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LONDON, 23 November 1999

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AIDS NOT LOSING MOMENTUM HIV HAS INFECTED 50 MILLION, KILLED 16 MILLION, SINCE EPIDEMIC BEGAN

- In Africa HIV-positive women now outnumber infected men by 2 million -
- Countries of former Soviet Union see infection rates double in just two years -
- Strong prevention efforts, care programmes, find success in certain regions -

Since the beginning of the AIDS epidemic, 50 million individuals worldwide have been infected with HIV, of whom more than 33 million are still alive and over 16 million have died, according to a report issued today by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO). The report, entitled AIDS Epidemic Update - December 1999, was released in advance of World AIDS Day, commemorated each year on 1 December. It shows that AIDS deaths reached a record 2.6 million this year and that new HIV infections continued unabated, with an estimated 5.6 million adults and children worldwide becoming infected in 1999.

"With an epidemic of this scale, every new infection adds to the ripple effect, impacting families, communities, households and increasingly, businesses and economies. AIDS has emerged as the single greatest threat to development in many countries of the world", said Peter Piot, Executive Director of UNAIDS.

"We have to ensure that health systems are capable of handling the increasing numbers of HIV-positive people who develop AIDS. De-stigmatization, access to health care and

low-cost measures such as the treatment of opportunistic infections become important. WHO is working with Ministries of Health across the world to ensure that adequate facilities and resources are made available to the millions of people likely to develop AIDS in the coming years", said Gro Harlem Brundtland, Director-General of WHO.

AIDS develops in an HIV-positive person after years of infection, as HIV steadily weakens the body's immune system and increases its vulnerability to pneumonia, tuberculosis, diarrhoea, tumours and other illnesses. With the number of people infected with HIV continuing to rise, the number of people falling sick and dying of AIDS will multiply.

HIV-positive women now outnumber HIV-positive men in Africa

In sub-Saharan Africa - still the global epicentre of the epidemic - new evidence shows clearly for the first time that women infected with HIV outnumber men. "Ten years ago, it was hard to make people listen when we were saying AIDS wasn't just a man's disease", said Dr Piot. "Today, we see the evidence of the terrible burden women now carry in Africa's epidemic."

- Fifty-five percent of infected adults in sub-Saharan Africa are women, which means more than six HIV-positive women for every five HIV-positive men. UNAIDS and WHO estimate that 12.2 million African women and 10.1 million African men aged 15-49 are living with HIV at the end of 1999.
- Studies in several countries have found that African girls aged 15-19 are five to six times more likely to be HIV-positive than boys the same age. Ease of male-to-female sexual transmission, and sex with older, infected men appear to be contributing factors to girls' greater vulnerability to HIV.

According to the United Nations Development Programme (UNDP), a number of African nations suffered downward changes this year in the Human Development Index, a ranking based on levels of health, wealth and education. Almost all of the major changes in rank could be attributed to declining life expectancy as a result of AIDS.

- Life expectancy at birth in southern Africa, which climbed from 44 in the early 1950s to 59 in the early 1990s, is expected to drop back to 45 sometime between 2005 and 2010.
- UNDP estimates that fewer than 50% of South Africans currently alive can expect to reach the age of 60,

compared with an average of 70% for all developing countries and 90% for industrialized countries.

- According to a survey of commercial farms in Kenya, illness and death have already replaced old-age retirement as the leading reason why employees leave service.

Yet there are reasons for optimism even in this most devastated region: a number of African countries have demonstrated a much stronger commitment to fighting AIDS than ever before. "I believe we are now at a turning point in the 20-year history of the AIDS epidemic in Africa. Everywhere I go, I hear the top African leaders speaking out about AIDS as the major threat to the continent's development", said Dr Piot. "This gives me grounds for hope that in the coming years, we will see stronger, more effective responses to AIDS in many more sub-Saharan African nations - responses to complement the strong programmes that already exist."

Injecting drug use in former USSR fuels world's steepest HIV increases

The report further reveals that the world's steepest HIV curve in 1999 was recorded in the newly independent states of the former Soviet Union, where the proportion of the population living with HIV doubled between 1997 and 1999. In the larger region comprising these nations and the remainder of Central and Eastern Europe, the number of HIV-infected rose by more than a third in 1999 alone, to reach an estimated 360 000.

- In the Russian Federation, nearly half of all reported cases of HIV infection since the start of the epidemic were recorded in the first nine months of 1999 alone.
- In Moscow, three times as many cases were reported in the first nine months of 1999 as in all previous years combined. Towns around Moscow had even sharper rises in HIV, with over five times as many infections reported in the first nine months of 1999 as in all previous years combined.
- Preliminary studies suggest that injecting drug use is becoming increasingly common among unemployed young people in many of the industrial cities of the Russian Federation and Ukraine. HIV is not limited to Russia's major metropolitan regions; in the Siberian city of Irkutsk, nearly 1300 infections have been reported, most of them in 1999.
- Injecting drug use appears to be well established even among Russian schoolchildren. An outreach programme for drug injectors in St Petersburg reported that the caseload for clients under age 14 increased 20-fold between 1997 and the first quarter of 1999.

Strong prevention efforts, care programmes, find success in certain regions

In the report, UNAIDS and WHO also point to some countries and regions which are managing to keep down the number of new infections or improve the well-being of those already infected. For example, evidence continues to mount that the strong prevention programmes of Thailand and the Philippines have had sustained success in reducing HIV risk and lowering or stabilizing HIV rates.

- In India, major efforts to improve the tracking of the epidemic more than tripled the number of HIV surveillance sites in 1998. Estimates now place total HIV infections in the country at around 4 million-more than in any other country, but fewer than projected on the basis of earlier surveillance estimates. Consequently, the regional estimate of HIV infections in Asia has been revised downward by 800 000.
- The AIDS Society in the Indian state of Tamil Nadu has enlisted the support of an advertising agency to encourage safer sexual behaviour, airing television advertisements during major sporting events. Casual sex among factory workers in the state reportedly fell by half between 1996 and 1998, while condom use with casual partners rose from 17% to 50%.
- Some Latin American countries have joined the ranks of those providing antiretroviral drugs to people infected with HIV. Brazil, for example, spent an estimated US \$300 million to treat some 75 000 people in 1999. Brazilian health officials said the considerable expense was offset in part by savings in hospitalization and medical care; the country averted an estimated US \$136 million in such costs between 1997 and 1998.

"Providing care to growing numbers of HIV-positive people when health systems are already overburdened is no straightforward task. But these examples show how countries around the world can make a difference in fighting the epidemic through both prevention and care. WHO has shown how relatively inexpensive modifications and additions to health-care systems can bring major benefits to people with HIV. Everyone, and every country, can learn and benefit from these examples", said Dr Brundtland.

No room for complacency

Releasing the report, UNAIDS Executive Director Peter Piot also urged industrialized nations to put more emphasis on HIV prevention efforts. "There is no room for complacency in any

discussion of this epidemic. The threat of HIV has not diminished in any country. We have even seen evidence from North America and Western Europe suggesting that availability of life-prolonging therapies may be contributing to an erosion of safer sexual behaviour. This is tragic", Dr Piot said.

"While antiretrovirals have brought hope to many people with HIV who are fortunate enough to have access to them, they are not a panacea, and they are not available in most of the world", Dr Piot said. "The key to fighting AIDS is preventing new infections. For this more resources are needed - to implement the prevention strategies we have today, and to develop new and better tools, such as microbicides and a vaccine."

Dr Brundtland added, "While prevention is the most promising strategy for managing the AIDS epidemic in the long term, we cannot lose sight of the fact that millions of people are infected today. For them, we must do a much better job of increasing access to health care and support, including inexpensive antibiotics that can add many months to the lives of people already sick with AIDS, to palliative therapies that can help increase comfort and reduce suffering, and to psychological and social support for patients and their families. WHO and UNAIDS will continue to engage the pharmaceutical industry to make new HIV-related drugs available at affordable prices for those in need. "

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Embargoed until
7 December 1999 - 9:00 a.m. EST

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Call to Action for 'Children Left Behind' by AIDS

A plea for communities, governments, civil society, the private sector and international partners to vigorously address the plight of children who are affected by the AIDS epidemic.

**Issued by the Joint United Nations Programme on HIV/AIDS (UNAIDS),
The United Nations Children's Fund (UNICEF) and the
National Black Leadership Commission on AIDS, Inc. (BLCA)**

Background

The new millennium dawns on a world facing an unprecedented human tragedy - the loss of millions of people to the AIDS epidemic. More than 16.3 million people have died. By the end of the year 2000, a cumulative total of 13 million children will have lost their mother or both parents to AIDS, and 10.4 million of them will still be under the age of 15.

More than 90 per cent of children orphaned by AIDS are in sub-Saharan Africa, and the numbers are increasing daily. In the next decade, the numbers of orphans are also expected to increase in Asia, the Americas, Central and Eastern Europe and the countries of the Commonwealth of Independent States. In industrialized countries, deaths have declined significantly, but AIDS remains a deadly menace in the absence of an effective cure.

The onslaught of AIDS on people of reproductive age is increasing the numbers of orphans at such a rate that communities cannot rely on traditional means of caring for these children. This is particularly true in many sub-Saharan African countries lacking adequate basic social welfare services. The inability of communities to respond adequately and appropriately to the situation has resulted in social, psychological and economic deprivation for the children, and this is likely to continue for the long term. Such deprivation is worse for girls whose parents have died, as these girls often have to care for their siblings and take on extra work, thereby reducing their opportunities for schooling.

