstitutional. This is so because upholding this right in the prevailing HIV circumstances is leading to the infection, with HIV, of millions of unsuspecting people and, this being fully known to the state, is such that, in failing to intervene and prevent the inevitable infection of millions of others, the state is failing in its duty to act in the public interest and, to protect life as provided for in the constitution of Zimbabwe.¹⁴

A visiting American ecologist Dr Curtice Griffin, said that conservationists should not wait for species to become endangered before taking steps to protect them." He said to the Wild Life Society of Zimbabwe, "scientists and conservationists had for long tended to move in whenever species were threatened with extinction and "that is an expensive approach". Explaining his Gap Analysis Programme (GAP), he said, "Its expensive and too risky to try and recover species. The GAP protects them whilst they are still in abundance."¹⁵. This is indeed a strategic view point of universal application. Africans are reminded that they too are as much an endangered specie as are their black rhinos and elephants and thus should not be sucked into the "expensive and risky specie recovery process" by adopting ineffective measures whilst waiting for the needed cure or vaccine.

NOTES ON PART IV

1. Liu Guoguang, Liang Wensen & Others, "China's Economy in 2000", New World Press, Beijing p.10
 2. AF Stoner and C Wankel "Management" Third Edition p.111.
 3. Edward de Borno "Tactics, The Art and Science of Success" Harper/Collins Publishers 1993 p.147.
 4. Mao Tsetung "Six Essays on Military Affairs" Foreign Languages Press Beijing China 1972 p.8.
 5. The 1990 Encyclopedia Britannica Volume 19. p.642 column 1a.
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6. RL Wing, "The Art of Strategy" Dolphin/Double Day 1988 p.12.
 7. Mao Tsetung, "Six Essays on Military Affairs" Foreign Languages Press Beijing China 1972 p.9.
 8. Extracts are from The Washington Post Health, September 2, 1997 page 12 and A16. Figures were divided by 25 to get 10 million of USA's 250 million population. USA's HIV population is estimated at 750000 of which transmission causes are broken down into 11% heterosexual, 42% homosexual, 26% IV drugs and 21% others.

9. Zimbabwe's HIV estimates have been conveniently pegged at 1.5 million from the official 1.2 million. This is because the authorities have been reluctant to keep their statistics up to date. From 1992 to 1994 official estimates remained the same.
10. Wolff Geisler, "AIDS, Origin, Spread and Healing" ps. 64, 69 and 153.
11. Article by Sara Tikiwa, published in Zimbabwe's Sunday Mail Magazine, quoting Zimbabwe AIDS Action Programme for Schools Report published by UNICEF.
12. The 1990 Encyclopedia Britannica Volume 16 p.243, column 2a.
13. The Washington Post September 1, 1997 report entitled, "The New World of AIDS" p. A16.
14. The Zimbabwe Constitution Revised Edition 1996 p.8 and 9.
15. The Zimbabwe Herald's report of October 19, 1997 entitled "Don't Wait for Species to become instinct: ecologist" citing American ecologist Dr Curtice Griffin.

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PART V

A STRATEGY FOR ZIMBABWE

THE WILL TO WIN, A TIMELY INTERCEPTION

The strategy for Zimbabwe arises out of the discussion covered so far. The argument summarizes the key considerations to be taken into account in coming out with a strategy. Although the strategy is tailored for Zimbabwe's specific conditions, it may be applied

in all other countries with a similar situation. Readers must understand that situations are dynamic and hence the strategies in this book are timed to serve a situation within a time frame. As new truths are discovered, there will be a need to readjust or overhaul the strategy altogether. In the four years that I have worked on this book I have had to revise many times. What is important is the determination to stamp out HIV. Unfortunately the will to sacrifice does not arise out of pleasure. It has to come out of hardships. It is this phenomenon which will cause countries less affected by HIV to shun this strategy.

UPHOLDING THE CAUSE

In Zimbabwe, as at the time of writing this book, (November 1995) 42 people were dying of HIV every day, a rate of 300 a week. And, as I edit this work in October 1997, 600 people per week were dying of AIDS and the number of estimated HIV positive has been officially adjusted upwards from one million to 1.2 million. As was stated at the outset, all these people have not yet developed the full blown AIDS. The HIV positive rate in the adult and sexually active group is nearly 50%. The high rate of risk means that promiscuity and multiple partners can no longer be attacked as the cause of future spread of HIV. Decent and faithful people will be victims of a risky sexual environment. There are many real-life examples which point towards increasing exposure of people to HIV. Broken relationships even among avowed marriages mean the couples will have to go on the hunt for partners again. The HIV positive population too tells that the worst of AIDS is not yet over. The nation has to be prepared to face deaths at an even larger scale. However the worst is not that people will experience deaths, but rather that children growing up in the 21st century are highly unlikely to survive into old age without falling victim to HIV. The possibility of the extinction of the entire black race is not a far-fetched idea. There can never be a better human right than the right to life. This is a cause good enough to warrant pooling together the nation's social, economic and political resources to combat the virus. In other words, there cannot be any further excuse for inaction.

History is full of wars, all of which have been for upholding the rights of nations to exist. A nation and nations elsewhere in Africa and Asia are about to be wiped out of the face of the world. It is only its people who can come to its rescue. To do so, they need to understand the problem very clearly. This calls for a massive education campaign on the real intricacies of the hidden aspects of HIV. Neither economic difficulties nor political strife should be elevated to the extent of distracting the nation from the

main threat, that of HIV. It is better for the nation to go back to the Stone Age than to worry too much about the modern day image of the country. Should the people perish, the whole infrastructure will be left there for other nations to take over.

INVESTING IN HIV TESTING FACILITIES

Much has been discussed about the HIV test and the inconvenience it causes to people. I have advanced the argument that the inconvenience is well worth the reward of life. I have painstakingly tried to explain the importance of enduring difficult circumstances in order to defeat HIV as you may understand that "he who wants to eat should not complain that the fields are difficult to work". It is my sincere belief that readers agree with me in this respect. I have argued that the whole social, political and economic environment should be used to exert great pressure on our youth so that there may be, ingrained in them, the will to survive against all odds, for the sake of the future of the country and the nation.

If society has to be fair to its youths, it has to ensure that the survival mechanisms are accessible by all. As such, an investment in HIV test facilities should be made by the state. This will enable the youth to test for HIV before they have a new relationship. This is not expected to be an hellacious investment that could drain national coffers. Simple state-of-the-art test equipment cost in the region of USD20,000 each. The country can establish enough test centres to serve the whole nation at no painful cost. I am not about to suggest a system where the government will sponsor sex. The details of setting up the testing centres are not the subject of this book. The tests are the ammunition required to fight the war against HIV. Give the youth a survival kit and there shall not be reasonable excuses for contracting HIV. Then it shall be possible for a sanction to be applied to them through the application of societal pressure. Those who infect themselves through willful disobedience will find society unsympathetic. They will be viewed as enemies of the struggle against HIV. Heroes of the struggle should be those who strive to stay free from the virus.

I fear that as optimistic as I am, the reader might think that I point to all the foibles of human nature that have created the existing plight but have not raised those that would keep my dream from coming true. It is not to say that there are none. All I have

done is to highlight and map out my route to the destination like a mountain climber. The opportunity for success is there, but like any other opportunity, its success will depend on the commitment of the players and other imponderables. Whilst I allude to this for

the sake of the reader, I believe little is to be derived from highlighting the obstacles, which can only lead to discouragement and inaction. Is it not the fear of these foibles that has left us spectators to the destruction of our own people?

