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XIII International AIDS Conference
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Postal address: PO Box 1620, Durban, 4000
Tel : +27 31- 301 0400
Fax : +27 31- 301 0191
E-mail : aids2000@aids2000.com
Website: www.aids2000.com

XIII INTERNATIONAL AIDS CONFERENCE
DURBAN • SOUTH AFRICA • 9-14 JULY 2000

16 February, 2000

Dr. Sandra L. Thurman
Director
Office of National AIDS Policies

Phone: (09) 202 456 2437
Fax: (09) 202 456 2439/38

Dear Dr. Sandra Thurman

SUPPORT FOR THE XIII INTERNATIONAL AIDS CONFERENCE, DURBAN, SOUTH AFRICA, 9-14 JULY 2000. (AIDS2000).

I have been encouraged by Dr Marsha Martin to write to you for assistance towards the Scholarship Programme of AIDS 2000.

As you might know this is one of the largest science conferences in the world and the premier event on the AIDS calendar. For the first time in the history of these meetings the conference is being held in the developing world. This is entirely appropriate, and indeed a serious criticism of the choice of previous sites for these meetings, as HIV/AIDS is dominantly a problem of Africa, Asia and Latin America. We are determined to use this occasion to identify and highlight the priority HIV/AIDS issues as they affect the majority of those infected. In particular we intend to give prominence to those interventions which have shown to have slowed or halted the spread of this terrible epidemic. The measures we have to undertake to achieve these outcomes among the poor communities of the world deserve special attention and will receive it in Durban. The attendance is expected to be in excess of 10 000.

We are adequately funded for most components of the conference except one – The Scholarship Programme. Many, many scientists and community activists, have made it known that the registration costs and price of the airfare to Durban are quite high and unaffordable. We are bound by contractual and budgetary constraints from attempting to lower the registration fee. However we are concerned that financial barriers do not limit the attendance of this pre-eminent HIV/AIDS meeting.

The attendance of people involved in the different aspects of HIV/AIDS from all over the world, especially those disadvantaged by poor access to funds, is critical for the success of this important meeting and for the widest understanding of the essential steps to be taken to control this epidemic.

The recent statements by President Clinton on this subject, the commitment of increased funding from public and private sectors in the USA and the recognition that this is truly a pandemic of global proportions with no-one secure unless the spread of infection is controlled in all affected parts of the world, have convinced me that you will see value in supporting this conference. I do hope you agree.

Regards

Prof Jerry Coovadia

cc DR Marsha Martin

XIII INTERNATIONAL AIDS CONFERENCE
DURBAN • SOUTH AFRICA • 9-14 JULY 2000

SCHOLARSHIP PROGRAMME:

The AIDS2000 Scholarship Programme has a two-pronged objective : firstly to provide 2000 would-be delegates with the full or partial funds – scholarships – to attend the Conference. Secondly, once the Scholarship recipients have been selected from the more than 5000 applications which are expected, each will be invited to work with the Scholarship Unit to structure his/her Conference experience. This means that far from being a purely administrative programme whereby the formula "X amount of funds = X number of awards" is the sole achievement, the AIDS2000 Scholarship Programme is committed to adding quality to both the Conference and the Scholarship Recipients' experience. This commitment will be concretely expressed in the form of a comprehensive post-conference evaluation of the programme which will allow all the stakeholders in the programme to assess the extent to which the objective has been achieved.

Over and above the standard scholarship pool of international Science and Community representatives, there is also a drive to develop a Media Scholarship Programme to facilitate Conference attendance from 350 electronic and press media journalists, from developing regions, so that the powerful media tool can be harnessed to "Break the Silence". Such grass-roots media as community radios and HIV/AIDS newsletters and community print campaigns will be prioritised and skills-building workshops will be provided for their representatives.

The Selection criteria for AIDS2000 Scholarship awards :

The AIDS2000 Conference Organisers have chosen to prioritise a 50/50 Science/Community split in Scholarship awards to ensure a balanced representation within the scholarship pool
The Scholarship Working Group – made up of one "Science" and one "Community" representative per world region – have determined the scoring for the application form as well as the selection criteria. Both the scoring and the criteria which have been retained aim at ensuring a fully representative scholarship pool in terms of equal Science and Community representation at the Conference as well as an equitable gender balance, maximum attendance from resource-poor regions and a full PWA presence.
The post-conference evaluation report will give a full account of the scholarship pool profile.

Sponsor a Scholarship delegate:

For the purposes of Scholarship selection and to ensure that developing countries receive the support to attend the Conference which they are most in need of, the world has been divided into 6 regions – and the average cost for a full scholarship per delegate is therefore calculated on the basis of these regions :

- Africa : US$ 1100
- Asia/Pacific : US$ 1500
- Latin America : US$ 1900
- Caribbean : US$ 1900
- Europe : US$ 1300
- North America : US$ 1900

These averages include travel, accommodation, a modest living allowance, and full delegate status. In so far as is possible, funds permitting, the scholarship programme will attempt to offer scholarship recipients all the categories of support they request.

FAX MESSAGE

U.S. Agency for International Development
HIV-AIDS Division, Office of Health and Nutrition
Global Bureau
Mailing address: G/PHN/HN/HIV-AIDS
3.07–075M, 3rd Flr, RRB
Washington, DC 20523-3700
U.S.A.

To: Sandy Thurman
ONAP

Phone:
FAX: 456 2439

cc:

From: Paul DeLay, M.D., D.T.M.& H.
Chief, HIV/AIDS Division

Phone: 202 712 0683
FAX: 202 216 3046

Pages: 3
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Subject:

files lawsuit against AT&T **Page B5.**

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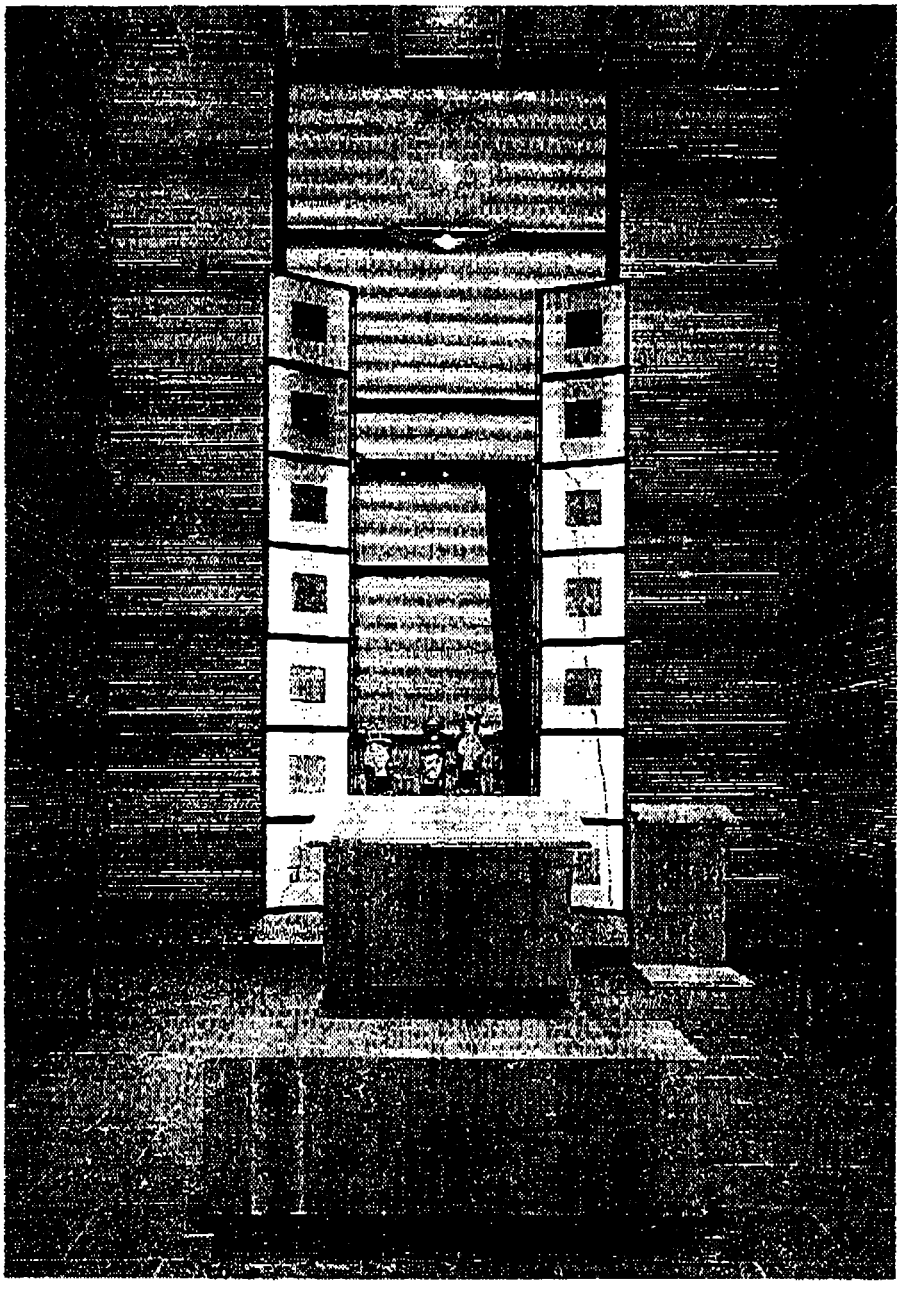

Inside the doors *of the ark in Germany's newest synagogue, in Kassel, the glass is cracked as a reminder of the infamous Kristallnacht pogrom of 1938*

and it haunts them," he explains.

Rather, Mr. Jacoby believes in an abstract approach that allows those who choose to make out the signs of the past and those who don't to overlook them. Citing Austrian philosopher Ludwig Wittgenstein, he argues that the abstract statement of architecture is perhaps more suited to dealing with the Holocaust than any written words or concrete artifacts of history: "Whereof one cannot speak, thereof one must be silent."

Indeed, Mr. Jacoby's style has evolved significantly since the Holocaust. The modest building was designed in 1956 by Hermann Zvi Guttmann, whose architecture exemplified the unassuming synagogue style of those times. Across the street is a grander structure that was built as a synagogue in the early 1900s but converted by the Nazis into a movie theater. After the war, the Jewish community sold the old building, thinking it would never be needed again. Now it is a disco, doors plastered with posters for bands playing hip-hop and rhythm and blues. Meanwhile, Mr. Guttmann's small building was historically protected, meaning Mr. Jacoby had to [illegible]

South Africans May Spurn Gift From Pfizer Inc.

