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January 6, 2000

Sandra Thurman
Office of National AIDS Policy
736 Jackson Pl.
Washington, DC 20503

Dear Ms. Thurman,

I am writing on behalf of the Board of Directors for the new Foundation for Hospices in Sub-Saharan Africa, Inc. We met briefly at the United Nations event on World AIDS Day.

As you can read from the enclosed article from the publication of the National Hospice Organization, a group of national hospice leaders have formed this enterprise to generate and channel resources to our sister hospices in Africa to help them expand their capacity in order to respond more effectively to the AIDS epidemic.

This endeavor grew out of a Hospice/AIDS Care Professional Seminar Tour which I led in June 1999 (shortly after your Fact Finding mission). This encounter was my 7th such trip to Africa but the worsening conditions due to the epidemic finally brought together a critical mass of interest to take action.

As you may know from your own exploration, hospices in Africa are not only involved in providing top quality palliative care, they are involved in community development and collaboration efforts at stemming the tide of HIV. Their bereavement care programs bring them directly into contact with meeting the needs of AIDS orphans.

Particularly because of your past volunteer hospice experience, we wish to invite you to serve either on our board of directors or our International Advisory Committee (in the process of formation). In addition, I am requesting your assistance in contacting Rory Kennedy for her consideration as a national spokesperson for our endeavor.

Your consideration of involvement with our efforts is greatly appreciated.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Peter F. Sarver'. The signature is fluid and cursive, with a large initial 'P'.

Peter F. Sarver
President/CEO

P.S., I am returning your business card which I discovered had a name on the back which you may have wanted to retain.

Editor's Notes

The cover story in this *NewsLine* touches on our collective responsibility as members of the global community and, more specifically, our responsibility to hospice colleagues in Africa, who are struggling under an almost inconceivable burden caused by the HIV epidemic on that continent. The article is intended to raise awareness among NHO members of the HIV crisis in Africa, and of the new Foundation for Hospices in Subsaharan Africa, formed by three hospice directors from New York State to focus attention on the issue. Please let us know what you think of seeing this kind of story shared in *NewsLine*.

NHO's communications staff are continuing to plan for the strategic introduction of our new name, incorporating the words *palliative care*, along with a new logo, tag line, and visual image, and plans for bringing the growing palliative care industry under NHO's tent. With a change of this magnitude we want to be certain that we get it right the first time, with a name and a visual representation that can serve us as well and as long as NHO's first ones did. Current plans call for rolling out our new name and image during the first quarter of 2000; watch this space for updates.

Larry Beresford
703/837-3139; lberesford@nho.org

AIDS CRISIS IN AFRICA CRIES OUT FOR RESPONSE FROM U.S. HOSPICES

For many hospice professionals, like most other Americans, the urgency of the AIDS crisis has receded in recent years with advances in life-prolonging medical treatments for HIV. Without much attention from the U.S. news media, however, the epidemic has mushroomed in parts of Africa into what a recent White House report described as "a plague of biblical proportions" and "the worst infectious disease catastrophe since the bubonic plague."

Three NHO-member hospice directors from New York State are now attempting to put AIDS back onto U.S. hospices' radar screens by raising awareness of the disaster in Africa, particularly in Zimbabwe and South Africa, and encouraging solidarity and support by U.S. hospices for their hospice colleagues in those countries. Last June, Paul Brenner of Jacob Perlow Hospice, New York City,

"There are needs all over the world, but this one is in a class by itself. And there are several practical things that could be done by U.S. hospices to help their African colleagues."

—Philip Di Sorbo

Philip Di Sorbo of Community Hospice, Albany, and Peter Moberg-Sarver of Hospice of Central New York, Syracuse, participated in a professional exchange visit to hospices in the parts of Zimbabwe and South Africa hardest hit by AIDS. They learned about the immense challenges facing those hospices, and shared that knowledge from an exhibit booth at NHO's Annual

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The founders of the Foundation for Hospices in Subsaharan Africa, Philip Di Sorbo (from left), Peter Moberg-Sarver, and Paul Brenner, emphasize the urgency of the current HIV epidemic in Africa during an interview at NHO's Annual Symposium and Exposition in Long Beach, Calif. Photo by Bob White.



AIDS Crisis in Africa Cries Out for Response From U.S. Hospices

(continued from page 1)

Symposium and Exposition in Long Beach, Calif., in October.