Of course, AIDS affects children long before their parents die. The toll taken by the disease begins during the period of illness, continues through death and bereavement and will likely persist into adulthood if adequate support and protection are lacking. These extremely vulnerable children can suffer myriad problems and human rights abuses: the terrible stress of watching parents fall ill and die, grief for lost family members, a decline in nutritional status; loss of health care; increased demands for their labour; reduced opportunities for education; loss of inheritance; homelessness; discrimination; physical abuse, and sexual abuse, which in turn exposes them to HIV infection.

The absence of parental protection and care, combined with HIV-related illnesses, has contributed significantly to the increase in deaths of children

under five in the countries most affected. AIDS has undermined the capacity of communities and households to cope and is hindering efforts to achieve goals for the survival and development of children, including the year 2000 goals agreed to by world leaders at the 1990 World Summit for Children.

Specific needs of children and families affected by HIV/AIDS

The onset of AIDS, in many developing countries, marks the beginning of a transition from poverty to complete destitution. The reality is most bleak in the worst-affected areas of sub-Saharan Africa, where over 50 per cent of the population lives below the poverty line.

Despite many obstacles, however, threatened communities around the world are struggling to support orphans and families affected by HIV and AIDS. However, among the constraints are the sheer numbers of orphans, which have the potential to overwhelm these efforts, the urban focus of many programmes, which therefore reach relatively few people, and limited coordination with government. These constraints have prevented the needs and rights of many children and families from being addressed.

With the relentless toll of AIDS reducing the ability of families and communities to support and care for children, we now face troubling scenarios: grandmothers struggling to care for orphans; households headed by children, many of them primary-school age, who are caring for younger siblings; and worse, children with nowhere at all to turn. Often compounding the devastation caused by AIDS is armed conflict, which poses the additional challenges of forced migration, displaced populations and further violations of rights.

These multiple crises surrounding AIDS call for the urgent and full engagement of all levels of society, which have a guide for action in two key international conventions: the Convention on the Rights of the Child (CRC), ratified by 191 countries, and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), ratified by 165 countries as of November 1999. By ratifying, countries have made themselves accountable for addressing the rights and needs of children and women, including those affected by HIV or AIDS.

Call to Action

This call is a plea for communities, governments, civil society, the private sector and international partners to vigorously address the plight of children who are affected by AIDS epidemic. Urgent action to meet their needs and ensure the realization of their rights is needed at three levels: family and community, government and global.

I. Family and community level

'Keep families and communities at the front line' by empowering and supporting them to care for orphans. Lessons from community initiatives over the past 15 years point to the following actions as essential:

- **Foster active participation of the community**, including people living with HIV or AIDS, in identifying and implementing actions to strengthen community-based care and support for orphans.
- **Increase women's access to credit, income-generating activities and property, including land**, because the burden of care tends to fall on poor women with few resources. In many cases, such action will require changing laws and policies regarding inheritance and property ownership.
- **Establish widespread confidential counselling and voluntary testing for HIV**. The benefits of such counselling include prevention of mother-to-child-transmission, promotion of the rights of girls and women to make informed decisions and realization of people's right to know their HIV status.
- **Target social assistance to all families in need, not just those grappling with AIDS**, as a way of ensuring equity and discouraging discrimination against orphans and others affected by AIDS.
- **Reduce demands on the labour of girls and women**: In many parts of Africa, for example, improving access to water and fuel for heating and cooking would free up more time for girls and women, allowing more girls to obtain a basic education, as is their right.

- **Respond to the psychosocial needs of orphans** through counselling services for children and families in need. School and home-based care and services should ensure in particular that children develop emotionally and intellectually through play and other activities and that they feel a sense of belonging to their communities.
- **Encourage community leaders to protect the legal rights of children and women**, especially those of widows and orphans. This will involve changing harmful practices and customary laws that are discriminatory or exploitative.

II. Government level

'Break the conspiracy of silence': The success of governments will be measured by their ability to prevent HIV and to enable families and communities to cope with the effects of the epidemic. Governments need to take action in three key areas:

Advocacy and social mobilization

- **Actively combat discrimination**. Raise the visibility of AIDS while combating the shame and stigma associated with the disease.
- **Raise public awareness of the nature of the crisis and mobilize resources locally and internationally**.
- **Encourage the full participation of communities in all aspects of the response to AIDS**. Ensure that people living with HIV or AIDS and those caring for them are involved at every step — including planning, implementation, monitoring and evaluation.

Priorities and reform

- **Develop priority national policies in support of HIV prevention and mitigation of the impact of AIDS.** Focus on protecting younger children and girls and on providing young people with *effective* education on HIV and AIDS and on related reproductive health issues. Encourage prevention programmes involving peer educators.
- **Mobilize widespread support for the fight against AIDS** and establish frameworks linking efforts of government, civil society, including religious organizations, non-governmental organizations, the private sector and communities to use resources most efficiently
- **Ensure access to education, especially for girls,** by introducing specific measures such as subsidies, scholarships and the provision of alternative avenues for high-quality education, such as community schools.
- **Reform the education sector to respond better to the needs of orphans and their communities.** The traditional approach to education needs to be overhauled to make schools more participatory and responsive to the everyday needs of students and more relevant to their lives. It is essential that schools help students acquire skills that can enable them to make informed decisions and avoid risks. Teacher training and support is pivotal to this effort.
- **Reform the health sector to emphasize HIV prevention and the provision of quality health care services** that can address the needs of children and communities affected by AIDS.
- **Introduce and enforce laws that realize the rights of children and women,** emphasizing social welfare and the best interests of the child. Focus on protection issues such as child abuse and rape, children in commercial sex work, exploitative child labour, juvenile justice, and children and women who lack secure tenure and are denied property ownership.

Monitoring and evaluation

- **Identify, assess and document successful community-based initiatives** with a view to expanding them into effective national or intercountry programmes.
- **Monitor the impact of HIV and AIDS on children and families at all levels** and use the information gathered to take targeted action.
- **Equip communities to monitor the local impact of the epidemic, facilitate action and evaluate interventions.**

III. Global level

'Keep children orphaned by AIDS high on the global agenda': Governments, donors, the private sector and international organizations have a moral obligation to act comprehensively and quickly in addressing the rights and needs of AIDS orphans. Their efforts can focus on these actions:

- **Make AIDS central to development assistance,** especially for the most affected countries in Africa. **Ensure that resources are allocated in such a way that countries can do more than merely stave off increased poverty and the deterioration of social services.**
- **Make AIDS orphans a priority in plans to accelerate debt relief** and also in sector-wide lending initiatives.
- **Provide financial support for long-term human development projects.**
- **Promote and advocate for the rights of children and women** as articulated in CRC and CEDAW.
- **Encourage the development of resource networks** to facilitate the sharing of human, technical and financial resources regionally and globally.

Conclusion

This Call for Action is a clarion call for a new vision of solidarity and partnership at all levels. The facts are self-evident: The human suffering brought on by AIDS will only continue to multiply. Even if the rate of new infections declines in the near future, the suffering will remain, and the proportion of children orphaned by the epidemic will continue to increase for decades. The recommended action to address problems and protect the rights of children and women must therefore be sustained over a very long time. Such action is not only morally imperative but economically sound.

The experiences of severely affected countries have made it clear that no single action can make a meaningful and lasting impact on the AIDS crisis. Nor can the governments of these countries, working on their own, ensure the well-being of their populations. Partnerships are key, as are increased resources, policy development, review and reform of laws, social mobilization and coordination among the various sectors of government, the private sector and civil society.

Equally crucial, there needs to be very close involvement of those most affected by the epidemic – children, families and communities – whose role in tackling this still unfolding tragedy will continue to be indispensable. Efforts must focus strongly on supporting families. When solutions are weighed against the best interests of the child, it will become ever more apparent that the family remains the primary cradle of care for children and their most cherished and valuable safety net.

DRAFT

Draft 17/11/99

CALL TO ACTION FOR THE "CHILDREN LEFT BEHIND"

Background

As we approach the new millennium we are confronted with a human disaster unprecedented in recent history. UNAIDS and WHO estimate that.....million adults and million children will be living with HIV by the end of 1999. Since the late 1970s the cumulative total of children who have lost their mother or both parents to AIDS is million. Over ninety percent of these orphans are in sub-Saharan Africa. In the next decade it is expected that the problems presented by large numbers of orphans will also increase in Asia, The Americas, Central and Eastern Europe and the newly independent States. In the industrialised countries where significant declines in the number of deaths have been observed, HIV/AIDS also still remains a challenge because of the absence of an effective cure for HIV.

By selectively affecting those of reproductive age, HIV is generating orphans at a rate that makes it difficult to sustain traditional community coping mechanisms. This is particularly so in many countries in sub-Saharan Africa, which are also characterised by the lack of adequate national social welfare services. The nature of the problems presented by orphans and the lack of an adequate response, are responsible for orphans having to experience long term social, psychological, developmental and economic deprivation. Girls are even more disadvantaged as she may have to care for other siblings and in many cases this implies not being able to complete her education.

For children the effects of HIV/AIDS start long before their parents die. They begin during the period of illness and continue through death, bereavement and may well persist to adulthood if adequate support and protection is not provided. The problems they experience include; the psychological stress of watching sick and dying parents or siblings; the grief experienced on the loss of their family and identity; increased malnutrition; loss of health care; increased demands for labour; reduced opportunities for schooling and education; the loss of inheritance; homelessness; discrimination, physical abuse and sexual abuse which exposes children to HIV infection.

The absence of parental protection and care and HIV related illness contributes significantly to the increase in under-five mortality. These factors, in turn, undermine the capacities of communities and households to cope, and governments struggle to achieve the goals for survival and development of children as agreed at the 1990 World Summit for Children.