THE ENACTMENT OF LAWS

The protection of life is guaranteed in the constitution of Zimbabwe. It is known that 1.5 million people in the sexually active group are HIV positive. It is known that they continue to infect others in their group and the HIV free generation approaching adulthood. For strategic reasons I hold the principle that all adults are HIV positive unless they can prove themselves to be negative. If they are deemed to be as such, they cannot be allowed to continue, by mere fact of avoiding a test, to have sexual relations with the youth generation without taking responsibility for the spread of HIV to this group. The strategy thus proposes the laws:

Law 1: Any person born before 1 January 1983 (or persons who are above the age of 15 at the time of promulgation of the law) herein referred to as the "First Party", shall not propose love or have sexual relationships or marry persons born on or after 1 January 1980, herein referred to as the "Second Party", without undergoing an HIV test to the satisfaction of the second party or its guardian or any other interested party including the state. Failure to comply with the above requirement, which results in the infection with HIV, of the second party, shall render the person liable to criminal prosecution and civil law suit.

The above law is meant to kill the problem of the advantaged luring the disadvantaged into the death trap. More often than not, it is the desire for material and sexual satisfaction that leads the youth into sexual activities with sugar daddies. Prostitution has been blamed on economic difficulties and other social inequalities. Whilst the prostitute will find money and material gains too attractive to resist, introducing the prospect of criminal prosecution and civil lawsuit will discourage the advantaged from taking advantage of the disadvantaged. Adults contemplating having sexual relations with this young generation will have to contend with the possibility of prosecution if their relationship results in the infection of others and the inconveniences of having to prove their HIV status. These are hurdles designed to discourage people from infecting the younger generation. One may simply feel that the inconvenience is not worth the relationship, and thus will have relationships within his group only. Parents will then have the right to know the HIV positive status of the person dating their children. Should the person not take heed, a parent can

resort to the law for the enforcement of such rights. This way we may bring the policing of the survival of children to parents and interested persons and ensure justice is meted out on enemies of the struggle against HIV.

An important aspect of this law is the "amputation effect" it causes on the population. It ensures that when carried out by the book, the HIV-free young generation grows to old age without being infected by the adult group. The cutoff date represents the separation of generations. The gradual death of the HIV infected adult generation represents victory against HIV. In other words people should see the promulgation and application of this law as salvation. In time, it will grow into a culture that everyone will find as useful and hygienic as washing one's hands before handling food. Any adult who has a child should ask, "Does this benefit my child?" They should desist from taking into consideration their selfish desire for sexual indulgence. This will bring into being, the true meaning of "Sharing the Responsibility" and represent a typical example of sacrificing adult needs for the better of the country. The passage of the law should not be seen as a total resolution of the problem. In many countries as well as Zimbabwe, the law is an aid to the creation of a better world and a better country. Theft continues in the presence of the laws, but not to have a law means stealing is neither good nor bad and is simply done as per the will of one's conscience. I believe we need the law to guide our conscience towards a national purpose.

Law 2: All persons born on or after the 1st of January 1983 (or persons who are under the age of 15 as at the date of promulgation of this law) shall be required to take HIV tests to prove that they are HIV negative before they can be admitted to junior school, high school, college or university and for all forms of employment by a registered employer, at the beginning and in subsequent annual medical tests. If any such persons are found to be HIV positive, he or she shall not be admitted to the institution or work place for the sake of learning or employment. The State shall have the right to waive such rights and privileges of such persons and to preclude their functioning as normal citizens of Zimbabwe. These powers might include waiving his or her right to confidentiality and freedom of movement. (Confinement to suitable places may be done as the government may see fit.)

This law is aimed at bringing about political, social and economic pressure on the generation born on or after 1 January 1983 in order for them to comply with the requirement to verify HIV before they have a sexual relationship with those of their peers or the generation above them. The law will serve two functions, first to provide a detection mechanism for the HIV invasion in the group, and secondly to provide for the deterrent operation of the sanction of the law against violators.

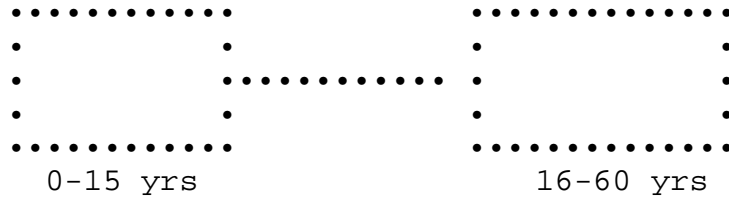


FIGURE 10: FUSION

Notes: The youthful generation is growing directly into the HIV infested adult generation. HIV is continuously passed on.

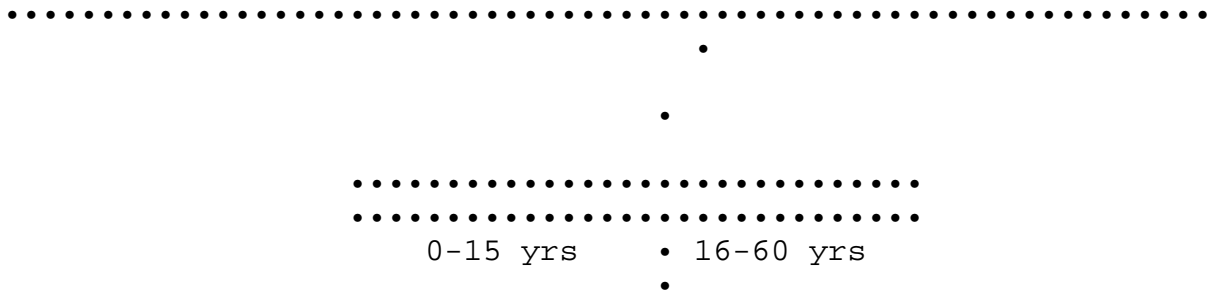


FIGURE 11: AMPUTATION

Notes: The generations have been cut off from each other. There are no cross relationships between these two generations. Like bees and flowers, if there is no cross pollination, HIV will not rub onto the youthful generation.

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The admission of youth to schools and institutions of higher learning is generally at the heart of most rational youth. They have ambitions that must be met through education. Fear of death has not deterred them from unsafe sex. The need to pass the next HIV test means that they have to prepare for it. The knowledge that they may not be able to achieve this just because they have allowed themselves to be given HIV by someone will make them resist any unsafe sex. School drop-outs or those found HIV positive will serve as better examples of what can happen to those who allow themselves to contract HIV better than the thousand of corpses are doing now. This is because drop-outs impact on their immediate environment, whereas, corpses are confined to the mortuary and are taken as mere hearsay. Employment too is every adult's dream. Should he or she

choose to be careless, he will be found without a job. I have met serious criticism on this point with most people arguing that this person becomes a burden to society at the tax payer's expense in those countries where they receive social security payments. Nevertheless, I find it valid from the perspective that I believe the majority of people will either obey the law or simply comply because of the fear of being exposed and stigmatized. From the captive group being targeted, the prevalence of HIV will be

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minimal, and thus we are referring to a very small number of people whose exclusion from mainstream society is needed in order to serve as an example to the rest of the society. Society should condemn those youths or adults who fail to listen to advice. This can go as far as waiving the right to confidentiality so that the community can be warned before starting relationships. The principle of confinement to certain areas too can be applied. This will bring about a lot of psychological pressure for them to comply with the survival procedures at all times. The measures can be made more severe depending on the degree of responsiveness needed to combat HIV. Although I do not like killing people I appreciate the saying attributable to some world leader who is quoted to have said, "It might be necessary to spill a little blood in order to save a situation". He was referring to a situation that had gotten out of hand. He shot dead a few hundred people and saved the near collapse of the state.