By MICHAEL WALDHOLZ
Staff Reporter of THE WALL STREET JOURNAL

It may seem churlish, but the South African government and some health officials are criticizing Pfizer Inc.'s offer to give the country a powerful and expensive drug for treating a deadly AIDS-related infection. They say the gift is too restrictive to be of much benefit to the many thousands of people who need it.

"It looked at first to be a wonderful present," says Patricia Lambert, the legal counsel to South Africa's health minister. "But we are learning here that highly publicized drug donations aren't always like birthday presents, not at all."

Ms. Lambert says that although South Africa "greatly appreciates" the donation and is intensely negotiating terms of the gift, the government may decide in the next two weeks to reject Pfizer's offer. That's because the company is promising to provide the costly medicine for only two years. Pfizer is also placing several conditions on who can use the drug, where patients must be treated, how they are diagnosed and how the drug will be distributed and how its use will be monitored.

The Pfizer offer and the government's response to it reflect the growing tension in many parts of sub-Saharan Africa over access to costly drugs for treating HIV, the AIDS-causing virus that has infected more than 25 million people in the region and has become the single largest cause of death on the African continent. Just last month, in response to a chorus of appeals from governments and public health officials, five major pharmaceutical companies, not including Pfizer, offered to slash the prices of their AIDS drugs for countries that can provide proof the medicines will be used properly.

But as Pfizer's experience is showing, the Africans may be a lot less grateful than expected. "There is a feeling among some here that the drug companies are acting a bit like Big Brother," says Malegapuru Makgoba, director of South Africa's Medical Research Council, the government's medical science funding arm. "We want greater access to your drugs, but why must you dictate how we use them?"

In late March, Pfizer, the New York-based pharmaceutical giant, told South Africa's health minister, Manto Tshabalala-Msimang, that it would be willing to give away its antifungal drug Diflucan to treat a lethal form of meningitis that strikes many people in sub-Saharan Africa who are infected with HIV. Diflucan is the only medicine proven to treat cryptococcal meningitis, a brain disorder that can kill within months of infection. Since last year, AIDS activists have been demanding that Pfizer reduce the price of Diflucan in South Africa, where daily doses, which must be taken for life, were priced at $4.50 to $9, making it unaffordable by the government and most of the country's citizens.

The local activists, helped by the French-based nonprofit Doctors Without Borders, petitioned Pfizer in numerous letters and in public demonstrations to lower the price. They pointed out that several generic drug makers in Thailand, where Pfizer's Diflucan patent isn't being

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South Africa May Spurn Pfizer's AIDS Drug Gift, Citing Restrictions

Continued From Page B1

enforced, sell daily doses of their own versions of the drug for less than 60 cents a day.

"We asked Pfizer, given the health emergency here, to either reduce the price or, at the very least, allow South Africa to import the drug from generic drug makers," says Zackie Achmat, who heads the HIV & AIDS Treatment Action Campaign in Johannesburg. "We never asked them to give it away." Mr. Achmat says a price cut might spur the government to set up programs to diagnose and treat the meningitis as well as pay for the drug to treat less serious fungal infections that are even more common among the 3.6 million, or 10% of South Africans, infected with HIV.

But Pfizer instead surprised the South Africans by offering to give the drug away, albeit with restrictions. The company said it wanted the free supplies to be used to treat meningitis, which affects about 8% of infected people, and not for the other much more common fungal infections. In addition, the company said it wanted the free drug to be limited to patients treated in government hospitals who could verify they couldn't afford the drug's price. Pfizer also said the drug could be used only for patients diagnosed with cryptococcal meningitis by use of a diagnostic spinal tap, a procedure that draws fluid from the spine and would involve the use of special test kits and specialized physician training.

In April, Pfizer sent several officials from its New York headquarters and its local operations to meet with Dr. Tshabalala-Msimang, the health minister, and several of her aides to explain its requirements. The groups again in May and last week. Although Pfizer officials say they are working with unusual speed to hammer out an accord, Dr. Tshabalala-Msimang has told the company that if no agreement is reached by the end of June, South Africa may end the discussions.

The following week, beginning July 8, global attention will be drawn to South Africa when more than 10,000 people from all around the world will gather at the 13th International AIDS Conference in Durban, on the country's east coast. South Africa itself is expected to be criticized at the meeting for responding too slowly to the AIDS crisis. The country's president, Thabo Mbeki, will also be the target of criticism for recent perplexing comments questioning whether HIV is even the cause of AIDS.

"The government would very much like to have an agreement with Pfizer that it could point to at Durban as being an active step forward," says Shaun Conway, director of the Southern African HIV Clinicians Society in Johannesburg. "But the government doesn't want to set a precedent with the drug companies that it is willing to accept an offer it finds burdensome or unfair."

The government is especially unhappy about Pfizer's time limit. People familiar with the talks say Pfizer upset the health minister because it first stated there would be no time limits on the offer and then, at a second meeting, said its offer was good only until the end of 2002. While Ms. Lambert says she doesn't want to provide details of the discussions, she does say the government is worried that a time limit means a government program for treating the disease won't be able to be sustained.

"We don't want to go to the great effort and expense of setting something up that will only last two years," she says.

She also says the government is suspicious because the time limit coincides with the expiration of Pfizer's Diflucan patent. At that time, South Africa could buy generic versions of the drug, but doctors who had been using the free branded version by then might not want to switch. "The government is concerned that what Pfizer is doing amounts to giving away drug samples to get doctors to use the branded drug once the patent expires," says an AIDS physician familiar with the negotiations.

The 13th International AIDS Conference will begin in Durban, South Africa, July 8.

The government is also worried that Pfizer's requirement that South Africa set up a rigorous monitoring system to evaluate the drug's effectiveness "looks as if the company is using the donation as a way to conduct a clinical trial against meningitis here in Africa," Ms. Lambert says. "If we want to do a clinical trial we will. We don't want Pfizer telling us we have to do it and how we must carry it out."

Finally, Ms. Lambert says, the health minister is upset that Pfizer is offering the drug only to South Africa. "We are very close to our neighbors who wonder why we are getting this offer and they aren't," she says.

Jack Watters, Pfizer's director of medical operations in New York, who has participated in the talks, says he believes an agreement will be worked out by the minister's deadline. He says that the offer won't necessarily terminate in two years but that "we told the minister that at the end of two years we would evaluate if the program is working." He says the donation could be extended at that time.

Mr. Watters also says the restrictions are designed to ensure that the drug is used properly and isn't diverted to other markets. He says the monitoring system will help the company decide whether to expand the offer to other nations. He adds that Pfizer is so worried that the free drug will be sold elsewhere that it is planning to track the donated medicine by manufacturing it in tablets instead of the normal capsules. He says the company is limiting the offer to treating meningitis only because it is a life-threatening disease for which no other treatment exists, while other drugs are available to treat the other AIDS-related fungal infections.

And why won't the company simply agree to lower its price as the five other large drug makers have? Some critics say Pfizer worries that if it lowers the price, other countries will demand similar concessions. But Pfizer says that's not the reason. "We don't believe reducing the price will mean that medication will get to large numbers of people," Mr. Watters says. "We believe we will treat many more people with the kind of program we are hoping to develop with the government."

Publishers Aim to Get Ahead of Piracy Game

Continued From Page B1

grams. A library might be able to loan out a handful of copies of a book, but a program could distribute hundreds of pirated copies with the click of a mouse.

To avoid that scenario, publishers are taking a different approach from their music peers. Instead of fighting digital distribution, publishers say they are embracing the technology early on. "There wasn't an effort by the music industry to develop this [electronic] industry so they left themselves open to the black market," says David Steinberger, president of corporate strategy and international for HarperCollins Publishers, a unit of News Corp.

The publishing industry is also trying to establish the rules of their digital world, rather than basing renegade software pro-

LAW

Frozen-Food Chief Paulucci Sues IBP

By Scott Kilman
Staff Reporter of The Wall Street Journal

Frozen-food magnate Jeno F. Paulucci accused IBP Inc., the nation's biggest meatpacking company, of using his secrets in a line of Mexican food.

Mr. Paulucci, 82 years old, sued IBP and Robert Peterson, its chief executive, in federal district court in Minneapolis. Mr. Peterson, 67, who had served as a vice chairman of Mr. Paulucci's closely held company, Luigino's , recently left the Luigino's b d.

The lawsuit pits two of the Midwest's most inventive and combative food execu-

"I don't know which one I would put my money on," said George S. Dahlman, a food-industry analyst at U.S. Bancorp Piper Jaffray.

Mr. Peterson didn't return a telephone call seeking comment. But IBP strongly denied the allegations in the 16-page lawsuit.

"IBP and Mr. Peterson have done nothing wrong," said Gary Mickelson, a spokesman for the Dakota Dunes, S.D., company. "We are dismayed that Mr. Pau- would ce these fa claims," he ad

Mr. Paulucci said he had considered

bowls in an attempt to differentiate their products.

The Luigino's line, which is called How lin' Coyote, is in test markets.

The lawsuit alleges that Mr. Peterson learned of Luigino's secrets after promising that IBP didn't have any interest in the retail frozen-food business.

However, IBP said yesterday that Mr. Paulucci never asked Mr. Peterson about IBP's interests in that area.

Building and Selling

Mr. Paulucci made a for building and then selling food companies to the

OFFICE OF THE SECRETARY
OFFICE OF HIV/AIDS POLICY

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Room 736 E
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DELIVER TO: Sandy Thurman **FAX:** 456-2439

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COMMENTS:

FROM: Miguel Gomez
Senior Policy Analyst
Phone: (202) 205-1840
Email: mgomez@osophs.dhhs.gov

If transmission problems occur, please call (202) 690-5560

NOTE TO SANDY THURMAN

Date: Monday, June 5, 2000

From: Miguel Gomez

COMMENTS

These are the proposed questions for the Durban VNR. Please review – your feedback is appreciated.

(1) Based on your long experience with this epidemic--first as an AIDS activist in Atlanta and for the past 3 years as President Clinton's principal AIDS policy advisor, what can you say about the role culture plays in helping or hurting the mission of HIV awareness and prevention campaigns. How has this impacted the situation in Africa and also in communities of color in the U.S.?