The onset of AIDS usually heralds the beginning of a transition from poverty to complete destitution. HIV and AIDS has a profound impact on the ability of families to provide

for their own basic needs, especially in worst affected areas such as sub-Saharan Africa over 50% of the population lives below the poverty line. The household coping strategies are usually targeted towards improving food security, and raising enough income to maintain the household **as it expands to take care of increasing numbers of orphans and capacity to work diminishes due to illness.**

In response to this problem, many communities especially in the rural areas of sub-Saharan Africa have developed innovative programs to care and provide support to orphans and HIV affected families. Evidence from countries such as Zimbabwe, Zambia, Malawi and Botswana confirms that communities are clearly at the frontline of the response. However, the sheer numbers of orphans has the potential to overwhelm these programs. Programs set up by non-government organisations and community based organisations tend to have an urban focus, low coverage with little co-ordination or linkage with government and therefore many children and families are not provided with the required support.

As more adults continue to die young of HIV/AIDS, the ability of families and communities to render the necessary level of support is diminishing. The predicted scenario of grandmothers caring for orphans is becoming a reality in many sub-Saharan countries and the emergence of child headed households is heralding the collapse of the traditional support mechanisms. In addition, some communities suffer the dual trauma of HIV/AIDS and armed conflict. Forced migration and displaced populations due to these and other causes present yet more challenges. Therefore, full engagement of all levels of society is required.

Two key international conventions can play a key role in encouraging action at the government level. The Convention on the Rights of the Child (CRC) and has been ratified by 191 states and almost as many (161) are State Parties to The Convention on the Elimination of all forms of Discrimination against Women (CEDAW). Ratification confers accountability for ensuring specific actions at different levels that will address the needs and rights of children and women, including those affected by HIV/AIDS

Call to Action

This call for action is a plea for communities, governments, civil society, the private sector and international partners to vigorously address the plight of children who are affected by the AIDS epidemic: and to take urgent action to meet their needs and ensure their rights. This response is necessary at three clear levels: (i) the family and community level, (ii) the government level, and (iii) the global level.

(i) Family and Community level:

'Keep families and communities at the frontline' and need to be supported and empowered to care for orphans. Lessons learned from community initiatives over the past 15 years validate the following actions as essential:

- **Foster the active participation of the community**, including people living with HIV/AIDS, in the identification and implementation of context specific actions to strengthen community-based care and support for orphans.
- **Increase women's access to credit, income generation, and property**, because the burden of care tends to fall on poor women with little or no access to economic resources. In many cases such a proposal would require changes in the regulatory framework on property ownership in the country.
- **Establish widespread confidential counselling and voluntary testing for HIV**. The benefits of such counselling include prevention of mother-to-child-transmission, promotion of the rights of women to make their own informed decisions, and their right to know their HIV status.
- ***Lisa: Rephrase to avoid ambiguity:*** Target social assistance to the most needy, identified through direct poverty indicators, not just on the presence of AIDS in the household. Poor households not facing AIDS also need the same type of assistance. This will ensure equity and encourage the reduction of stigma and discrimination of orphans.
- **Reduce the demands on girl's and women's labour**; For example, in many parts of Africa, improving access to water, fuel for heating and cooking would facilitate more time for girls in particular to participate in education.
- **Respond to the psychosocial needs of orphans** through well articulated, context-specific counselling services that are particularly targeted to children and families in need. To this end, school and home-based services should also be considered. Emphasis should be placed on ensuring that children have access to developmentally stimulating play, and can develop a sense of belonging within their communities.
- **Encourage community leaders to protect women's and children's legal rights**, especially those of widows and orphans, including changing harmful traditional practices and customary law that discriminates against or allows exploitation of women and children.

(ii) Government level

"Break the conspiracy of silence": The success of governments will be measured by their ability to facilitate the prevention of HIV/AIDS and making it easier for families and communities to cope with the impact of HIV/AIDS. This can be achieved through actions in the following areas;

Advocacy and social mobilisation

- **Actively combat discrimination**. To this end, encouraging open discussion about HIV/AIDS issues is a critical step in the process

- **Raise public awareness** of the nature of the crisis and mobilise resources locally and internationally.
- **Encourage the participation of communities in all aspects of the response to HIV/AIDS** and at all levels. It is particularly important that people living with AIDS are involved at every level of planning, implementation, monitoring and evaluation of interventions.

Priorities and Reform

- **Develop priority national policies in support of prevention of HIV/AIDS and also alleviation** of the impact of HIV/AIDS. Children and young people should be the specific focus in policy areas such as *effective* HIV/AIDS and related reproductive health education, and the protection of younger children and girls.
- **Provide leadership in the co-ordination of multi-sectoral responses** to maximise the use of limited available resources. Institutional frameworks and mechanisms should be utilised to link government, religious organisations, non-government organisations, the private sector, and communities in improving community focused responses.
- **Ensure access to education, especially for girls.** For example, specific measures such as targeted subsidies, scholarships, and alternative education opportunities of equivalent quality, such as community schools.
- **Reform the education sector to better respond to the needs of orphans and their communities.** This will require an overhaul of the traditional view of schools and substantial investment in training and ongoing support for teachers. Ensuring schools are integral and *effective* in the provision of accurate and essential knowledge and the development of positive attitudes and necessary skills needs to be a priority in assisting young people to avoid risks and make informed decisions.
- **Reform the health sector to ensure emphasis on prevention as well as access to quality health care services** which have the capacity to address the needs of children affected by HIV and their communities.
- **Conduct legislative reform to ensure the development and enforcement of laws, which comprehensively articulate the rights of children and women,** especially in relation to social welfare. Emphasis should be placed on protection issues such as child abuse and rape, children in commercial sex work and other exploitative child labour, juvenile justice, and "property grabbing".

Monitoring and evaluation

- **Identify, assess and document** successful community based initiatives with a view to increased and *effective* national coverage.
- **Monitor at all levels** the impact of HIV/AIDS on children and families, and utilise the information generated in the development of appropriate policies and strategies to mitigate the impact.
- **Equip communities to enable their genuine and ongoing participation in evaluation** and monitoring of HIV/AIDS issues in their own communities; and to facilitate their input to influence action.

(iii) Global level

'Keep HIV/AIDS affected orphans high on the global agenda': The international community has a moral obligation to act comprehensively and quickly in response to the needs of HIV/AIDS affected orphans. International organisations, major bilateral donors and multilateral lenders can support the national and regional efforts by focusing on the following actions;

- **Keep HIV/AIDS in the most affected countries high on the development assistance agenda;** for example, Africa.
- **Ensure resource allocation allows countries to do more than stave off increased poverty and social service deterioration.**
- **Make HIV/AIDS affected orphans a priority in plans to accelerate debt relief and also in sector wide lending initiatives.**
- **Provide financial support for long term human development projects**
- **Promote and advocate for human rights of children and women** as articulated in the CRC and CEDAW.
- **Encourage the development of resource networks** that would facilitate the sharing of human, technical and financial resources regionally and globally.

Conclusion

Even if the rate of new infections declines in the near future, the proportion of children orphaned by the HIV epidemic will continue to increase. Therefore the recommended actions at various levels will need to be sustained for a very long time in order to produce the required results. This in itself requires a new vision for solidarity and partnership at all levels of society.

The orphan crisis has again reinforced the multifaceted nature of the HIV/AIDS crisis in sub-Saharan Africa. Governments alone cannot achieve the basic well being of the entire national population. This calls for; meaningful partnership, co-ordinated and well integrated sectoral actions, increased resources, policy development, legal review, social mobilisation and programmatic interventions by the public sector, private sector and civil society.

It is important to remember that the interventions put in place to deal with this issue should not be at the expense of compromising the capacity of the households and communities to this unfolding human tragedy. The family remains the most important and primary safety net for proper socialisation of children.



Joint United Nations Programme on HIV/AIDS

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**UNDER EMBARGO UNTIL 06.00 EDT
Geneva, 11 May 2000**

NEW PUBLIC/PRIVATE SECTOR EFFORT INITIATED TO ACCELERATE ACCESS TO HIV/AIDS CARE AND TREATMENT IN DEVELOPING COUNTRIES

Geneva, 11 May 2000 – The Joint United Nations Programme on HIV/AIDS (UNAIDS) announced today that a new dialogue has begun between five pharmaceutical companies and United Nations organizations to explore ways to accelerate and improve the provision of HIV/AIDS-related care and treatment in developing countries.

The pharmaceutical companies involved – Boehringer Ingelheim, Bristol-Myers Squibb, Glaxo Wellcome, Merck & Co., Inc., and F. Hoffmann–La Roche – have indicated their willingness to work with other stakeholders to find ways to broaden access to care and treatment, while ensuring rational, affordable, safe and effective use of drugs for HIV/AIDS related illnesses. The companies are offering, individually, to improve significantly access to, and availability of, a range of medicines. Other pharmaceutical companies have also expressed interest in cooperating in this endeavour.

The companies have responded to calls from UN Secretary General Kofi Annan inviting the private sector to engage in partnerships for expanding the global response to HIV/AIDS and to support the International Partnership against HIV/AIDS in Africa, a collective international initiative to curtail the spread of HIV and reduce its impact in African countries.

In recent months, these calls have been reiterated by the heads of United Nations organizations, in particular by Gro Harlem Brundtland, Director-General, World Health Organization (WHO), James Wolfensohn, President, World Bank and Peter Piot, Executive Director, UNAIDS, whose advocacy



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PRESS RELEASE

CIVIL SOCIETY ESSENTIAL TO FIGHTING AIDS, UNAIDS SAYS

Cotonou, Benin, 9 October 2000 – Civil society is pivotal to the AIDS response and extensive participation on every front is critical to rolling back the epidemic, said Dr Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

"No sector of society remains untouched by HIV and AIDS," Dr Piot told a special seminar on AIDS and civil society today, "so the broadest possible response is needed. Partnerships are our pathway in this effort – whether with the business sector, non-governmental organizations, religious groups, service clubs, sports associations and all other interested parties." The call for collaboration comes within the framework of the International Partnership Against AIDS in Africa, a coalition made up of African governments, the United Nations, donors, and the private and community sectors working under the leadership of African countries.

Key elements of the AIDS epidemic are its social and political dimensions, and African thinkers at the seminar will reflect upon how to best mobilize African intellectual resources to improve the response to AIDS. The meeting will try to define the role of civil society in response to the epidemic and will consider the specific situation of African women confronted with HIV and AIDS, in an effort to bring a gender perspective into the AIDS debate. Other issues to be addressed include human rights, the role of African intellectuals, religious and political aspects of HIV/AIDS, community involvement, and the importance of leadership.

"My greatest hope is that we can truly initiate a partnership at the national level," said Solange Kouo Epa, head of the United Nations Theme Group on HIV/AIDS in Benin, an inter-agency working group on AIDS. "There is already great awareness in the country of the issues surrounding HIV/AIDS, and we have worked hard to achieve this. The government has moved forward significantly, and now it is time to take action on a broader front across all of civil society."

The government of Benin has already demonstrated its political engagement in coming to grips with the epidemic. Recently, the Council of Ministers put AIDS on its agenda and committed to allocating debt relief funds to the AIDS response. The UN Theme Group on HIV/AIDS has also addressed the National Assembly on the issue.

Other groups in Benin are now gearing up to collaborate on AIDS, including service associations and bankers, who have indicated their willingness to take action on the epidemic.

A key speech at the seminar, "Africa in the 21st century," will be given by Professor Albert Tevoedjre, a former senior official of the International Labour Organization in Geneva and former government minister in Benin. Prof Tevoedjre is also founder of the Pan-African Social Prospects Centre, the Cotonou-based think tank on African social and political issues organizing the seminar. The gathering, which is taking place in Cotonou on 9-10 October, is entitled "Greatest Challenge at the Beginning of the Third Millennium: Socio-Political Dimensions of the AIDS epidemic in Africa" and is

being held within the framework of the International Partnership Against AIDS in Africa. Some 30 high-level participants from across Africa are expected to attend, representing governments, the United Nations system, civil society and the private sector.

Benin, on the West coast of Africa, has a population of 5.7 million of which 2.45% is living with HIV, up from 0.32% in 1990. According to the latest figures, the epidemic is spreading quickly to rural areas and Dr Piot warns there is little room for complacency.

Worldwide, 34.3 million people are now living with HIV or AIDS, 24.5 million of them in sub-Saharan Africa. Just last year, 2.8 million people died of AIDS, the highest death rate in any single year since the start of the epidemic.

For more information, please contact Anne Winter, UNAIDS, Geneva, (+41 22) 791 4577, Dominique de Santis, UNAIDS, Geneva (+41 22) 791 4509 or Fatoumata Sow, UNAIDS, Dakar, (+221) 821 2095, mobile (+221) 636 1545. You may also visit the UNAIDS Home Page on the Internet for more information about the programme (<http://www.unaids.org>).



Joint United Nations Programme on HIV/AIDS

UNAIDSUNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK**Facsimile**

To: Ms Sandra Thurman
Director, Office of National AIDS Policy
The White House
Washington, D.C., USA

Fax: 1 202 456 2439

Pages: 1/3

Ref.: KC/sa

From: Deputy Executive Director

Date: 5 July 2000

Subject: AFRICA NOW! A LEADERSHIP SUMMIT TO DEFINE
AFRICAN NEEDS AND PRIORITIES

Dear Sandra,

Peter is meeting with the organizer of this Conference on Friday in Durban. He would like your reaction to the attached letter before his meeting, if possible. Specifically, what do you think about this meeting? Do you agree to its objectives and general directions? Do you agree that UNAIDS should cosponsor such a meeting?

Thank you and best regards.


Kathleen Cravero
Deputy Executive Director

ENCL.: As stated.

*I know you must be busy getting ready to leave
for Durban - but any thoughts would be
useful. Thanks. K*

*Caroline Connolly
07/83
617-*

Harvard AIDS Institute

RECEIVED UNAIDS / OED

26 JUN 2000

Dr. Peter Piot
Joint United Nations Programme on AIDS
20 Avenue Appia
27 Geneva
Switzerland

To: CPP ☐ EXR ☐ PSD ☐ PSR ☐ PDC ☐
Action requested:
OED F/up Date:
(Please copy f/up note and reply to OED)

Dear Peter,

Among all the publications you are in, I enjoyed seeing you in *Vanity Fair*. But seriously, in writing this letter, it is my hope to introduce Harvard's ***Africa Now!*** leadership summit taking place in Boston, this November. This summit will help determine the building blocks for successful joint United States and African collaborations. National United States leaders, representatives from private industry, multilateral institutions, and private foundations will have the opportunity to listen and learn from the experience of African leaders and African people living with AIDS. Following the summit, the Harvard community, the summit participants and its partners will initiate a revived global commitment with the release of a framework document intended to help us all confront the AIDS pandemic in Africa.

I would like to take this opportunity to invite the Joint United Nations Programme on HIV/AIDS (UNAIDS) to become a collaborating sponsor of ***Africa Now! A Leadership Summit to Define African Needs and Priorities***. The summit's international assembly, in their continuing struggle against this catastrophic disease would benefit enormously from the experience of UNAIDS in working against the global crisis and specifically from the programme's projects in Africa. As the leading advocate in the fight against the AIDS pandemic, the support of your organization would lend invaluable knowledge to the summit. We would like to request that UNAIDS jointly review the framework document and summit materials. Similarly the Office of the Secretary General of the United Nations has been invited to collaborate with us on the summit's goals in advance of the summit date. **We hope that this work will compliment and continue the specific dialogues that have been ongoing with the United Nation's International Partnership against AIDS in Africa.**

I don't have to state this to you, but now is the time for all of us to act against AIDS in Africa.

The goals of the ***Africa Now!*** leadership summit are to:

- Bring national leaders from the United States to the same table with key African leaders and to recognize together, the fundamental needs and priorities of Africa concerning AIDS. An inventory of present-day United States projects concerning AIDS in Africa will be matched with a needs survey of African countries prior to the summit;
- Complement and further advance the international efforts already underway by the United Nations, the United States government, and others;
- Create a framework document entitled *Principles of Collaboration: A Guide for Global Partnerships When Confronting AIDS in Africa*; and

Africa Now!

6/22/00

Page 2

- Formalize a tangible post-summit strategy and in doing so showcase the summit's findings to help prepare for an African-based AIDS Congress of Leaders.

I will be travelling to southern Africa next week and working in Botswana to prepare for the *XIII International AIDS* conference in Durban. If possible, I would like to discuss this proposal with you (and Daniel Tarantola) in more detail. Pending your schedule, perhaps a meeting can be arranged in Durban during the conference. I would sincerely appreciate it if you could let us know any appropriate date, time and location to meet.

If you have any questions, please feel free to contact me at (617) 432-4114 (or home phone (617) 522-5605), fax at (617) 432-4545, or email at rmarlink@hsph.harvard.edu

Thank you Peter, for your consideration of this request. We look forward to working with you on this project and to welcoming you to Boston in November.

Best personal regards,



Richard Marlink MD
Harvard AIDS Institute

cc: Daniel Tarantola

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REPORT

on the global **HIV/AIDS epidemic**

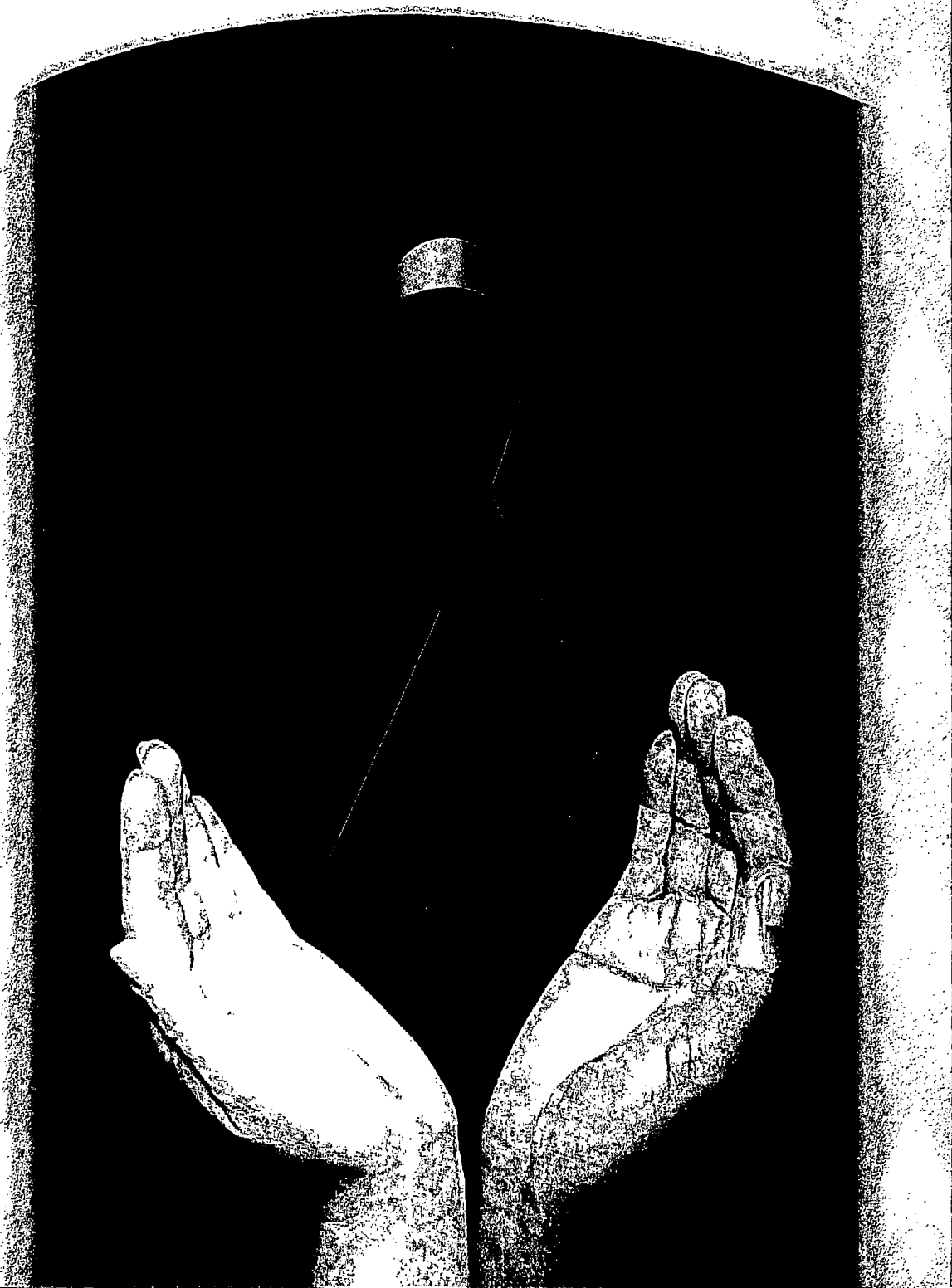
June 1998



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WHO





Joint United Nations Programme on HIV/AIDS

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To: Sandra Thurman
Director
Office of National AIDS Policy
The White House

Fax: 001 202 456 2439

Pages: 6 (including cover)

Ref.:

From: Anne Winter
Manager
Communication and Public Information

Date: 10 May 2000

Subject: **PRESS RELEASE: NEW PUBLIC/PRIVATE SECTOR EFFORT INITIATED
TO ACCELERATE ACCESS TO HIV/AIDS CARE AND TREATMENT IN
DEVELOPING COUNTRIES**

UNDER EMBARGO UNTIL 11.00GMT, 11 MAY 2000

Dear Ms Thurman,

Please find attached for your information the above press release in advance of our announcement tomorrow.

Yours sincerely,

Anne Winter
Manager, Communication and Public Information



Joint United Nations Programme on HIV/AIDS

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UNESCO • WHO • WORLD BANK

PRESS RELEASE

UNDER EMBARGO UNTIL 11.00GMT
Geneva, 11 May 2000

NEW PUBLIC/PRIVATE SECTOR EFFORT INITIATED TO ACCELERATE ACCESS TO HIV/AIDS CARE AND TREATMENT IN DEVELOPING COUNTRIES

Geneva, 11 May 2000 – The Joint United Nations Programme on HIV/AIDS (UNAIDS) announced today that a new dialogue has begun between five pharmaceutical companies and United Nations organizations to explore ways to accelerate and improve the provision of HIV/AIDS-related care and treatment in developing countries.

The pharmaceutical companies involved – Boehringer Ingelheim, Bristol-Myers Squibb, Glaxo Wellcome, Merck & Co., Inc., and F. Hoffmann–La Roche – have indicated their willingness to work with other stakeholders to find ways to broaden access to care and treatment, while ensuring rational, affordable, safe and effective use of drugs for HIV/AIDS related illnesses. The companies are offering, individually, to improve significantly access to, and availability of, a range of medicines. Other pharmaceutical companies have also expressed interest in cooperating in this endeavour.

The companies have responded to calls from UN Secretary General Kofi Annan inviting the private sector to engage in partnerships for expanding the global response to HIV/AIDS and to support the International Partnership against HIV/AIDS in Africa, a collective international initiative to curtail the spread of HIV and reduce its impact in African countries.

In recent months, these calls have been reiterated by the heads of United Nations organizations, in particular by Gro Harlem Brundtland, Director-General, World Health Organization (WHO), James Wolfensohn, President, World Bank and Peter Piot, Executive Director, UNAIDS, whose advocacy efforts have been fundamental in drawing leading companies into cooperative action to help meet the challenges of the epidemic. The heads of the other two organizations involved in the discussions, Carol Bellamy, Executive Director, United Nations Children's Fund (UNICEF) and Nafis Sadik, Executive Director, United Nations Population Fund (UNFPA), have also actively promoted effective alliances with the business community.

Participants in this cooperative endeavour have adopted a set of principles that reflect a common vision of how the HIV/AIDS epidemic can more effectively be tackled in developing countries: unequivocal and ongoing political commitment by national governments; strengthened national capacity; engagement of all sectors of national society and the global community; efficient,

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Drug use and HIV/AIDS

*UNAIDS statement
presented
at the
United Nations
General Assembly
Special Session on Drugs*



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Joint United Nations Programme on HIV/AIDS

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Towards the creation of strategic partnerships:

*Improving access to drugs
for HIV/AIDS*



UNAIDS Best Practice Collection

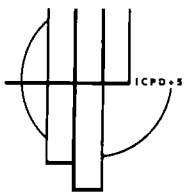
KEY MATERIAL

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AIDS

5 years since ICPD

Emerging issues and challenges for

Worldwide
Youth and People
Infant

**UNAIDS
Discussion
Document**



Joint United Nations Programme on HIV/AIDS

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Strategic Plan

(Update as of 26 March 2000)

AIDS MARSHALL PLAN

Scaling-Up the HIV/AIDS and Orphans Response in Sub-Saharan Africa and Asia to Accelerate Poverty Reduction

"Hope for the Future"

Please send comments to:

Dr. Paul Zeitz
Intercountry Coordinator
UNAIDS Debt-for-AIDS Activity
P.O. Box 31966, Alick Nkhata Road
Lusaka, Zambia
Tel: 260-1-252055, ext 276; Fax: 260-1-251214
cell: 260-1-702042; email: pzeitz@unicef.zm
www.egroup.com/group/debt-for-aids

The HIV/AIDS Crisis

The HIV/AIDS pandemic is the worst infectious disease crisis since the bubonic plague halved the population of Europe in the five years after its arrival there in 1347.

Recognizing the magnitude of this crisis, African leaders, UN Agencies, and many other governments and international organizations have declared HIV/AIDS to be the single most critical development crisis facing Africa today. Dr. Peter Piot, Executive Director of UNAIDS states, "The impact that AIDS is already having on sub-Saharan Africa is catastrophic, and the scenario will only worsen unless leaders work together to invest more much more. Investments in health and social development are already eroding we must act quickly and strategically so that these investments are not wholly obliterated."

Developing, financing, and implementing programs to slow the spread of the epidemic and reduce its impact are now among the highest priorities of development organizations and African governments. While a growing number of effective clinical and behavioral interventions are being developed to reduce the transmission of HIV and improve care and support for those who are infected, the availability of resources to implement these interventions lags far behind the needs of the hardest-hit countries. In addition, these same countries are facing a secondary orphan crisis which will persist for decades to come (Hunter and Williamson 1997). Although the HIV/AIDS crisis has led some donor countries to increase their foreign assistance allocations, there is little sign that the level of funding needed to mount an effective response to the epidemic will materialize from traditional sources.

The Link between HIV/AIDS and Poverty

There is a growing recognition among policymakers and development experts that HIV/AIDS, which is not being addressed as a development and security crisis, is having a devastating impact on poverty. **Simply put, poverty spreads HIV/AIDS and HIV/AIDS spreads poverty.** A summary of the catastrophic effects of HIV/AIDS at the societal level, macroeconomy, on sectoral activities, on poverty at the community and household levels, and the economic impact of inaction are described below:

Societal Impact of HIV/AIDS

- 1) AIDS is now the leader killer of persons living in Africa;
- 2) Life expectancy in countries severely affected by HIV/AIDS is dropping by 10-20 years; reaching as low as 37 year in Eastern and Southern Africa (WHO, UNAIDS);
- 3) Many countries in Africa are threatened with a reversal of child mortality rates (WHO, UNAIDS);
- 4) In severely affected countries like Zambia, the annual number of AIDS-associated deaths is not projected to peak until the year 2005, and then it is project to stay high for the foreseeable future (GRZ);

- 5) By the year 2010, it is estimated that 16-25% of children living in selected African countries will be orphaned. Orphaned children are less likely to get fed, to get educated or to contribute economically to society (Hunter and Williamson).
- 6) HIV/AIDS disproportionately affects people between 15-44 years of ages, which is the most economically productive age group of the population.

Macroeconomic Impact of HIV/AIDS

- 1) Higher levels of HIV prevalence are correlated with a higher distribution of income inequality within urban areas of a country (Ainsworth and Over);
- 2) Higher levels of HIV prevalence are correlated with falls in the long-term growth rate of per capita income (Bonnel);
- 3) Countries with an HIV prevalence level below 5% will see a minimal impact on GDP growth rate, however, countries with HIV prevalence around 20% are correlated with declines in GDP growth rate of approximately 2% on a cumulative annual basis (Bonnel);
- 4) Countries with an HIV prevalence level below 5% will see a minimal impact on GDP per capita growth rate; however, countries with HIV prevalence around 20% are correlated with declines in GDP per capita growth rate of 1% on a cumulative annual basis (Bonnel);

Sectoral Impact of HIV/AIDS

- 1) Severely affected countries are showing that at least 50% of hospital beds are filled with AIDS patients, which is projected to absorb between 55-65% of already overstretched health budgets by the year 2005 (Alban)
- 2) Labor intensive businesses will be severely affected by HIV/AIDS, with some companies experiencing HIV/AIDS costs absorbing between 4-14% of profits by the year 2005 (Alban);
- 3) Agricultural production has been shown to decrease by 37-61% in severely affected communities in some African countries (UNAIDS, Alban).

Poverty Impact of HIV/AIDS on Communities and Households

- 1) The poorest households are bearing the greatest burden from HIV/AIDS (Ainsworth and Over);
- 2) AIDS-affected households experience a dramatic declines in income of 52-67% (Alban);
- 3) AIDS-affected households reduce the outlay for education by as much as 50% ---thus creating a cohort of less educated persons for the future (Alban);
- 4) AIDS-affected household increase expenditures for health care by more that 400% (Alban).
- 5) Severely HIV-affected countries are seeing a worsening in the proportion of persons living below the poverty level (LCMS/Zambia).

Economic Impact of Inaction

- 1) The cost of implementing prevention, care, and mitigation increases exponentially with higher levels of HIV Prevalence. It is estimated that when the HIV prevalence rate is less than 5%, comprehensive HIV/AIDS programs cost less than US\$3 per capita, however when the prevalence rate exceeds 15%, the cost of HIV/AIDS program rises rapidly to about US\$10-12 per capita (Bonnel);
- 2) The longer the delay in introducing scaled-up HIV/AIDS programs, the greater the likelihood that HIV prevalence rates will rise rapidly; and then the costs of scaling-up programs will become prohibitive. It is estimated that it will cost approximately US\$6 per capita to cover 80% of target populations with comprehensive HIV/AIDS programs (Bonnel).

Economic Constraints Prevent Effective Response

Over the last fifteen years, sub-Saharan Africa has made less economic progress than any other region of the world. This issue extends well beyond disappointing economic growth: between 1985 and 1996, twenty-one sub-Saharan countries *contracted* economically. The overall per capita economic growth rate, weighted by population, was estimated to be *negative* 0.6 percent per year (and a dismal negative 2 percent per year in the first half of the 1990s). Although a group of ten or so countries began to rebound in the mid-1990s and are now growing, driving up the region-wide per capita average GDP growth to 1.4 percent/year, a dozen others are still experiencing falling GDP/capita (Fischer et al. 1998). Three quarters of the continent's population survives on less than \$2 per day (World Bank 2000). Over the last fifteen years, sub-Saharan Africa has made less economic progress than any other region of the world. This issue extends well beyond disappointing economic growth: between 1985 and 1996, twenty-one sub-Saharan countries *contracted* economically. The overall per capita economic growth rate, weighted by population, was estimated to be *negative* 0.6 percent per year (and a dismal negative 2 percent per year in the first half of the 1990s).

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Partly as a result of their poor economic performance, few countries in the region can mount an effective national response to HIV/AIDS, nor can their citizens pay for

treatment once infected. As indicated in Table 1, annual spending on HIV/AIDS in selected countries in Africa, from all sources, averages less than \$1/capita (UNAIDS 1999). This does not cover even the relatively modest amounts needed for basic HIV/AIDS prevention education and outreach, let alone to the more significant investments required to provide care and treatment to those already infected (Cameron 1992; Soderlund et al. 1993).

In addition to these economic constraints which prevent an effective response, historically there has been a paucity of political will and neglect by political leaders and policymakers within Africa and within the broader international community. Partly as a result of their poor economic performance, few countries in the region can mount an effective national response to HIV/AIDS, nor can their citizens pay for treatment once infected. Annual spending on HIV/AIDS in selected countries in Africa, from all sources, averages less than \$1/capita (UNAIDS 1999). This does not cover even the relatively modest amounts needed for basic HIV/AIDS prevention education and outreach, let alone to the more significant investments required to provide care and treatment to those already infected (Cameron 1992; Soderlund et al. 1993)

Eradicating the Debt Crisis in Africa

One of the circumstances that perpetuates African poverty and makes adequate investment in the HIV/AIDS crisis nearly impossible is the region's external debt burden. African countries currently carry a combined external debt of \$227 billion. Service on this debt, some \$14.5 billion per year, is equal to 5 percent of the region's GDP and consumes nearly 15 percent of export earnings (World Bank 1998). Debt service payments, when actually paid, require sub-Saharan African countries to expend scarce foreign exchange and government revenues on debt servicing, rather than on critical social needs (Seshamani 1999).

In an era when basic social services like education and health care are deteriorating throughout the region, many people have come to regard the perseverance of Africa's debt burden as incompatible with development. This belief propelled debt relief for the poorest countries to the top of the international development finance agenda during the second half of the 1990s. From grass-roots movements like Jubilee 2000 to the U.S. Department of Treasury, there has been wide-ranging and active support for reducing the debt owed by poor countries to banks, governments, and multilateral institutions in the developed world. Most of the organizations that have taken a stance on debt relief have also called for more resources to be invested in improving the welfare of the poorest people. Some encourage direct investment of debt relief savings in HIV/AIDS, health, and education programs. Others recommend an indirect approach, by requiring that specific development goals be achieved as a condition of debt relief.

One alternative to traditional foreign assistance---and a solution that has many other development advantages---is to channel the budgetary savings from debt relief into HIV/AIDS investments. As Table 1 shows, the amounts currently spent on debt

servicing far exceed investment in HIV/AIDS in many African countries. If even 50 percent of these countries' debt alone were cancelled, it would be possible to double the resources available to prevent, manage, and mitigate the impact of HIV/AIDS. One alternative to traditional foreign assistance and a solution that has many other development advantages is to channel the savings from debt relief into HIV/AIDS investments. As Table 2 shows, the amounts currently spent on debt servicing far exceed investment in HIV/AIDS in many African countries.

If even 50 percent of these countries' debt alone were cancelled, it would be possible to double the resources available to prevent, manage, and mitigate the impact of HIV/AIDS. One alternative to traditional foreign assistance and a solution that has many other development advantages is to channel the savings from debt relief into HIV/AIDS investments. As Table 2 shows, the amounts currently spent on debt servicing far exceed investment in HIV/AIDS in many African countries.

Table 1: Potential of Debt Relief to Generate Resources for HIV/AIDS Response

Country	Potential bilateral debt relief dividend (U.S. \$/capita)	Potential total debt relief dividend (bilateral and multilateral) (U.S. \$/capita)	Current spending on HIV/AIDS (U.S. \$/capita)
Ghana	\$3.33	\$15.98	\$0.12
Kenya	\$5.24	\$12.92	\$0.76
Malawi	\$1.39	\$4.46	\$0.63
Mozam.	\$2.57	\$2.79	\$0.16
Nigeria	\$1.69	\$6.46	\$0.03
Tanzania	\$0.19	\$0.70	\$0.07
Uganda	\$3.66	\$5.00	\$1.81
Zambia	\$7.79	\$16.18	\$0.73

Sources: Sachs et al. (1999); UNAIDS (1999)

There are many legitimate claimants on new funds potentially freed up by debt relief, including basic education, environmental protection, infrastructure development, and primary health care.

Because the HIV/AIDS crisis in Africa and Asia has been declared a security crisis with the potential to obstruct achievement of all other development goals, including economic growth and political stability and security, however, it is easy to justify placing HIV/AIDS prevention at the front of the queue. Specifically:

- 1) HIV/AIDS is causing a reversal of development gains made over the past 30 years;
- 2) HIV is completely preventable and an increased investment in a broad-based

- 3) Multisectoral response has been demonstrated to reverse the spread of the virus; Scaling-up the delivery of existing HIV/AIDS interventions can yield tangible and measurable results, within a limited timeframe.

Action Environment

Governments are actively developing Poverty Eradication Action Plan (PEAP)/Poverty Reduction Strategy Papers (PRSP) and the National HIV/AIDS Strategic Plans and Sectoral HIV/AIDS Strategic Plans. Bilateral and multilateral cooperating partners are also developing new Initiatives with the aim of scaling up the National HIV/AIDS Response.

Priority Intervention Packages

Lifelong Prevention of HIV Infection Package

This package will focus on the development and the rapid delivery of a highly effective HIV vaccine.

Pre-sexually Active Persons Prevention Package

Persons living in Africa between the ages of 5-10 years will be the primary focus of this package. This package will focus on giving children the skills that they need to delay onset of sexual activity for as long as possible so that children can focus their time and energy on learning.

Sexually Active Persons Prevention Package

Persons living in Africa who have become sexually active will be the primary focus of this package. Interventions will focus on reducing

Orphans Prevention Package

HIV-positive persons, most of whom are parents of young children, will be the primary focus of this package. HIV-positive persons will receive interventions to ensure that they will live longer, healthier, dignified and productive lives---and so that they can continue parenting their children. This will include ensuring an adequate food supply, the prevention and early treatment of opportunistic infections, and expanding access to antiretroviral agents.

Household Coping Package

The package will focus on supporting the ability of households who are affected by the HIV/AIDS and orphans crises to improve their coping capacity.

AIDS Marshall Plan Strategic Objective

To eradicate HIV/AIDS Globally by 2020.

ACTION AGENDA

A. Declaring HIV/AIDS a Security and Development Crisis To Generate and Sustain Political Will for Action

In support of the unprecedented UN Security Council Meeting of January 2000 declared HIV/AIDS a security crisis, the following actions are prioritized:

1. UN Agencies, including UNAIDS, UNICEF, UNDP, WHO and the World Bank continuously declare HIV/AIDS and the plight of orphans in Africa and Asia as a security and development crisis. Efforts to disseminate and replicate these declarations are required;
2. Implement political mobilization strategies to increase the momentum among many political leaders to respond to the HIV/AIDS, including Orphans as an urgent security and development crisis. Efforts To disseminate and replicate these declarations are required;
3. The International Partnership Against AIDS (IPAA) and UN HIV/AIDS Theme Groups--being spearheaded by UNAIDS—will be strengthened to create and sustains political will [in Africa, Asia and Globally] to respond to HIV/AIDS as a security and development crisis;
5. IPAA and UN HIV/AIDS Theme Groups will be strengthened to ensure that there is an enabling policy environment for all stakeholders/partners to scale-up an emergency response to HIV/AIDS;
6. An aggressive Regional Strategy and Action Plan for Political Mobilization could be designed to reinforce political will for action;
7. An aggressive Public Relations Campaign could be designed to reinforce political will for action, to re-energize technicians, and to sustain support for the response;
8. Spearheading new innovative partnerships between public and private sectors to address the HIV/AIDS crisis;
9. The AIDS Marshall Plan will garner the support of UN Agencies, including the World Bank, UNICEF, WHO, and UNDP, as they are launching new expanded Initiatives to combat HIV/AIDS, TB, and the orphans crisis;
10. The AIDS Marshall Plan will garner the support of bilateral Initiatives are being launched: USA launched the LIFE Initiative in 1999, the Sweden launched a new Initiative in 1999, and Italy is launching a new Initiative; Germany is launching a Southern Africa regional Initiative to combat AIDS-related TB.

B. Mainstreaming HIV/AIDS, including Orphans, in Development Instruments

1. Ensure that HIV/AIDS-OVC features as a suprasectoral priority of mainstream development instruments, e.g. Poverty Reduction Strategy Papers (PRSPs), Enhanced Highly Indebted Poor Country Initiative (HIPC), etc;
2. Ensure that countries, the World Bank, and IMF explicitly monitor public expenditures for HIV/AIDS and orphans, and set public expenditure ceilings for HIV/AIDS and orphans as part of the Medium-Term Expenditure Frameworks;
3. HIV/AIDS and Orphans interventions should appear as priorities in the Poverty Reduction Growth Facility (PRGF) and in the Enhanced HIPC Initiative documents;
4. Specific HIV/AIDS and Orphans outcome indicators should be incorporated into the PRSP, the PRGF and the HIPC instruments;
5. A proportion of the budgetary savings from the Enhanced HIPC debt relief should be earmarked for mounting a scaled-up response to the HIV/AIDS and orphans crises;
6. Bilateral debt relief should be accelerated to support an enhanced response to the HIV/AIDS and orphans crises;
7. HIV/AIDS and orphans strategies should be incorporated as an **additional** funding priority of the World Bank Credits;
8. Strengthening the capacity of the "Poverty Units" of the Ministry of Finances to carry out the tasks defined above and to link to Jubilee 2000 groups.

C. Strategic Frameworks---Defining National and Sectoral Priorities: *Implementing Strategic Multisectoralism*

1. Support countries to develop National Strategic Framework for HIV/AIDS, including Orphans;
2. Selective multisectoralism means that key strategic sectoral Ministries (Health, Education, Agriculture and Defense) develop appropriate sector-specific strategic plans;
3. As a matter of priority, countries should develop a multisectoral National Orphans Prevention and Response Strategic Plans;
4. Countries should consider developing "District Response Initiatives (DRIs)." DRIs should clarify strategies for strengthening the ability of civil society to implement HIV/AIDS and Orphans interventions, including the rural expansion of NGO networks. DRIs should define strategies for developing the capacity of decentralized partners (Local Councils, NGOs, and private sector partners) to design, implement, and evaluate HIV/AIDS-Orphans activities is an urgent priority;
5. Countries should consider developing "Programmes for the Modernization of Agriculture" which include a focus on reducing HIV transmission;
6. Countries should prioritize the integration of HIV/AIDS and Orphans response strategies into the Universal Primary Education strategies---as a key strategy for primary prevention;
7. Countries should consider developing HIV/AIDS Business coalitions to foster innovative public-private partnerships;

8. Countries should develop strategies for ensuring timely, reliable, quality, and expanded access and distribution of critical HIV/AIDS supply for the public and private sectors, including supplies for implementation of sectoral plans. Key supplies include condoms, test kits, drugs, and IEC materials;
9. Countries define strategic priorities (geographic, multisectoral, target groups, Interventions) through participatory processes with civil society;
10. Countries define catalytic projects for scaling-up and/or replicating best practices; implementation strategies for each intervention, and strategies regarding top-down versus bottom-up delivery of interventions;
11. Countries define coordination mechanisms for implementing a scaled-up response

D. Costing/Budgeting of Strategic Frameworks

[e.g. IAEN, Template for costing of priority interventions based on Bonnel/Watts]

1. Countries utilize a standardized framework for costing priority interventions; -focussed on affordability of interventions in different environments
2. Countries defines high/medium/low costing scenarios;
3. Allows for cross-country comparisons.

E. Monitoring and Evaluation Framework: Global Indicators for HIV/AIDS-OVC Prevention, Care, and Mitigation

[Template developed by UNAIDS, WHO, CDC, USAID, and MEASURE--Bernhard et al.---Global Indicators]

1. Countries define Monitoring and Evaluation Framework: What results are we are buying for how many resources?
2. Country strengthening of monitoring and evaluation systems is needed for the overall Country Strategic Plan and for each implementation partner;
3. Allows for cross-country comparisons.

NOTE: A Strategic Plan (Items C-D-E above) define strategies, they are accurately costed, different budget scenarios are presented, and they are explicitly linked to outcome indicators. The explicit and direct link between “Resources---Actions---Outcomes” must be defined clearly in each Strategic Plan in order to receive full funding.

F. Resource Transfer Mechanism: “Poverty Reduction Action Funds”

1. Establishment of resource transfer mechanisms at the Global and country levels that can deliver resources reliably to decentralized partners (public and private sector) on a supplementary basis to support the full implementation of country-level strategic plans (items C-D-E above);
2. Create common mechanisms at the Global- and Country-levels to attract supplementary resources from Governments, donors (grants), creditors (budgetary

savings from debt relief), multilateral banks (WB-IDA credits; ADB) and foundations (grants);

3. Management of funds based on principles of accountability, transparency, participation, innovation, and results;

G. Institutional and Technologic Requirements for Scaling-Up

[e.g. Institutional Strengthening with WB-IDF/ADB grants; Technical Resource Networks (TRNs) under development]

1. Country-level institutions need to be strengthened or created to mount and sustain an effective multisectoral response for at least the next 20 years. A National Coordinating mechanism is required, as well as, sector-specific HIV/AIDS institutional units;
2. Technical resource networks (TRNs) to support the decentralized implementation of HIV/AIDS-OVC interventions to be strengthened;
3. Information technology at the country and regional-levels needs to be optimized to support scaling-up of the HIV/AIDS-OVC response at local level. Countries to develop proposals for support to foundations (e.g. Gates Foundation).

AIDS Marshall Plan Implementation at the Global-Level

A. International Partnerships Against AIDS

The IPAA s will be the primary strengthened as the primary coordination mechanism to oversee the implementation of the AIDS Marshall Plan. The International Partnership Against AIDS in Africa (IPAAfrica) was launched in 1999. UNAIDS will create an International Partnership Against AIDS in Asia (IPAAAsia), based on the experience of the IPAAfrica, during 2000/1.

The IPAAs will establish an regionally-based implementation centers to ensure rapid and effective implementation of the AIDS Marshall Plan using state-of-the-art communications and transportation technologies.

B. Global AIDS Marshall Plan Trust Fund

The World Bank will establish the Global AIDS Marshall Plan Trust Fund to provide resources in the form of grants to scale-up the HIV/AIDS and orphans response to accelerate poverty reduction.

C. HIV Vaccine by 2015

The AIDS Marshall Plan will strive to accelerate vaccine development so that a Global coverage can be reached to eradicate HIV infection.

D. Global AIDS Corps

As the devastation of HIV/AIDS, orphans, and poverty crises have already reaped havoc on the human resource capacity of most HIV/AIDS afflicted countries, especially in Africa, a Global AIDS Corps will be developed to globally attract skilled persons and professionals to volunteer to work in African institutions (government, civil society, and private) at the national, regional, and local levels to accelerate action against HIV/AIDS and poverty reduction.

AIDS Marshall Plan Implementation at the Country-Level

Implementation of the AIDS Marshall Plan (AMP) will be operationalized through existing mechanisms:

A. Poverty Reduction Strategy Papers (PRSPs)

AMP will be designed to enhance the HIV/AIDS link to poverty. As the IDA and IMF concessional programs, made during a Joint Meeting of the Development Committees of the IMF and the World Bank in September 1999 agreed to strengthen the link between poverty reduction and debt relief by supporting country efforts to develop Poverty Reduction Strategy Papers (PRSPs). The PRSPs are intended to be country-driven, to be developed transparently with broad participation of elected institutions, stakeholders including civil society, key donors, regional development banks. The PRSPs are intended to be linked to the development goals outlined in the Comprehensive Development Framework. The PRSPs are intended to include macroeconomic, structural, and social policies that will contribute to long-term poverty reduction. These policies will be monitored with measurable **intermediate and outcome indicators, including HIV/AIDS and orphans**. It is envisioned that the policies, pace and usage of debt-relief under the Enhanced Highly Indebted Poor Country Initiative (HIPC) will eventually be integrated into the PRSPs.

The macro-level discussion of policies and expenditure priorities that will take place as part of the participatory process to develop the interim-PRSP and the final PRSP are key opportunities for ensuring that HIV/AIDS and orphans issues—in the context of poverty reduction—are adequately addressed. In addition, the PRSP will serve as the basis for reviewing and refining sectoral strategies—this also offers key opportunities for addressing the HIV/AIDS crisis.