On International AIDS Day, December 1, the hospice directors are expected to announce formation of the Foundation for Hospices in Sub-Saharan Africa, a non-profit organization they are creating to spread the word and promote exchanges with hospice colleagues in Africa. "We hope to raise funds and channel them to areas of greatest need, as well as to broker partnerships with others who have an interest in supporting hospice in Africa," explains Moberg-Sarver.

Joining them in that effort is Bernice Catherine Harper, the first chairperson of NHO's Task Force on Access to Hospice Care by Minorities, who tells *NewsLine* that she fulfilled a childhood dream in 1996 when she participated in a hospice professional seminar tour to Southern Africa. Harper believes that hospices in Africa are in a unique position to address the needs of terminally ill AIDS patients and their families—if they receive adequate support.

"The Foundation for Hospices in Sub-Saharan Africa will serve as a beacon light, outstretched hands, and open arms, providing resources, skills, knowledge, love, and compassion between the two continents," Harper says. "I see my involvement with the foundation as a further extension of a decade of work by the National Hospice Organization's Task Force on Access to Hospice Care, which I had the privilege of chairing. I also believe it helps to remind us of the fact that we are all related, despite the distances between us," she says.

The Magnitude of the Crisis in Africa

In recent years, public attention in this country has largely wandered from the AIDS crisis, but the current statistics from Africa are staggering. An estimated 22 million adults and 1 million children are now living with HIV in Sub-Saharan Africa, which has ex-

perienced 80 percent of all AIDS deaths worldwide. AIDS has become the leading cause of death on the continent, and in the next decade an estimated 40 million children will be made orphans by the disease. In some African countries, an estimated 20 to 30 percent of all children under 15 will be orphans by next year as a result of AIDS.

But AIDS, in the form of a new and more infectious viral subtype, is not just an African problem. A similar magnitude of crisis is predicted in coming years for India, Southeast Asia, and the newly independent states of the former Soviet Union. Experts estimate there will be 100 million HIV infections worldwide by the year 2005. AIDS is erasing decades of progress in Third World countries, threatening economies and civil societies, and posing a host of other development issues—with tremendous implications for Western nations in terms of trade, investment, political security, and world stability.

for its home-based services, provided by trained nurses and social workers, with an equal number of clients for its bereavement services, Lamadora tells *NewsLine*.

"For our comprehensive hospice program, the challenge is that there are so many who need our services," she says. "It's hard for outsiders to understand, but the hospice is really on its own. We're operating within a health care system that has totally fallen apart" under the onslaught of AIDS. Denial and the social stigma of AIDS create additional problems and even ethical dilemmas for the hospice. "The patients are not admitting that they have AIDS because of legitimate fears that their families will abandon them," Lamadora explains.

The South Coast Hospice, in the South African province of Kwa-Zulu Natal—where the infection rate has reached nearly one-third of the population, with its impact greatly exacerbated by poverty—has developed an innovative collaboration with primary care clin-

"We have a view that we'd like to propose to our U.S. colleagues about how to see the world—to recognize this as a huge opportunity to relieve suffering. We're raising the issue, and we have sister hospices in those countries that can do the job—if they get the resources to do it."

—Peter Moberg-Sarver, Hospice of Central New York

The New York hospice directors have tried to bring greater awareness of these staggering numbers to their U.S. colleagues by hosting recent visits from African hospice directors Carla Lamadora, Island Hospice, Harare, Zimbabwe, and Kath DeFillippi, South Coast Hospice, Port Shepstone, South Africa. Island Hospice, founded 20 years ago as the first hospice in Africa, now has 16 branches throughout Zimbabwe. The Harare branch has a caseload of 200 to 300 patients

ics and hospitals. The hospice provides overall coordination and trains volunteers from the community as caregivers to visit patients' homes in rural areas. It also networks with other community organizations such as those offering anti-poverty programs.

"We have also found it necessary to get involved in food distribution. It's pointless to relieve the pain of patients who are suffering from hunger pangs, or to empower family caregivers with nursing

skills if they have the will but not enough energy because they're starving. The poverty is absolutely extreme," DeFillippi says. "Our other major problem is orphans. Often a child as young as 8 years old may be the only family caregiver for a second dying parent. That, to us, is the most difficult part, to walk away from children in that situation," after the parent's death, in order to care for other dying patients.

What Can U.S. Hospices Do?