Official stigmatization will be a deterrence. Had the anti-AIDS movement not dwelt too much on the need to protect HIV victims, half the problem today would not have occurred. However, the protection was made necessary the strategists felt took into account their personal interests first as they feared they too could become victims of HIV. Here is another case where the part does not support the whole. The time for people to blame fate is over, and future HIV victims should be blamed where infection can be attributed to their own carelessness.

Meanwhile the older generation can be spared the public embarrassment of having to prove they are not HIV positive as long as they not seek sexual partners in the prescribed generation. This is because it is known that nearly half of them will be found HIV positive in tests. They are a constituent group that can resist the measures detailed in this book. All we want is to recapture the opportunity for mass screening that we lost during the early days of the pandemic.

The best way to understand the implications of the laws detailed is to refer to figure 10, 11 and 12 above. Figure 10 shows the flow of generations in one direction. The figure shows a perfect interface that allows continuity and integration between generations of

different age groups. This represents the current social structure in Zimbabwe.

Figure 11 shows that the interface between the generations is broken by the double barrier between them. The first line represents the first law which restricts the youth from having relations with the adult generation. The second represents the second law which restricts the elder generation on its rights to have relationships with the younger generation. This strategy can be compared to an amputation. It facilitates the separation of generations.

Figure 12 shows the strategy of a by-pass manoeuvre. We assume that as children grow above the age of 16 they grow into a common "sexual pool". At this stage they can have sexual relations with persons of any age. When we allow this to happen, the "sweet sixteens" are infected within a few years of their sexual maturity. The law effects a bypass manoeuvre so that these children can never be part of the common sexual pool. In this manoeuvre, the problem of the HIV-infected adult generation can be overcome by allowing the youth to grow round them and continue with life without integrating their sexual activities.

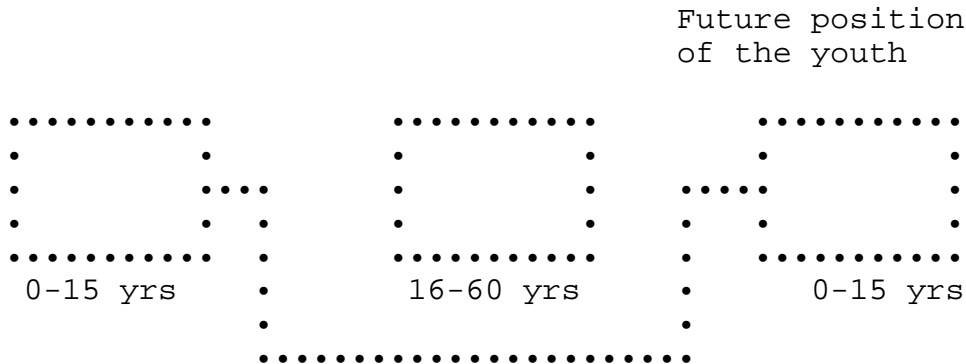


FIGURE 12: BYPASSING MANOEUVRE

Notes: The youthful generation is avoiding contact with the HIV infested adult generation. The adult generation will die a natural death, leaving the HIV free youthful generation to continue with its life.

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Law 3: All registered employers, government and nongovernmental institutions shall be prohibited by law to admit any person born on or after the 1st of January 1983, (or persons who are under the age

of 15 at the time of promulgation of the law) for employment or for the purpose of undergoing education or training of any nature without first passing an HIV test and, in the case of employers, in subsequent annual medical tests. Where such persons are found to be HIV positive as a result of their personal negligence, they shall be relieved of such studies or employment as the case maybe. Any employer or institution which fails to comply with the above requirement shall be liable to criminal prosecution.

Some contentious questions immediately come to mind: Will many people go into hiding or try to have others take the test for them? Will there be other ways for desperate people to seek to beat the system, and can Zimbabwe, or any other country, be effective in enforcing such a law? To answer these questions, let us examine, what constituent groups of people will be affected by

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these laws? First I am talking of drawing a line so that only those who would be 15 years and below as at the cutoff date will be affected. Of these people, not all of them will seek to avoid the law which is for their own good. In all societies, the majority of the people are expected to be law abiding citizens and perhaps only less than 10% can be indifferent to the law. Therefore, the less than 10% violations, can be treated in the same way as the other laws of the country are policed. No system can be perfect, so long as it advances the greater interests of the nation.

The employers and institutions which will be required by law not to admit violators should be looked at as interested parties. Any employer or institution wants to invest in people who still have some long life to live. This has a direct bearing on their current and future performance. HIV and AIDS has brought about many problems at the work place and I trust that employers will seize the opportunity to minimize their problems.

Enforcement is not to be misconstrued as harassment and interference in people's daily lives. Even this interference can be justified depending on how serious the matter at stake is. However, let us take the current laws of a citizen not being allowed to harbour, knowingly, such dangerous people as spies, saboteurs and assassins. The law is there, but nobody goes around inspecting people's homes for such criminal elements. The law comes into operation only when probably the saboteur has carried out his mission, and when in subsequent investigations, it is found that he was in fact wittingly given sanctuary by a citizen. A typical situation that may arise, is where a company may knowingly continue to employ an HIV positive person because he or she may be a relative of some important person. Unless someone reports, this may not be detected at all. However, if as a result of the protection given, this person went on to knowingly infect another person and

the matter was taken to the law enforcement agencies, the company or the official therein could be prosecuted if it can be proved that the company had protected the person. The important point is that companies should comply because it is good for them, and it is good for the nation to discourage others from compromising on efforts to eradicate HIV--the body of the person being the vessel that gives sanctuary to HIV.

To the extent that the testing programme succeeds, there will be many benefits for all. Under current HIV and AIDS conditions, companies and employer organizations have to constantly replace employees, leading to a loss of skills and effectiveness. The costs of training key personnel can be very high. The law will not only ensure the survival of the children but will bring stability within organizations. Skills can then be developed to the optimum and staff retained to make maximum use of the investment in training. Presently a person may be trained for four years only to serve for less than six years before he dies of AIDS. The country stands to benefit immensely from the effect of the measures as more and more

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people can be saved from HIV. Parents should find these measures relieving. Every day they instruct their children about the dangers of HIV, but they are never sure that the children listen to them. Taking measures that ensure offenders are dealt with immediately will serve as a useful deterrent. Parents can have a glimmer of hope that their children can live through the HIV-infested environment long after their deaths. The law should of course be complemented with parental guidance and intervention if at all HIV is to be annihilated.

Individuals stand to benefit. Not every child will be careless about HIV. Many are and will be innocent victims. They will be infected because they will have put their trust in a partner who has been careless about himself. Children who might otherwise fall prey to such partners need the option of knowing they have a definite way to stay safe from HIV. They will need to distinguish between responsible partners and irresponsible ones. These measures will clean up their environment and ensure that they can survive through a conscious effort for survival.

