

Group 10

Group10 Policy Memorandum



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Policy Memorandum

Memorandum for the Government of Zimbabwe

From: Group #10 for the forum: "Miracles of Development"

Subject: To insure further implementation of Millennium Development Goal #1 and #6 (to eradicate extreme poverty and hunger & to combat HIV/AIDS) in Zimbabwe

Target: To bring multinational corporations to Zimbabwe and create new jobs and centers of employment which facilitate the distribution of antiretroviral drugs.

I. Action-Forcing Event:

Over 22 million people have been infected by HIV/AIDS worldwide and it is a growing epidemic throughout the world affecting everyone. This epidemic forces people to leave their jobs, it takes mothers and fathers away from their families, and it leaves families without any source of income and below the poverty level. With an unemployment rate of around 80%, Zimbabwe is suffering from a severe lack of human resources. In many cases this problem is a direct result of the HIV epidemic, as workers are either caring for family members with AIDS or suffering from it themselves. Simply stated, people are dying from AIDS before they can starve to death.

II. Background/ Analysis:

Current State: ¹

- 1 Lowest life expectancy in the world (34 yr)
- 2 Lowest donation from the foreign donors for antiretroviral therapy (\$ 4 per person annually)
- 3 Conflict between the messages promoted by different programs: some religious or traditional campaigns discourage the use of condoms and place emphasis on abstinence, contrasting with the strategies of international humanitarian organizations
- 4 50% of the population is infected with HIV

Previous attempts at resolution¹:

Past programs have continuously failed as a result of lack of resources and political will. However, the situation has intensified and there is an increased political will to take action. The programs that have been piloted in the past include: Operation Murambatsvina, President's Emergency Plan for AIDS Relief, and Zimbabwe National and HIV AIDS Strategic Plan (ZNASP). Overall, these programs suffered from problems with access to treatment centers combined with distribution antiretroviral therapy.

III. Recommendations:

Establish work place coalitions that are a public-private partnership and youth driven initiative. These coalitions will supply medication and are responsible for the distribution of ARV's. It is important that this process be maintained safely, efficiently, and effectively. In order to insure the work place coalition will incorporate respected community leaders and health officials with a checks and balances system of community members and youth participation. To make incentives for the work places to cooperate in this project there will be a competition between local businesses evaluated by established criteria, which not only includes profit but HIV/AIDS distribution, rate of violence, community involvement, etc.. The winner of this competition will win the attention and support of a respected international corporation who will invest in the country. The incentives

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for the corporation to invest in the country are the following:

- 1 Provide tax breaks for investors for 5 years, starting from a date of incorporation
- 2 Exception to prohibitions on the use of foreign currencies (USD, Euro) for all internal and external operations
- 3 Exempt participating corporations from tariffs on imports related to operations of participating corporations
- 4 To facilitate the distribution of HIV/AIDS medication at the workplace at participating corporations

Group role: Identify the stakeholders, such as Ministry of Health, Ministry of Finance, and establish relationships with past organizations in the region to present the proposal plan. Establish the work place coalitions in a bottom-up process.

Attachment #1

Arguments in defense of the current policy:

This proposal benefits 3 groups:

Population of the country (creation of places of work, better drugs' distribution, community development around HIV/AIDS problems and psychological support of the society). Government of the country (stimulation of the economy, increasing of the tax base, decreasing HIV rates, improvement in international standing). Investors (cheap labor, tax and tariff exemptions, good reputation in international community, and direct profit from the performed business activity). **the innovative approach of the policy proposal** is in its ability to bring interest of very speculative sectors – private, public, and individual - together.

The crucial differences of the current proposal from the existing ones are

- 1 Targeting of both crucial issues of HIV/AIDS epidemic & unemployment/poverty reduction by the same strategic solution.
- 2 Creation of the centers for the distribution of the antiretroviral drugs which are accessible for employees on a daily basis.
- 3 Attraction of the corporative capital to Zimbabwe under the policy.

Counterarguments:

Totalitarian ruling regime (maybe considered relatively stable since R. Mugabe stayed at power for the last 10 years).

Presence and support from humanitarian organizations (which currently is undermined by the unavailability of public transportation and logistics problems).

Corruption in the government (major issue in most of the developing countries)

Attachment #2

Quick facts about the situation in Zimbabwe

- Between 2002 and 2006, the population is estimated to have decreased by four million people.
- Infant mortality has doubled since 1990.²
- Average life expectancy for women, who are particularly affected by Zimbabwe's AIDS epidemic, is 34 - the lowest anywhere in the world. Officials from the World Health Organization have admitted that since this figure is based on data collected two years ago, the real number may be as low as 30.²
- Zimbabwe has a higher number of orphans, in proportion to its population, than any other country in the world, according to UNICEF. Most of these cases are a result of parents dying from AIDS.
- Operation Murambatsvina, which translates to 'operation drive out trash', was initiated in May 2005 with the aim of redistributing people from urban to rural areas. The Government claims that this was a response to increases in illegal housing, crime, and the spread of STD's in urban areas, while critics (such as the UN) have claimed that the campaign was a direct attack on the poorer sections of society that represent the main opposition to President Mugabe.
- By July 2005, it was estimated that Operation Murambatsvina had displaced some 700,000 people, including over 79,500 adults living with HIV. A number of these people had previously been receiving antiretroviral drugs (ARVs) to delay the onset of AIDS, but now had no access to them as treatment centers and clinics had been demolished. The interruption of ARV treatment can lead to drug resistance, declining health, and in some cases death.
- Under the President's Emergency Plan for AIDS Relief, Zimbabwe received more than \$16.8 million in Fiscal Year (FY) 2004, nearly \$20.6 million in FY 2005, approximately \$22 million in FY 2006, and is providing \$23.5 million in FY 2007 to support an integrated HIV/AIDS prevention, treatment and care program.

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This funds, however, are still not enough to cover the needs of all infected.

- Zimbabwe National and HIV AIDS Strategic Plan (ZNASP) (2006-2010), launched in July 2006, was built on lessons learnt in implementation of the National AIDS Policy of 1999 and the National HIV and AIDS Framework (2000 -2004). The strategic plan continues to highlight HIV and AIDS as an emergency that requires Government and all stakeholders urgently mobilize the required resources in order to fight the epidemic. Universal access to care and treatment is one of the main goals of the ZNASP. The number of people on antiretroviral therapy increased from 25 000 adults on ART at the end of 2005 to just over 60 000 adults and children in 2006 and slightly over 100 000 adults (including 10 000 children) at the end of 2007. While this number represents 38% of adults needing treatment, this increase reflects the efforts that the Government of Zimbabwe is making in a resource constrained environment.