(2) Many Americans have heard the news of the staggering HIV infection rate in Africa and they wonder what if anything can be done to make a positive difference in the face of such grim statistics. You've visited the front lines of the epidemic all over the region. How can the U.S. and other donor nations be of significant help?

(3) In the U.S,, AIDS began primarily as a disease of gay men, and later of heterosexual women who received the virus from their I-V drug abusing partners. But that is not the African experience. Who is getting sick in Africa and what are the main means of transmission in Africa?

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TO:	FROM:
ABC News	White House Office of National AIDS Policy
COMPANY:	DATE:
	July 5, 2000
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
202-362-1124	2
PHONE NUMBER:	
RE:	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FOR IMMEDIATE RELEASE
July 5, 2000

Contact: (202) 456-2437

During the XIII International AIDS Conference being held in Durban South Africa, White House AIDS Czar Sandra Thurman may be reached through Jeff Kamen who will be traveling with her. Mr. Kamen will be staying at the Hilton Hotel in Durban; Phone: (27) (31) 336-8100.

- We are unapologetic about the fact that the focus on primary prevention remains the core of our response to this epidemic.

- A related issue is that of mother-to-child HIV transmission (MTCT). Again we have supported ongoing research in South Africa both on AZT and Niverapine. We have indicated clearly some of the concerns that are well known about side effects of these drugs, including the development of resistance. We also recognise that Niverapine, if it were to be proven to have a positive benefit/risk profile, would present a better option for developing countries like ours. This is because of its ease of administration as well as a relatively more favourable cost profile.

  As previously stated, we have therefore supported ongoing research on this. We look forward to the discussions in this Conference which will focus on the results of these trials and link them to the challenges of breastfeeding options given the evidence of reversal of benefits with continued breastfeeding. We have, in discussion with our scientists, agreed to discuss this matter once the relevant results are available. We also shall be looking at the recommendations from the WHO on this matter.

- Meanwhile, early this year we released our guidelines on the obstetric care of those who are HIV positive.

  It is important for us to remember that there are other basic interventions that are critical in preventing MTCT apart from the use of antiretrovirals.

- We reiterate our view that it is inappropriate to blame everything around this epidemic on the HI virus. Clearly the relationship between HIV and other social ills afflicting our society such as poverty and disease, particularly TB and STDs, is complex. We reaffirm unapologetically our view that a comprehensive response in our country needs to recognise this reality.

  It is clear to us that this reality is part of the elements that define the striking differences in response to this epidemic in developing countries as compared to developed countries. President Mbeki articulated this comprehensively in his address yesterday.

  We leave those who have the comfort to ignore this reality to continue deluding themselves. Our task is not to respond to narrow sectoral agendas and interests, but to intervene in a comprehensive, sustainable manner in the interests of our country, particularly those previously marginalised.

- Flowing from this understanding, earlier this year we released guidelines for the treatment of opportunistic infections. We have also strengthened our STD and TB programmes. We are also strengthening our national response to other public health challenges such as poverty and the provision of adequate safe water and sanitation.

  We do so because we believe that the presence of these infections accelerates viral replication and therefore increases the rate of transmission. It seems eminently evident to us that countries that are resource-constrained like ours, need to begin with these interventions both because this is good in itself but secondly because an effective response in this regard is an effective response against HIV and AIDS.

+27 12 3284412

Last printed 07/07/00 4:09 PM

HIV/AIDS International Conference
Durban, South Africa
07/10/00- 07/14/00

Combined Schedule: Vivian L. Derryck, AA/AFR, Joe Crapa, AA/LPA and Sandy Thurman, White House Advisor H IV/AIDS.

FRIDAY, JULY 7, 2000

DURBAN

Sandy Thurman, White House Advisor – HIV/AIDS

08:00 – 17:00 *Site Visit Schedule TBD*

Control Officer: Caroline Connolly
Cellphone No.: 083 417 6860

Transportation: NIH

PRETORIA

Joe Crapa, AA/LPA

Control Officer: Bill Brands
Cellphone No.: 083 4176855

08:15 Depart Hotel for USAID Offices

08:30 Arrive USAID Mission

08:30- 09:30 USAID South Africa Program Briefing/Overview on Sector Activities
Presenters: Strategic Objective (SO) Team Leaders and Office Directors

09:30-10:15 Briefing S02 - Education Sector Program Briefing
Presenter: Don Foster-Gross, Team Leader

10:30- 11:15 Travel to SOWETO from USAID offices
USAID Vehicle Reg. No. 175D126D
Driver: Roland Vehicle Telephone: 083 443 6617

11:15-13:00 Lunch (No-host) Wandies

Participants: Joe Crapa, Bill Brands, Rebecca Black, Michael Klesh, Simon Aphane, Douglas Gayle and Madeleine Constanza,

13:00-14:30 Site Visit - Micro-enterprise projects
Participants: Simon Aphane
Jaime Reibel

Note: Participants to meet at Wandies and escort Crapa project sites BP Petrol Station and Lucky's Tuck Shop.

14:30-15:30 Site Visit: Eco-Housing Project.
Participant: Madeleine Constanza, Project Manager

15:30-16:30 Visit Hector Peterson Memorial

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16:30-17:30	Depart Hector Peterson Memorial for Sheraton Hotel
18:45	Depart Sheraton Hotel for dinner USAID Vehicle No.: 175D330D Driver: Lucas 2 Vehicle Telephone: 083 443 6619
19:00 – 22:00	Dinner at Chagall's Restaurant Participants: Eilene Oldwine Don Foster-Gross Peter Hubbard Bill Brands Ken Yamashita
22:00	Depart Restaurant for Hotel

Last printed 07/07/00 4:09 PM

SATURDAY, JULY 8, 2000

DURBAN

Sandy Thurman, White House Advisor – HIV/AIDS

Control Officer: Caroline Connolly
Cellphone No.: 083 417 6860

08:00 *Depart Hotel for ICC*
Transportation: NJH

08:30-10:30 Remarks at opening Plenary of HIV Prevention Works Symposium

CAPE TOWN

Joe Crapa, AA/LPA

Control Officer: Bill Brands
Cellphone No.: 083 417 6855

06:00 USAID Vehicle Pick-up B. Brands

06:15 USAID Vehicel Pick-up J. Crapa

06:15 - 07:15 Travel to JNB Airport (Crapa/Brands)

08:00 Depart for Cape Town via SA 307 (Crapa/Brands)

10:10 Arrive Cape Town – SO6 Vehicle to Hotel

Victoria & Alfred Hotel
On the Waterfront
Pier Head, Cape Town 8001
Telephone: 21 419 6677
Fax: 21 419 8955

10:30 – 17:00 Site Visits: Amy Biehl Foundation
Gugulethu Housing Project

Site Officer: Russell Hawkins
Cellphone: 083 380 1786

Note: Russell Hawkins to meet Crapa/Brands at airport and escort to site visits.

17:00 Evening Free

DURBAN

Vivian Lowery-Derryck AA/AFR

10:15 Pick-up Reverie Zurba at Royal Hotel, Ulundi Street entrance
International Chauffeur Drive
Driver: Sagaren Moodley Cellphone No: 083 355 6695

10:55 Vivian Lowery Derryck, AA/AFR arrives Durban Airport via BA 6309
Control Officer: USAID Public Liaison Officer, Reverie Zurba
Cellphone: 083 417 6861

	Buck Buckingham, Royal Hotel, 267 Smith Street, Durban T: (031) 304 0331 F: (031)307 6884 Cell No: 0828584219
11:30	Depart airport for CG's residence for lunch
	CG Craig Kuehl 20 Monteith Place Durban North Tel (031) 563 3952
14:00	Depart CGs residence for hotel
	Mount Edgecombe 107 Marshall Drive, Mount Edgecombe, 4300 Telephone: 031 539-2052 Fax: 031 502-3222
16:15 – 17:00	Travel from hotel to Exhibit International Chauffeur Drive vehicle Driver: Sagaren Moodley Cellphone No: 083 355 6695 (Buck Buckingham to meet Vivian Lowery-Derryck at Durban Playhouse)
17:00-19:00	Opening of the Living Together Project Exhibit Alhambra Room at the Durban Playhouse Note: Buck Buckingham to accompany
19:00	Depart Exhibit for Hotel International Chauffeur Drive vehicle Driver: Sagaren Moodley Cellphone No: 083 355 6695

SUNDAY, JULY 9, 2000

DURBAN

Sandy Thurman, White House Advisor – HIV/AIDS

Control Officer: Caroline Connolly
Cellphone: 083 417 6860

Transportation: NIH

Vivian Lowery Derryck, AA/AFR

Control Officer: Eilene Oldwine
Cellphone: 083 306 9553

07:00 (TBD) *Vivian Derryck departs hotel for site visit w/Press*

08:00 - 11:30 *Site visit with Press Schedule TBA*
Participants: *Thurman*
Derryck
Buckman

Time TBD *Site visit to orphanage with Sandra Thurman et al*

09:15 Eilene Oldwine arrives Durban via CE404
USAID Vehicle to meet at Airport *175D200D*
Driver: Benjamin Vehicle Telephone: 083 443 6621

Eilene from airport to hotel

Mount Edgecombe
107 Marshall Drive, Mount Edgecombe, 4300
Telephone: 031 539-2052
Fax: 031 502-3222

13:00 – 14:00 Vivian Lowery-Derryck travel from Mt. Edgecomb to ICC (optional)

Sandy Thurman only

13:00-14:15 *Federal Press Conference*
Participants: *Sandy Thurman*
Fauci
O'Neill
Gayle
Goosby

Post Press Conference (10 minutes)

15:00-17:00 "The Future of the Epidemic"
Venue: ICC Hall 1 (optional)

18:00-19:00 Welcome Reception
Venue: ICC, Walnut Road (optional)

19:15 Dinner (No-host) at Ulundi Restaurant in Royal Hotel
(booking with Wendy in the name of Oldwine)
Participants: Eilene Oldwine
Ken Yamashita
Vivian Lowery-Derryck

Buck Buckingham

20:40 USAID Vehicle to transport Vivian Derryck and Eilene Oldwine to Mount Edgecombe Golf Lodge
USAID Vehicle
Driver: Benjamin Vehicle: 083 443 6621

CAPE TOWN

Joe Crapa

08:00 - 17:30 Control Officer: Bill Brands
Cellphone: 083 417 6855 to 17:30

08:00 – 15:30 Site Visits to Robben Island and/or Table Mountain

17:30 Bill Brands departs Cape Town for Johannesburg via SA 334

19:00 Joe Crapa departs Cape Town for Durban via SA 610

DURBAN

Joe Crapa

20:30 Ken Yamashita departs Ulundi Restaurant, Royal Hotel for Airport by International Chauffeur Drive vehicle
Driver: Sohun Radjan Vehicle: 083 719 6423