The law brings into play the political, social, and economic pressure that is needed to change behaviour. The true peer effect will be achieved. There will be more of the people testing HIV negative in the younger generation. A majority peer group will achieve the psychological pressure required to change behaviour for decades to come. Edward De Borno, a prominent thinker, illustrated in his book "The Atlas of Management Thinking", that change may be brought about by putting obstacles in the way of what was otherwise a popular choice so that what was unpopular becomes more

attractive. This compares very well with the economist's raising of import tariff rates in order to discourage imports on the domestic market. This is the effect that the strategy is intended to make.

SECURITY

I have earlier discussed the need to isolate the cause of an HIV infection so that the cause of future incidents of infection can be traced and remedies adopted. There have been many theories about the cause of HIV circulating officially and some unofficially. Among them, are the facts that HIV is spread through homosexuality, contaminated blood products, medical equipment, and deliberate spread as part of germ warfare. The allegations of deliberate spreading of the virus are disturbing, but cases like that cannot be isolated unless a high degree of attention is paid to each new infection that occurs. Under this system, I propose that each new case of HIV in the prescribed group be investigated. Instead of having a post-mortem, it would be better to trace the cause when the victim is still alive. Those responsible must be accounted for or if it is a faulty system then it must be corrected. Questions must be asked whether blood transfusion services were faulty, whether hospital equipment was contaminated or whether it is the fault of the victim? A process of discounting likely causes through

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investigation will enhance security. It will keep all involved under scrutiny, and possible sabotage can be isolated.

The question of a deliberate spread was mooted by a German Doctor in his book "AIDS, ORIGINS AND HEALING". I discussed this matter on the strategy part of this book. On the basis of current information (subject to a HIV free generation concept being verified) the heterosexual transmission theory seems, to me, very well supported by the demographic pattern of HIV. In any case, if we were to adopt Geisler's concept, his findings entail that we disarm our guard which we may do at our own peril. Therefore, in him, we may be seeing an angel of death who may be coming as an angel of light, but we lose no more in taking heed than in abandoning the measures we have taken and those suggested in this book. However, the importance of this statement is that security needs to be in place to ensure that the possibility of a viral attack by a hostile country is quickly detected. This can be achieved through improved management of each case of HIV. It does not help for Africans to concentrate on looking for others to blame for the virus. It will be effort wasted in starting a battle we can not win. Instead, there should be acceptance of the problem. All nations should be invited to offer assistance as it has been shown that the world is one interdependent society. Security should be a quiet internal concern.

THE PRINCIPLE OF THE FIRE GUARD

The strategic nature of the principle of the fire guard as an approach to solving the HIV and AIDS problem in Zimbabwe is manifest in my concept. The fire has been started off and is burning in a particular direction. Most people would try to put out the fire if they can. However, the clever man will have constructed a fire guard around his strategic installations just in case it is inextinguishable. When on this fateful day, the fire reaches his installations, it will die out on reaching the fire guard. HIV is like a fire that is uncontrollable. Scientists are trying to put it out before it destroys mankind completely. With each day that passes before finding a cure or vaccine, the distance covered by the virus increases. It may soon destroy our young generation unless we have cleared a fire guard around them. It is therefore wise and strategic to adopt the measures detailed in this book, just in case our scientists fail to come out with the cure for HIV and AIDS. The dead cannot be revived by man but the oppressed can be liberated when the situation allows.

THE PRINCIPLE OF AMPUTATION

In medical practice, it is recognized that when a disease has reached dangerous levels, and a further deterioration of the condition can lead to death, it is necessary to cut off some of the organs of the body in order to save vital parts from destruction. With HIV, the youth are the vital parts of the human society. Their

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destruction can spell disaster for mankind. The adults, who have already had their children, are the unessential parts. If society continues to protect the adult HIV population and allow it to be at liberty to infect the younger generations, then disaster is inevitable. Disaster can be averted by amputating the adult group from the rest of the society in as far as sexual relationships are concerned. This principle can and must be applied as a matter of urgency. Failure to do an amputation timely can lead to a state where the amputation can no longer save a patient. The idea is to take the right action at the correct time and place. Failure to do so will render the incision useless. I quote in here a statement by Dr Michael Merson, Chief of AIDS Control at the United States Centre for Disease Control at the close of the World AIDS Day Conference in Amsterdam, "The most pressing task is to protect the hundreds of millions of youngsters around the world now approaching the age of vulnerability to HIV"¹. (The Herald, Zimbabwe, 25 July 1992) This strategy aims to meet this task.

THE CONCEPT OF NOAH'S ARK

The black race faces the equivalent of the biblical great floods

that flooded the world. Noah, the faithful servant of God, was warned and asked to build an ark in advance. It was from this ark that he and his people survived the flood. Noah acted with faith to do this and thus preserved the seeds of a new generation of mankind today. However, in our case, people are not being called to act on faith. They should see the facts available as warning and build their own ark, through adopting a verification before sexual relations concept as an intermediate strategy towards our goal of returning to traditional morals. Those who jump on board this new ark, should survive and those who do not will perish. This is a possibility that is well supported by the trend of HIV today.

THE SOCIOLOGICAL VACCINE

The effectiveness of my strategy hinges upon "doing what the people do not want". This may sound naive but it is amazing how much of this principle is applied in everyday life to astonishing success. It is only because people do not recognize and understand how it benefits people. It may be said that a parent who whips his/her child when it steals jam from the freezer is simply doing what the child does not want. The child hates pain. He may not steal because his senses are coming to the defence of the bodily pain that can be inflicted on him. If the child had an alternative of eating the jam without attracting pain, he would resort to that alternative. The effect of the threat of pain is such that the child would obliviously forget about theft because of the fear of pain.

Some time in 1986, I was travelling to Gweru with two of my friends. One of my friends was driving, and I sat at the back seat reading a book. We had just passed Selous at about eight

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o'clock in the evening when suddenly I felt the heavy braking from my friend. My body was rammed into the rear of the front seats, and I heard a big bang. I closed my eyes as I felt my body spin with the car until we finally landed. It was certainly somewhere in the bush. Somehow I knew I was alive but confused. There was some silence. Everybody must have been assessing if he were alive or not. I was the first one to shout. "Guys are you alright!" I was relieved when both took their turns to announce good news. We were all in a state of shock as we came out of the car, hardly able to look at the situation. Lucky enough it had been a near head-on collision. The car had brushed into the shoulder of another truck driven by a drunken salesman from his rural sales trip. Before we knew what was happening, a burly white man clamoured towards us and said, "Hey, why are you parking in the bush?" I looked back at our car. It was way off the road with its headlights still at full beam flashing into the bush. Any person in his senses should surely have seen that we had an accident. I looked at him with absolute anger but failed to say a word. I sobered up and laughed. I realized the

man had shaken me out of my shock. Instead of being angry I was grateful. He had applied some kind of therapy that was amazing. He had done just what I did not like, and for a moment I forgot about the accident. It did help get me into my senses.

The above are simple life examples of the principle of "doing what the people do not like" in operation. It is interesting to examine its scientific application as in the case of a vaccine. There is a strong relationship between this principle and the proposals I make. Let me share with you the Encyclopedia Britannica's definition and function of a vaccine. Vaccine: "suspension of either weakened or killed microorganisms that is capable of causing antibody production against an infectious microorganism when artificially introduced into the body, thereby conferring immunity from a subsequent infection of that microorganism. Once stimulated by a vaccine, the antibody-producing cells of the body remain sensitized to the infectious agent and respond to the infection by producing more antibodies, thus re-instituting the immune response. Vaccines may be produced from both bacteria and viruses, although they have been most effective in preventing viral diseases".

