

14th April 2010, Harare - A new report by Zimbabwe's National AIDS Council (NAC), showing a dramatic rise in sexually transmitted infections (STIs) among people aged 15 to 24 in the capital, Harare, has health experts worried that the country's success in reducing HIV could be unravelling.

STIs heighten vulnerability to HIV infection, and this age group is one of the hardest hit. According to the NAC report, more than 24,000 people were treated for STIs in 2009, compared to 8,500 cases recorded in 2008; over 60 percent of the cases were women.

During this time almost 900,000 male condoms and over 155,000 female condoms were distributed in Harare. Itai Rusike, executive director of the Community Working Group on Health (CWGH), a network of civic groups that promote health awareness, blamed the rise in STIs on a too narrow focus on HIV/AIDS treatment.

"In the last two to four years we have concentrated our focus on access to treatment, especially access to ARVs (antiretrovirals), at the expense of preventive services," he told IRIN/PlusNews.

"Right now the bulk of our AIDS levy money [a three per cent tax on income] is going towards procurement of ARVs, to the detriment of health education awareness campaigns, especially for the young adults..."

Zimbabwe's adult HIV prevalence has been on a downward trend, dropping from 14.1 per cent in 2008 to 13.7 per cent in 2009.

Young people neglected

In 2009 the CWGH conducted an assessment of young people's needs for sexual reproductive health and HIV/AIDS interventions, which indicated that sex work, intergenerational relationships, early marriage, early sexual debut and unplanned pregnancy were among the challenges they faced.

In its recently published 2009 annual report the CWGH noted that young people had limited access to reproductive health information and services. "If we do not invest in preventive services, all the gains we have scored so far in HIV prevalence rate will be eroded," Rusike warned.

"Youth-led peer education activities need to be well co-ordinated and supported with financial resources, education materials, mentoring and capacity building, in order for them to be sustainable," he pointed out.

Orirando Manwere, a National AIDS Council (NAC) information officer, agreed that the rise in STI infections was an urgent call to action. "There is a need to carry out a study on why this is the trend, but generally this could be attributed to early sexual debut among the youth, unprotected sex, abuse by older men - particularly among the women and girls."

Manwere said Zimbabwe's current policy on sex education did not allow HIV/AIDS organisations to go into schools and teach young people about issues like condom use, but discussions between non-governmental organisations and government were ongoing. "It is clear that the youth are indeed sexually active and need to be empowered on sexual and reproductive health issues."

Political disruptions

AIDS activist Martha Tholanah attributed the STI increase to the violence that occurred in the aftermath of the March 2008 election.

"Youths were used to target other youths - we had reported cases of a sexual violence, which I do not think were followed up adequately, as many actors were very fearful of the repercussions if they dealt with these issues."

Many organisations, especially those working with young people, are still struggling to get on their feet after the economic and political disruptions of 2008 and beyond.

"I do not think many organisations working on sexual and reproductive health have regained the impetus they had before political and economic disruptions," Tholanah commented. "I believe we will still see more negative health effects resulting from that era."

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