20:55 Joe Crapa arrives Durban via SA 610

Control Officer: Ken Yamashita
Cellphone: 083 417 6857

21:00 – 22:00 Travel from airport to accomodation

4 Glenmore Crescent
Durban North
Tel/Fax: 031-564 5584

MONDAY, JULY 10, 2000

INTERNATIONAL CHAUFFEUR DRIVE MICROBUS AVAILABLE FROM 07:00 TO JULY 14, 2000, AT ROYAL HOTEL, DURBAN.
CONTACT: SURPRISE 082 777 3458

DURBAN
Sandy Thurman, White House Advisor – HIV/AIDS

Control Officer: Caroline Connolly
Cellphone: 083 417 6860

Vivian Lowery Derryck, AA/AFR
Control Officer: Eilene Oldwine
Cellphone: 083 306 9553

Note: 10 Packed luncheons for site visit arranged with Mount Edgecombe Golf Lodge

Joe Crapa, AA/LPA
Control Officer: Ken Yamashita
Cellphone: 083 417 6857

Note: Schedule for site visits for Crapa (optional)

08:30 Pick-up Derryck/Oldwine at Mt. Edgecombe Golf Lodge and travel to Royal Hotel – Shuttle to ICC Press Conference
USAID Vehicle
Driver: Benjamin Vehicle Telephone: 083 443 6621

09:00 Pick-up Crapa/Yamashita at 4 Glenmore Crescent and travel to Royal Hotel - Shuttle to ICC Press Conference
International Chauffeur Drive
Driver: Sohun Radjan Vehicle: 083 719 6423

09:45-10:45 USAID Press Conference: "Demographic Impact in Developing Countries", Ground Level ICC

11:00 Depart ICC for Royal Hotel, Ulundi Street entrance.

11:30 – 12:30 Travel from Royal Hotel (Ulundi Street entrance) to Site Visit in Pietermaritzburg
Vehicle: International Chauffeur Drive
Driver: Wikus van Vuuren Vehicle: 083 631 4680
(via Greys Hospital to pick-up Dr McKerrow)

Passengers: Sandy Thurman, Vivian Lowery-Derryck, Joe Crapa, Eilene Oldwine, Paul Delay, Ken Yamashita, Caroline Connolly, Nellie Gqwaru, Michael Iskowitz

12:30 Arrive at Edendale Hospital, Pietermaritzburg

12:30 - 1400 Briefing and tour of Pediatrics Ward with Drs Mabaso and McKerrow
Site Officer: Nelly Gqwaru
Cellphone: 082 338 2014

14:00 – 15:00 Travel to Lily of the Valley Children's Hospital

15:00 – 16:00 Lily of the Valley Children's Hospital, Farm Killarney, Eston
Tour Children's Centre with Ms Anita Keyser

16:00 – 16:30	Travel to Royal Hotel
16:30	Arrive at Royal Hotel, Ulundi Street, Durban
	Vivian Derryck - Evening Free
17:30	(10 minutes) Web MD Daily Update: Access to Care

TUESDAY, JULY 11, 2000

DURBAN

Sandy Thurman, White House Advisor – HIV/AIDS

Control Officer: Caroline Connolly
Cellphone: 083 417 6860

Vivian Lowery Derryck, AA/AFR
Control Officer: Eilene Oldwine
Cellphone: 083 306 9553

Joe Crapa, AA/LPA
Control Officer: Ken Yamashita
Cellphone: 083 417 6857

08:00 Pick-up Derryck/Oldwine at Mt. Edgecomb Golf Lodge and travel to Royal Hotel and Shuttle to ICC Press Conference
USAID Vehicle
Driver: Benjamin Vehicle Telephone: 083 443 6621

08:15 Pick-up Crapa (with bags)/Yamashita at 4 Glenmore Crescent and travel to Royal Hotel – Shuttle to ICC Press Conference
International Chauffeur Drive
Driver: Sohun Radjan Vehicle: 083 719 6423

08:30 Connolly to meet/escort Thurman to ICC Press Conference

09:15-10:15 USAID Press Conference on Ground Level of ICC: "LIFE One Year Later"
Speakers: Sandy Thurman, The White House; Vivian Lowery Derryck, USAID and Dr Helene Gayle, CDC

Sandy Thurman Schedule for Remainder of the Day:

11:00-12:00 Attending Conference at ICC

12:00-14:00 African and American NGO Twinning Luncheon

15:00-17:00 PLWA Round-table discussion (SLT, Satcher, Goosby)

17:30 Daily Update: Living with HIV/AIDS

Vivian Lowery-Derryck and Joe Crapa Schedule for Remainder of the Day

10:30 Depart ICC by shuttle bus for Royal Hotel

10:30 Media vehicles available at Royal Hotel
Reverie Zurba
Liz Lasser
Gabriella Bushman
Val Crites
Jerry Williams

International Chauffeur Drive
Vehicle 1: Driver: Levan Ramial Vehicle: 083 524 9113
Vehicle 2: Driver: Lawrence Covender Vehicle: 083 212 4766

11:00 Depart Royal for site visit: Medical Care Development International, Ndwedwe
Site Officer: Anita Sampson 082 579 4788

USAID Vehicle Reg. 175D200D (Mini-Van)
Driver: Ben Telephone: 083 443-6621
Passengers: Vivian Lowery-Derryck
Eilene Oldwine
Anita Sampson
David Patterson
Barbara Patterson
Nelly Gqwaru
Buck Buckingham

International Chauffer Drive (Mini-Van)
Driver: Wikus van Vuuren Vehicle: 083 631 4680
Passengers: Joe Crapa
Ken Yamashita,
Pamela Wyville-Staples
Barbara Brazy
Linda Sussman
Ray Copson

12:30-14:30 Ndwedwe, Tafamasi Clinic
Introductions/Community Leaders and Clinic Tour
Briefing by David Patterson/Sibusiso on Ndwedwe Child Survival Project
Presentations by: Community Choir
Community Leader
Clinic Nurse
District Health System Representatives
Refreshments

14:30-15:30 Travel from Ndwedwe for Mount Edgecombe

16:45 Travel from Mount Edgecombe for USAID OVC discussion via Royal Hotel – Shuttle to ICC

Crapa Departs Durban

16:15 – 17:00 Joe Crapa travel from Ndwedwe to Durban Airport via Royal Hotel
International Chauffeur Drive
Driver: Wikus van Vuuren Vehicle: 083 631 4680

17:00 Joe Crapa depart Durban for Johannesburg via SA 7032

18:00-20:00 USAID Internal Orphans and Vulnerable Children discussion at Balmoral Hotel, 125 Marine Parade, Durban (5 minutes from ICC)

20:00 USAID Vehicle 175D200D at Royal Hotel
Driver: Benjamin Vehicle Telephone: 083 443 6621

20:30 Dinner (18:00) hosted by Betsi Pendry, HIV/AIDS consultant, for US attendees and people working on HIV/AIDS in South Africa, 3 Sylvan Close, Umhlanga. Contact number 082 263 6896

PRETORIA

Joe Crapa

17:00 Peter Natiello departs USAID offices for JNB International Airport

18:00 Joe Crapa arrives Johannesburg International Airport

Last printed 07/07/00 4:09 PM

USAID Vehicle 175D242D to meet/transport to hotel
Driver: Johannes Vehicle Telephone No. 083443 6603

Control Officer: Peter Natiello
Cellphone: 083 417 6866

Sheraton Hotel
643 Corner of Church and Wessels Sts
P.O. Box 26500 Arcadia 0007, Pretoria
Telephone No. 27 12 429 9999
Fax No. 27 12 429 9300

Evening Free

WEDNESDAY, JULY 12, 2000

DURBAN

Sandy Thurman, White House Advisor – HIV/AIDS

Control Officer: Caroline Connolly
Cellphone: 083 417 6860

Vivian Lowery Derryck, AA/AFR

Control Officer: Eilene Oldwine
Cellphone: 083 306 9553

08:00 Sandy Thurman departs Royal Hotel for ICC

09:00-11:00 Sandy chairs Plenary Session "Prevention of HIV"

09:00 – 10:15 Vivian Derryck/Eilene Oldwine travel from Mt. Edgecombe Golf Lodge to Royal Hotel and shuttle to ICC with USAID driver

10:15-11:15 USAID Press Conference on Ground Level of ICC – "Confronting Stigma and Denial: The Demand for Voluntary Counseling and Testing"

11:15 - 12:30 Lunch/ICC
Shuttle from ICC to Royal Hotel (Ulundi Street entrance)

13:00 – 13:30 Travel from Royal Hotel to Ntinga for Site Visit
International Chauffeur Drive (Mini-van)
Driver: Wikus van Vuuren Vehicle: 083 631 4680
Passengers: Bill Brands
Francois du Toit
Dir-World Education Program
Sandy Thurman
Caroline Connolly

USAID Vehicle 175D200D from Royal Hotel to Ntinga for Site Visit
Driver: Benjamin Vehicle Telephone: 083 443 6621
Passengers: Vivian Lowery-Derryck
Eilene Oldwine
Pamela Wyville-Staples
Rebecca Black
Buck Buckingham

International Chauffeur Drive
Media Vehicle 1: Levan Ramial Vehicle: 083 524 9113
Media Vehicle 2: Lawrence Govender Vehicle: 083 212 4766

13:30-14:30 Ntinga Micro-enterprise Support Project
Thekweni Business Development Centre
127 Alice Street, Durban

Site Officer: Bill Brands
Cellphone: 083 417 6855

14:30-15:00 Travel to site visit at Cato Manor

15:00-16:40 Cato Manor Development Association, Durban

Site Officer: Rebecca Black
Cellphone: 083 381 5195

16:40 - 17:30	Travel from Cato Manor to Holiday Inn
17:30 – 19:30	Ambassador *et al* US delegation reception at Holiday Inn, Durban, 63 Snell Parade
19:30	USAID driver on standby at Holiday Inn
19:00	Sandy Thurman to attend Harvard reception at the Royal Hotel
20:00	Vivian Lowery Derryck to attend Bill & Melinda Gates Foundation Reception (more information coming from Buck Buckingham, AFR/SD)