The concept of a virus is "doing what the body does not want". The introduction of a weakened or killed microorganism stimulates the production of antibodies to fight that microorganism. That means that the body does not welcome the weakened virus. The immunity that comes is a by product of the body's fight against the weakened virus. The object of a vaccine is to provoke resentment by introducing an unfavourable phenomenon, the response to which will produce a benefit as a by product. A social vaccine is what I propose. It may be said that people do not want to be exposed and stigmatized when HIV positive. The threat of or the introduction of measures that will indeed expose and condemn those who shall contract HIV, in disobedience, will cause people to take action not to be condemned. Thus the only way not to be condemned shall be one

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of not getting infected. The avoidance of infection shall be, not because the person does not like to enjoy sex without inconvenience, but because he or she hates condemnation and stigmatization. Thus his or her fear of stigmatization will ensure that his or her senses remain sensitized and charged to resist the temptation to be careless--the scientific concept of a vaccine.

THE HARMONY WITH TRADITIONAL PRACTICE

I must mention here that my thoughts on this subject have been put together over the last seven years. For most of this period I had a kind of mechanical answer to the HIV and AIDS problem. In my mind, I saw the concept of a Virus Safe Club as a starting point in the battle against HIV and AIDS. I saw the club starting with very

few people who believe in verification before sexual relations. Then as HIV ran havoc among non-members of the club, the non-members would finally start to come to the Virus Safe Club. The non-club members will have lived in darkness but the light of the Virus Safe Clubs will have triumphed.

As my thinking progressed, and as I meditated over the problem, I realized that the mechanical concept I was promoting was no more than the traditional practice of arranged marriages. Custom has it that, in the past, young men and women did not have sexual relations before marriage. The process of finding a partner was often a parental problem. The parents identified a suitable man or woman. They examined her behaviour, the family background and work ethics. In general, the parents looked for qualities they valued most and identified the bad qualities before taking a decision. Once they had identified the person who met their criteria, whether their criteria was materially motivated or not, they matched the children for marriage.

The significance of the process is that, tradition gave parents the opportunity to eliminate the potentially dangerous aspects of a relationship before the couple had established an emotional relationship. This ensured that marriages were going to be stable and matched people of similar values. There have been cases where some families could not be married into because they practiced witchcraft or because there were too many deaths in the family attributable to avenging spirits. Whatever disease that was being demonized as an avenging spirit was in fact prevented from spreading into other families.

The opportunity to intervene before a relationship is paramount. There is nothing wrong in parents going back to the past and using this practice for the benefit of their children. There is now a new and challenging social ill, HIV, that necessitates that an anti-virus scan be done first before children fall in love with each other. This is by far a better life insurance one can take for his or her beloved child.

One may question why, in the first place, did we run away from such a good tradition. Well, nature is proving that man is not smarter than the laws and practices set up from the beginning. Man's desire for independence from God and tradition, led him into breaking the code of conduct laid down from the beginning by his forefathers, supposedly as a result of being primitive. Now this primitivity is proving to be superior technology that should be tapped by mankind today. Is it not possible that our good tradition was born out of some necessity that we do not know about? Well, I believe that our forefathers were either smart enough to have foreseen the danger of

freedom and independence of the child or must have developed this practice out of and experience of the social ills that accompany the independence and rebellion of children.

Figure 13 shows present-day lay-man's perspective of technology. Many people I have met have always thought that we look for technology in front of us. We often refer to the term "technological advancement" and see those nations technologically advanced as being able to retrieve knowhow from outer space. As a result we see ourselves focussing our minds in search of solutions by making the journey into the future. Such a journey is undertaken by imagination, but one seldom gets there. Our search for solutions therefore resembles a man who sits on a hill and quietly looks into the future for answers. The extensive use of spirit mediums and fortune tellers in Africa, gives us the illusion that the future flows from a forward vision when in fact predictions flow from the past and present.

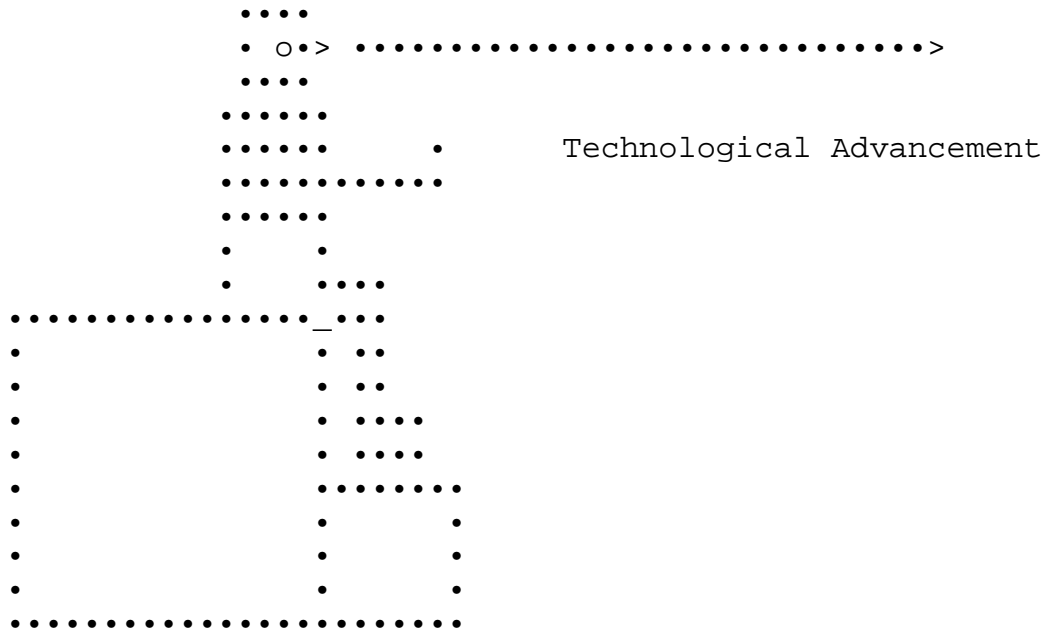


FIGURE 13: MAN'S TECHNOLOGY PERSPECTIVE

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The truth is that people like that can never find the answer. They are looking into nothing. When our rural folk looked at the superficial frame of an aircraft, they wondered how possibly someone could have made it. They could not have the answer. They just resigned and concluded that the white man is awfully clever. Today's children can simply be bogged down in superficial

information. I saw the difference between a young man who could tell you the name of every button on a modern radio and a young man who could not even touch one button but knew the principles on which the radio worked. His peers generally regarded him as foolish whilst the other was regarded as clever. This understanding is incorrect, but unfortunately that is the way people see things.

Scientific research involves going back to the basic issues. It means going back to the past. What we see is the complex, and what we do not see are the basics. It is knowing the basics which enables us to understand complex issues. For example, everybody knows the human body and can describe it, and yet those who are technologically advanced inquire into the past of human beings. The inquiry involves finding out the composition of human cells, and only the best know the origin and creation of life. Thus it can be said that those who know God are the most technologically advanced because the best inquiry into the past leads to the creation of life and the world.

