

## **Zimbabweans' Desperate Quest for AIDS Drugs**

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Many suffering AIDS-related illnesses have lost hope of receiving anti-retroviral drug treatment. Mary (not her real name), 27, from Kuwadzana, Harare's high-density suburb, is a pitiful sight: her thinning grey hair looks lifeless as she huddles under a green blanket in her bedroom.

She lets out a long moan and, with tears running down her cheeks, looks searchingly at the faces around her for answers as to why, six months after she registered for the roll-out of the government's anti-retroviral drug, ARV, programme, she has still not been given the life-prolonging drugs.

Around the world today people infected with HIV can count on living longer and feeling better, thanks to the advent of ARVs. But in Zimbabwe many of those infected with HIV and suffering from AIDS-related illnesses have lost hope of ever accessing these drugs.

Mary tested HIV-positive nine months ago when her health started deteriorating. She was referred to an Opportunistic Infection, OI, clinic for registration on the government's ARV programme. Harare residents can visit clinics at Parirenyatwa, Harare Central or Beatrice Road Infectious Diseases hospitals.

Zimbabwe started rolling out drugs at its OI clinics four years ago, but the programme had largely been confined to urban areas. Harare, the capital, has just three of these clinics, while its dormitory town of Chitungwiza has one. The second city of Bulawayo has four.

With her elderly mother by her side, Mary endured the long winding queues at the clinic at Parirenyatwa Hospital for registration, a process that can take up to two months. The next step is to establish one's CD4 count before being put onto ARVs.

When Mary was finally registered, she was hopeful that finally she would be able to start treatment. But this was not to be, as the machine to determine her CD4 count machine was broken every time she visited the clinic. The medical staff at the clinic then advised her to go to a private medical practitioner for her CD4 count - but she could not afford the service.

Now, what Mary wants the most is a hand to hold on to, a promise that she will not have to bear too great a suffering and that she will not have to die alone.

If she had managed to establish her CD4 count, she would have had to pay a small sum for a month's supply of antiretroviral drugs - that is, if they were in stock at the clinic. But now, all hope for treatment has been drained out of her and she awaits her death.

Another option for Mary, which some people in Harare are taking, would have been to travel to a clinic in the countryside. Most Hararians go to Karanda Mission Hospital 16 km away in Mt Darwin, where the process is faster and where most, if not all, ARV combinations are readily available.

Francesca Benza of the Zimbabwe Aids Network said some people were now traveling hundreds of km to

mission hospitals to get ARV treatment. The flood of Harare residents to these areas means that local residents can miss out, however, she said.

A counselor at the The Centre, which is a non-governmental organisation in Harare that counsels infected people and offers training on long-term survival and coping mechanisms, stress management and ways to reduce the spread of HIV, said some ARV combinations were not readily available at the government clinics.

These include the first-line combinations, which at private pharmacies cost between 400,000 and 500,000 Zimbabwe dollars (20 to 25 US dollars on the black market) for a month's supply and other more expensive combinations, which cost three to four times as much, also for a month's supply.

"There are an estimated 40,000 people currently receiving anti-retroviral treatment at the OI clinics. This is far less than the number of people in need of treatment," said the counselor.

"These people have to buy those drugs from pharmacies and they are very expensive. How many people can afford a minimum of between 400,000 and 500,000 Zimbabwe dollars for a month's supply and three to four times that amount for the more expensive combinations?"

"Some are dying because they cannot have their CD4 count done because the machines are always broken. And when the drugs are not available at the government clinics, those without money are dying because they cannot afford to buy elsewhere."

The counselor said clinic staff sometimes had to watch helplessly when people reacted negatively to certain first-line drug combinations because second or third-line combinations were not readily available.

While the counselor believes that there are about 500,000 people in urgent need of ARVs, Zimbabwe Aids Network estimates the figure to be closer to 800,000.

A general manager at one of the major pharmaceutical companies told IWPR that their biggest problem is a lack of foreign currency to import raw materials to produce the life-prolonging medication.

He said despite promises by the Reserve Bank of Zimbabwe to provide foreign currency for this purpose, nothing has been given to procure the raw materials.

"The promise has been in the press only. Nothing has ever been given by the Reserve Bank of Zimbabwe. We decided that it is a disease affecting almost everyone and it is a disease affecting the poor the most because they cannot afford the drugs. So we are manufacturing the drugs, not at a profit because it is a sensitive issue," he said.

Despite the government's introduction of ARVs four years ago to contain HIV in those infected, thousands of people are still dying of AIDS-related illnesses and hospitals countrywide are struggling to deal with the growing number of victims.

Poverty, malnutrition and people on the move are exacerbating the crisis. Allegations of corruption around the procurement of ARVs are also rife. There have been reports of HIV-positive ZANU-PF officials receiving preferential treatment at public clinics and siphoning off drugs meant for public use for their own purposes. There have also been allegations of ARVs being stolen from public clinics and then sold by private chemists to those who can afford them at high prices.

The economic sanctions have also taken their toll, with foreign donors ploughing less money into curbing HIV/AIDS in Zimbabwe compared with neighbouring countries. In Zambia, for example, where prevalence rates are similar, each HIV-positive person receives 187 US dollars annually from foreign donors compared with four US dollars for each HIV-positive Zimbabwean.

Currently, 1,5 million Zimbabweans are living with AIDS. One in every four sexually active Zimbabweans is estimated to be infected with the virus while over 3,000 are said to be dying every week due to AIDS-related diseases. An estimated 565 new infections among adults and children occur every day. Women are hardest hit: 80 per cent of those living with HIV are women aged 15-24 years old.

The pandemic has left about 900,000 orphaned children. Zimbabwe has an HIV/AIDS prevalence rate of about 21 per cent, down from the estimated 24,6 per cent of a few months ago - a decline which some attribute to behaviour change and others to flawed statistics.

Matilda Chivasa is the pseudonym of an IWPR journalist in Zimbabwe.

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