PRETORIA

Joe Crapa, AA/LPA

Control Officer: Peter Natiello
Cellphone: 083 417 6866

08:00-12:00	USAID Vehicle 175D236D to pick up Crapa (with bags) from Sheraton Hotel Driver: Lucas Thulare Car phone: 083 443 6604 for visit to community law programs. Meetings arranged with NIPILAR, Pretoria, and NIPILAR's Advice Centre in Soweto
12:00-16:00	Urban Futures Conference, Inner City Workshop at Igoli Room, Civic Theatre, Braamfontein, Johannesburg (including luncheon)
14:30	USAID to provide transport for Mr Crapa to airport for scheduled departure to Atlanta via SA 7007 at 17:20

Plenary : PL04

Chairs on stage:

Gro Harlem Brundtland
Ms Sandra Thurman, Director: White House Office of National AIDS Policy
Minister Dlamini, Swaziland
Salim S Abdool Karim

Speakers on stage:

P Lamptey
G Gupta
C Luo
L van Damme

Programme:

09:00 – 09:02	Introduction of Peter Lamptey *Gro Harlem Brundtland*
09:02 – 09:28	Prevention does work! *Peter Lamptey*
09:28 – 09:30	Introduction of Geeta Rao Gupta *Sandra Thurman*
09:30 – 10:00	Gender, sexuality and HIV *Geeta Rao Gupta*
10:00 – 10:02	Introduction of Chewe Luo *Minister Dlamini*
10:02 – 10:30	Strategies to reduce mother-to-child transmission *Chewe Luo*
10:30 – 10:32	Introduction of Lut van Damme *Slim Abdool Karim*
10:32 – 11:00	Advances in topical microbicides *Lut van Damme*

DRAFT, DRAFT
5 July, 2000 12:45PM

DECLARATION OF PARTNERSHIP
BETWEEN
THE NELSON MANDELA CHILDREN'S FUND &
THE UNITED STATES GOVERNMNET

14 July 2000

7:30 AM
Site Visit - Children's Home/Hospital/School - with Media
Ambassador Lewis, Sandra Thurman, Achmet Dangor, Vivian Lowery Derryck - USAID/W

At Royal Hotel

8:40 AM
USAID/South Africa at door to greet guests
Anita Sampson
Nellie Gqwaru
Pamela Wyville-Staples

9:25 AM
Choir and Dancers start performing
Guests Arrive

9:45 AM
Ambassador Lewis, Sandra Thurman, Achmat Dangor, Vivan Lowery Derryck arrive
Choir sings in the background

9:55 AM
The Honorable Nelson Mandela Arrives

10:00 AM

Welcome	Mr. Achmat Dangor Chief Executive Officer Nelson Mandela Children's Fund

10:05 AM

Welcome	Ms. Vivian Lowry Derryck Assistant Administrator for the Africa Bureau USAID/ Washington

Ms. Derryck introduces Ambassador Lewis

10:10 AM

Remaks	Ambassador Delano Lewis US Ambassador to South Africa

Mr. Dangor introduces Ms. Thurman

10:15 AM

Remarks Ms. Sandra Thurman
White House Advisor on AIDS

Mr. Dangor introduces Mr. Mandela

10:20

Remarks Mr. Nelson Mandela
Founder - Nelson Mandela Children's Fund

10:30 Grant Signing

10:35 Choir Closes Ceremony

10:40 Brief Remarks to the Press

XIII International AIDS Conference

African American AIDS Policy and Training Institute

Special Breakfast Roundtable

Africans, African Americans and AIDS: *What is the Connection?*

Wednesday

6:30 – 8:30 am

Royal Hotel, Salon B

Full breakfast served

Special appearances by:

Danny Glover

Dikembe Mutombo

Goodwill Ambassadors to the United Nations Development Programme

Dr. David Satcher

U.S. Surgeon General

Sandra Thurman

White House Office of National AIDS Policy

Dr. Wilbert Jordon

Dr. Robert Scott

Moderated by Phil Wilson

Everyone is welcome!

Shuttle from the Royal Hotel to the conference center after the breakfast

Sandy

Sandy,
Erika & I are here —
Can you see us afterwards? :)
Can you introduce us to Danny Glover.

Kelli

way back by
door

This conference is occurring at a pivotal time ~~and~~ and place in ~~the~~ ~~epidemic~~ ~~this pandemic. This is the first time since the~~ in the fight against AIDS. This is the first time since the epidemic began that the International AIDS Conference has been held in the developing world — in the region hardest hit by this tragedy — ~~but~~ with a growing understanding that ~~it what we are~~ we are in fact at the beginning of this pandemic ~~not at the end~~ and ~~that~~ what we see in Africa is just the tip of the iceberg — and with ~~growing~~ ~~escalating into~~ increased interest in the impact that AIDS is having on communities around the world ~~there is~~ there is a growing sense of urgency to move forward with deliberate speed — if we are going to turn the tide — it is now — or never.

Linda
Susan
John

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

PRESS RELEASE

WASHINGTON, DC 20523
www.usaid.gov

Contact:
U.S.: Abigail Smith 202-712-4320
South Africa: Gabrielle Bushman
083-468-8489

2000-175
FOR IMMEDIATE RELEASE
Thursday, July 13, 2000

16 countries @ 20+ have lost 20%
34 countries in study
88% orphans currently in A 34.7 (44.2, 9624)
1/5 - 1/3 children in.

USAID REPORT PROJECTS DRAMATIC INCREASE IN AIDS ORPHANS

DURBAN, South Africa – The U.S. Agency for International Development (USAID) today released the executive summary of *Children on the Brink 2000*, a study of AIDS orphans across the globe. The study finds that by 2010, at least 44 million children will have lost one or both parents to all causes in the 34 countries most severely affected by the AIDS pandemic.

Of these 44 million orphans, 68 percent of their parents will die of AIDS. This represents a dramatic increase from 1990, when AIDS accounted for 16.4 percent of parental deaths. Orphans are distributed among world areas in the same patterns as HIV-prevalence, so that countries with the highest infection levels usually have the highest orphan rates.

The orphan crisis is most acute in sub-Saharan Africa. In at least eight countries in this region, between 20 and 35 percent of children under 15 have lost one or both parents. By 2010, 11 countries will reach this rate.

Children on the Brink 2000 finds that with few exceptions the number of children being orphaned will accelerate through at least 2010. In many countries, the proportion of orphaned children will remain exceptionally high until 2020 or 2030.

One country studied was Zambia. *Children on the Brink 2000* finds that in Zambia, currently 27.4 percent, or 1.2 million children, who are under age 15, are orphans. Chronic malnutrition is widespread. Orphan caregivers are predominantly poor women. Children in these households are significantly more disadvantaged than children in two-parent families, largely because women have less access to property and employment. Female-headed households are larger and poorer than male-headed households in all regions.

The executive summary of *Children on the Brink 2000* was released at a USAID press conference at the XIII International AIDS Conference in Durban, South Africa.

Since 1986, USAID has dedicated over $1.4 billion dollars for the prevention and mitigation of this epidemic in the developing world. USAID's HIV/AIDS budget of $200 million for 2000 is four times as great as the next-largest donor's budget. USAID is working in 46 of the hardest hit countries around the world. Nearly 70 percent of USAID's HIV/AIDS program assistance goes to small non-governmental organizations that have direct connections to the poorest of the poor and those most vulnerable to infection.

* Long term sustained response to a changing landscape
* We are trying to hit a moving target
* Impact on Children is unprecedented--

-more-

- Even if HIV+ levels - deaths will not level until 2010
- Problem is long term usually we have experience orphaning as a short term challenge (war).
- Orphaning will remain high for the next 20 - 30 years

Children on the Brink 2000 updates USAID's 1997 report on orphans, and provides estimates of the number of orphans in 34 developing nations, as well as offering strategies to support children affected by HIV/AIDS worldwide. The original report included the first international orphan estimates published since 1990 and contributed to a growing sense of urgency about the impact of HIV/AIDS, particularly in sub-Saharan Africa. The complete *Children on the Brink 2000* will be released this fall.

Children on the Brink 2000 presents new orphan estimates for the 23 countries studied in the 1997 report, as well as 11 additional developing countries. The report also provides a summary of new statistics on the HIV/AIDS pandemic; new programming recommendations for children, families, communities, and governments; and an updated overview of actions taken by international organizations to assist families and children affected by HIV/AIDS.

The executive summary of *Children on the Brink 2000* is available at www.usaid.gov

The U.S. Agency for International Development is the U.S. government agency that provides development and humanitarian assistance worldwide.

\# \# \#

$1600 per year for
$ to visiting programs

50% are children orphaned by AIDS
70% by 2010

AID Response
$24
Scaling up

What to do?

* Majority of orphans are living in extended families - the family is the first ~~Safet~~ Social Safetynet -
- Must Strengthen capacities of families to care for these Children
  - microcredit programs
  - churches
- Must Strengthen C-based response
  - basic community organizing
    grassroots responses
    - village visitation programs
- Strengthen capacity of Children
  - education
    community schools
- Gov't protection / action
  Strengthen child protection services
- Create an enabling environment - STIGMA, PUBLIC PERCEPTION
  - inheritance rights,

U.S. Agency for International Development

U.S. Agency for International Development
320 21st St., N.W.
Washington, DC 20523

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

FACT SHEET

WASHINGTON, DC 20523
http://www.usaid.gov

Contact: Gabrielle Bushman
(202) 712-4320

2000-15
FOR IMMEDIATE RELEASE
Sunday, July 9, 2000

USAID COMBATTING AIDS: A RECORD OF ACCOMPLISHMENT

The U.S. government is the world leader in responding to the global pandemic of AIDS. Since 1986 the U.S. government, through USAID, has dedicated over $1.2 billion dollars for the prevention and mitigation of this epidemic in the developing world. USAID's HIV/AIDS budget of $200 million for 2000 is four times as great as the next-largest donor.

USAID is working in 46 of the hardest hit countries around the world. Nearly 70 percent of our HIV/AIDS program assistance goes to small non-governmental organizations that have direct connections to the poorest of the poor and those most vulnerable to infection.

Vice President Gore's Speech to the U.N. On January 10, Vice President Gore addressed the first-ever United Nations Security Council meeting on a health issue. In his speech, the Vice President announced that there will be an additional $100 million to fight AIDS in the administration's FY2001 budget. Of these new funds, approximately half will be used by USAID to continue and expand its programs in 46 countries.