I mention this because it is important for man to understand that life's answers are found from the past or from digging into primitivity. The past is "matter" as God created it. He created everything perfectly. He laid down perfect rules which form the laws of matter, and he gave man perfect rules of conduct. In moving out of the traditions, man looked ahead for the attractions of life in freedom from the rules of the creator. Given the striking bias towards the past my solution for HIV has shown, we can conclude that Africa is being compelled, by its new situation, to go back to nature. Any car or equipment is given operating parameters by the manufacturer. If a user ignored the parameters and found himself in trouble he has got only himself to blame. Today, the HIV problem in Africa is such that the black man has no choice but to go back to the basics as laid down by the manufacturer... God. This may involve a process of back-tracking. In back-tracking to the shortest possible visions, we find ourselves confronted with the traditions which in the past seemed so primitive, and yet they are the key to successful HIV and AIDS prevention strategies.

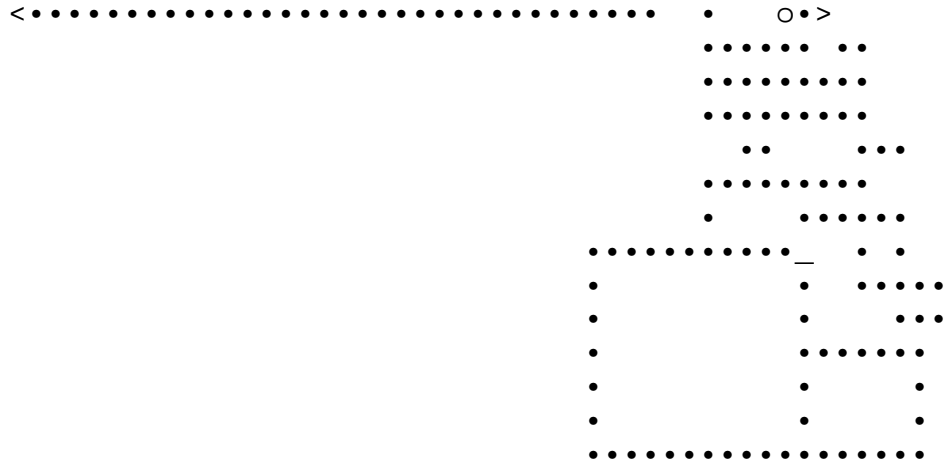


FIGURE 14: THE TRUE TECHNOLOGY PERSPECTIVE

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THE HARMONY WITH GOD'S PURPOSE

Whilst going through my thinking one day, the words that my pastor once said rang through my mind, "God works every thing for his purpose". I then looked through my Bible in search of this statement, and in Proverbs 19:21 I found it; "Many are the plans in a man's heart but it is the LORD's purpose that prevails". I had been worried about my chances of pushing through my new found concept against the resistance that I had met from people who seemed more ready to dismiss me than they were to listen to what I had to say. I had earlier decided I should give up and let others do it. But then I kept asking myself, " Who are the others, am I not one of others?" Then I remembered the full church sermon that we had. We had been told that God is very kind. He laid down his laws to mankind. These laws are meant to enhance their well being and not to destroy them or punish them. They are purposeful. It was said, all the sexual perversion and homosexuality God detests but he allowed those disobedient to be swallowed up in this sin. He could have fought them if he wanted to but he laid down his law and sat back looking for obedient and faithful ones. It is true today, that many people have disobeyed God and allowed sexual immorality to be their way of life.

The question that kept coming to me then was if God works every thing for his purpose, why should he bless us with a cure or a vaccine? If we got the cure or a vaccine what do we want to do after that? Obviously we need a vaccine or a cure so that we can perpetuate sexual immorality. For Christians how dare we raise a prayer to God and say "God, give us a cure for AIDS so that we may continue to disobey you". Surely God has no moral obligation to hear our prayers. Instead mankind should go back to God and confess

that he thought he was clever enough to go his own way. He should go back into the fold of God's laws to be saved--go back to the manufacturer's manual.

Based on this analogy, I believe that the cure for HIV and AIDS is not going to come from God, because I do not see how he can approve its purpose. God has already given mankind, an HIV test so that he may use this as a vehicle for a return journey to the old practice: select a partner with the help of your parents, screen all the ill's and remain faithful to him or her. That is God's purpose and no other. Is it therefore not true that the HIV management system being advocated is in agreement with God's purpose? This system will restore the discipline of obedience. Discipline alone can save people from HIV, and only the people themselves must impose this discipline on each other. God is not going to enforce it. He has told you the consequences of disobedience--disease and death. If you can see them, then know you are disobedient.

RELIGIOUS POLITICS

For a long time during the development of this book, I have held the view that HIV represented the highest point of the struggle between the forces of good and the forces of evil. The battle lines being drawn largely between God on one side and satan on the other. The ideological contention being that God requires a people governed by his law and that satan requires a people that opposes God's law. The foundation of this struggle is found in Genesis 2:15-17 that instructed that if man ate from the tree of knowledge of good and bad he "shall surely die". In the same book satan opposes this view and influences Eve. I thought the cure solutions were one way immorality would be entrenched in the world whilst the failure to come out with a cure would place man in a situation where he had no choice but to revert to God's moral standards as a means of survival. I thought God's hand was about to deliver his people from satan's hold. Indeed, necessity has been known to be the mother of invention. The product of a lack of a cure or vaccine is definitely bound to be a human being of the character required by God.

This thought was strong because I sincerely believed that the problem of HIV and AIDS was truly an all race problem. But, as has been shown earlier, it is unlikely that God has singled out the black race for his wrath, leaving the white world significantly intact. Whilst I cannot read God's mind, I call for caution in drawing quick conclusions to surrender the problem to divinity and conversely continue to treat this problem as an earthly one. However, if Africans were capable of taking heed and retrace their

steps back to the law of God, then we may conclude that God's purpose has been to reveal the superiority of his law over any other divine beliefs held by Africans. If this view is taken, then God is showing favour for blacks as a people his eyes are on. For

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he said, "I sent plagues among you as I did to Egypt yet you have not returned to me". (Amos 4:10) What ever the truth is, an earthly solution being imposed upon us by the sheer force of the situation is, by coincidence, meeting the divine purpose of God Almighty. By default we can therefore conclude that God requires earthly action in order for his purpose to be fulfilled. On the contrary inaction results in destruction of the African race and does not bring glory to God.

There are other views from other Christians I have talked to. These relegate any human efforts for HIV prevention to a futile exercise. Many believe that God shall resolve the problem at his own time and some have even questioned my attempts. My conviction on these points of view is that God prompts but people act. Through out history it was found that God's people had to act and not be passive. Even the Son of God himself had to walk every inch of his journeys on earth. Who are we to think that this problem will be resolved without human effort.

Other Christians have the idea that those who are dying from HIV are sinful so they should be left to die for their choices. This is an erroneous view. All nations fall short of God's moral standards but judgement, if we believe so, is on the black race. This can confuse the concept of God's justice unless we see the purpose, one of being remoulded into his moral people. A thought that came to me is, "man has been friends with sin for a long time. Then in these days man and sin has started to fight. And then I saw sin killing man in every fight. Then I said, must I intervene in the fight of sinners? Then I thought its none of my business. But I realised that the winner was sin. And I said to myself, if I helped the sinful man to kill sin, who will win? And I saw a sinful man kill sin. And the man became a man without sin and the winner was God". I was convinced that a stand off brings no success to a Christian.