B. Poverty Reduction Growth Facilities (PRGF)

To operationalize the new focus on poverty reduction by the IMF, the Economic Structural Adjustment Facility (ESAF) will be reformed into the Poverty Reduction Growth Facility (PRGF). The PRGF will replace ESAF programs and will be technically based on the PRSPs described above.

C. Enhanced Highly Indebted Poor Country Initiative (HIPC)

The Enhanced HIPC Initiative is now designed to:

1. Lower debt sustainability thresholds, or make it easier for countries to be eligible for debt relief;
2. Faster debt relief through the use of interim relief;
3. Introduce floating completion points to shift the focus of assessment toward positive achievements and outcomes. These reforms are designed to increase the number of countries that are expected to be eligible for debt relief.

Countries that are first compliant with ESAF or PRGF are potentially eligible for HIPC. Once an interim-PRSP or a final PRSP is approved by the governing boards of the IMF and the World Bank, then countries can negotiate participation in the HIPC. Once a Debt Sustainability Analysis (DSA) substantiates the need for debt relief, the countries are eligible for HIPC. Then the IMF and World Bank develop a HIPC Document in close consultation with governments. The HIPC Document is then presented for approval to the Governing Boards of the IMF and World Bank for approval. If successful, then countries have reached the “Decision Point.” Countries are then eligible for interim debt relief under the HIPC. Based on further progress towards achieving agreed upon indicators from the PRSP and the HIPC documents, then countries can reach the HIPC “Completion Point.” Once the completion point is reached, then broader debt relief is implemented. The time frame between the Decision Point and the Completion Point is estimated to be from 6 months to 3 years.

Debt relief is implemented by reducing debt servicing obligations to multilateral and bilateral creditors. These freed up resources or “budgeting savings” are then channeled into poverty reduction program, including the HIV/AIDS and orphans crises, as defined in the PRSPs.

D. Poverty Reduction Action Fund

As countries benefit from the the AIDS Marshall Plan Trust Fund, accelerated debt relief, bilateral grants, and from increased domestic revenues from economic growth, then a comprehensive resource transfer mechanism is required. It is proposed that country-level Poverty Reduction Action Fund should be created as the primary resource transfer mechanism to implement poverty reduction, including HIV/AIDS and orphans programs as a critical component of the Country’s Medium Expenditure Framework. The Poverty Reduction Action Fund will be used to fully fund the National HIV/AIDS Strategic Frameworks and sectoral HIV/AIDS framework to scale-up HIV/AIDS in the context of accelerating poverty reduction.

Partnerships to Accelerate Action

The AIDS Marshall Plan (AMP) will strive to create innovative partnerships to accelerate action:

1. AMP G8 Domestic Alliances

Jubilee 2000
Global Coalition for Africa
Corporate Council on Africa
US-Africa Chamber of Commerce
Private Sector
Sister Cities Initiatives
Private Voluntary Organizations
African-G8 Organizations/Institutions
Religious Organizations
Foundations
Professional Associations

2. AMP Country Alliances

Jubilee 2000
Private Sector
Sister Cities Initiatives
Non-governmental Organizations
Universities
Religious Organizations

3. AMP Global Science and Technology Alliance

National-level Academy of Sciences
Governments (e.g. NIH)
Universities (domestic and international)
Foundations
International AIDS Vaccine Initiative

The purpose of the Science and Technology Alliance will be to promote the use of Technology innovation systems for the accelerated development and application of Africa-specific health and development technologies, specifically HIV-AIDS and malaria vaccines. Efforts will be made to develop cross-usable technologies for use in the developed and developing world. The creation of Industrial Consortia (domestic and international) and Vaccine-Specific Trust Funds for technology development will be considered. This alliance will also work to identify appropriate means for expanding the use of the of the Global Information Infrastructure to support the AMP. Incentives for private investment in AMP-prioritized technologies will be developed.

Operational Guidelines for The Global AIDS Marshall Plan Trust Fund

Section 1: Introduction

At the (possible) initiation of the USG, the World Bank will establish “The Global AIDS Marshall Plan Trust Fund” to scale up the HIV/AIDS and Orphans response to accelerate poverty reduction in Africa and Asia.

It is envisaged that the Trust Fund will maximally leverage the start-up US financial commitments in order to mobilize additional resources from other donors, the private sector, NGOs, and recipient countries. The Trust Fund would only provide grant assistance, and would not be empowered to make loans. In providing such grants, the Trust Fund would give priority to countries that have shown:

- a) A Strong Government commitment to combatting HIV/AIDS by developing partnerships with the private sector, communities, NGOs, and people infected or affected by HIV;
- b) A high—or potentially high--HIV/AIDS prevalence rate

Once endowed, the Trust Fund Fund will issue grants through the country level Poverty Reduction Action Fund to government Ministries, NGOs and/or the private sectors to accelerate and expand the delivery of cost-effective HIV/AIDS interventions in the context of poverty reduction.

This document summarizes the institutional arrangements, financial mechanisms, and grantmaking procedures of the Trust Fund. It is envisioned that this document will be updated on a regular basis.

Section 2: Institutional Framework

Institutional Structure

1. AIDS Marshall Plan Trust Fund

The World Bank will initiate the AIDS Marshall Plan Trust Fund. The resources collected will be managed through mutual fund mechanisms so that core donations can yield additional income.

2. AIDS Marshall Plan Trust Fund Governing Body

The Trust Fund will receive advice from a distinguished international Advisory Board.

3. Financial Accountability of the AIDS Marshall Plan Trust Fund

There will be a zero tolerance for corruption for resources expended through the Trust Fund. Approximately 5-10% of the resource provided into the Trust Fund will be set aside to ensure that all funds are managed by effective systems according to the rules and regulations of the International Accounting Standards and the Generally Accepted Accounting Principles and Practices.

Rolling Design

As part of the implementation of the Trust Fund, it is envisioned that the HIV/AIDS Secretariat will be responsible for routinely convening stakeholders to review progress in the implementation of HIV Response Fund activities. On an annual basis, the National HIV/AIDS Secretariat will review performance milestones and issue a Annual Report. This Report will be provided to the HIV Response Fund Steering Committee, the National HIV/AIDS Council, and to all contributors to the Fund.

Section 3: Financing Mechanisms

The Trust Fund will be funded through two channels, namely debt relief resources and grants (from countries, donors, foundations, and the private sector).

The funds through debt relief will be made available by participating bilateral and multilateral creditors. Creditors with claims on African countries will grant debt relief in such a manner that countries instead of effecting debt service to these creditors, the debt service due will be credited to the same countries Poverty Reduction Action Fund.

Monies accessed through grants will be sourced from sympathetic multilateral and bilateral donors, foundations, and the private sector.

Operational Modalities of the Trust Fund

1. The Trust Fund monies will be held in a bank account to be managed by the World Bank;
2. Funds from the governments, creditors, foundations or the private sector shall be disbursed directly into the HIV Response Fund;
3. Interest accrued shall be retained in the Trust Fund and will form part of the resources available to the Trust Fund;
4. Disbursement procedures will be simple and standardised, so that donors are assured of accountability;

5. The World Bank shall issue payment instructions to the Trust Fund Advisory Group in order to debit the Trust Fund Account and fund respective country-level Poverty Reduction Action Funds;
6. 5% -10% of all resources placed in the Trust Fund will be set aside for accounting and auditing procedures. The accounting and auditing resources will be used to monitor the management of funds within the overall Trust Fund and the management of funds by grantees from the HIV Response Fund.
7. World Bank will issue quarterly financial reports on the Trust Fund. The IPAAAs will issue quarterly and annual reports on the AIDS Marshall Plan, its goals, programs, projects, and activities, and the effectiveness of such activities in reducing the worldwide spread of AIDS.
8. The World Bank shall keep detailed records in respect of the HIV Trust Fund Account as follows:
 - a. Disbursements made by contributors, i.e. name, currency, amount and US Dollar equivalent, date, etc);
 - b. Interest accrued minus charges on daily basis;
 - c. Payments made to the various program components;
 - d. Balances of the Account at the end of every month;
10. The World Bank shall maintain records which shall include such information as pledges received from donors, contributions of the GRZ, payments instructions issued to the Bank of Zambia to fund respective programme components, and returns from programme operatives on the use of funds disbursed to them from the HIV Response Fund;
11. The Trust Fund shall be subject to annual auditing by an internationally recognised or agreed upon auditing firm and such audits will be funded by the Trust Fund;
12. At least once a year, there will be a meeting of all the stakeholders to allow for full dialogue about the HIV/AIDS situation, debt situation and the activities of the Trust Fund.

Appropriate Uses of the Trust Fund

The resources of Trust Fund will serve exclusively for supporting countries to scale-up the HIV/AIDS and orphans response to accelerate poverty reduction.

E. Trust Fund Grants to Poverty Reduction Action Funds

The IPAAAs, the Trust Governing Body, and the World Bank will be responsible for establishing a transparent mechanism for soliciting, reviewing, and issuing grants for expanding HIV/AIDS activities, in the health, education, agriculture, defense and other appropriate sectors. Prospective country grantees will have to establish detailed Strategic Plans, workplans, a monitoring and evaluation plans, and budgets as part of their proposals. Grantees will be

responsible for the financial management of the Trust Fund resources in accordance with international accounting principles and practices.

The IPAAAs will establish Technical Review Committees for review of all country proposals. The Technical Review Committees will make recommendations for Trust Fund grants based on the technical quality and financial soundness. The recommendations of the Technical Review Committee will be approved by the Trust Fund Advisory Group. All Grantees will be required to produce quarterly reports which describes implementation progress, use of funds and plans for the subsequent quarter. An Annual report will be produced by April 30th of subsequent year which includes implementation performance and financial accounts.

Monitoring for Success

Outcome and impact measures that are part of the country-level PRSPs will be the basis for monitoring the impact of the AMP.