Leadership and Investment in Fighting an Epidemic (LIFE). In July 1999, the Vice President announced a $100 million fiscal year 2000 initiative to fight AIDS around the world. Of this, USAID has programmed $55 million, which will support efforts to contain the AIDS pandemic, provide home and community-based care, care for children orphaned by AIDS and strengthen community capacity to respond. LIFE focuses on 13 target countries (12 in sub-Saharan Africa, plus India), that represent those with the most severe epidemic, the highest number of new infections and where the potential impact is the greatest.

Educating people to prevent AIDS. In the past five years, USAID, through work with host country governments and community groups, has provided intensive AIDS education and to over 25 million vulnerable men and women, helping them to reduce their risk of HIV infection. To accomplish this task, USAID has trained over 180,000 new, dedicated counselors and educators.

Reducing HIV prevalence in young adults in Uganda. USAID's support was instrumental in reducing the prevalence of HIV in 15-24 year olds in urban areas by 50 percent and nationally by a third.

Maintaining low HIV prevalence. In Senegal, Philippines and Indonesia, early, comprehensive HIV intervention programs supported by USAID and other donors have helped prevent a major epidemic, keeping the prevalence rate to less than 2 percent. Even more dramatic, in another set of countries – Uganda, Dominican Republic, and Thailand – intensive HIV/AIDS programs launched after major epidemics had erupted have resulted in reductions in the numbers of new infections.

Reducing sexually transmitted infections (STIs) in Africa. USAID is improving STI control programs in Cote d'Ivoire, Ghana, Nigeria, Rwanda and Zambia. In South Africa, USAID support was instrumental in reducing the prevalence of STIs by 40 percent among vulnerable mineworkers over a nine-month period.

-more-

Increasing the distribution of condoms. USAID has provided over one billion condoms and developed new technologies so that people can protect themselves and their partners. In Thailand, through a 100% "condom only" brothel policy and intensive general and targeted interventions focused on behavior change, HIV prevalence has been kept at 2 percent over the past four years, and STI rates in men have dropped by 300 percent. USAID support for social marketing of condoms has increased sales by over 100 percent between 1996 and 1998 in four African countries (Kenya, Madagascar, Mozambique, and Zimbabwe).

Supporting voluntary testing and counseling. In 1990, USAID provided funding for the AIDS Information Center in Uganda, the first program in Africa offering voluntary and anonymous HIV counseling and testing. In eight years, over 400,000 clients were served. USAID now supports voluntary counseling and testing in more than 10 countries.

Involving people living with AIDS: A critical component of USAID's efforts is to involve people living with AIDS in all stages of its programs.

Involving communities in the fight against AIDS. USAID support has been critical to supporting local communities and community-based organizations in fighting AIDS in Malawi, Zambia, Tanzania, Uganda, Senegal and 40 other developing countries.

Supporting civil society groups in the fight against AIDS. In South Africa, USAID assisted the Council of South African Trade Unions to include HIV/AIDS as a key policy issue for their members. USAID has also supported religious communities and inter-faith networks critical to HIV/AIDS prevention successes.

Developing technologies to fight the transmission. USAID has been instrumental in the ongoing development of critical technologies to fight the transmission of AIDS in the developing world, including the female condom, a topical microbicide, rapid diagnostic tests for STIs and affordable, and realistic methods to reduce mother to child transmission of AIDS.

Assisting children affected by AIDS: Globally, 25 million children have lost one or both parents to AIDS. In 10 countries in Africa, Asia, and Latin America, USAID is helping children stay in their communities by supporting extended and foster families. USAID programs assist with housing, education, health care as well as helping children cope with the psychological stress of losing a parent.

Collaborating with other major donors: USAID is closely collaborating with other major donors such as the World Bank and European Union to coordinate country programs and increase their effectiveness. In Ukraine, the European Union and USAID are designing a joint $4 million HIV/AIDS prevention campaign and in Brazil USAID is offering technical assistance to improve the national HIV/AIDS program which is supported by World Bank funds.

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U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

FACT SHEET

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FOR IMMEDIATE RELEASE
Sunday, July 9, 2000

USAID: LEADING THE GLOBAL FIGHT AGAINST AIDS

The U.S. government is the world leader in responding to the global pandemic of AIDS. Since 1986 the U.S. government, through USAID, has dedicated over $1.4 billion dollars for the prevention and mitigation of this epidemic in the developing world. USAID's HIV/AIDS budget of $200 million for 2000 is four times as great as the next-largest donor.

USAID is working in 46 of the hardest hit countries around the world. Nearly 70 percent of our HIV/AIDS program assistance goes to small non-governmental organizations that have direct connections to the poorest of the poor and those most vulnerable to infection. Over the next five years, USAID will provide education and support services to over 50 million vulnerable persons.

Fiscal Year	USAID Budget	Other U.S. Funds
2001	$260.2 million	$75 million
2000	$200.0 million	$35 million
1999	$142.1 million	-
1998	$125.6 million	-
1997	$121.1 million	-
1996	$117.8 million	-
1995	$120.6 million	-
1994	$112.8 million	-
1993	$124.4 million	-
1992	$ 95.7 million	-
1991	$ 78.4 million	-
1990	$ 48.5 million	-
1989	$ 47.1 million	-
1988	$ 34.6 million	-
1987	$ 5.0 million	-
1986	$ 1.1 million	-

The U.S. Agency for International Development is the U.S. government agency that provides development and humanitarian assistance to the developing world.

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June 1999

U.S. Agency for International Development
HIV/AIDS Programs

CIHI

HIV/AIDS programs can:

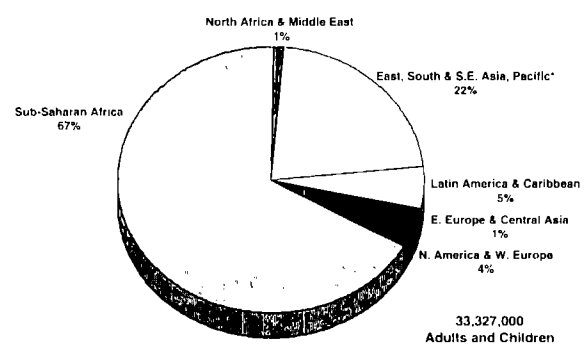
- reduce high-risk behaviors that contribute to HIV transmission.
- improve early diagnosis and treatment of sexually transmitted infections (STIs).
- strengthen local capacity to respond to the AIDS pandemic.
- reduce the impact of HIV on individual families and communities.

A Global Problem

In just two decades, the human immunodeficiency virus (HIV) has infected more than 47 million people, 95% of whom live in the developing world. In 1998 alone, six million more people became infected (11 people every minute) and one-tenth of those infections occurred among young people under 15 years of age . The vast majority of people infected with HIV remain asymptomatic for years, allowing the disease to be spread unknowingly.

As the epidemic of acquired immune deficiency syndrome (AIDS) evolves, it creates new pressures for overburdened social, health, and economic infrastructures in countries where resources are already limited and competing demands are increasing. Developing economies are further weakened by the pandemic's soaring social sector costs, decreasing labor productivity and loss of external resources, all contributing to a spiraling cycle of decline.

Regional Distribution of Adults and Children Living with HIV/AIDS as of December 1998



Source: UNAIDS, 1998
*Includes East Asia & Pacific, South and South East Asia, Australia, New Zealand

USAID Achievements

The U.S. Agency for International Development (USAID) is the global leader in developing and implementing HIV/AIDS/STI prevention and control programs through the use of three effective approaches:

1) **Reducing the prevalence of other STIs.** A study in Tanzania demonstrated a 42% drop in the number of new HIV infections through proper clinical management of symptomatic STIs.

2) **Increasing the distribution of condoms.** In Thailand, through a 100% "condom-only" brothel policy and intensive general and targeted behavior change interventions, HIV prevalence measured in antenatal clinic patients has been kept at less than 2% over the past four years, and STI rates in men have dropped by 300%.

3) **Changing high-risk sexual behavior through behavior change interventions.** In Uganda, HIV prevalence has been reduced by nearly 50% in young urban women aged 15 to 24 by promoting a delay in the onset of sexual activity and the adoption of safer sex practices.

Since 1986, USAID-funded programs have provided interventions to facilitate behavior change in over 22 million persons, trained over 180,000 educators, worked with over 600 private voluntary organizations (PVOs) and nongovernmental organizations (NGOs) to expand prevention services, improved STI programs in 19 countries, and in 1997 alone, distributed over 230 million condoms.

New Directions

In 1999, the USAID Global Bureau, Office of Health and Nutrition, HIV/AIDS Division finalized a set of new procurements for HIV/AIDS activities, that continue proven interventions and add new components to enhance and complement the Agency's response.

Prevention of sexual transmission remains the primary focus. Behavior change interventions focus on individual behavior and on contextual change to ensure long-term sustainability. Access to barrier methods now goes beyond male condoms to include female condoms in selected settings and vaginal microbicides as they become available. Reducing STIs continues to focus on increasing appropriate syndromic management and increasing emphasis on ensuring access to effective drugs.

Policy reform efforts address the appropriate allocation of resources, discrimination, and increased participation by infected persons and affected communities. Biomedical research continues to assist with microbicide and STI diagnostics development. An expanded research agenda facilitates the development of vaccines and other products suitable for the developing world. Social science research focuses on the socioeconomic determinants of vulnerability.

The Global Bureau's portfolio now includes a broad set of activities to further engage communities, NGOs, PVOs (both local and U.S.-based), and the commercial sector's participation in HIV/AIDS prevention. Other areas of focus include development of the "prevention to care continuum." This continuum encompasses expertise on survivor interventions, testing and counseling, policy reform for discrimination/stigma issues, psychosocial support, tuberculosis and other opportunistic infections, home care models, nosocomial infection control, and improving the cost-effectiveness of inpatient management. The portfolio also funds biological surveillance activities and supports analytic work to measure the efficacy and cost of the intervention portfolio and how to best adapt, replicate, and "scale up" such models.

This new HIV/AIDS umbrella Results Package incorporates grants, contracts, cooperative agreements and interagency agreements for a five-year period (1997-2002). This package will be implemented through the following activities:

- **HORIZONS:** This cooperative agreement develops and disseminates the most effective ways of combating HIV/AIDS through operations research, field tests of program interventions, and the review of scientific studies and publications.

- **IMPACT:** This cooperative agreement supports Missions and countries in implementing prevention and mitigation programs (technical assistance, training, materials production, support for HIV/AIDS/STI programs including the development of communication campaigns, and delivery of STI clinical services).