HUMILITY IS CALLED FOR

"For whoever exalts himself will be humbled, and whoever humbles himself will be exalted" said the Lord Jesus. (Mathew 23:12)

One of the biggest stumbling blocks to fighting HIV is the apparent reluctance by governments to discuss the seriousness of HIV. Until 1996, politicians were hardly heard leading their people to fight against HIV. There seemed to be a quiet resentment for public

disclosure of the true extent of the problem. The problem obviously seems to be the trappings of misinformation which has induced a sense of guilt in Africans. I wonder whether the new truths will free us from this bondage of fear of stigmatisation. Even if there was something to feel guilty about there is a need to swallow our pride and speak out.

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Lack of disclosure of the truth means that we are still at the denial stage as a nation. We are therefore not in a position to look at the problem objectively. It is better for us to humble ourselves and shout from the hills that the problem of HIV is serious. There is not one blame that can be attached to Africans. African nations that humble themselves can be set on a path to solve the problem, and those that elevate themselves will remain on the path to destruction. The resistance to declare HIV a national disaster is an example of how nations have been bound by fear. However if we do not humble ourselves HIV will do it, and it will surely deliver a final blow on our people. The biblical teaching of humility is living up to its true meaning. No amount of cover-up can stop the inevitable from happening. The more the people are afraid of being stigmatized the more they hide away the solutions. Solving a problem involves first depicting the truth lest people provide solutions for the wrong problems.

THERE IS LIFE AFTER HIV

In October 1995 I visited the USA on a holiday/research tour. My visit to this country coincided with serious racial strife taking place in the country. The OJ Simpson trial and the rise of Louis Farrakhan to a black leadership profile helped fan the racial tension. The racial debate was intense, and it was difficult for me not to find myself joining the debate with some of my black and white friends there. It was clear though that all Americans considered the racial issue as serious and wanted an end to it.

Next on 16 October 1995 came the Million Man March. I went to witness the March just to find out what our fellow blacks had in mind. It turned out that it was one of the most emotional events in my life. To see a million black men gather from all over USA and spend the whole day standing and eagerly paying attention to the tirades of speech after speech meant that there was a very serious problem they were out to cure. None of them hated the other. None drank or were disorderly. None messed the place around, and I guess even thieves took a day off that day. There was not a social complaint. There was a dissatisfaction with their community as blacks and they set out to heal themselves. They were tired of seeing their people killing each other. They were fed up with

broken homes, drug trafficking, social ills of all kinds and worst of all the label attached to them--lazy, incompetent and needing affirmative action to survive. Their spirits were in turmoil and appeared to be wondering whether they should have shared this planet with the rest of the races.

I also carried with me the memories of Zimbabwe and Africa as a whole. The violence, crime, HIV, diseases, droughts and economic hardships. I wondered whether God ever needed us in the first place. Perhaps if we were born as dogs, cattle or horses we would not have a basis to feel unfairly treated among humans. We could have accepted our difference with other species. But surely the

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colour difference should not mean that all the world's social ills should go where our colour is. Would it not have been more satisfying if racism hated the black colour were there at least a single black nation that is as socially and economically organized as Japan or even as any of the industrialized nations? I prayed, "God, is this your plan for the black man? Is this what you have always wanted him to be?" In a few days that followed I was to get the consolation, and here it is.

"Out of the ashes of HIV destruction, can rise a nation that will be respected by other nations".

The black American circumstances serves only as an example of how a people can come together in recognition of a common problem. It also shows an example of the public humility that is needed to combat HIV. Will there be anything to be salvaged from a protracted war with HIV? I believe the answer is yes. History has shown some benefits of a war. There will be of course the advantage of victory against HIV which will see an end to the death of our people. There will be the unifying effect of a common struggle. However it is the method of resolving the HIV problem that could give rise to a new nation. If there was to be a cure for HIV and AIDS today, it is highly unlikely that human behaviour would shift from the present mark. If the HIV problem will be resolved by the methods I recommend, there will be a permanent change in the behaviour of our people. As can be seen the situation compels us to do the things we do not want to do. We must do this for survival. The measures I recommend are not fun and thus its a call for personal discipline. In applying discipline, it starts as external discipline which has to be enforced by law. To those who are born in this system it becomes internal discipline which will develop into the imprints of a national character. With time this character will develop into a national custom which will need not be enforced. Earlier, I gave an example of China's one child policy and Singapore's anti-litter laws. These are perfect examples of how external discipline transforms into internal discipline and eventually into national

custom. During introduction of the measures, they were preceded with resistance and had to be enforced. Today these nations have embraced these measures to the extent that were they to be forced to go back to the old practices they would resist them too.

With this scenario, I perceive that the measures recommended will represent a fundamental cultural change. It will require that people take an HIV test before they have even agreed to a relationship. It will require faithful relationships. The African's expectations from life will change completely. The motive for work will change. Survivability to HIV shall be determined by the level of individual discipline. Throughout history, the discipline of a nation is strength. These will accrue to our nation should we decide to sacrifice ourselves.

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The major question is whether we are ready to confront HIV at all costs? Costs, meaning "the loss of our life styles". The readiness of a nation to fight HIV is partly a government readiness and partly a mental condition in the people themselves. The trend appears to be that, in industrialized countries, governments, through experiences learnt from around the world, are ready to take on HIV at the light treatment they give it. In the developing countries in Africa, it is the people who are more psychologically prepared to sacrifice than are governments. Even though governments trade the path of a wait and see attitude, this too amounts to a decision and will not exonerate them from responsibility. It may be said that deaths in serious proportions is the best stimuli, or is the firewood necessary to cook world leaders into submission to the HIV problem. Unfortunately the "cooking period" allows a window period during which infections continue unabated. In Zimbabwe and elsewhere in Africa, it is now a matter of how many HIV victims' bodies are needed for the alarm bells to be sounded and for people to start making the sacrifices.

SEIZING AND NOT SEIZING THE OPPORTUNITY

HIV has already mauled half of our adult population and more are being attacked every day. HIV is also mauling 30 percent of the new born infants of our population. By virtue of the laws of nature and at current effectiveness of intervention strategies, HIV will increase in adults from 50% to 60%; 70% and so on. The rate of newly born infected will increase from the present 30% to 40%; 50% and so on. Nobody knows how it will end but by observing the law of nature I can predict extinction of the nation.

There are still the youth group which is still HIV free. It will grow into adulthood and get infected. This group needs to be

protected and used as national seed before the nation has none of the HIV free group. We have no choice. The opportunity is NOW.

If the opportunity is ceased there is hope in the country of Zimbabwe. There will be some people to continue to hold the ground. Our people will continue to exist as a nation. If the opportunity is not seized there is a real chance that the white race will be in existence when the black race has been depleted to an insignificant population in the world. The choice is ours.

It follows that Zimbabwe and other African countries, which are at the forefront, should seize the opportunity of surviving before it is too late. A seized opportunity carries with it the likely benefits of survival and social stability which are necessary to maintain the status quo.

