AIDS epidemic moves south through Africa

Ed Hooper

AIDS HAS spread south from East Africa to Zimbabwe. At the start of May, the country's health ministry announced that Zimbabwe now had 2375 confirmed cases of full-blown AIDS—three times the official total nine months before. President Robert Mugabe said in his independence day speech that AIDS has become one of the country's five major problems. He appointed a known advocate of safer sex, Timothy Stamps, as Minister of Health.

Truck drivers have helped to spread the disease through the continent. Three years ago, an unpublished survey of 300 bar girls living along the two main arterial routes between Zambia and Zimbabwe found that some 70 per cent were HIV-positive.

The level is similar to that for groups of prostitutes and bar girls tested in Uganda, Rwanda and Kenya at around the same period. Between 67 per cent and 90 per cent of them were found to have the virus.

Even more alarming are the figures for Zimbabwe's first-time blood donors, some 7 per cent of whom tested HIV-positive during the first months of 1990. Over half the donors were teenage high-school students, hardly any of whom were infected. Among the rest—the first-time donor adults, most of whom were factory workers—about 15 per cent were infected.

Each donor was first examined by a nurse, counselled, and then made to sign a form that sought to discourage donations from those who have had many sexual partners. This suggests that HIV-prevalence, at least among urban adults, may exceed 15 per cent.

Other statistics from around the region are just as alarming. A source in Zimbabwe's health service says that recent tests on adults in the Zambian capital, Lusaka, found 32 per cent to be infected. Extrapolations made by a consultant epidemiologist from Malawian survey data indicate that 17 per cent of sexually active adults in the country's rural areas, and 19 per cent of those in towns, have HIV. The long-running civil war has prevented widespread data collection in Mozambique, but last year 10 per cent of adults sampled at random in the Beira corridor, and 24 per cent of a small group of newly returned refugees, were discovered to be carrying the virus.

Such figures are ominously similar to those in Uganda, where a national survey carried out in late 1987 and early 1988 found that nearly 800 000 people (including 12 per cent of the rural adults in one region, and 29 per cent of the urban adults in another) were HIV-positive. Last year the Ugandan government estimated that one million people, or 6 per cent of the total population, had already been infected with HIV.

The similarity ends here, however. Uganda currently reports 12 444 such cases—or nearly three times as many per capita as Zimbabwe. All this would suggest that HIV began to infect people in Uganda in large numbers some years before it did in Zimbabwe.

The apparent sharp increase in cases of AIDS in Zimbabwe is partly the result of an earlier cover-up. In 1988, Zimbabwe became the first country in the world to downgrade its total of AIDS cases—as officially reported to the WHO—from 380 to 119, because only the latter number had been subjected to three separate confirmatory tests for the causative virus, HIV. In itself, the incident was trivial, but it typified Zimbabwe's public response to HIV and AIDS during the past two years, when the health minister was an army brigadier.

Over the past eight months, Zimbabwe seems to have embraced a far more candid approach. First came the decision to allow doctors to inform patients about their HIV status; then came official permission for "AIDS" to be entered as cause of death on death certificates.

The new atmosphere has allowed much more material about AIDS to appear in the Zimbabwean press, but not all of it has been constructive. An example was the advertisement placed by the ruling political party, ZANU-PF, during the recent election campaign, which baldly equated the major opposition party, ZUM, with AIDS.

Many epidemiologists believe that the reason for HIV's rapid spread in southern Africa—both from country to country, and from town to countryside—is that the transport network is better developed than in east Africa, allowing both humans beings and the human immunodeficiency virus to move about more easily.

In many ways, Zimbabwe has responded energetically to the threat posed by AIDS. A well-developed health service, and an excellent blood transfusion service (only the third in the world to start screening blood for HIV nationally) ensure that few people are infected through unsterilised needles or contaminated blood transfusions.

Meanwhile, the national AIDS control programme (with a projected 1990 budget of £3·3 million) does its best to reduce sexual transmission by mounting health education campaigns in the media, distributing pamphlets written in Zimbabwe's three local languages, and undertaking education programmes among groups such as prostitutes and truckers. This year alone, the programme expects to distribute 26 million condoms.

Despite the education campaign, few people understand the risks of unprotected sex. "Charles" is a 27-year-old health worker who, in late 1988, recognised that his persistent symptoms were indicative of immune suppression, and who volunteered himself for an HIV test. He was found to be seropositive, as was his wife. Their first child died a few days after birth, although their second has tested HIV-negative.

Charles is angry with the health ministry for its former lack of candour about the epidemic. "They were actually frightening people rather than informing them. There was a poster saying 'AIDS Kills', but there was no real information about what happens—not enough about what the virus does, and how it is caught. The [health education] campaign was only emphasising that women can pass the virus: nothing was said about men giving it to women," he said.

Stamps, Zimbabwe's newly appointed health minister, admits that he is far from satisfied with the level of awareness about HIV and AIDS in the country. "The amount of work that needs to be done is pretty immense. Sexual attitudes are not really changing . . . We have to establish mutually faithful life-long marriage as the norm. Unless we can, any other [advice] like 'choose your partner carefully', or 'put a condom on', is not going to reduce the tremendous number of people who are joining the HIV-infection lists." □