- **AIDSMark:** This cooperative agreement provides regional and country HIV/AIDS social marketing expertise and interventions. AIDSMark concentrates on the social marketing of critical public health "products" that are appropriate and timely for the setting (male and female condoms, STI treatment drugs, STI diagnostics, etc.).

- **DMELLD**: This contract offers USAID Missions access to technical assistance for program design, monitoring, and evaluation. Lessons learned will be collected and widely disseminated to Missions, cooperating agencies, governments, and international donors.

- **UNAIDS:** USAID is the lead donor to the Joint Coordinated UN Programme on HIV/AIDS (UNAIDS). UNAIDS coordinates UN country activities, supports national strategic planning, generates best-practice recommendations, and advocates for increased resources.

- **PVO/NGO Capacity Building:** This set of procurements (National Council for International Health, International HIV/AIDS Alliance, the Centers for Disease Control and Prevention (CDC), Peace Corps) focuses on building indigenous PVO/NGO capacity through technical assistance, training, technology exchange, and institutional partnering. The newest component, the Partnerships Project, facilitates linkages between American NGO AIDS Service Organizations (ASOs) and ASOs in developing countries.

- **Operations Research for Implementing the Prevention to Care Continuum:** This activity supports focused operations and applied research, and provides technical assistance to Missions and selected service delivery projects to address key questions regarding the prevention to care continuum.

- **Biomedical Research:** These procurements conduct biomedical research, including an effective vaginal microbicide to reduce sexual transmission of HIV/STI; rapid, simple, inexpensive STI diagnostic tests; and realistic interventions to reduce mother-to-child HIV transmission.

- **Policy Reform:** At the request of USAID Missions, the Policy Project works to increase commitment to prevention/care interventions; assists with resource allocation decision making; supports activities to reduce discrimination; and enhances other key policy areas such as mitigation activities.

- **Strengthening Surveillance Systems:** Through agreements with CDC, the U.S. Bureau of Census, and UNAIDS, consensus guidelines will be finalized on minimum surveillance packages for each phase of the epidemic. Technical assistance will be made available to Missions and host governments to establish and maintain surveillance systems. Operations research will develop and refine methodologies to estimate HIV incidence.

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Front Lines

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT APRIL/MAY 2000

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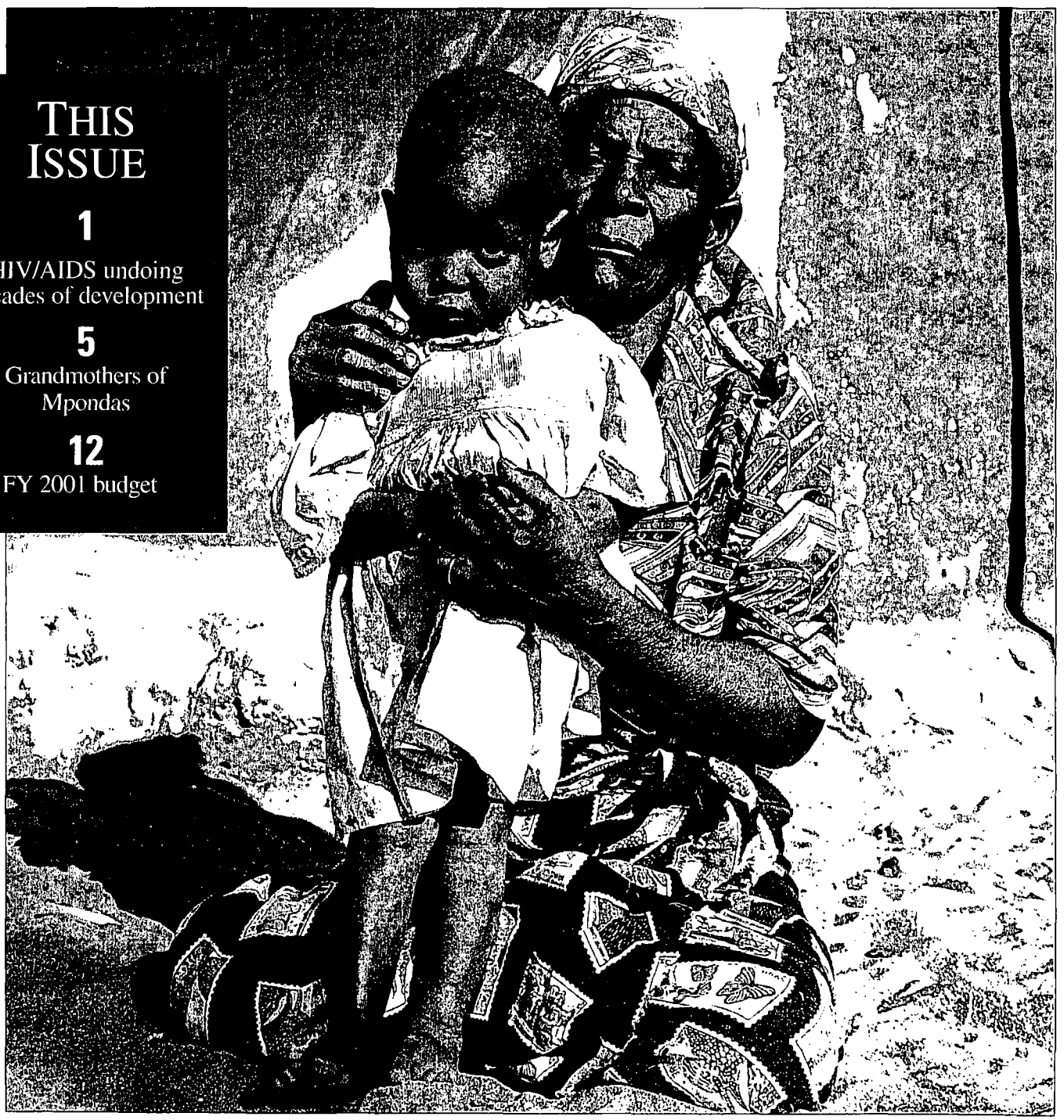

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
PRESS CONFERENCE SPEAKERS
CHILDREN ON THE BRINK
THURSDAY, JULY 13, 2000

Paul R. De Lay
Paul De Lay is the chief of the HIV/AIDS Division at the U.S. Agency for International Development (USAID). Dr. De Lay is a medical doctor with training and experience in family practice, infectious/tropical disease, epidemiology, preventive medicine and public health. He practiced clinical medicine for 13 years, including eight years as medical director of Refugee Medical Services for the City of San Francisco. Dr. De Lay has worked in over 20 developing countries in all regions of the globe. He resides in Virginia

Linda Sussman
Linda Sussman is a senior technical advisor in HIV/AIDS Division of the U.S. Agency for International Development. She is the point person on issues related to children and adolescents in AIDS-affected areas. Dr. Sussman has her doctorate in Public Health and a Master's degree in education from Boston College. She resides in Maryland.

Susan Hunter
Susan Hunter is the co-author of *Children on the Brink 2000*, and also co-wrote the first edition in 1997. She is also the author of "Reshaping Societies HIV/AIDS and Social Change." Her experience with AIDS orphans began in 1989 in Uganda. Since that time, she has worked on HIV/AIDS issues in 13 countries under the auspices of the U.S. Agency for International Development, UNICEF and a variety of non-governmental organizations. Dr. Hunter has a Ph.D. in medical anthropology from the State University of New York at Albany. She resides in upstate New York.

John Williamson
John Williamson is a senior technical advisor for the U.S. Agency for International Development's Displaced Children and Orphans Fund. He is the co-author of *Children on the Brink 2000*, and also co-wrote the first edition in 1997. In addition, he co-authored "Action for Children Affected by AIDS" for UNICEF and the World Health Organization. He spent ten years working with the U.N. High Commissioner for Refugees, focusing on refugee children. Mr. Williamson has a Master of Social Welfare degree from the University of California, Berkeley. He resides in Richmond, Virginia.

07/13/2000

Decriminalize sex work – or not?

Sex work should not be seen as a moral issue, but rather understood in the context of labour legislation and human rights, Mr Shane Hart-Petzer of the Network of Sex-Worker Projects (NSWP) said at the Aids 2000 conference yesterday.

He was speaking at a discussion on decriminalising prostitution.

NSWP is a global coalition of people and organisations providing support and information to sex workers.

There have been three main strategies suggested to control HIV infection among sex workers: regulating sex workers by mandatory HIV testing and treatment, providing accessible and appropriate services, and enhancing the ability of sex workers to protect their health and the health of their clients.

Hart-Petzer felt that many of the arguments made to support decriminalisation were premature because there were few good examples of what happened to a society after decriminalisation.

Hart-Petzer was "constantly amazed at the moral panic that people get into at the mention of decriminalisation. We should stop looking at prostitution as a moral issue. It should be understood in the context of labour legislation and human rights.

"When people start talking about prostitution and law reform, people become morally panicked and then people speak from a position of moral anxiety. They are not clear and articulate about what it is they mean to say. When people hear us talk about decriminalisation, what it means is not a free-for all.

Hart-Petzer said: "What it means is to remove the control of prostitution from the criminal code and locate it within a framework of industrial regulation, and that is a better option for sex workers."

Mr John Davies, who works in Romania helping sex workers, said the suggestion that decriminalisation led to a decrease in HIV transmission was "an idea that has become part of the mythology of pro sex work activism ".

Advocacy for decriminalisation was part of a political attempt to attain tangible quality of life benefits for sex workers, and to promote their inclusion and tolerance.

Decriminalisation was not a panacea to enhance HIV prevention. Davies said: "Rather, it should come as an emancipation and this will follow power and knowledge". For Davies, decriminalisation alone would not benefit sex workers as much as the emancipation that followed the attainment of this power and knowledge: "Decriminalisation needs to be considered for what it is, a more wholesome environment to benefit and protect sex workers," Davies said.

Davies argued against decriminalisation. He is of the belief that "with knowledge will come power".

Davies said: "Power is not something we should give to sex workers. Power is something they should take."

Ms Cheryl Overs of NSWP said: "There should still be laws regulating the workplace; there should always be provisions that regulate the exchange of money, but they should not be criminal laws". Overs felt that the knowledge and power attained by sex workers could lead to emancipation. "If there are laws that prevent me from attaining power, then I have lost my rights before I even get up in the morning."