There is always the crisis of starters. Traditionally revolutionary ideas have flowed from the west. Will Africans, break with tradition and take their own initiative? Among African countries there is a sense in which the countries that take the early

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initiative will benefit ahead of others. This situation can be looked at in the following scenario. There are many herdsmen, each of them with a different size of herd. The herds have been kept wild for some time, and they have started developing various tick and other diseases. The herdsmen had been told, in the past, that in order to keep their cattle healthy, they must regularly dip them in water mixed with chemicals. The herdsmen have all along refused dipping their cattle, citing the fact that the herds are big and there are so many problems in forcing them into the dip tank. (Cattle surely resist going through the dip as most people who have herded cattle know.) One small herdsman, fearing the inevitable death of his cattle, decides to endure the hassle of dipping his cattle. He struggles with the effort, but eventually succeeds to dip all his cattle. His cattle did what they did not want, they got wet, they shrugged off the wet chemicals. Soon the sunshine dried them up, the ticks were dead and diseases no more. Dipping cattle became his way of life, and his cattle multiplied. The other herdsmen witnessed their cattle die one by one until they had only a few left. They were hurt by the decline in their fortunes and eventually remembered what the wise herdsman had done. He was dipping his cattle. They adopted dipping of their cattle. They succeeded to salvage the few cattle they had left. They however had become the little herdsman with a few cows whilst the little herdsman's cows had multiplied so much during the indecision window period of the other herdsmen that there was no way they could ever catch up with the size of his herd.

In the same way, it is important to note that there is a message

for every black nation. The nation of Zimbabwe, which is now one of the worst affected by HIV, should fear more than others the possible slide to the point of no return. Other less affected nations should know that the character of HIV is such that they will follow the foot steps of the worst affected nations. A timely interception of the problem is when a cure, vaccine or the solution prescribed in this book is introduced before the point of no return is reached.

Therefore, there is the hope that the HIV leading nations of Africa can actually turn this disadvantage into an advantage by seizing the opportunity to save themselves and take over leadership of their social and economic well being. At the same time, the less affected nations will need to find ways of preventing themselves from declining to HIV levels experienced in leading countries if they are to avoid a colossal social and economic collapse. The turning point has to come out of the sacrifice of sufficiently cooked minds, so that discipline and hard work will be inculcated into the character of the people. In other words, suffering is necessary for this new culture to emerge. A mechanical solution without the suffering needed to be experienced will not inculcate discipline. Could anyone continue to think that it is God's plan that the black race finds itself at the worst of all situations? Zimbabwe needs to have the courage to shoulder the challenge of

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being at the forefront of the battle against HIV. Her fortunes rest squarely on how well she manages the current HIV crisis.

THE LEADERSHIP CHALLENGE

Finally this book would not be complete without devoting a section of it to the leaders who ought to captain the ship through the stormy waters of HIV and AIDS. The challenge for leaders is for triumph. It will for leadership history if this situation was reduced to the mere actions of moaning and burying the dead. Leaders will need to take unpopular decisions for the good of the people. They should neither be trapped by the desire to win elections nor the desire to be fashionable and pleasing to the outside world.

In Africa there is a historical precedent that has haunted Africans. There have been cases of families that were attacked by avenging spirits. In many of the cases known, a common pattern of indecisiveness developed. The situation was that in traditional custom if a person murdered another person, the murdered person's spirit would come to avenge in the murderer's family. Events would start with the death of one child and, the family would consult spirits who would tell the cause and the price to be paid for appeasement. The price usually was the presentation of one's lovely

daughter and a herd of cattle to the family of the murdered person. Naturally parents did not appreciate giving away their children to those arrangements. As a result, there were occasions when whole families died before the father would agree to pay the price. In the end the father reluctantly agreed to hand over a girl, to the successful resolution of the matter.

The challenge is then, why did he agree only after the whole family was wiped out? Could he not have been wiser had he paid the price before the deaths of his family members. Is this the kind of victory that can be celebrated, to win with so much loss when he could have won with little loss? In deed this is the challenge leaders in Zimbabwe and Africa face in the HIV and AIDS situation today. Can they agree to pay the price now when it seems little than postpone the payment of the price which a worse situation will ultimately force them to pay? This price is the curtailment of civil liberties at the risk of losing their seats in government. Whether or not they will break with tradition and make the right choices will be a matter for history.

The major question would be are any of these suggestions be applied practically to human beings or this may only be a fairy tale? In the early discussion I have cited Singapore and its Anti-litter laws and China and its one child policy. The Singapore example can be condemned as an example of unnecessary use of force. China uses force to suppress a right but perhaps to serve a situation that could get out of hand. Justification or no justification there is evidence of practical application by a resolute state machinery.

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Closer to the issue of HIV and AIDS we have the example of Cuba which has had a successful mandatory AIDS testing policy². If another nation less threatened than ours can do it there is no reason why the question of practicality can arise. It is only a matter of vision and making the choices.

THE LAST STAND

In this discussion I have shown the importance of matching solutions to an accurate diagnosis. I have revealed how flawed the Zimbabwean HIV prevention strategy is in erroneously copying strategies designed to cope with a different HIV problem. I have singled out the incapacitating nature of stigmatization and human rights and how badly Africans need to be exorcised from these ill conceived perceptions. I also reveal how the threat is serious and differs from that pertaining to the white race and have challenged the vigilance of those of our medical experts who ought to have protected the nation from false information. The time has come for Zimbabwe to seize the window of opportunity to turn around the HIV situation before it slides to the point of no return. In the

absence of a cure or a vaccine, I have made suggestions of a two pronged strategy; Firstly and most important I recommend a return to high morals of our past and the legal and social methods of getting there as the best way to ensure that HIV is annihilated permanently, and secondly, parallel to this strategy is the need to adopt an intermediate strategy, which is, a testing-before-relations concept in order to ensure that those who go back to high morals do not fall victim by "zero-grazing" on an already HIV positive person.

I have described the high HIV positive rate and how it increases the turnover of HIV infection. I have exposed the limitations of the use of the condom and sticking to one partner. I have also exposed the limitations of a persuasive approach to changing behaviour. I have attempted to show how a solution could be timely and how it can be belated. Zimbabwe and indeed other countries hang on a dangerously weak rope. Only a strategic defensive initiative seems to be the wise solution to take. The possibility of a cure or a vaccine being found is highly unlikely. Hence it is important that a stand be taken up now as the last line of defence. The only such stand is the adoption of my two pronged strategy supported by the appropriate legal and psychological pressures to enforce it. I have also detailed how the process of behaviour change should not only be mechanical and temporary but be absorbed into a permanent tradition of faithfulness. I have also highlighted the merits and rewards of adopting such measures. I pray that these ideas be given serious consideration and discussion at a national level. Whatever decisions taken should be the best for the people. The concept I have proposed is not born out of a prophecy. It is derived from trends the HIV is taking. The world should adopt a social vaccine in order to reverse the invasion by HIV. In the absence of a cure or a vaccine, the suggestions made in this book represent, to Africans, "THE LAST STAND" against HIV and AIDS.

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NOTES ON PART V

1. *The Zimbabwe Herald Newspaper, of 25 July 1992.*

2. *The Zimbabwe Herald Newspaper of 3 July 1996 carried a story by Lucien Chauvin from Havana entitled "Cuba Softens AIDS Policy". Though the report was clearly against Cuba's policy, to anyone who can read the small print, two clear messages emerged; that Cuba was successful, "Levels of HIV infection are significantly lower in Cuba than in other Caribbean countries. In the past 10 years, the Cuban government has administered nearly 20 million HIV tests--roughly two tests per inhabitant--detecting 1197 cases of the virus. This figure compares favourably with nearby Haiti and the Dominican Republic where estimated numbers are 30000 and 70000 respectively"; and that humane treatment was accorded to nationals who fell victim as evidenced by victim Infante's testimony, "Infante said his experience in the sanitarium was not so bad and that he will return when he finally gets sick and doesn't feel he can care for himself any longer".*

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