"So we have a major pandemic emerging; what should be the response of American hospices? Do we have a responsibility to respond?" Di Sorbo poses. "We feel that we do—as part of our global responsibility. There are needs all over the world, but this one is in a class by itself. And there are several practical things that could be done by U.S. hospices to help their African colleagues," he says.

The first step is to become better informed about the worldwide epidemic. "Become more knowledgeable. Take the AIDS epidemic seriously as a phenomenon of the global village. We're all participants in that—there are bonds that exist across political or geographical boundaries," Moberg-Sarver says. "We have a view that we'd like to propose to our U.S. colleagues about how to see the world—to recognize this as a huge opportunity to relieve suffering. We're raising the issue, and we have sister hospices in those countries that can do the job—if they get the resources to do it."

Non-governmental agencies, such as the two African hospices, are in a unique position to maximize their resources because of their independence from the government, Brenner notes, "Those hospices have found wonderful ways to reach into the existing health care system and create something that wasn't there before—with wonderful collaborations. The Harare program is doing preventive AIDS education with teenagers; its vision of hospice is so much broader," he says. Although the provision of hospice care in Africa can be very different—

sometimes, for example, pain medications are simply unobtainable—the core values and commitment to relieving suffering are the same as in the United States, Brenner says.

Di Sorbo points out that for less than \$5,000, a U.S. hospice could subsidize the full-time salary of an additional nurse at South Coast Hospice. The three New York directors have approached their own boards and parent organizations to request similar commitments. The African hospices also have a great need for vitamins and for pain medications, so the New York hospices are now exploring regulatory avenues that might help facilitate donations of pain medications.

"What we've already received from U.S. hospices is incredible—the understanding, inspiration, and encouragement to continue," DeFillippi says. "We are overwhelmed and delighted that the foundation is becoming a reality." Adds Lamadora, "What I want to convey is that we can use the help, and we really appreciate it. A little goes a very long way."

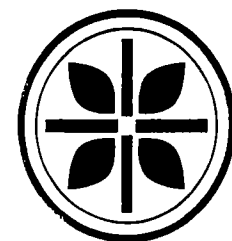
Hospices could also establish an adoptive or sister relationship with an African hospice, with the foundation's assistance in making the connection. Brenner wants to promote exchanges on varied levels between hospices in the United States and Africa and to encourage volunteer commitments by U.S. hospice professionals willing to spend several months working in Africa. Such exchanges offer incredible opportunities for personal growth for the staff of the U.S. hospice, Moberg-Sarver adds. The exchanges could also serve to remind U.S. hospice professionals of the changing face of AIDS in this country—affecting increasing proportions of the poor, the uninsured, the disfranchised, and people of color.

Ultimately, Moberg-Sarver says, hospices—and other Americans—need to recognize that AIDS poses a threat far beyond its African epicenter, "with a potential to create destabilizations on all sorts of issues. The reality outside of the U.S. is so different than our reality. But

it will have reverberations throughout this country. Everybody in the world will be impacted." ■

For More Information...

- For more information on the AIDS crisis in Africa, visit the following web sites:
—www.whitehouse.gov/ONAP/
—www.unaids.org
- To reach the Foundation for Hospices in Sub-Saharan Africa, contact Peter Moberg-Sarver, c/o 110 Spring St., Saratoga Springs, N.Y. 12866-315/634-2180. He can also provide information about a planned hospice professional exchange visit to Southern Africa in June of 2001.
- Carla Lamadora of Island Hospice, Harare, Zimbabwe, can be reached by email at island@mango.zw
- The Hospice Association of South Africa can be reached by fax at (00 27) 21-531-7917.



A Message From the President

As we know, the hospice movement in this country was launched with a strong boost from Dame Cicely Saunders, who made several visits across the Atlantic from England in the 1960s to share her vision for St. Christopher's Hospice and thereby inspire the work of hospice organizing committees that sprang up wherever she spoke. Many of those American hospice pioneers subsequently visited St. Christopher's to learn first-hand about how to provide hospice care from Dame Cicely and her colleagues.

This is one example of the many ways in which hospice's worldwide development was made possible by the generosity of individuals who were willing to reach across national boundaries and share their knowledge. As this issue's cover story details, three respected hospice directors from NHO-member hospices in New York State are now engaged in raising awareness among their U.S. hospice colleagues of the terrible devastation caused by AIDS in Africa and the burdens now being borne by African hospices. Through professional exchange visits to Africa, Paul Brenner of Jacob Perlow Hospice, Philip Di Sorbo of Community Hospice, and Peter Moberg-Sarver of Hospice of Central New York have established personal ties with their counterparts in Zimbabwe and South Africa. They are committed to expanding those ties through their newly formed Foundation for Hospices in Subsaharan Africa.

I would encourage you to heed the call issued by our colleagues from New York and learn more about the incredible crisis in Africa. Consider what you would be able to contribute to support the work of African hospices in relieving the immense suffering caused by AIDS. I know I will.



News From NHO

(continued from previous page)

of updating hospice's reimbursement. This study will examine underlying cost factors, drugs, nursing, supplies, etc., used for calculating the reimbursement. The report is due within one year of the enactment of the legislation.

NHO's legislative advocacy efforts in the difficult challenge of including hospice in the BBA bill were led by Jon Keyserling, director of public policy, and Andy Duncan, government relations specialist. Direct any questions about the legislation to them at NHO, 703/243-5900.

Balanced Budget Refinement Act of 1999: Impact on Hospice

Fiscal Year	Net Adjustment to Hospice Rate
FY 2000 (Oct. 1999-Sept. 2000)	Market Basket minus 1%
FY 2001 (Oct. 2000-Sept. 2001)	Market Basket minus 0.5%
FY 2002 (Oct. 2001-Sept. 2002)	Market Basket minus 0.25%

Family Satisfaction Survey Shows Stable Results

Enclosed with this issue of *NewsLine* is a summary of national results from NHO's Family Satisfaction Survey for the period January through June, 1999. For this reporting period, the number of hospices submitting family satisfaction data and the total number of patients included in their reports have both increased, but the scores have remained remarkably stable over time, notes NHO Research Manager Leah Rosenberg. Two obvious conclusions are suggested by those results: the survey

form has a high degree of statistical validity, but it is not sensitive enough to uncover the kinds of quality-related issues and problems that hospice directors need to learn about.

The family satisfaction survey form has been distributed to NHO members since 1995; hospices are asked to send it to survivors of their patients about two months after the patient's death. The brief questionnaire asks the survivors to rate their satisfaction with the hospice's care, and includes ques-

(continued on next page)

The Foundation for Hospices in Sub-Saharan Africa

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P.O. Box 9, New York, NY 10159-0009

212-420-2838
Facsimile: 212-844-1802

MAY 18, 2000

Ms. Sandra L. Thurman
Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503
Facsimile: (202) 456-2439

Dear Ms. Thurman:

I am writing as one of the founding members of the board of directors of The Foundation for Hospices in Sub-Saharan Africa. As the enclosed draft version of our press release states, we are planning an Inaugural Media Event to publicly launch the foundation on June 1, 2000. I am writing to ask your help in identifying appropriate persons to invite to the event. The board wishes to make people aware of the work of the foundation and are looking to send invitations to those working in both the public and private sector. We want to target anyone who has an interest in the devastation that that AIDS pandemic has brought to Africa. Those who are government, health care AIDS services, religious organizations, gay and lesbian groups and others who are concerned about AIDS in Africa are our intended audience. Given your prominent role in federal healthcare policy making, I am certain that any assistance you could provide us would be of immeasurable value.

I come to you on the recommendation of Bruce Garner of All Saints Episcopal Church in Atlanta. I am a member of the congregation at the Cathedral Church of St. John the Divine in New York City, and Dean Harry Pritchard had suggested that some of the fellow church members in Atlanta would prove to be helpful to the foundation.

I want to emphasize that we hope to use the media event in Atlanta as a means of letting people throughout the country know who we are and what work we are undertaking. We are expecting to send out numerous invitations recognizing that those not in the Atlanta area will have to attend. The invitation will be a means of raising awareness among people who will become involved in numerous ways in the future, not just for this one time event.

Should you have any questions, do not hesitate to contact me.

Sincerely,



John A. Chermack

The Foundation for Hospices in Sub-Saharan Africa

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THE INAUGURATION OF THE FOUNDATION FOR HOSPICES IN SUB-SAHARAN AFRICA

The Scope of the Problem

AIDS in Africa has recently come to the forefront of public awareness as United Nations Ambassador to the United Nations Richard Holbrooke raised AIDS in Africa as an international security issue before the UN Security Council. Mr. Holbrooke cited the fact that over 13.7 million people in Sub-Saharan Africa have already died from AIDS related complications¹, with over 6,000 men and woman dying every day. 95% of all AIDS orphans live in Sub-Saharan Africa and their numbers swelled to over 10 million by the first of this year². Annually, 70% of all new HIV infections occur in this area of the world¹. At a recent UN Trusteeship Meeting on AIDS in Africa, Secretary General Kofi Annan called for massive international investment in both the public and private sectors to address the enormity of the devastation that AIDS presents.

The effort to confront this pandemic must be a true international effort because the governments of the region are overwhelmed by the enormity of the problem. Hospitals and health clinics are literally pushed past their capacity, and already strained budgets can no longer provide even the most basic of medicines and healthcare. The thought that anyone might be even considered a candidate for Highly Active Antiretroviral Therapy [HAART] — commonly referred to as combination therapy or 'drug cocktails' and available in the United States and other developed countries — is not even a dream. The most one can hope for is to be made comfortable by having symptoms and pain relieved. Social services for children and families and education for the population as a whole are extremely urgent priorities.

Hospices' Response to the Challenge

Hospice is a program known worldwide for its loving and compassionate care of the dying and attention to the needs of loved ones. The philosophy of hospice is to maintain and improve the quality of life of the patient through pain and symptom control, allowing the patient to live in comfort and dignity. Considering the scope of AIDS and the state of healthcare in Sub-Saharan Africa, hospice services are urgently in need of support. It is precisely this support which The Foundation for Hospices in Sub-Saharan Africa seeks to provide.

The Foundation for Hospices in Sub-Saharan Africa

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The Foundation's overriding intention is to be an international resource developer, channeling funds from donors throughout the developed world into existing and emerging hospice organizations to provide direct service to patients and their loved ones. At a time when major government and funding is being directed towards HIV prevention education and vaccine development, precious little is being directed towards those who are caring for persons with advanced disease. Prevention and vaccines *are urgently needed*, but in a rush to save future generations we must not forget about those who living with and dying from the HIV virus today. Hospice recognizes the importance of caring for each individual, and his or her right to be treated with compassion, comfort and dignity. The Foundation is striving to support African hospice workers serving individuals in their own communities.

Additionally, hospice provides a unique opportunity to teach the basics of HIV/AIDS care and prevention. As care is provided to a dying patient, family members are instructed in caregiving techniques, and are also given an essential orientation of how HIV/AIDS is and is NOT transmitted. When family and villagers see first hand how to care for patients in their own homes, hospice workers dispel social myths and fears, and reinforce the need for understanding the nature of AIDS and the means of transmission and prevention of HIV infection.

The Foundation is an outgrowth of visits made to the African continent by many members of the Board of Directors and other persons with long histories of involvement with palliative care and hospice in the United States. The Foundation was incorporated on October 25, 1998 in Saratoga Springs, NY and on November 30, 1999 and the following officers were elected:

- Bernice Catherine Harper, LLD — President
U.S. Department of Health and Human Services
Washington, DC
- Barbara Linell Glaser, Ed.D. — First Vice President
Saratoga Institute
Saratoga Springs, NY
- Philip G. DiSorbo — Second Vice President
The Community Hospice, Mercycare Corporation & Catholic Health East
Rensselaer, NY

The Foundation for Hospices in Sub-Saharan Africa

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- Peter Sarver — Secretary
Hospice Of Central New York
Liverpool, NY
- Paul Brenner — Member at Large
Jacob Perlow Hospice, Beth Israel Medical Center
New York, NY
- Dale Johnson, Esq. — Member at Large
Menter, Rudin & Trivelpiece
Syracuse, NY
- Denise Ryan — Treasurer
Community Hospice

Subsequently, **Louis W. Sullivan, M.D.**, President of Morehouse School of Medicine in Atlanta GA, who served as Secretary of Health and Human Services in the Bush Administration, agreed to serve as National Spokesperson. Other members of the Board of Directors are:

(* Indicates founding member)

- Marilyn Brown-Shakir *
Liberty Resources
Syracuse, NY
- John A. Chermack *
Jacob Perlow Hospice
New York, NY
- Karen Davie, R.N.
National Hospice & Palliative Care Organization
Alexandria, VA
- Cindy DiSorbo, R.N. *
The Community Hospice
Schenectady, NY
- Peggy Harper *
Empire Medicare Services
Syracuse, NY
- Rosemary Hubble, R.N. *
Pathways Hospice
Oakland, CA

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- Susan Hunter, Ph.D. *
Lake Luzerne, NY

- Diane K. Katz
The Perdue Frederick Company
Littleton, CO

- Marcia Lattanzi-Licht
Lattanzi-Licht Associates
Boulder, CO

- Robert A. Marshall, M.D. *
Community Hospice
Rensselaer, NY

- Peggy Pettit, R.N.
VITAS Healthcare Corporation
Miami, FL

- Karen Trivelpiece *
Hospice of Central New York
Liverpool, NY

- Donna Valerino *
AIDS Community Resources
Syracuse, NY

- Christy Whitney, R.N. *
Hospice of the Grand Valley
Grand Junction, CO

National Representatives collaborating with the Foundation include:

- Carla Lamadora
Executive Leader of Island Hospice with XX branches throughout Zimbabwe
Harare, Zimbabwe

- Kath Defilippi
Board Leader of the Hospice Association of Southern Africa
with XX member Hospices in South Africa
Port Shepstone, South Africa

The Foundation for Hospices in Sub-Saharan Africa is a non-profit organization recently incorporated for the purpose of aiding the hospices in Sub-Saharan Africa which are currently overwhelmed by the AIDS pandemic. The Foundation is International in scope, and its intent is

The Foundation for Hospices in Sub-Saharan Africa

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to positively impact the continent of Africa by helping the existing hospices in the region sustain and expand their designated and defined programs. These programs include education and servicing the needs of the terminally ill and dying as well as supporting loved ones throughout the course of the illness and bereavement. Each program is structured on the basis of the local African culture and is appropriate to diverse tribal patterns and practices.

The Foundation works closely with the National Hospice Organizations in southern Africa and the United States. The hope is to expand its scope by enlisting the support and involvement of the hospice programs in Europe, Canada and Asia, furthering the Foundation's mission. The major task of the Foundation is to raise funds that will be channeled into individual African Hospice Programs, supporting their staff development and providing capital for infrastructure development.

PRESS CONFERENCE AND RECEPTION

As National Spokesperson for The Foundation for Hospices in Sub-Saharan Africa, Louis V. Sullivan, M.D., President of Morehouse School of Medicine, and Dr. Bernice Catherine Brown, President of the Foundation will inaugurate the Foundation on Thursday, June 29th, 2000.

Press Conference and Reception will be held at Morehouse School of Medicine at 10:30 AM. The Morehouse School of Medicine is a historically black institution established to recruit and train minority and other students as physicians and biomedical scientists committed to the primary healthcare needs of the underserved.

At the press conference, Nursing Leader Tando Ndlela of Island Hospice, Harare, Zimbabwe, will share her experiences of confronting the devastation that AIDS has brought to that African community. Island Hospice was the first recipient of a support grant from the Foundation and Ms. Ndlela will recount the importance of international assistance in providing services to the people of Harare.

A GLOBAL WORLD

The members of the Foundation believe that the Hospices in Africa are in a unique position with help and assistance — to address the needs of the terminally ill and dying, especially those

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dying from complications due to AIDS and to support their loved ones. Hospice programs in the United States are extremely interested in helping their counterparts in Africa, especially in the face of the AIDS pandemic. It is the goal of the Foundation that a structure be established for systematically building people-to-people, program-to-program partnerships that establish permanent working relationships and significant resource sharing. This will include direct support of hospice staff and infrastructure, educational exchanges and resource sharing.

IN SUMMARY

The mission of The Foundation for Hospices in Sub-Saharan Africa is to assist hospices in the region with the care of the terminally ill and dying, bereavement and family support services. This will be accomplished through providing grants to support staff resources, infrastructure and education to hospice programs that are self-directed, allowing them to increase their capacity to respond appropriately to the problem of AIDS in their own communities. The Foundation seeks to assist *African Hospices* in addressing the needs of the *African community*. Your presence at the press conference will be of immeasurable importance as the Foundation undertakes this monumental challenge.

All inquiries should be addressed to:

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¹ AIDS Epidemic Update: December 1999, Joint United Nations Programme on HIV/AIDS / UNAIDS; World Health Organization, 20 avenue Appia, 1211 Geneva 27, Switzerland.

² UN AIDS / World Health Organization, 99000-E-9 - 1 December 1999


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