For Overs, it is "strange how it is OK for HIV positive people to have sex for free but it is not OK for them to have sex for money. You would think the virus travelled on the notes," she said..

Ms Mirriam Dooms of South Africa said: "I would not support decriminalisation because I don't believe in

casual sex. But we all have to change our minds to support the freedoms of people who want to do it.

"But with freedom goes regulations and laws and I feel they should pay taxes like all other industries. I feel they should have a workplace and not practice at home to protect their children. They must be forced to go for regular medical checks for HIV and other STDs and must force their customers to practice safer sex."

Dan Allman

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(Coordinated by H&D Networks: www.hdnet.org)

07/13/2000

Breaking the silences surrounding HIV/AIDS and violence

Violence against women is one of the most overlooked factors driving the HIV epidemic – according to speakers at a landmark session at the XIII International AIDS Conference yesterday.

For the first time, the link between HIV/AIDS, sexual violence and coercion are on the agenda of the AIDS summit. The session acknowledged that violence within intimate relationships was a significant barrier to effective HIV prevention and care programmes.

"Violence against women is an important contributor to HIV's spread," said Dr Gro Harlem Brundtland, director-general of the World Health Organization. "We will not achieve progress against HIV until women gain control of their sexuality."

New studies from countries in Southern Africa showed that various forms of violence were widespread across the region. Husbands, partners, family members, and communities count among the perpetrators.

A Cape Town survey revealed that of 1 300 men interviewed, 42% declared they had physically abused their partners, and more than 15% admitted sexual abuse.

Men who commit violence were shown to be younger than those who did not, and more likely to have alcohol-related problems. Crucially, abusers had also witnessed significantly more violence against their own mothers than their non-violent countrymen.

Results of a Zimbabwe study revealed that more than three-quarters of HIV-infected women had been forced to have sex with their partner, and that a third of women reported being hit or slapped by a family member. A quarter of married women had been forced to have sex against their will by their partner.

Research among youth in an Eastern Cape township found that young men had an explicit need to be in control of their relationships, which they expressed by exerting physical control over their female partners.

Violence is also a consequence of a positive HIV test. In Kenya, 20% of women living with HIV were subjected to violence after they told their partners their HIV test results. The death by stabbing and stoning of Ms Gugu Dlamini, an AIDS activist, on the outskirts of Durban in December 1998, provided a further brutal testament to the extent of the problem.

"Some women do not want to reveal their HIV status because of fear of violence, emotional abuse, or abandonment," explained Dr Pamela Hartigan, acting director of WHO's department of violence and injury prevention.

"First, women are at particular risk for AIDS because of cultural norms that reinforce inequality between the sexes and put women in subservient positions," Dr Hartigan said. "Then others are at risk because women who become HIV-infected feel powerless to discuss their rest results with their partner."

The fear of violence or the experience of it may interfere with women's seeking voluntary testing and counselling and asking their partner to use condoms. HIV positive mothers also may not want to bottle-feed their babies, which can reduce mother-to-child transmission of the virus, because they fear that the people around them will be suspicious of their HIV status.

Fear of disclosure also may prevent pregnant women who are HIV positive from receiving drug therapy at childbirth, which can reduce the risk for their infants becoming HIV positive as well.

The first step, according to Brundtland, is to speak out against all forms of violence against women, which include domestic violence, rape, and sexual abuse. "Women must know and feel that society supports them when they say no to unwanted or unprotected sex."

Women survivors of child abuse were shown to be much more likely to adopt risky sexual behaviour as adults – such as having many sexual partners. They were also more likely to become sex workers.

The WHO presentation also emphasised the important issue of sexual violence in a conflict situation. A WHO programme in Rwanda promoted an integrated approach in dealing with the linked issues of HIV risk and violence. A Rwandan delegate expressed her appreciation for the WHO attempting to address the "horrendous" aftermath of the genocide for women. She shared that Rwandan women had not only been raped, but they faced the risk of HIV infection through genital mutilation.

Dr. Charlotte Watts, an epidemiologist at the London School of Hygiene and Tropical Medicine, stated that "both HIV and violence epidemics are fuelled by gender inequality".

In South Africa, three insurance companies now provide so-called rape insurance policies. They guarantee that within 72 hours, rape victims will be provided the drugs needed to prevent HIV acquisition and a comprehensive testing and counselling service, wherever they are in the country.

Ms. Charlene Smith, moderator of the session and an outspoken activist against sexual violence, stressed the importance of recognising that most male perpetrators came from under-privileged backgrounds where poverty and unemployment were rampant, and that this should be addressed in the response to the issue.

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- *U.S. Ambassador: Virus Threatens World Stability*
- *U.S. Official: AIDS More Menacing Than Black Plague*

DURBAN, South Africa

CBS

White House AIDS policy advisor Sandra Thurman

(CBS) The U.N. Children's Fund reports AIDS is now the single biggest health threat to the world's children.

At least 10 million children are already infected.

UNICEF's annual Progress of Nations report, released Wednesday, estimates that every minute, six people under age 24 become infected. And more than 13 million uninfected children are now AIDS orphans.

Against this backdrop, the world AIDS conference in South Africa has been marked by protests over lack of prevention, affordable treatment, and the choice of South Africa -- which has the world's highest infection rate -- to host it.

In Washington, Richard Holbrooke, the U.S. ambassador to the United Nations, said Wednesday the U.N. Security Council will soon approve a resolution to intensify the world's commitment to fighting AIDS.

Holbrooke says the unprecedented resolution is vital because AIDS **"is so widespread and menacing it poses a threat to international stability."**

Related Story

How To Reverse The AIDS Epidemic
Developing nations Thailand and Uganda have successfully proven that **sound government prevention programs can help stem** the deadly spread of AIDS. Now researchers and doctors want to spread that knowledge throughout Africa.

CBS News Anchor Dan Rather on Wednesday interviewed President Clinton's AIDS policy advisor, Sandra Thurman, who is attending the conference:

Rather: Ms. Thurman, how bad is this epidemic?

Thurman: Well quite frankly the epidemic is out of control. We have 34 million people infected worldwide, 22.5 million of those live here in Africa and within the next decade we expect to have 40 million children orphaned by AIDS.

Rather: And to the American taxpayer who's watching and listening, who says, "hey I'm worried about AIDS, we're doing what we can but we can't cure everything the world over, we're pretty much doing what we can," you say what?

Thurman: What we see in Africa today is just the tip of the iceberg. We know that in 15 years the center, or epicenter will be in India, and then following 10 years on into the former Soviet Union, so we have

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a pandemic on our hands and this epidemic is truly circling the globe.

Rather: Fair or unfair to say it's the modern version of the ancient bubonic plague?

Thurman: It's absolutely fair to say. This is clearly the worst public health crisis we've seen... and if the epidemic continues to escalate at its current pace it will absolutely make that epidemic pale in comparison.

Rather: And will the several hundred million dollars that we're now spending as people as a society to try to stem this tide, is there any possible way it can do the job?

Thurman: Well, no absolutely not, a few hundred million dollars is absolutely a drop in the bucket in a pandemic this size... People don't understand that HIV and AIDS is a very real threat to people in the United States of America. If we don't continue to educate young people, if we don't continue reach out to communities most at risk, we will have a second wave of this epidemic in the United States and it will be much harder to manage than the first wave was.

In its annual report, UNICEF said girls and young women worldwide were 50 percent more likely to contract HIV than young men.

And in sub-Saharan Africa, almost half of girls aged 15 to 19 did not know that a person who looked healthy could still be carrying HIV and pass it to them through sex.

Some 600,000 babies are infected every year by their mothers either in the womb, during birth or through breast-feeding.

Health Watch

Spermicide May Heighten AIDS Risk
The widely-used spermicide nonoxynol-9, long recommended as a way to stop the spread of AIDS, may actually increase the risk of catching the virus, at least among women who use it frequently, according to the surprising findings of a large study presented at the conference. As a result, health officials say condoms used solely to prevent disease should not be coated with nonoxynol-9, although a condom with the spermicide is certainly safer than no condom at all.
Source: AP

South African research shows that a drug called nevirapine, which is given to the mother during labor and to the child within 48 hours of delivery, is just as effective and much cheaper than the drug zidovudine, or AZT.

In Botswana, one in three women and one in seven men aged 15 to 24 are infected with HIV. In Lesotho, South Africa and Zimbabwe, the ratio is one in four women and one in 10 men.

UNICEF executive director Carol Bellamy urged heads of state to lead a **"war of liberation"** against the spread of AIDS.

"We believe what's required is the largest mobilization of resources in history," she said.

The education system, which is crucial in promoting awareness programs, is also buckling under the epidemic, particularly in sub-Saharan Africa where an estimated 860,000 children lost their teachers to AIDS in 1999.

UNICEF said some parents were keeping their daughters out of school for fear that they might become infected.

"Particularly disturbing is the evidence that large numbers of young people in HIV-prevalent countries are not clear on how to protect themselves," Bellamy added. **"Many don't know they are at risk at all -- especially girls -- and that's a disaster."**

In Mozambique, nearly three-quarters of girls between the ages of 15

and 19, and 62 percent of boys of that age were unable to name one way to protect themselves from infection.

Recent surveys show that in countries where AIDS has reached epidemic proportions, sexually active girls between the ages of 15 and 19 do not believe they are personally at risk.

There were some signs of hope, however, in the falling infection rates in Uganda, Malawi, Senegal and Zambia, where education campaigns have targeted young people, she said.

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Children on the Brink

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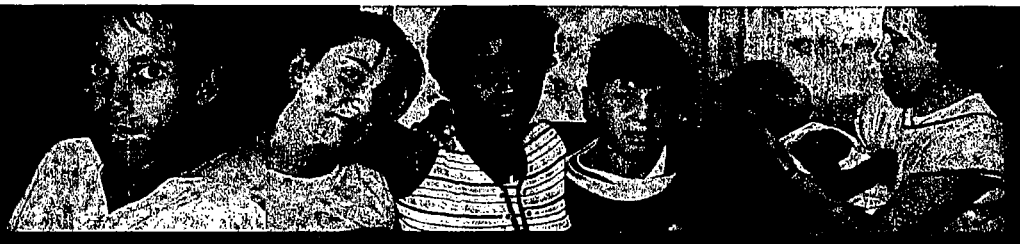

CHILDREN ON THE BRINK

EXECUTIVE SUMMARY

Updated Estimates & Recommendations for Intervention

By Susan Hunter and John Williamson

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT