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*A Matrix of Potential Participants to the Proposed White House Summit for U.S. and African Faith Leaders on HIV/AIDS*

Contents

## I. FBOs Active in HIV/AIDS-Related Interventions in Africa

### A. International

| Organization | World Leader | U.S. Leader | World AIDS Rep. | Comments |
|---|---|---|---|---|
| World Council of Churches (WCC) | General Secretary Konrad Raiser | Jean Stromberg, ED of WCC-USA | | |
| Salvation Army | | Herbert Rader | Ian Campbell | |

### B. Africa

| Organization | African Leader | African AIDS Rep. | Comments |
|---|---|---|---|
| National Islamic Council, Côte d'Ivoire | Imam Cisse Djiguiba, Vice President* | | |
| Federation of Evangelicals of Côte d'Ivoire | Dr. Jean-Baptiste Nielbien, President* | | |
| International Church "Oeuvres et Missions" | Pastor Yaye Dion Robert, National President (Côte d'Ivoire)* | | |
| Conference of Methodists of Côte d'Ivoire | The Rev. Benjamin Boni* | | |
| Committee of Pastors, Côte d'Ivoire | Pastor Antony Yeboah, President* | | |
| Organizational African Instituted Churches | Nicta Luballa (Kenya)* | | |
| Supreme Council of Muslims of Kenya | Prof. Abdulghafur H.S. El-Busaidy* | | |
| National Christian Council of Kenya | Mutava Musyimi* | | |

| Organization | African Leader | African AIDS Rep. | Comments |
|---|---|---|---|
| Union of AIDS Prevention Programs for French-Speaking Africa (15 countries) | Rakotoarivony Hubert, Coordinator* | | Pastor Hubert is a leading AIDS educator in Madagascar and is also a member of the country's AIDS National Ethics Committee. |
| Nigerian Supreme Council for Islamic Affairs | Alhaji Macciddo, Sultan of Sokoto and President of Council* | | |
| Da'awa Group of Nigeria | Sheik Ameen Al-deen Abuakr, Chairman* | | Influential Islamic leader and active in HIV/AIDS issues. |
| Christian Association of Nigeria | Bishop Sunday Mbang, President* | | Influential and active in HIV/AIDS. |
| Pentecostal Fellowship of Nigeria | Bishop Okonkwo, President* | | Influential and active in HIV/AIDS. |
| Navigators(?) | The Rev. Mvula Mvula, Country Director (Malawi)* | | |
| Association of Evangelicals of Africa | Dr. Tokunbo Adeyemo, General Secretary* | | |
| International Fellowship of Evangelical Studies (Kampala, Kenya) | The Rev. Dr. David Zac Nirigeiye, Director* | | |
| National Council of Churches | The Rev. Dr. Augustine Musophole, General Secretary (Malawi)*; The Rev. Frederick Stanley, President (Namibia)*; The Rev. Nangula Kathindi, Secretary General (Namibia)*; The Rev. Mutava Musyini, General Secretary(Kenya)* | | |

## C. United States

| Organization | U.S. Leader | U.S. AIDS Rep. | Comments |
|---|---|---|---|
| Rainbow Coalition/PUSH | Jesse Jackson | | |
| Congress of National Black Churches | Sullivan Robinson (Eugene Rivers III) | | |
| Black Leadership Coalition on AIDS | Debra Frazier Howes | | |
| Balm in Gilead | Pernessa Seele | | |
| National Council of Churches | The Rev. Dr. Robert W. Edgar, General Secretary | | |

## II. Communities of Faith in Africa

| Faith | African Leader(s) | African FBO AIDS Rep(s). | Comments |
|---|---|---|---|
| Anglican Church of Burundi | The Most Rev. Samuel Ndayisenga | | |
| Anglican Church of Central Africa | The Most Rev. W. P. Khotso Makhulu | The Rt. Rev. James Tengatenga, Bishop, Diocese of Southern Malawi*; The Rev. Constantine Kaswaya (Malawi)* | Bishop Tengatenga is "highly recommended" by Joan LaRosa at USAID and other sources at World Relief Malawi. |
| Anglican Church of the Congo (Zaire) | The Most Rev. Njojo Byankya Eaz | | |
| Anglican Church of Kenya | The Most Rev. David Gitari* | | |
| Anglican Church of Nigeria | The Most Rev. Joseph A. Adetiloye | | |
| Anglican Church of Rwanda | The Most Rev. Emmanuel Mbona-Kolinnni | | |
| Anglican Church of Southern Africa | The Most Rev. Winston H. Njongonkulu Ndungane | The Rt. Rev. Hamupembe, Bishop, Diocese of Namibia* | |

| Organization | African Leader(s) | African FBO AIDS Rep(s). | Comments |
|---|---|---|---|
| Anglican Church of Tanzania | The Most Rev. Donald Mtetemela | | |
| Anglican Church of Uganda | The Most Rev. Livingstone Mpalanyi-Nkoyoyo | The Rt. Rev. Samuel B. Ssekkadde, Bishop, Diocese of Namirembe; The Rev. Gideon Byamugisha | Rev. Byamugisha is a PLWA who works throughout Kenya, Tanzania, and Uganda to promote education, prevention, condom distribution, training, and spiritual support and counseling. |
| Anglican Church of West Africa | The Most Rev. Robert Okine | | |
| Evangelical Lutheran Church in Botswana | | | |
| Evangelical Lutheran Church of Cameroon | Philemon Barya, President | An active Church health department | |
| Evangelical Lutheran Church of the Central African Republic | | | |
| Evangelical Lutheran Church of Congo | | | |
| Evangelical Church of Eritrea | | | |
| Ethiopian Evangelical Church Mekane Yesus | Kes Yadess Daba, President | | |
| Ethiopian Evangelical Church | The Rev. Seyoum Gebrekiristos, Chairman | | According to Ayana Yeneabat at USAID, Rev. Gebrekiristos "strongly advocates for an enhanced role of faith groups in HIV/AIDS activities; he is also a very influential leader. |
| Evangelical Lutheran Church of Ghana | The Rt. Rev. Dr. Paul Kofi Fynn | | |
| Kenya Evangelical Lutheran Church | | | |
| Lutheran Church in Liberia | | | |

| Faith | African Leader(s) | African FBO AIDS Rep(s). | Comments |
|---|---|---|---|
| Malagasy Lutheran Church | | | |
| Evangelical Lutheran Church in Malawi | Bishop J. P. Bvumbwe | | |
| Evangelical Lutheran Church in Namibia | | The Rev. Zephania Kameeta, Deputy Speaker of National Assembly; The Rev. Ngeno Nakamhela | From John Beed at USAID: Rev. Kameeta is "deeply committed to the cause of fighting HIV/AIDS." |
| Evangelical Lutheran Church in the Republic of Namibia | | | |
| Lutheran Church of Christ in Nigeria | The Rev. Samuel J. Udofia | | |
| Lutheran Church of Nigeria | | | |
| Evangelical Lutheran Church of Senegal | | | |
| Evangelical Lutheran Church in Sierra Leone | | | |
| Evangelical Lutheran Church in Southern Africa | | | |
| Evangelical Lutheran Church in Southern Africa – Cape Church | Bishop N. J. Rohwer | | |
| Evangelical Lutheran Church in Southern Africa – Natal-Transvaal | Bishop Dieter Lilje | | |
| Lutheran Church in Southern Africa | Bishop D. P. Tswaedi | | |
| Moravian Church in Southern Africa | | | |
| Free Evangelical Synod in South Africa | | | |

| Faith | African Leader(s) | African FBO AIDS Rep(s). | Comments |
|---|---|---|---|
| Evangelical Lutheran Church in Tanzania | | | |
| Evangelical Lutheran Church in Zamibia | | | |
| Evangelical Lutheran Church in Zimbabwe | Bishop Ambrose Moyo | | |
| Redeemed Christian Church of Nigeria | Pastor Adeboye, Overseer* | | From Joseph Nnorom at USAID, Adeboye is very influential and active in HIV/AIDS issues. |
| Protestant and Methodist Church of Benin | Moïse Sagbohan, President* | | |
| Celest Christianism | | Paul Gonçlaves | |
| Ethiopian Supreme Islamic Council | Shiek Abdurahman Hussein, Chairman* | | |
| Indigenous African Faiths | Jean Sossaminou, Voodoo leader in Benin* | | |

## III. Communities of Faith in the United States

| Faith | U.S. Leader(s) | U.S. FBO AIDS Rep(s). | Comments |
|---|---|---|---|
| Reformed Church in America | The Rev. Wesley Granberg-Michaelson | | |
| Orthodox Church in America | The Very Rev. Leonid Kishkovsky (B of D) | | |
| Greek Orthodox Archdiocese of America | Archbishop Demetrios | | |

| Faith | U.S. Leader(s) | U.S. FBO AIDS Rep(s). | Comments |
|---|---|---|---|
| Antiochian Orthodox Christian Archdiocese of America | Bishop Antoun Khouri | | |
| The Union of Orthodox Jewish Congregations | Rabbi Kenneth Hain | | |
| United Synagogues of Conservative Judaism | President Stephen S. Wolnek | | |
| Jewish Reconstructionist Federation | Mark Seal | Marc Blumenthal (?) | |
| The Union of Reform Jewish Congregations | Rabbi Eric Yoffie | Marcia Hochman | |
| Episcopal Church | The Most Rev. Frank Griswold | | |
| African Methodist Episcopal Church | Dr. Cecil W. Howard, General Secretary | | |
| Progressive National Baptist Convention | The Rev. Dr. Tyrone Pitts | | |
| African Methodist Episcopal Zion Church | The Rev. Dr. Staccato Powell | | |
| United Church of Christ | Dr. Bernice Powell Jackson (Rep at WCC) | The Rev. Yvette Flunder | |
| Church of the Brethren | Judy Mills Reimer | | |
| American Baptist Church | General Secretary Daniel E. Weiss | | |
| Evangelical Free Church | Dr. William J. Hamel, President | | |
| Evangelical Lutheran Church | The Rev. H. George Anderson, Bishop | Kristine Gebbie | |
| Lutheran Church – Missouri Synod | The Rev. Dr. Alvin L. Barry, President | | |
| Christian Church (Disciples of Christ) | Richard Hamm | Jon Lacey | |
| Southern Baptist Convention | Pastor Claude Thomas, Chairman | | |

## IV. International Communities of Faith

| Faith | U.S. Leader(s) | African Leader(s) | U.S. FBO AIDS Rep(s). | Afr. FBO AIDS Rep(s). | Comments |
|---|---|---|---|---|---|
| Presbyterian Church | The Rev. Clifton Kirkpatrick | | Daniel Kendrick | The Rev. Ramino Paul (Madagascar)* | Rev. Paul is also a member of the Malagasy Parliament. |
| Unitarian Universalist Church | The Rev. John Buehrens | | Angela Davis | | |
| United Methodist Church | Bishop Felton E. May (D.C.); Bishop Joseph Sprague (Chicago) | Bishop Daniel C. Arichea (Central Congo); Bishop John A. Ndoricimpa (East Africa); Bishop Arthur F. Kulah (Liberia); Bishop Joao S. Machado (Mozambique and Eastern Angola); Bishop Done Dabale (Nigeria); Bishop Nkulu Ntanda Ntambo (Congo); Bishop Joseph C. Humper (Sierra Leone); Bishop Kainda Katembo (South Congo); Bishop Emilo J. M. DeCavalho (Western Angola); Bishop Christopher Jokomo (Zimbabwe)*; Bishop Nthamburi (Kenya)* | Betty Gittens | Zimbabwe's Bishop Jokomo is active in HIV/AIDS ministries; Dr. Henri Mukumbi, Kinshasa, Congo | Bishop Nthamburi was recommended by multiple sources. |

| Faith | U.S. Leader(s) | African Leader(s) | U.S. FBO AIDS Rep(s). | Afr. FBO AIDS Rep(s). | Comments |
|---|---|---|---|---|---|
| Mennonite Church | José Ortiz, Executive Director | | | | |
| Calvinist Church | | | | | |
| Seventh Day Adventist Church | Dr. Jan Paulsen, President | | Lester Wright | | |
| Hindu Faith | | | | | |
| Baha'i Faith | Joel Bray Marangella (World leader) | | | | |
| Buddhist Faith | | | Pat O'Hara | | |
| Roman Catholic Church | | Aba Berhaneyesus Demerew Surafel, Cardinal of Ethiopian Catholic Church*; Ndingi Mwama N'Zeki, Archbishop of Nairobi Diocese*; Bonifatius Haushiku, Archbishop of Windhoek Diocese (Namibia)*; Théophile Villaça, Vicar (Benin)*; Mgr. Aggrey, Archbishop of Côte d'Ivoire*; Mwana A. Nzeki, Archbishop of Kenya* | Robert Vitillo | The Rev. Rajoelison Germain (Madagascar)*; Raphael Kpatkite Thea (Guinea)*; Sister Mehret Mehreteab (Ethiopia)* | Rev. Germain is also a professor and a member of the Malagasy AIDS National Ethics Committee.<br>Sister Mehreteab has coordinated HIV/AIDS workshop. |

| Faith | U.S. Leader(s) | African Leader(s) | U.S. FBO AIDS Rep(s). | Afr. FBO AIDS Rep(s). | Comments |
|---|---|---|---|---|---|
| Islamic Faith | Dr. Louis Farrakhan | Kadi Drame, Imam Mosque, Mali*; Cheikna Haidara (Mali)*; Tabara Dramé, President, National Union of Female Muslims in Mali (UNAFEM)*; El Hadj Ibrahima Sory Faidga, Minister of Islamic Affairs, Guinea* | Amir Al-Islam, Secretary General of World Conference on Religion | Imam Ligalli, Cotonou Mosque (Benin)*; Imam Mohammed Jacky Ascam (Madagascar)*; Mohammed Omer Ali (Ethiopia)* | Kadi Drame is a respected leader in Mali. Tabara Dramé is leading female Muslim in Mali. Imam Ascam is also a youth project manager at his mosque. M. Ali is a "focal person of the Islamic community" in fighting HIV/AIDS. |
| Eastern Orthodox Church | The Most Blessed Theodosius, Primate | | | | |
| Western Orthodox Church | Bishop Nickolas Careone (Council of Bishops) | | | | |
| Evangelical Orthodox Catholic Church | The Most Rev. Perry R. Sills, Bishop Primus | | | | |
| Coptic Orthodox Church | | Pope Shenouda III | | Priest Fetsum Tesfay (Ethiopia)* | |
| Syrian Orthodox Church | Moran Mor Ighnatius Zakka | | | | |
| Malankara Orthodox Church (Indian Orthodox Church) | The Most Rev. Mathews Mar Barnabas Metropolitan | His Holiness Baselius Marthoma Mathews II (Church leader) | | | |
| Friends Church (Quakers) | Eden Grace (Rep at WCC) | | | | |
| International Council of Community Churches | Judson A. Soures, President | | | | |

| Faith | U.S. Leader(s) | African Leader(s) | U.S. FBO AIDS Rep(s). | Afr. FBO AIDS Rep(s). | Comments |
|---|---|---|---|---|---|
| Moravian Church | Dr. Robert Sawyer (Rep at WCC) | | | | |
| Church of Jesus Christ of Latter-day Saints (Mormon) | Gordon B. Hinckley, President | | | | |
| Ethiopian Orthodox Church | | His Holiness Abune Paulos, Partriarch* | | Dr. Simenesh Selassie, Health Coordinator for Church | |

* Denotes individuals located through USAID sources and contacts.

## ROUTING SLIP

DATE: 12/21/00
FROM: Stephanie Streett
Assistant to the President and Director of Presidential Scheduling

File Pending

Comments

**SUBJECT:** Presidential Activities for World AIDS Day 2000

| | | | |
|---|---|---|---|
| Kris Balderston | | Joe Lockhart | |
| Lisa Berg | | Sean Maloney | |
| Samuel Berger | | Capricia Marshall | |
| Sidney Blumenthal | | Thurgood Marshall Jr. | |
| Chuck Brain | | Minyon Moore | |
| Charles Burson | | Bob Nash | |
| Mary Beth Cahill | | Beth Nolan | |
| Maria Echaveste | | John Podesta | |
| Terry Edmonds | ✓ | Steve Ricchetti | |
| George Frampton | | Bruce Reed | |
| Sarah Gegenheimer | ✓ | Dan Rosenthal | |
| Laura Graham | ✓ | Rozensky/Emrich | ✓ |
| Nancy Hernreich | | Patti Solis-Doyle | |
| Mickey Ibarra | | Gene Sperling | |
| Ben Johnson | | Carrie Street | ✓ |
| Joel Johnson | | Karen Tramontano | |
| Neal Lane | | Loretta Ucelli | ✓ |
| Ann Lewis | | Melanne Verveer | |
| Mark Lindsay | | Sandra Thurman | ✓ |
| Bruce Lindsey | | | |
| Matthew Murguia | ✓ | | |

THE WHITE HOUSE

WASHINGTON

00 JUN22 P3:23

**SCHEDULING PROPOSAL** **Date: 6/21/00**

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**____ACCEPT** **____REJECT** **____PENDING**

---

TO: Stephanie Streett
Deputy Assistant to the President and Director of Scheduling

FROM: Sandra Thurman, Director, Office of National AIDS Policy

REQUEST: Presidential Activities for World AIDS Day 2000

PURPOSE: To participate in World AIDS Day 2000 events which will focus on the important role of communities of faith in the fight against AIDS.

BACKGROUND: On World AIDS Day 1998 the President highlighted the growing tragedy of children orphaned by AIDS in sub-Saharan Africa. Since that time, the Administration has been become a leader in responding to the AIDS pandemic in Africa and around the world. July 19, 1999 marked the culmination of the Administration's efforts with the announcement of the President's Leadership and Investment in Fighting an Epidemic (LIFE) Initiative. This global AIDS initiative doubled our funding for the battle against AIDS and committed the U.S. Government to building partnerships with other key stakeholders to maximize our impact on this rapidly escalating epidemic.

As outlined in the LIFE Initiative, the Administration committed to facilitate a meeting of African, American and other key religious leaders to promote the vitally important leadership and attention of the faith community in responding to AIDS. This Summit has been scheduled to coincide with World AIDS Day 2000.

These events would provide the President with the opportunity to reaffirm the Administration's commitment to fighting AIDS both here at home and around the world, and to highlight the importance of building community and united partnerships across all sectors.

PREVIOUS PARTICIPATION: The President has been actively involved in AIDS events throughout his tenure including previous World AIDS Day activities.

DATE AND TIME: Friday, December 1 (8:00 AM)
DURATION: 1.5 hours

LOCATION: Washington, DC (specific locations listed below)

PARTICIPANTS:

Invited:
- The President
- Secretary Albright
- Secretary Summers
- Sandra Thurman
- Archbishop Desmond Tutu
- Rev. Jesse Jackson
- Other U.S. and international religious leaders

OUTLINE OF EVENTS:

Friday, December 1

The President would host a meeting with a select group of national and international religious leaders in the Roosevelt Room. The event would include an invocation, brief remarks by the President, and discussion.

The President and the faith leaders would then proceed to the East Room to join a larger assembly of faith leaders who will present a "call to action' for the faith community. The President and select faith leaders would make brief remarks.

Following the event, a short reception would be held in the State Dining Room.

A short press conference will follow.

| | |
|---|---|
| Meeting (Roosevelt Room) | 8:00 - 8:45 AM |
| Call to Action (East Room) | 8:45 - 9:15 AM |
| Reception (State Dining Room) | 9:30 - 10:30 AM |
| Press Conference | 10:45 - 11:00 AM |

REMARKS: Yes. Draft from the Office of National AIDS Policy to be submitted to speechwriting for review and revision. Background information for all events will be provided by ONAP.

MEDIA: Open for East Room event

FIRST LADY: No

| | |
|---|---|
| VICE PRESIDENT: | No |
| SECOND LADY: | No |
| RECOMMENDED BY: | Sandra Thurman, Ben Johnson, Minyon Moore |
| CONTACT: | Matthew Murguia, Office of National AIDS Policy, 5-1449. |

THE WHITE HOUSE
WASHINGTON

* people in org. have requested info.
* pass this along
* great meeting w/ you this week

* print Sandy's bio on stationery + mail to May Cha
H drive, Staff, Thurman. personnel, bio

Nora
Int'l work.

WOLA NANI · EMBRACE ·

A CARING RESPONSE TO AIDS

AGENCY BASE

3RD FLOOR 76 LONG STREET
CAPE TOWN 8001
P.O. BOX 16082 VLAEBERG 8018
SOUTH AFRICA
TELEPHONE (021) 423-7385
FAX (021) 423-7387
E-MAIL: wolanani@iafrica.com

25 April, 2000

Ms. Sandra Thurman
Head - National AIDS Policy
The White House
Pennsylvania Avenue
Washington DC 20502
USA

Dear Ms. Thurman,

As a speaker addressing the recent Africa Summit, you must be well aware that the AIDS pandemic in South Africa continues to escalate. Wola Nani - a caring response to AIDS was established in 1994 and amongst its varied initiatives, provides income generation opportunities for women who are HIV+ A brochure outlining our activities is enclosed.

One of the products from the Income Generation Project is the AIDS beaded ribbon - a globally recognised symbol of solidarity in the fight against the pandemic. Income derived from this small badge of hope is the lifeline for a group of women who would otherwise have no income; without exception they come from a background of limited education, unemployment , hunger and poverty, living in the informal settlements (shack housing) of the Western Cape.

POSITIVE NATION
RADIO SERIES
AIDS AWARENESS INITIATIVE

Enclosed are recent press clippings of Vice President Al Gore & our President Thabo Mbeki, as well as our Health Minister, Dr. Manto Tshabalalala-Msimang wearing the Red Ribbon - a tacit acknowledgment of AIDS that is bestowed upon the wearer.

income generating

These ribbons are in demand locally and to a certain degree are receiving recognition overseas, and we are seeking to distribute them to a wider audience and ask that through your offices you circulate this information to potentially interested parties. Alternatively, we will be happy to contact any parties which you are able to put us in touch with. The cost of the AIDS beaded ribbon is Rands 12 (less than $2 each), excluding postage. Please accept the enclosed samples with our compliments.

THE RED RIBBON CAMPAIGN

Thank you for taking the time to read through this letter; We at Wola Nani look forward to your positive response.

Yours sincerely,

SYLVIA HAYES
Administrator

Enc:



FAMILY AND COMMUNITY
SUPPORT CENTRE

KHAYELITSHA

THE ILITHA CENTRE NO. A567
KHAYELITSHA 7784
P.O. BOX 16082 VLAEBERG 8018
TELEPHONE (021) 361-1116
FAX (021) 361-8734
E-MAIL: wolanani@mweb.co.za
AIDS HELPLINE (021) 361-6480

# WOLA NANI

A CARING RESPONSE TO AIDS


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## THE NATIONAL PERSPECTIVE

More than 1 in 6 South Africans are HIV positive and this is a conservative estimate. With 1500 new infections every day, this figure may rise to 20% of the general population by 2005. Such a number represents a threat to the nation of inestimable proportions, impacting on the health of the workforce and the future of business, trade and commerce in South Africa.

AIDS in South Africa hits the poor with particular vengeance. With high unemployment in township communities, securing work is difficult enough without the stigma and discrimination which inevitably accompanies disclosing an HIV Positive status. For those lucky enough to have work, it is estimated that their income supports 9 others. This financial and emotional burden invariably falls on women to carry.

Women bear the brunt of the national AIDS pandemic. Historically disenfranchised, disempowered and marginalised, they have little voice to articulate their needs or to claim the services on which their survival depends.

Since the onset of HIV on South African society, most NGO and governmental activity has focussed on programmes of prevention. Wola Nani was established in January 1994 as a Section 21 company to address the specific needs of those people whom the virus had already reached; in particular, to aid disadvantaged communities.

## WOLA NANI : ITS ROLE AND ETHOS

Wola Nani, Xhosa for "we embrace and develop each other" was formed to help people living with HIV/AIDS access the services which they need, and to create opportunities for them to help themselves. Wola Nani facilitates job creation programmes for individuals and families affected by the virus and offers community support services such as counselling and child care.

Wola Nani is non-sectarian in nature and not linked to any political party. We are supported by prominent South Africans in a range of different fields; from business to the music industry, religion to academia. Our Board of Directors includes Archbishop Desmond Tutu, Chris Holland, Dr Mamphela Ramphele (Vice Chancellor of the University of Cape Town) and Sibongile Khumalo (musician).

## PROGRAMMES/INITIATIVES

- family and community support services
- income generation and child day care
- Positive Nation media campaign
- community outreach
- the Red Ribbon campaign

## FAMILY & COMMUNITY SUPPORT CENTRES

Wola Nani provides family and community support from a centre in the township of Khayelitsha outside Cape Town. From this central community base we extend a multi-focussed range of services to people living with HIV, addressing practical psychological, emotional and welfare needs and demands. Through an integrated client assistance programme, Wola Nani manages the cases of affected individuals and their dependants, offering counselling (individual, family, bereavement, etc) peer support, education on HIV related issues, primary health-care training, home visits and health monitoring.

## INCOME GENERATION PROGRAMME & CHILD DAY CARE

South Africa has chronic unemployment and wide-spread discrimination against people living with HIV/AIDS exacerbates the problem for those trying to live and work with the virus. Wola Nani attempts to relieve this situation by opening avenues for training and income generation for clients, providing a "psycho-social" space in which to deal with the virus.

Clients are engaged in low-impact craft production activities like paper mache and beadwork enabling them to continue working in times of poor health. Through the production of these highly marketable crafts, women on the project earn a steady and reliable income with which to support themselves and their dependents.

Merchandise produced serves as evidence that people living with HIV/AIDS can continue to lead dignified and productive lives. Products are sold at outlets nationwide as well as at Wola Nani's own shop at our central Cape Town office.

Accompanying the "work hive" is supervised child day care facilities where clients can leave their children to play and receive a hot, nutritious meal whilst they work or utilise Wola Nani's on-site counselling and support facilities.

## MEDIA CAMPAIGN

Wola Nani is committed to ensuring that regular and relevant information reaches the media in order to normalise HIV in society and the workplace, to educate people about the prevention and spread of the virus and to inform those living with AIDS how best to care for themselves. The campaign comprises radio, print and internet :

- **POSITIVE NATION** - Wola Nani's 20 part series on HIV/AIDS is broadcast on 34 radio stations nationally in English, Xhosa and Zulu with the Sotho translation in progress.

- **16.2% A LIBERAL JOURNAL FOR A CONSERVATIVE ESTIMATE** - when funding allows, a quarterly journal on HIV/AIDS in Southern Africa is published. Over 5000 copies of every edition distributed to clinics and organisations nationally. The journal takes it's name from the percentage of the population currently infected with HIV and consequently the percentage figure in it's title changes from time to time.

## COMMUNITY OUTREACH

Aimed specifically at youth, Wola Nani's community outreach and condom distribution campaign targets popular township venues (shopping centres, taxi ranks, shebeens, etc) as distribution points for free condoms and accompanying information.

Wola Nani also plays an active role in events aimed at educating the community about HIV/AIDS and safer sex, organising or speaking on public platforms, at schools, clinics, community organisations and so on.

## THE RED RIBBON CAMPAIGN

This annual campaign centred on World AIDS Day - 1 December, provides an excellent opportunity to promote the concept of living positively with HIV/AIDS. Wola Nani has co-ordinated and run this major AIDS awareness and fundraising campaign since 1994 receiving extensive local and international media coverage.

As part of the campaign, Wola Nani has lit up Table Mountain red as the World's greatest living memorial to AIDS. Other events include concerts, red ribbon sales in the streets and outdoor broadcasts with local popular radio stations. It attempts always to heighten awareness, disseminate information and particularly destigmatize issues around the virus in an attempt to bring dignity in place of the current abuse of human rights experienced by people living with HIV and AIDS.

CAPE TIMES 8.07.99

# AIDS a casualty on US campaign trail

## Profits move Gore, say the critics

**INSIDE STORY**

The campaign being waged against next year's United States presidential candidate may have more to do with party politics than with fighting South Africa's AIDS epidemic, writes Washington correspondent **RICH MKHONDO**

In their last joint press conference at Kirstenbosch Gardens five months ago, US Vice-President Al Gore and President Thabo Mbeki wore AIDS ribbons made of ornate African beadwork and spoke movingly about their countries' joint efforts to curb the dreaded disease.

But if the protesters targeting Mr Gore's presidential campaign trail are to be believed, that show of solidarity was just an act.

The protesters, Mr Gore's political enemies, health and AIDS activist groups such as Essential Action, ACT UP Philadelphia, Public Citizen's Health Research Group and Public Campaign, accuse him of favouring drug-makers' profits over the lives of millions of South Africans infected with the human immuno-deficiency virus, which causes AIDS.

The campaigners claim that next year's Democratic Party presidential candidate has threatened Mr Mbeki, and has said the US would impose sanctions if South Africa proceeds with its aim to manufacture low-cost generic versions of patented drugs used to treat AIDS. The protesters have pledged to disrupt Mr Gore's campaign events until they have won a shift in the US administration's trade policy.

What gives? How could the US vice-president – who recently phoned Mr Mbeki and congratulated him on his inauguration as president, expressing confidence in the future of the South African-American friendship and adding that "America is fortunate to have such a partner and I am fortunate to have such a friend" – try to hurt the economy and damage the health of a nation he has worked to befriend?

His political enemies in the upcoming presidential elections have accused Mr Gore of selling out for drug-makers' campaign contributions to boost his presidential ambitions.

Mr Gore's aides say his critics, political enemies and AIDS activists are ill-informed. They say he has actually proposed a framework to help make these drugs available and "more affordable".

Even some health officials say the protests are unfounded. "They missed the mark. The true culprit is not Al Gore but the drug companies," said AIDS Action Council director Daniel Zingale.

A closer look at the facts confirms that AIDS activists, who have heckled him during his campaign appearances and sought to drown him out with chants of "Gore's Greed Kills", have ignored or manipulated and distorted the facts regarding the vice-president's efforts to forge a compromise between protecting US patent law and addressing an AIDS crisis in southern Africa.

The real culprits are protectionist pharmaceutical companies and enemies of free trade led by Congressman Rodney Frelinghuysen.

US pharmaceutical companies see the Medicines and Related Substances Control Amendments Act – which allows South Africa's health minister to bring in less-expensive imported AIDS drugs or locally produced generics – as an infringement of their patent protections.

> *'Gore's political rivals have deliberately manipulated the facts'*

Two of the main companies producing the drugs – Bristol-Myers Squibb and Glaxo-Wellcome – have given the bulk of their corporate contributions to the Republican Party in recent years. The South African law angered the US pharmaceuticals industry, which fears that widespread licensing of its products will lead to a global "grey market" in low-priced drugs and undermine its profits and incentive to spend on costly research.

"It is a form of patent piracy," said Thomas Bombelles, of the Pharmaceutical Research and Manufacturers' Association (Pharma), the industry trade group. "It's stealing."

It is this sentiment that has prompted dozens of American and European pharmaceutical giants to challenge the law in a South African court, where they recently won a temporary injunction.

Here, the pharmaceutical companies, led by Pharma, wrote to US trade representative Charlene Barshefsky and Mr Gore, urging them that in their annual review of foreign trade barriers, they should label South Africa a "priority foreign country", which would set a deadline for it to change its disputed policy before trade sanctions would take effect.

But Mr Gore urged Ms Barshefsky to reject the drug companies' recommendation. "The vice-president took the position that the health crisis in South Africa really needed to be taken into account," said Assistant Secretary of State for African Affairs Susan Rice.

But the AIDS activists are sticking to their story, even where it is easily disproved.

Bending the facts, they say Mr Gore authorised Ms Barshefsky to conduct "a sweeping new review of South Africa policies".

The so-called "sweeping new review" was actually Ms Barshefsky's annual review that kept South Africa on the watch list, the lowest-priority category of foreign trade barriers, where it had been the year before. Mr Gore had nothing to do with that. It was an annual review demanded by Congress since the 1970s.

In another distortion of facts to damage Mr Gore's bid for the presidency, it was not Mr Gore, as the AIDS activists claim, but Mr Frelinghuysen who, under pressure from his heavy pharmaceutical constituency in New Jersey, demanded that the US government stop development aid to South Africa until Pretoria had repealed its Medicines Act.

When Mr Frelinghuysen could not get his wishes, he forced the State Department to insert a rider or clause in a report to the US Congress saying the US administration was "making use of the full panoply of leverage in our arsenal, including the vice-president, to gut the South African law". The report said during his meeting with then Deputy President Mbeki last August, Mr Gore made the issue a "central focus of an assiduous, concerted campaign" by top US officials to persuade South Africa to change the law.

To the AIDS activists, this document was the smoking gun to prove Mr Gore's underhand tactics and insensitivity toward the scourge of AIDS.

American and South African officials who attended the Mbeki-Gore meeting said Mr Gore had made no threats to South Africans or Mr Mbeki. Actually, Mr Gore had assured Mr Mbeki and his colleagues that he realised the disease was "a major threat to the welfare and even the future stability" of South Africa.

Mr Gore has pledged his support for South Africa's Partnership Against AIDS campaign, launched by Mr Mbeki on October 9 last year.

According to Leon Fuerth, Mr Gore's national security adviser, the US leader has proposed to Mr Mbeki a framework that would provide South Africans with lower-cost medicines, in a way consistent with international agreements.

Their discussion to resolve the impasse is being delayed by the lawsuit the drug companies have launched against South Africa.

In addition, the US will support the South African Government's HIV/AIDS programme by providing $10-million (R60-m) over five years, through the US Agency for International Development (USAid).

Mr Gore and Mr Mbeki agreed to work on an import agreement to let South Africa shop for the best price for AIDS drugs worldwide and then import them in bulk – something which will be controversial with drug companies. The two leaders committed themselves to a mutually acceptable solution.

Given that an estimated six million South Africans are infected with HIV, compared with about 1 million in the US, medicines in South Africa are indeed among the most expensive in the world, ranking in the top five, and accounting for 30% of medical costs in the private sector. Also, more than R2-billion, or 11%, of South Africa's health budget is spent on medicines.

On the other hand, many patients in the US use a "cocktail" of three AIDS drugs often costing more than $1 000 (R6 000) a month. Sure, South African patients may buy the cocktail for about $800 (R4 800) a month, but the new law – which has yet to take effect because of a court challenge – would pave the way for far lower prices.

For example, AZT, a drug made by Glaxo-Wellcome that has been found to inhibit transmission of HIV from pregnant women to their foetuses, costs about $240 (R1440) a month in South Africa. In India, drug firms manufacture a generic version of the drug that costs $48 (R288) a month. Jamie Love, director of the Washington-based Consumer Project on Technology, estimates the price of most AIDS-related drugs could be reduced 50% to 90% if local firms were allowed to produce generic versions to counter national health emergencies.

Mr Gore's political rivals have deliberately manipulated the facts for political expediency in a more complicated debate. AIDS activists are either ignoring facts or have been hired by Mr Gore's enemies. This is a debate with no easy solutions. – Foreign Service


LEON LESTRADE BRENTON GEACH

**Discussing the issues:** Thabo Mbeki and US Vice-President Al Gore, above, on walkabout at Kirstenbosch Gardens and, left, a protester at the US embassy campaigning against Mr Gore's alleged interference on making available cheaper AIDS drugs

Fair treatment – Health Minister Dr Manto Tshabalala-Msimang says the new Medical Aid Schemes Act aims provide access for people who were discriminated against because of their age and health status.

# BHF launches a new vision to take healthcare into the new millennium

When the Board of Healthcare Funders was launched in April last year it produced a number of proposals outlining its vision to take healthcare into the new millennium.

The BHF, which was created out of the Representative Association of Medical Schemes (RAMS), among others proposed to:

- Develop a central database of healthcare information which could serve as a national asset.
- Create a new reimbursement model that eliminates the wasteful and inefficient open-ended fee-for-service third-party payer system and replace it with one which is more in keeping with the notion of a vastly expanded market.
- Come up with a health policy unit with research and health economics capabilities to provide the industry with a policy capacity for health systems development and which is informed at the outset by market realities.

The board's launch heralded the advent of a new and powerful vision for South African healthcare in general and healthcare financing in particular, as it prepares for the new millennium, says chief executive officer Aslam Dasoo.

He says the winds of change sweeping through the political, social, cultural and economic landscape have reshaped all sectors of society. Therefore, the demands of the new healthcare dispensation placed an irresistible onus on the funding base of private healthcare to adapt and transform to the new realities.

Under the new democratic dispensation ushered in in 1994, it was evident that massive reorganisation of the whole health sector was in the offing. The launch of BHF was a declaration by the industry that it was ready to meet the new challenges facing healthcare and reshape the forces and relationships which drive the healthcare sector, he says.

In the public sector, the Primary Health Care (PHC) model on which the new dispensation is based, required a shift of resources away from tertiary and secondary levels of healthcare provision. Clearly, within a framework of defined resources, Dasoo says this would require the private sector to play a more integrated role in healthcare provision than is currently the case.

The Medical Schemes Act, 1998, underpins the entire restructuring of the private sector in line with the new dispensation and mandates the reorganisation of the funding base of the private healthcare sector. This reorganisation, he says, arms the healthcare system sufficiently to advance the introduction of Social Health hospital system and is part of a social security policy for South Africa.

Legislation to introduce social health insurance is expected within the next two years. The BHF, unlike its predecessor RAMS, is ideally suited to marshal the industry in line with these developments. The prospect of a smart partnership between the State and private sector are also dramatically enhanced, and BHF is optimally placed to engineer such partnerships.

BHF holds the memberships of some 170 medical schemes (or 95% of medical schemes) who in turn represent some seven million beneficiaries. It provides operational services to members such as tariffs, coding, practice code number, etc, all of which are being streamlined and made far more efficient than in the past.

**United States Department of State**

*Bureau of Oceans and International Environmental and Scientific Affairs*

*Washington, D.C. 20520*

DATE: 6/21

NUMBER OF PAGES TO FOLLOW (Including Cover Sheet): 5

FAX TO: S. Thurman

TELEPHONE: _____ FAX: 456-2438

OFFICE: ONAP

FROM: D. Maust

TELEPHONE: 647-3578 FAX: 736-7336

OFFICE: OES/SEID

**********

**********

MESSAGE:

This is a funding proposal. Please let us know if you have any feedback.

Thanks

Donovan Maust

**********

**********

# PROPOSED HIV/AIDS AND INFECTIOUS DISEASES PROJECT FOR EDF FUNDING

## A TOOL FOR GETTING OUR MESSAGE TO PRIORITY COUNTRIES

Infectious diseases, particularly HIV/AIDS, have widespread implications for economic productivity and security, requiring the urgent attention of leaders at the highest levels of national governments, e.g. heads of state, foreign ministers and ministers of finance and labor. In times of global economic crises, and when seeking concessionary and other loan funding, governments often underestimate the importance of so-called "soft" expenditures for health, education and related social concerns. Yet a healthy population underpins a productive labor force necessary for economic growth and attracting foreign investment. Therefore a healthy population allows for social and economic development, which ultimately help protect national security. In addition, the enhanced capacity to prevent, diagnose, and treat disease safeguards not only personal health, but also reduces the threat of biological terrorism. The U.S. government is focusing national and international attention on the devastation of the current HIV/AIDS pandemic. Africa is currently the hardest-hit region, though the disease is rapidly spreading through Asia. The Secretary recently launched a diplomatic initiative directing our representatives at the highest levels, both at headquarters and abroad, to meet with host country leaders to raise awareness concerning the impact of HIV/AIDS and other emerging infectious diseases.

Project Goal:
Inform national leaders in selected Asian and African countries of the economic and social threat posed by HIV/AIDS and emerging infectious diseases beyond the health sector, thus spurring their governments to intensify efforts in combating a variety of diseases, especially HIV/AIDS.

Prospective Speakers:
Participants in this work should include leaders and officials from Senegal, Uganda, and Thailand, countries that have implemented successful HIV/AIDS prevention and control strategies. These officials would be selected for their ability to communicate their countries' strategies convincingly and clearly. The delegation would also

include representatives from key U.S. government agencies to discuss the health, economic, and security threat of HIV/AIDS and emerging infectious diseases and to provide further information and technical assistance.

Rationale:
Political commitment by foreign leaders to address HIV/AIDS and emerging diseases as a national priority is critical to the effort against these diseases. Several Asian and African nations are vulnerable to an acceleration of HIV/AIDS and emerging diseases due to the confluence of several factors, including high population density, weak public health systems, certain cultural attitudes and behavioral practices, increasing globalization of economies, and high rates of poverty. If current control efforts fail and these nations are afflicted by rates now seen in much of sub-Saharan Africa, the result would be a tragic global compounding of the pandemic. This project is essential to encourage those selected nations still early in the epidemic to intensify their efforts to fight infectious diseases before they escalate, as HIV/AIDS has already done in much of Africa. By convincing regional leaders of the broad security and economic dimensions of these diseases, the U.S. would help catalyze their intensified response in sectors beyond health.

Activity description:
The delegation would select the countries to be visited based on the present and projected HIV prevalence rates, and the need for increased governmental commitment to addressing infectious disease problems as a priority. The delegation would invite participants from the host country who hold key policymaking posts in the government or have personal stature that would allow them to influence governmental action. Likely candidates include India, PRC, Cambodia, Malawi, Nigeria, and South Africa. A core briefing, based in part on the recent National Intelligence Council report, would be conducted by the NIC or a person well versed in the report's findings. Areas to be covered include the impact of HIV/AIDS and emerging diseases on military preparedness, political stability, economic growth and trade, and social order. Each delegation member would be assigned a topic to discuss either at the primary meeting or separately with counterparts. The collective message, that HIV/AIDS and emerging diseases are a security threat in heavily impacted countries, will be tempered by examples of positive outcomes, achieved by national leaders

who were emboldened to pursue aggressive anti-infectious disease campaigns and to invest in public health infrastructure.

During the dialogue, participants may generate ideas on improving national practices, honing media messages, tailoring such messages to select audiences, and many others. Follow-up could be done either by Embassy staff and U.S. government agencies or by an additional, larger follow-up meeting conducted in the region. The larger meeting could bring together military leaders and economists, for example, to talk about the regional security implications of the epidemic.

Compliance with DOS goals:
This project would actualize the stated goals and objectives of the Department's Public Diplomacy and Awareness Plan approved as part of the White House Interagency Working Group on HIV/AIDS. It is also an appropriate tool to fulfill the intent of the Secretary's diplomatic initiative. It clearly complies with the stated needs of expert and diplomatic communities, as well as meeting DOS goals under our interagency plan.

Enhancing such cooperation at all levels is an U.S. government priority. We know that more must and can be done by the global community to reduce the threat of disease worldwide, especially HIV/AIDS, and that political commitment at the highest level of national government makes the critical difference. This proposal, including U.S. and foreign government expertise, will be a successful effort to secure that commitment.

Projected costs:
Expected expenses would be $50,000, which would be used for:

| | |
|---|---|
| rental of meeting space (if necessary) | 2000.00 |
| printed materials | 2000.00 |
| travel of foreign and U.S. participants (where no other sources are available) | 35000.00 |
| translation services | 10000.00 |
| supplies, equipment, and operational expenses | 1000.00 |

Administration of project:
Funding for the project would be administered through the Center for HIV/AIDS and TB Elimination of the Centers for Diseases Control and Prevention.

Expected outcome:
By raising awareness of the economic and security dimensions of HIV/AIDS and infectious diseases, the U.S. would help re-frame the epidemic in the minds of Asian and African leaders as one that compels action in their national interest, rather than as a typical health issue. Media attention to this mission would publicize the security dimensions of infectious diseases and perhaps spur calls for concerted action among their publics. Most importantly, political leaders would realize the long-term societal costs of the HIV/AIDS pandemic and other emerging infectious diseases and make fighting these diseases a top policy priority.

THE SYNERGY PROJECT

ADDING VALUE TO INTERNATIONAL HIV/AIDS PREVENTION & CARE

April 28, 2000

MEMORANDUM

To: Sandra L. Thurman
Director, White House Office of National AIDS Policy (ONAP)

From: The Reverend Anthony Turney, Senior Associate, The Synergy Project

Re: Special Advisor to ONAP on the White House Summit for World Religious Leaders

BACKGROUND

There is increasing recognition by both the White House Office of National AIDS Policy (ONAP) and USAID of the urgent need to significantly expand efforts to involve both American and international faith-based organizations in the global fight against HIV/AIDS, particularly in Africa. Over 15 years ago, many religious/faith-based organizations in the United States were in the forefront of the compassionate response to the AIDS epidemic. These organizations played leadership roles in reducing fear of HIV/AIDS and helping to eradicate discrimination and stigmatization of people living with AIDS. Given their institutional stability, the efficiency of their infrastructures and networks and their mandate to care and serve, religious/faith-based organizations could again play significant roles in the compassionate response to the AIDS pandemic in Africa, yet this enormous potential remains largely undeveloped and untapped.

QUALIFICATIONS

Given the considerable number and diversity of religious/faith-based organizations that exist both in the United States and Africa, it is essential that the special advisor possess a broad knowledge and understanding of that diversity. It is vital that the special advisor have significant understanding of and professional experience in the number and variety of HIV/AIDS ministries that developed in the United States during the early years of the epidemic. An ordained minister will bring significant advantages to the position in terms of credibility and access.

PURPOSE OF ACTIVITY

Provide strategic counsel and support to the White House Office of National AIDS Policy

1101 Vermont Avenue, NW
Suite 900
Washington, DC 20005

TvT ASSOCIATES

phone: 202 842-2939
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*In Partnership with:*

UCSF University of California, San Francisco

UW UNIVERSITY OF WASHINGTON Center for AIDS and STD

in the planning and execution of a White Summit Meeting of World Religious Leaders convened to (a) discuss the AIDS pandemic, primarily in Africa and (b) to engage those leaders in committing to the formulation of action plans by their respective faith and denominational organizations. This Summit Meeting is specifically called for in the strategic proposals contained in USAID's *Leadership and Investment in Fighting an Epidemic (The LIFE Initiative).* The meeting date has yet to be finalized but is tentatively scheduled to take place between September 8 – October 15, 2000.

SCOPE OF WORK

Working closely with USAID and The Synergy Project in the planning and execution of the proposed Summit Meeting, the special advisor will:

1. Research and prepare lists of (a) appropriate leaders of religious/faith-based organizations, primarily from the United States and Africa, (b) appropriate representatives of religious/faith-based organizations and other NGO's whose *primary* responsibilities include HIV/AIDS, for review by the Director, ONAP.

2. Work with the Director and staff of ONAP to ensure appropriate representation of other interested organizations, especially those working with people-living-with-AIDS.

3. Assist in the preparation of a meeting agenda and supporting materials, including a draft statement and proceedings report.

4. Assist in organizing meeting logistics, participants' travel, etc.

5. Assist in identifying possible private sector funders to cover participants' travel costs and other meeting-related expenses.

6. Provide other assistance, advice and counsel as needed and requested.

# ANTHONY TURNEY

## OBJECTIVE

An executive management position with a non-profit organization or government agency involved in furthering the public good, ideally in either HIV/AIDS prevention and education efforts nationally and/or internationally, or in the arts.

## SUMMARY OF QUALIFICATIONS

Over 32 years experience in senior executive positions in the organizational, financial and programmatic management of large local, regional and national non-profit organizations, including 8 years as a senior executive at the National Endowment for the Arts, a federal agency.

## PROFESSIONAL EXPERIENCE

1998 - 1999 Grace Episcopal Cathedral San Francisco CA

*Canon Director of Development*

- Responsible for the development and implementation of plans and strategies for an annual $3 million contributed income campaign and a four-year $10 million capital renovation campaign.
- Obtained unprecedented federal and city government grants and developed new strategies that increased contributed income from tourist visitors by 540 %.
- Acted as ministry liaison to the Bay Area gay and lesbian community and local HIV/AIDS service organizations; developed broad community participation in annual multi-faith World AIDS Day services and obtained significant private contributions to complete the Interfaith AIDS Memorial Chapel.

1992 - 1997 NAMES Project Foundation San Francisco CA

*Executive Director and Chief Executive Officer*

- Overall responsibility for the utilization and conservation of the AIDS Memorial Quilt; $5 million annual operating budget, 50-person staff, and a volunteer support organization of 48 USA chapters (12,000 members) and 33 international affiliates.

379 CHURCH STREET #301 • SAN FRANCISCO, CA 94114
PHONE: 415-431-4275 • E-MAIL: SFDEACON@AOL.COM

NAMES Project Foundation (continued)

- In 1995, with support from the Centers for Disease Control, organized a week-long international HIV/AIDS education and prevention training conference and Quilt display in San Francisco, attended by over 120 representatives from 30 foreign countries, as an official part of the 50th Anniversary Observance of the Signing of the United Nations Charter.
- Overall responsibility for the three-year development and organization of the October, 1996 three-day display of the entire AIDS Memorial Quilt on the National Mall, Washington DC, attended by 1.2 million visitors, including President Bill Clinton and the First Lady and the Vice President and Mrs. Gore.
- Managed the development and implementation of both the *National High School Quilt Program* (in collaboration with the National Education Association), and the *National Interfaith Quilt Program* (in collaboration with the National Episcopal AIDS Coalition, the AIDS National Interfaith Network and The Balm in Gilead). These programs were designed to more effectively utilize the AIDS Memorial Quilt in HIV/AIDS prevention education in high schools and places of worship.
- Managed the design and implementation of a computerized visual archive of the Quilt, thus enabling Internet access to its 45,000 panels; funded in major part by an unprecedented $100,000 federal grant.
- Foundation spokesperson, including presentations at the International Conferences on AIDS in Berlin (1993) and Yokohama (1994); and speeches to other international, national and local HIV/AIDS service organizations.

1989- 1991 The Dance Theatre of Harlem New York NY

*Executive Director*

- Overall responsibility for the administrative management of an international African-American ballet company, headquartered in Harlem.

1987- 1989 San Francisco Opera Company San Francisco CA
*Director of Administration*

- Overall responsibility for all non-artistic aspects of an international opera company.

1979- 1987 National Endowment for the Arts Washington DC
*Deputy Chairman for Public Partnership (1982-1987)*
*Director of State Programs (1979-1982)*

- Responsible to the Chairman for the agency's relationships with all state and local government arts agencies. Administered $60 million annual block grant program to the fifty states and six special jurisdictions.
- Managed the design and implementation of a new national grant program to local private and government arts agencies.
- Chief agency spokesperson on federal-state government partnership programs, including speeches and congressional testimony.

1976- 1979 Southern Arts Foundation Atlanta GA
*Executive Director*

- Responsible for the overall administrative management of a federally-funded 12-state regional arts organization.

1974- 1976 Arts & Education Council of Greater St. Louis MO
*Executive Director*

- Responsible for the overall administration of large community united arts fund.

1968- 1974 Halcyon Foundation New York NY
*Executive Director*

- Responsible for the overall administration of a private foundation supporting the American Museum in Britain.

EDUCATION

1993 - 1996 Episcopal School for Deacons San Francisco, CA

- Bachelor of Arts in Theological Studies.
- 1996 Ordained to the permanent diaconate.

## COMMUNITY ACTIVITIES

1997-99 Member, Commission on Ministry, Diocese of California.

1997-98 Member, Board of Trustees, Episcopal Charities Appeal, San Francisco.

1996 Member, City & County of San Francisco Arts Commission.

1996 Chairman, Arts Stabilization Grants Panel, National Endowment for the Arts, Washington, DC.

1996 Chairman, Planning and Stabilization Program Review Panel, National Endowment for Arts, Washington, DC.

1988-89 Member, Advisory Committee, School of Arts Administration, Golden Gate University, San Francisco.

1987-88 Member, OPERA America Management Interns Awards Committee, Washington, DC.

1979-86 Guest lecturer, School of Arts Administration, State University of New York, Binghamton.

## AWARDS RECEIVED

1997 - December 23 - proclaimed "The Reverend Anthony Turney Day" in the City and County of San Francisco by the Mayor and Board of Supervisors.

1996 Human Rights Award, Metropolitan Community Church, San Francisco.

1986 National Endowment for the Arts Performance Award.

1985 Honorary Colonel - State of Tennessee.

1985 National Endowment for the Arts Performance Award.

1984 Honorary Colonel - State of Kentucky.

1983 National Endowment for the Arts Special Achievement Award.

1982 National Endowment for the Arts Distinguished Service Award.

1981 National Endowment for the Arts Distinguished Service Award.

1976 Awarded the Keys to the City of St. Louis by the Mayor in recognition of outstanding contributions to the arts.

## VOLUNTEER EXPERIENCE

1995 Volunteer Chaplain, St. Luke's Hospital Emergency Room, San Francisco.

1992-93 Visiting Nurses and Hospice (PWA Prescription Delivery Program), San Francisco.

1992-93 Project Open Hand (PWA food delivery program), San Francisco.

1991-93 NAMES Project Foundation, San Francisco.

1987-89 PWA Buddy, Shanti Project, San Francisco.

1984-87 PWA Buddy, Whitman-Walker Clinic, Washington, DC.

## REFERENCES

Available upon request

# THE FOUNDATION FOR DEMOCRACY IN AFRICA

**6475 New Hampshire Avenue, Suite 600, Hyattsville, MD 20783**
**Tel: (301)891-7412 • Fax: (301)891-7414**
**Website: http//www.democracy-africa.org**
**E.mail: comments@democracy-africa.org**

## Facsimile Cover Sheet

**To:** Cheryl Bauerle

**Fax #:** 202-456-2439

**Phone:**

**From:** Natasha McKoy

**Subject:** HIV/AIDS Consultative Conference in Abuja, Nigeria on June 4-9, 2000.

**Date:** March 21, 2000

**Pages** 12

**NOTES:**

From the desk of...

**Fred O. Oladeinde**
PRESIDENT

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# THE FOUNDATION FOR DEMOCRACY IN AFRICA

REGIONAL CONFERENCE ON STRATEGIES FOR COMBATING THE SPREAD OF

## *HIV/AIDS IN West Africa.*

## From Awareness, to action plan, to program implementation.

## ABUJA- NIGERIA

## INVITATION TO JOIN

This is to invite participation from stakeholders, experts, academia, health care delivery professionals, multilateral organizations, NGO's, CBO's, Education experts, legislators, policy makers, bi lateral organizations, interested in Mauritania, Mali, Niger, Nigeria, Benin, Togo, Burkina Faso, Ghana, Cote D'Ivoire, Liberia, Sierra Leone, Guinea, Guinea-Bissau, Gambia, Senegal, and Cape Verde, to discus HIV/AIDs issues in this countries, and come up with comprehensive program to combat the spread and devastation of HIV/AIDs in the West Africa region.

**OBJECTIVE:** Evolve, a regional approach to combating the spread of HIV/AIDS in West Africa. The conference will focus on the West Africa region, which include all member countries of the Economic Community of West Africa (ECOWAS). Mauritania, Mali, Niger, Nigeria, Benin, Togo, Burkina Faso, Ghana, Cote D' Ivoire, Liberia, Sierra Leone, Guinea, Guinea-Bissau, The Gambia, Senegal, and Cape Verde. All players involved in the awareness campaign, prevention strategies, treatment delivery and counseling, drug interventions, public policy, legislation, alternative health care providers, will be brought together, to discuss and define how best to build a united, effective, region-wide consensus to address and halt the horrendous spread of HIV/AIDS in West Africa.

FORMAT: Interested participants should e-mail, information on thier expertise, country/countries of interest, organization and a statement summarizing the problems and suggested intervention(s) to address the problem(s). . The selection committee headed by the Executive Director of The Institute for Democtracy in Africa Gershwin Blyden MD PhD, will contact selected topics that will be included in the Regional conference in May/June 2000 in Abuja, and there contribution will be published in the conference documents.

**FORMAT:** Daily plenary morning sessions, by experts on focused topics, that will become workshops, seminars, and roundtable sessions in the afternoon. Each country will be allowed time to present techniques and interventions that are promising in combating the spread of HIV/AIDS, and specific obstacles in their effort to combat the spread and devastation of the HIV pandemic, including the stigmatization of HIV/AIDS patients and how this is affecting the war against HIV/AIDS in the region.

**ORGANIZERS**: The Foundation for Democracy in Africa

The Institute for Democracy in Africa at St Thomas University

**DATE**: MAY/JUNE 2000

**VENUE** ABUJA NIGERIA

**WHO SHOULD ATTEND** All stakeholders in the awareness campaign, prevention strategies, treatment delivery, counseling, drug interventions, policy, legislation, alternative health care providers, bilateral and multilateral organization, academia, Non governmental organizations, Community based organizations, religious organizations.

For More Information:

The Foundation for Democracy in Africa

6475 New Hampshire Avenue

Hyattsville, MD 20783

Tel. (301) 891-7412. Fax (301) 891-7414

E-mail: comments@democracy-africa.org

Website: http://www.democracy-africa.org

Or

Institute for Democracy in Africa

St. Thomas University, Kennedy Hall, Rm. 209-A

16400 NW 32nd Avenue

Miami, Florida 33054

Tel. (305) 474-6826. Fax (305) 474-6828

Return to Homepage

**ESTHER COOPERSMITH**
2230 S Street, N.W.
Washington, DC 20008
Tel 202 232-0845 Fax 202 232-8196

**FAX COVER SHEET**

To: Ms. Cheryl Baubrle
NSC
The White House

Fax Number: 202 456-2439

From: Esther Coopersmith

Tel: 202 232-0845 Fax: 202 232-8196

Date: May 11, 2000

Subject: Letter re Director General Matsuura

---

Dear Cheryl,
Enclosed is the letter requesting an appointment with with the President. I am hopeful that he will have time in his schedule to meet with the Director General of UNESCO June 7,8, or 9, and I want to thank you very much for taking this over to Mr. Berger's office. I really appreciate your gracious assistance.

I look forward to hearing from you and working out a mutually convenient time. Please do not hesitate to contact me if I can give you any further information. I enclose copy of the Director General's biography.

Many thanks!

My best,

Esther Coopersmith

P.S. Hard copy to follow

*Esther Coopersmith*
*2230 S Street, N.W.*
*Washington, DC 20008*
*(202) 232-0845 Fax (202) 232-8196*

May 11, 2000

The Honorable Sandy Berger
National Security Advisor to the President
The White House
Washington, DC 20500

Dear Sandy,

As you know, former Deputy Prime Minister of Japan, Koichiro Matsuura, was elected Director General of UNESCO last November. He will visit Washington Junr 6-9 to meet with senior U.S. government officials to discuss the significant management reform he has affected at UNESCO during his six months in office and his plans for the future.

The Director General has asked to see if it might be possible for him to have a brief conversation with the President relative to UNESCO. I hope that this might be possible.

UNESCO is playing a more and more important role in the information economy that has emerged in the 15 years since the U.S. left the organization. Perhaps it might be useful to engage in low-key dialogue with the Secretary General.

I look forward to hearing from you.

All my best,

Esther Coopersmith

# UNESCO Director-General
# Koichiro Matsuura

(Curriculum Vitae)

**Date of Birth:** 29 September 1937
**Place of Birth :** Tokyo (Japan)
**Family :** Married to Takako Kirikae and father of two sons
**Languages:** Japanese, English, French and Spanish

**PROFESSIONAL:**

| | |
|---|---|
| 1999- | UNESCO Director-General (elected to a 6-year term on 12 November 1999) |
| 1998-1999 | Chairperson, World Heritage Committee of UNESCO |
| 1994-1999 | Ambassador of Japan to France |
| 1994-1999 | Ambassador to Djibouti |
| 1996-1999 | Ambassador to Andorra |
| 1992-1994 | Deputy Minister for Foreign Affairs (Sherpa for Japan at the G7 Summit) |
| 1990 | Director-General, North American Affairs Bureau, Ministry of Foreign Affairs |
| 1988 | Director-General, Economic Cooperation Bureau, Ministry of Foreign Affairs |
| 1985 | Consul General in Hong Kong |
| 1977-1980 | Counsellor of the Embassy of Japan in the United States |
| 1968-1972 | Second Secretary, then First Secretary of the Japanese Delegation to the OECD |
| 1963-1968 | Assumed various posts at the central administration of the Ministry of Foreign Affairs |
| 1961-1963 | Third Secretary of the Embassy of Japan in Accra (Ghana) |
| 1959 | Entered the Ministry of Foreign Affairs |

**ACADEMIC:**

| | |
|---|---|
| 1997 | Doctor Emeritus, *Université Jean Moulin*, France |
| 1959-1961 | Faculty of Economics, Haverford College (United States) |
| 1956-1959 | Faculty of Law, the University of Tokyo (Japan) |

**PUBLICATIONS:**

| | |
|---|---|
| 1998 | *Japanese Diplomacy at the Dawn of the 21st Century* (in French) |
| 1995 | *Development and Perspectives of the Relations between Japan and France* (in French) |
| 1994 | *The G-7 Summit : Its History and Perspectives* (in Japanese) |
| 1993 | *Focusing on the Future – Japan's Global Role in a Changing World* (in English) |
| 1992 | *History of Japan-United States Relations* (in Japanese) |
| 1990 | *In the Forefront of Economic Cooperation Diplomacy* (in Japanese) |

**DECORATIONS :**

| | |
|---|---|
| 1997 | Commander of the National Order of 27 June (Djibouti) |
| 1994 | Grand Officer of the National Order of Merit (France) |
| 1993 | *Bintang Jasa Utama* (Indonesia) |

####

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: Dora Dempsey

FROM: Cheryl Bauerle

COMPANY:

DATE

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER.

PHONE NUMBER:

RE:

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

NOTES/COMMENTS:

Hi Dora- would appreciate your advice on the attached. Pls. call me when you have a minute. Thanks!

Cheryl (6-2959)

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

**********
*** TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| TX/RX NO | 1122 |
| CONNECTION TEL | 69260 |
| CONNECTION ID | AFRICAN AFFAIRS |
| ST. TIME | 05/12 09:13 |
| USAGE T | 01'07 |
| PGS. | 3 |
| RESULT | OK |

**Kathleen E. Ohalloran** 05/24/2000 04:23:39 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:

Subject: Re: re. Michael ISkowitz (Contractor)

Ok - I went ahead and checked the CD....there's no evidence of a modification (or requisition for a modification)...actually, that should be pretty conclusive.

Rm 1 contacts(from my perspective): Edd Olds & Patty Bradley do requisitions, Faye Granger approves requisitions and Betty Ubbens audits and approves invoices for payment.... but don't really know which one you'd go to for the historical OPD files/info.

OK?

KathyOHX57671

**Kathleen E. Ohalloran** 05/24/2000 12:37:30 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP@EOP
cc: Robert D. Helms/OA/EOP@EOP
bcc:
Subject: Re: re. Michael ISkowitz (Contractor)

Hi Cheryl - am not answering your questions in order but....

1. The only way we could extend the period of performance on his order would be to issue a "no cost" mod to allow him to finish a task that we'd identified in the statement of work and specifically tasked him with prior to the July 1. This would allow him to finish the task but would not increase funding.

2. To initiate a new order....I would need a new/revisedstatement of work (to be updated to reflect our current needs) and a requisition providing the funding. I would need to issue a solicitation, to compete the requirement amongst a minimum of 3 qualified small businesses (you can make recommendations). Using this "simplified" method, our requirement cannot exceed $25,000.

3. Timeframe: Last time, it looks like Todd provided me with his draft statement of work on 4/27. I issued the solicitation of 5/13 and requested proposals by 5/24. I received a requisition on 6/1 - this was temporarily put on hold by Ashley Raines (she needed clarification on the amount) - anyway, finally got approval and award was made 7/2.

If you want to get together - we can discuss further - it may be helpful if you can provide back-up as to the way he has been tasked and has billed this past year...

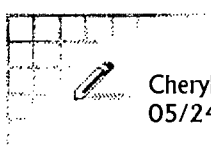
FYI - I will out most of next week (holiday & training).

I'm cc'ing Dale Helms (my boss) - so you have the option to talk w/him.

Hope this helps.

KathyOHX57671

Cheryl S. Bauerle



Cheryl S. Bauerle
05/24/2000 11:28:38

Record Type: Record

To: Kathleen E. Ohalloran/OA/EOP@EOP

Cheryl S. Bauerle
05/04/2000 09:13:57 AM

Record Type: Record

To: Sarah T. Holewinski/OPD/EOP@EOP

cc:
Subject: From Joey at Wateree Aids Task Force

---------- Forwarded by Cheryl S. Bauerle/OPD/EOP on 05/04/2000 09:14 AM ----------

**TaskForceJoey@aol.com**
05/03/2000 04:56:58 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: From Joey at Wateree Aids Task Force

---

Dear Cheryl,
Attached is a draft of the letter you requested. See if it meets your criteria and expectations. Any comments are welcomed. As per our conversation on 05/03/2000
the new Executive board elections will be held on 05/24/2000. This will not effect my role as chair of social wellness committee. The attachment opens on microsoft works

Thank-you for your time and attention in this important matter.

Sincerely, Joseph F. Piccolo
Chairperson for The Social Wellness Committee
for the Waterree AIDS Task Force of S.C.
TaskForceJoey@aol.com
contact # 803-478-3397 or
R.R. # 4 Box 962, Manning SC 29102

- White House Support Letter.wps

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: Alice Pushkar

FROM: Sarah for Sandy Thurman

COMPANY:

DATE:

FAX NUMBER: 6515199

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Leave Request

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

NOTES/COMMENTS:

Please see attached...

Thanks!

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

THE WHITE HOUSE

WASHINGTON

**MEMORANDUM FOR THE OFFICE OF THE FIRST LADY**

**From:** Sandra L. Thurman
Director
Office of National AIDS Policy
736 JP
(202) 456-2959

**Date:** May 9, 2000

**Re:** **Request for Mrs. Clinton Letter – Recognition**

This memo is to request a signed letter from the First Lady for the purpose of commending the Wateree AIDS Task Force for their exceptional work on behalf of all those living with HIV/AIDS in South Carolina.

Mrs. Clinton recently met with Joe Picollo from the Task Force, who has also been a great friend to the Administration, this Office, and to myself personally. This Task Force has really been a leader in the battle against AIDS with innovative programs, compassionate and caring responses to the social and medical needs of people living with AIDS in addition to helping them meet the financial burdens of living with this devastating disease.

I know that they would greatly appreciate a short letter from Mrs. Clinton in recognition of their tireless efforts. I have attached a draft in the hopes that this will ease the process. Please call Sarah Holewinski of my staff for any additional information you may require at (202) 395-1441.

Thank you so much for your kind assistance in this request.

Date, 2000

To the Wateree AIDS Task Force,

I would like to thank you for your remarkable years of dedicated service to all those living with HIV and AIDS in Sumter County South Carolina. You and your staff have truly made a difference in the lives of those battling this disease day after day

We are at a critical juncture in our fight against AIDS. As we usher in this new millennium with hope and anticipation for the future, HIV & AIDS continues to impact too many of our friends and our loved ones. Now, more than at any other point in our shared struggle, we must remember that our battle against AIDS is just beginning. Now, we must remain vigilant against the growing misconception that AIDS is no longer a lethal threat.

That is why I am so pleased to recognize the Wateree AIDS Task Force for providing the compassionate and caring response to this devastating epidemic. Your tireless commitment to fighting this epidemic on the frontlines and treating those infected with dignity and respect, deserves our deepest appreciation and admiration.

I am confident that working together, we can all look forward to a day when AIDS is a disease of the past. Until that day, my best wishes to you and your continued efforts in providing such invaluable service.

Signed Hillary Rodham Clinton

Joe Piccolo
803-478-
3397

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: Office of the First Lady

FROM: Sarah Holewinski

COMPANY:

DATE: March 20, 2000

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE: Letter request

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

NOTES/COMMENTS:

Our office received the attached letter request. It seems that Mrs. Clinton may have met with someone from the Wateree AIDS Task Force in South Carolina, and the group would now like a letter of support.

As we are not sure what your protocol might be on these requests, we thought it best to leave this in your hands -- though we are happy to help in any way that we can.

My direct extension is -51441. Thanks!

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

# SUMTER COMMISSION ON ALCOHOL AND DRUG ABUSE

New Alternatives Family Counseling Center
441 North Main Street
Post Office Box 39
Sumter, South Carolina 29151
(803) 775-5080
Fax: (803) 773-6256

**Fax Transmittal**

Deliver To: Mrs. Hillary Clinton Fax Number: 202-456-2439

Company: "First Lady"

From: Brenda Parker, Chairperson WATF

Date: 2/18/00 Time: 5:00 pm

Total number of pages, including cover sheet: 3

If you do not receive all of the pages indicated above, please call:

Brenda Parker at (803) 775-5080.

Comments: Thank You

*Thank you!*

Wateree AIDS Task Force

February 18, 2000

Mrs. Hillary Clinton
Washington, DC

Mrs. Clinton:

The Wateree AIDS Task Force appreciates the fact that you have taken time to meet with Joe Picollo, the Chairperson of Social Concerns, a sub-committee of this Task Force. Joe is one of our enthusiastic members and he tries hard to break the silence of HIV/AIDS in Sumter County South Carolina.

The letter Joe requested from you may be sent to:

Brenda Parker, Chairperson
Wateree AIDS Task Force
441 North Main Street
Sumter, South Carolina
29151

Facts regarding the Task Force that may help with letter content:
We serve a four county area Clarendon, Lee, Kershaw, and Sumter Counties - to meet the needs of persons infected with HIV/AIDS that have financial needs; mediation needs and housing needs. We have a group of person called - CARE Team who works with individuals in areas of personal support/acceptance.

The Task Force was formed in 1989 with a mission to provide services to the Wateree Community, to educate and thereby began a reduction toward the future spread of HIV infection. We provide: Counseling and counseling referral for special needs
Sponsor support groups
Educate and inform
Financial Assistance
Presentations - community- churches- schools
Coordinate exhibits
Sponsor Conferences and World AIDS Day.

Friday 12m 142.48

of Sumter, Clarendon and Lee Counties

The core objectives are: To educate and provide public information about HIV/AIDS;
To establish service programs based on needs of the community;
To support and encourage education in our schools, work sites and homes regarding HIV/AIDS

We obtain most of our financial support form the Sumter UNITED WAY, and receive "small" grant awards, and small donations. We work in collaboration with the local Department of Health and Environmental Control to meet HIV/AIDS community needs. We are small non-profit group with volunteer members who work hard with little thank you or recognition outside of the Task Force .

A letter of support from you would certainly be a thank you well deserved by the members of this Task Force. The current officers are Bertha Alston, Treasurer; Sue Newman, Co-chairperson; Rhonda Windham, Secretary. A recognition letter from the First Lady which includes our main funding source - UNITED WAY will go far in our community toward breaking the silence of the need to address HIV/AIDS

This letter will be sent to the local newspaper for publication.

Thank you for your assistance!!

Respectfully,

Brenda Parker

Today's Date: 6/5/00 Date of Event: 6/25/00

# STAFF REQUEST FOR PRESIDENTIAL ACKNOWLEDGEMENT LETTER

REQUEST TO: Presidential Support
Room 62
Ext. 2304

FROM: (Name) Sandra Thurman
(Dept.) OVAP
(Room) 736 Jackson Place
(Ext.) 6-2959

## A MINIMUM OF 2 WEEKS NOTICE IS REQUIRED FOR PROCESSING

*ALL REQUESTS ARE SUBJECT TO FINAL APPROVAL BY JIM DORSKIND*

Mark ☐ in appropriate box and include any additional comments pertinent to the request in information space below.

TYPE OF EVENT

| | | | | | |
|---|---|---|---|---|---|
| ☐ | **RETIREMENT** (no. of yrs; name of co. or govt agency) | ☐ | **CONDOLENCE** (sent to next-of-kin only) | ☐ | **ILLNESS** (type: surgery, accident, cancer, etc.) |
| ☒ | **BIRTHDAY** (no. of years) 80 | ☐ | **GRADUATION** (list name of school and degree awarded) | ☐ | **WEDDING** (provide first names) |
| ☐ | **BIRTH OF BABY** (child's name & parents first name) | ☐ | **ADOPTION** (list parents & child's name) | ☐ | **BAR OR BAT MITZVAH** |
| ☐ | **WEDDING ANNIVERSARY** (no. of years) ____ | | | ☐ | **OTHER** (please specify) |

INFORMATION: Her (Frances) birthday party is scheduled for the 23rd and Robert, who will carry the letter, will leave D.C. on the 21st. If he can receive the letter prior to the 21st, I would be very grateful.

MAILING ADDRESS FOR LABEL (include complete address and zip code)

CIRCLE ONE: (Mr.) Mrs. Miss Mr. & Mrs. Dr. Ms.

NAME: Robert H. Hurt
ADDRESS: Hurt, Norton and Associates, Inc.
500 Capitol Court NE, Suite 200
CITY/STATE/ZIP CODE: Washington, DC 20002

INSIDE ADDRESS FOR LETTER (complete address to appear on letter)

CIRCLE ONE: Mr. (Mrs.) Miss Mr. & Mrs. Dr. Ms.

NAME: Frances Hurt
ADDRESS: 3596 Dumbarton Road, NW
CITY/STATE/ZIP CODE: Atlanta, GA 30327

THE SYNERGY PROJECT

ADDING VALUE TO INTERNATIONAL HIV/AIDS PREVENTION & CARE

# MEMORANDUM

**DATE:** 25 May 2000

**TO:** Cheryl Bauerle, Matthew Murguia

**FROM:** The Reverend Anthony Turney

**RE:** Framework for Proposed White House Summit of Faith Leaders

**CC:** Buck Buckingham, USAID
Denise Lionetti, Synergy/TvT
Todd Ferguson, Synergy/TvT

As per our meeting on May 15, 2000, I am enclosing a draft of the "Framework" for the proposed White House Summit of U.S. and African faith leaders. Also included are copies of "A Typology of FBOs with HIV/AIDS-Related Activities in Africa," "A Matrix of Potential Participants for the Proposed Summit," as well as a "Statistical Analysis of Faith Communities in Africa."

1101 Vermont Avenue, NW
Suite 900
Washington, DC 20005

TvT ASSOCIATES

phone: 202 842-2939
fax: 202 842-7646
email: tvt@tvtassoc.com

*In Partnership with:*

UCSF

UW

THE SYNERGY PROJECT

ADDING VALUE TO INTERNATIONAL HIV/AIDS PREVENTION & CARE

**Framework for Proposed White House Summit for U.S. and African Faith Leaders on HIV/AIDS**

The Life Initiative, formalized in November 1999, suggests that U.S.- and African-based groups meet in a series of "partnership meetings" to engage each other in responding to the global HIV/AIDS pandemic. The White House summit of labor leaders earlier this year is one example of the partnership meetings called for. Another example is the proposed gathering of faith groups charged with the task of identifying "U.S. and international faith networks that will ultimately create networks and support for prevention, counseling, psychosocial support and care interventions in sub-Saharan Africa."[i]

The Office of National AIDS Policy (ONAP) has proposed a White House Summit for World Religious Leaders (working title) to take place in late September/early October (no firm date has been fixed). ONAP has made it very clear that this is an event that the President himself will want to participate in, and that it does not have any linkage to the election cycle. At this time, detailed planning around format, agenda, etc. is limited because a firm date has not yet been established by White House scheduling.

Rationale

Religious leaders and institutions have a powerful voice in society, both in the U.S. and in Africa. Churches, mosques and temples are found in nearly every community and wield a significant level of cultural, social, educational and economic influence. Indeed, faith-based organizations can be viewed as the largest, most stable and extensively dispersed non-governmental organizations in any country. To varying degrees they possess the human, physical, technical and financial resources needed to support and implement small- and large-scale initiatives. They have the infrastructures, networks, means and mandate to combat HIV/AIDS, yet much of their vast potential and resources remain untapped to date.

It is estimated that 50 percent of all HIV/AIDS-related care in Africa is provided by faith-based NGOs. Ten different types of faith-based NGOs have been identified as currently operating a wide variety of HIV/AIDS-related interventions in Africa. These faith-based NGO's range in size from the large international networks, such as Caritas Internationalis, Muslim Aid and MAP International, to small groups at the local level, such as a handful of nuns independently operating an AIDS hospice in Uganda, or an Episcopal congregation in Falls Church, Virginia, that sends its members to its "sister congregation" in Kenya to provide HIV/AIDS-related education, support and training.

1101 Vermont Avenue, NW
Suite 900
Washington, DC 20005

TvT ASSOCIATES

phone: 202 842-2939
fax: 202 842-7646
email: tvt@tvtassoc.com

*In Partnership with:*

UCSF

UW UNIVERSITY OF WASHINGTON

Remembering that both U.S. and African communities of faith are invariably members of even larger *global* religious families, the proposed Summit will provide a high profile opportunity for U.S. religious leaders to affirm and increase their levels of commitment to the fight against AIDS in Africa, while also providing their African counterparts with opportunities to articulate how existing faith-based interventions may be supplemented and enhanced. The meeting may also provide a forum for deliberation around difficult ethical issues raised by certain prevention interventions, such as the promotion of condom use. It is being argued by some, however, that these "deliberations" could degenerate into divisive debate and that the summit could be more productive if focused on a "call to compassion" and the unique role that faith communities can play in meeting the care and support needs of infected and directly affected individuals and families.

Proposed Format

A one-day meeting preceded by a White House Prayer Breakfast attended by the President, ending with an interfaith service at Washington National Cathedral. One or two days of additional "working sessions" may be scheduled for some participants.

Participants

A total of 60-70 invited participants is anticipated, representing the broad range of faith-based organizations active in Africa as well as religious leaders and heads of denominations from both the United States and Africa. Confining the invitation list to this number will likely pose a significant challenge given the multiple representational issues that will have to be taken into consideration. Archbishop Desmond Tutu has been invited to chair or co-chair the meeting but his participation is questionable given his failing health. ONAP has also proposed that the Dalai Lama participate, perhaps as co-chair.

Outcomes

It is hoped that religious leaders would return to their institutions from the Summit and use their considerable influence to engender immediate support and *action* from their networks of congregations to the fight against AIDS in Africa. Beyond the customary record of proceedings that can be widely disseminated, ONAP would like to see the attendees also sign a "joint statement" that describes the commitments of the participating religious leaders to a greater involvement in the fight against AIDS in Africa. However, while such a statement may be a desirable outcome, it may prove difficult to attain given the hierarchical nature of policy development in most religious institutions.

Budget and Funding

Preliminary cost estimates range from $300-500,000. Funding sources, either public or private, have yet to be identified.

Progress to date

- African Missions have submitted names of potential invitees from among religious leaders already active in HIV/AIDS work (see attached "Matrix of Potential Participants").
- Meetings have been held with Sandra Thurman and ONAP personnel to clarify expectations and begin detailed planning.

- A typology of different types and levels of faith-based organizations responding to AIDS has been developed (see attached "Typology of FBOs").
- Contract support for this effort, and longer-term planning and action regarding faith-based responses has been negotiated and is in place at Synergy/TvT.
- Lists of possible invitees are being assembled for review by the Director, ONAP (see attached "Matrix of Potential Participants").

Significant Issues to be Resolved

- Securing necessary funds for implementation is still needed.
- Date(s) for event must be finalized.
- Longer-term plans for USAID engagement with FBOs for HIV/AIDS work needed.

---

[1] *The LIFE Initiative: Proposed Joint USAID-USDHHS-USDOD Operating Plan.* Section IVB., p.14.

# A Typology of FBOs with HIV/AIDS-Related Activities in Africa

| *Type of Organization* | *Description* | *Examples* |
|---|---|---|
| International Interfaith | Organizations working on a global scale to provide education, prevention, care and support, and training programs and initiatives. | United Religions Initiative (San Francisco): *Works with Anglican provinces in Africa to provide support for MTCT prevention and care programs.* |
| | | International Alliance of Religious Leaders Against AIDS in Africa |
| | | The Parliament of the World's Religions: *Works to promote and cultivate cooperation among religious/spiritual communities as they respond to the various challenges facing the global community.* |

| *Type of Organization* | *Description* | *Examples* |
|---|---|---|
| International Religious | Religious-based organizations working on a global scale to provide education, prevention, care and support, and training programs and initiatives. | World Council of Churches (WCC): *Operates and supports a limited number of HIV/AIDS programs and initiatives.* |
| | | Muslim Aid: *British-based organization that operates health clinics in Sudan, Nigeria, Somalia, Sierra Leone, and Kenya; also provides limited education and prevention programs.* |
| | | All Africa Council of Churches (Nairobi, Kenya) |
| | | Medical Assistance Programs (MAP) International: *Christian-based organization with regional offices in East and Southern Africa and Western Africa that are involved in HIV/AIDS education, prevention, health training, care support, and healing.* |
| | | International Christian AIDS Network (ICAN): *London-based organization supporting an international network of Christian organizations involved in HIV/AIDS ministries.* |
| | | Young Women's Christian Association (YWCA): Peer Approach to Counseling by Teens (PACT) Program in Botswana |
| | | Medical Mission Sisters (MMS): *Philadelphia-based organization that provides advocacy, education and prevention programs, spiritual support, healing and medicine, and testing and counseling for communities in Ethiopia, Ghana, Kenya, Malawi, and Uganda.* |

| *Type of Organization* | *Description* | *Examples* |
|---|---|---|
| International Religious (cont.) | | Christian Children's Fund (CCF): *A part of the AIDS Orphan Task Force that provides workshops, health development, prevention, testing, and counseling; CCF works through indigenous national staff and local NGOs in Ethiopia, Kenya, Senegal, Uganda, and Zambia (hdq in Richmond, VA).* |
| | | Christian Connections in International Health |
| | | AIDS Care, Education and Training (ACET): *Provides sex health education, HIV/AIDS care, and professional training programs.* |
| | | World Relief Corporation: *Works with indigenous evangelical churches in Kenya, Mozambique, and Rwanda to provide family planning, training, education and prevention programs, spiritual support, and testing and counseling.* |
| | | Christian Connections for International Health |
| | | Aga Khan Foundation: *Islamic organization with a health services division that works to establish HIV/AIDS education and prevention programs as well as in-patient curative care and home care for infected and at-risk populations throughout Africa.* |
| | | World Vision: *International Christian relief and development agency that, as part of its global ministry, assists children throughout Africa who are infected and affected by HIV/AIDS.* |
| | | Salvation Army: *Provides relief supplies, education and prevention programs, testing and counseling, and spiritual support for infected and affected communities throughout Africa.* |

| *Type of Organization* | *Description* | *Examples* |
|---|---|---|
| International Denominational | Denomination-based development and relief organizations working to develop various faith-based responses and programs to HIV/AIDS. | Caritas Internationalis: *Global confederation of Catholic Church-sponsored humanitarian assistance and development organizations.* |
| | | Adventist Development and Relief Agency (ADRA): *Provides child health, education, prevention, training programs and resources for communities in Malawi, Uganda, and Zambia (hdq in Silver Spring, MD).* |

| *Type of Organization* | *Description* | *Examples* |
|---|---|---|
| International Denominational (cont.) | | Catholic Fund for Overseas Development (CAFOD): *Caritas-liaison agency for HIV/AIDS activities since 1987; active programs are in a majority of the African nations (hdq in London).* |

| *Type of Organization* | *Description* | *Examples (USA)* | *Examples (Africa)* |
|---|---|---|---|
| National Interfaith | Consortia of churches which provide various responses to HIV/AIDS. | | The Central HIV/AIDS Activities Coordination Body of the Ethiopian Evangelical Churches Union |
| | | | Lusaka Interfaith Networking Group on HIV/AIDS (LINGO): *A Zambian initiative that promotes cooperation between Christians of various denominations and non-Christians in establishing community-based HIV/AIDS programs.* |
| | | | Council of Churches in Namibia (CCN): *Provides awareness, support, information, counseling, and legal assistance.* |
| | | | Religious Leaders in Response to the AIDS Epidemic, Senegal |

| *Type of Organization* | *Description* | *Examples (USA)* | *Examples (Africa)* |
|---|---|---|---|
| National Religious | Religious-based organizations and programs involved in providing various forms and levels of support. | National Council of Churches (NCC) | National Council of Churches of Kenya |
| | | | National Council of Churches of Malawi |
| | | | Religious AIDS Program, South Africa |

| *Type of Organization* | *Description* | *Examples (USA)* | *Examples (Africa)* |
|---|---|---|---|
| National Religious (cont.) | | | Kenya Christian AIDS Network (KCAN): *Enacted a training program to involve clergy in HIV/AIDS prevention and care; also encourages and supports clergy to engage their congregations in HIV/AIDS ministries.* |
| | | | Home-Based Care Project, Mpumalanga, South Africa: *A Christian project that cares for people impacted by AIDS, especially orphans.* |
| | | | Botswana Christian AIDS Intervention Program: *Provides care and support for children affected by HIV/AIDS.* |
| | | | Botswana Christian Council: *Provides care and support for children affected by HIV/AIDS.* |
| | | | Islamic Medical Association of Uganda (IMAU): *Provides support for medical professionals and mobilizes Muslim communities to fight HIV/AIDS through a variety of programs: Family AIDS Education & Prevention Through Imams Project (FAEPTI); National AIDS Education Workshop, Community Action for AIDS Prevention (CAAP); and Madarasa AIDS Education and Prevention Project (targeting Muslim youth).* |

| *Type of Organization* | *Description* | *Examples (USA)* | *Examples (Africa)* |
|---|---|---|---|
| National Religious (cont.) | | | Christian Relief and Development Association (Ethiopia): *An umbrella FBO that disseminates general information and educational materials, provides testing and counseling, training, and empowerment of vulnerable groups.* |
| | | | Blantyre Christian Center, Malawi: *HIV-AIDS education and home-based care.* |
| | | | Communauté Islamique de Centrafrique: *Provides health education, HIV/AIDS awareness programs, and care and support for children infected and affected by HIV/AIDS.* |
| | | | Fantsuam Foundation: *A Nigerian religious group that provides public health education, pastoral care, hospice care, and organization of village youth for health promotion and education.* |
| | | | Council of Churches in Namibia (CCN): *Provides general HIV/AIDS information and awareness, care and support, counseling, and rights advocacy.* |
| | | | Ethiopian Supreme Islamic Council (ESIC) |
| | | | Christian Health Association of Kenya (CHAK): *Collaborates with multiple NGOs and FBOs to integrate HIV/AIDS prevention and care into primary and preventive care programs.* |

| *Type of Organization* | *Description* | *Examples (USA)* | *Examples (Africa)* |
|---|---|---|---|
| National Religious (cont.) | | | Christian Health Association of Ghana (CHAG): *Promotes education, prevention, and assistance programs in Ghana's rural populations; also published reports on transmission of STDs and teenage sex education.* |
| | | | Christian Health Association of Lesotho (CHAL): *Membership of 7 denominations (from Anglican Church to the Evangelical Church) that operates an HIV/AIDS Prevention and Control Program that specializes in information dissemination, education, counseling, and hospice care.* |
| | | | Christian Health Association of Liberia (CHAL): *Promotes holistic health care programs, with emphasis on HIV/AIDS prevention, drug procurement, and healing and reconciliation.* |
| | | | Christian Health Association of Malawi: *Works to expand health facilities and support services to all populations.* |
| | | | Christian Health Association of Nigeria: *Works to "reach the unreached" through the expansion of primary and holistic health care programs.* |
| | | | Christian Health Association of Sierra Leone |
| | | | Christian Health Association of Swaziland |

| *Type of Organization* | *Description* | *Examples (USA)* | *Examples (Africa)* |
|---|---|---|---|
| National Religious (cont.) | | | Ethiopian Evangelical Churches Union: *Composed of 14 Protestant denominations with a Central HIV/AIDS Activities Coordination Body.* |
| | | | Churches Medical Association of Zambia (CMAZ): *Provides counseling, testing, training, support, and prevention programs.* |

| *Type of Organization* | *Description* | *Examples (USA)* | *Examples (Africa)* |
|---|---|---|---|
| National Denominational | Various levels of denominational involvement in establishing programs and support for those impacted by HIV/AIDS. | HIV-AIDS Ministries Network, Health and Welfare Ministries, United Methodist Church | Catholic AIDS Action: *A countrywide AIDS program initiated by the Catholics Bishops Conference in Namibia.* |
| | | Presiding Bishop's Fund for World Relief (ECUSA) | ECM Home-Based Care Program, Malawi: *A countrywide AIDS program initiated by the Episcopal Conference, Malawi.* |
| | | Catholic Relief Services (CRS): *Provides advocacy, education and prevention programs, healing and medicine, testing, and training for communities in Benin, Burundi, Egypt, Ethiopia, Ghana, Kenya, Malawi, Morocco, Mozambique, Rwanda, Senegal, Sierra Leone, South Africa, Tanzania, Togo, Uganda, and Zimbabwe (hdq in Baltimore).* | Norwegian Church Aid (NCA): *A Kenyan-based program (now duplicated in 8 other East African nations) that addresses the plight of those with AIDS and provides basic support programs, information dissemination, prevention, and education.* |

| *Type of Organization* | *Description* | *Examples (USA)* | *Examples (Africa)* |
|---|---|---|---|
| National Denominational (cont.) | | Lutheran World Relief (LWR): *Works in partnership with local NGOs in countries throughout Africa to provide condoms, health development, training, education and prevention programs, and healing and medicine (hdq in NYC).* | Evangelical Church Mekane Yesus: *Ethiopian faith with USAID-funded HIV/AIDS programs and activities.* |
| | | | Kenya Catholic Secretariat |

| *Type of Organization* | *Description* | *Examples (USA)* | *Examples (Africa)* |
|---|---|---|---|
| Regional Assemblies | Committee, Diocese, Province, Synod, etc. | Baltimore-Washington Conference Committee on Africa, United Methodist Church: *Develop outreach initiatives to care/support those impacted by HIV/AIDS in Africa, especially women and children.* | Anglican Diocese of Swaziland: *Deacon Patricia Wright works with AIDS-impacted populations.* |
| | | Diocese of Bethlehem, PA (ECUSA): *Bishop Paul Marshall appointed Dr. Ned Wallace to be a medical missioner in Swaziland.* | Anglican Diocese of Johannesburg |
| | | | Home Care Program, Archdiocese of Lusaka, Zambia |
| | | | AIDS Department of the Catholic Diocese of Ndola, Zambia: *Coordinates a large home-care program for PLWHA and orphans.* |

| *Type of Organization* | *Description* | *Examples (USA)* | *Examples (Africa)* |
|---|---|---|---|
| Regional Assemblies (cont.) | | | Diocese of Namirembe, Uganda (Anglican): *A supportive Bishop (The Rt. Rev. Samuel B. Sekkadde), Dean, priests and laity for HIV/AIDS work and ministry; multiple programs within diocese: peer education Sunday-school program, a diocesan health committee, rural health clinics, etc. Diocese also staffs a HIV Prevention and AIDS Care Project, directed by The Rev. Gideon Byamugisha (see "Individuals").* |
| | | | HIV/AIDS Program, Diocese of Kitui, Kenya: *Works to reduce the rate of infection through testing, education, and prevention; also provides counseling and holistic care to those infected and affected by HIV/AIDS.* |
| | | | Ethiopian KaleHiwot Church: *Operates HIV/AIDS Program.* |

| *Type of Organization* | *Description* | *Examples (USA)* | *Examples (Africa)* |
|---|---|---|---|
| Independent Agencies | Religious-affiliated groups acting independently to provide various forms of support, training, and relief. | The Summit Foundation (Atlanta): *A group of African physicians, based in the USA, who are committed to work with African clergy (esp. in Nigeria) to inculcate HIV/AIDS awareness in churches.* | AIDS Training and Counseling Center, Port Elizabeth, South Africa: *Operates programs with local churches and religious leaders.* |

| *Type of Organization* | *Description* | *Examples (USA)* | *Examples (Africa)* |
|---|---|---|---|
| Independent Congregations | Individual congregations acting independently to provide (directly or indirectly) HIV/AIDS care, support, education/prevention programs, and medical/relief supplies. | Episcopal church in Falls Church, VA: *Sends members to sister parish in Kenya to provide education, support, and training.* | Tirisanyo Catholic Mission, Botswana: *Provides care and support for children affected by HIV/AIDS.* |
| | | Consortium of three San Francisco churches – MCC, City of Refuge, Glide Memorial – who work together to sponsor an AIDS orphanage in Uganda. | |

| *Type of Organization* | *Description* | *Examples (Africa)* |
|---|---|---|
| Individuals | Religious-affiliated individuals acting independently, e.g. missionaries. | The Rev. Gideon Byamugisha: *PLWA working extensively with communities of faith in Kenya, Tanzania, and Uganda to promote education and prevention programs, policy changes at the governmental level, condom distribution, drug availability, and spiritual support and counseling; he published his book, AIDS, the Condom, and the Church, in 1998 which is being used and disseminated throughout Eastern Africa.* |
| | | Arnau van Wyngaard: *Missionary in Swaziland who is working to train and educate the congregations at the Evangelical Churches about HIV/AIDS via prevention and sex education programs.* |
| | | Christoph Benn, German Institute for Medical Missions (DIFAM): *Works with church-operated hospices in Zimbabwe that provide care and support for PLWHA and affected children as well as church-sponsored HIV/AIDS education and prevention programs.* |
| | | Dr. Affana Ngaska Gislaine: *A physician in Cameroon who works to educate and train the various religious sectors (Muslims, Catholics, Protestants, Orthodox, etc.) about HIV/AIDS.* |

# A Statistical Analysis of Faith Communities in Africa

5/25/00

*(Source: CIA World Factbook 1999)*

| Country* | Population | Christian | | Kimbanquist** | | Orthodox | | Protestant | | Roman Catholic | | Syncretic*** | | Sub-total Christian | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BOTSWANA | 1,464,000 | 732,000 | 50% | | | | | | | | | | | 732,000 | 50% |
| *Burkina Faso* | 11,576,000 | | | | | | | | | 1,157,600 | 10% | | | 1,157,600 | 10% |
| *Burundi* | 5,736,000 | | | | | | | 286,800 | 5% | 3,556,320 | 62% | | | 3,843,120 | 67% |
| *Cameroon* | 15,456,000 | 5,100,480 | 33% | | | | | | | | | | | 5,100,480 | 33% |
| *Central Afr. Rep.* | 3,445,000 | | | | | | | 861,250 | 25% | 861,250 | 25% | | | 1,722,500 | 50% |
| *Congo Dem. Rep.* | 50,481,000 | | | 5,048,100 | 10% | | | 10,096,200 | 20% | 25,240,500 | 50% | | | 40,384,800 | 80% |
| *Congo Republic* | 2,717,000 | 1,358,500 | 50% | | | | | | | | | | | 1,358,500 | 50% |
| COTE D'IVOIRE | 15,818,000 | 3,479,960 | 22% | | | | | | | | | | | 3,479,960 | 22% |
| ETHIOPIA | 59,680,000 | | | | | 20,888,000 | 35% | | | | | | | 20,888,000 | 35% |
| KENYA | 28,809,000 | | | | | | | 10,947,420 | 38% | 8,066,520 | 28% | | | 19,013,940 | 66% |
| *Lesotho* | 2,129,000 | 1,703,200 | 80% | | | | | | | | | | | 1,703,200 | 80% |
| MALAWI | 10,000,000 | | | | | | | 5,500,000 | 55% | 2,000,000 | 20% | | | 7,500,000 | 75% |
| MOZAMBIQUE | 19,124,000 | 5,737,200 | 30% | | | | | | | | | | | 5,737,200 | 30% |
| *Namibia* | 1,648,000 | 494,400 | 30% | | | | | 824,000 | 50% | | | | | 1,318,400 | 80% |
| NIGERIA | 113,829,000 | 45,531,600 | 40% | | | | | | | | | | | 45,531,600 | 40% |
| RWANDA | 8,155,000 | | | | | | | 733,950 | 9% | 5,300,750 | 65% | | | 6,034,700 | 74% |
| SENEGAL | 10,052,000 | | | | | | | | | 201,040 | 2% | | | 201,040 | 2% |
| SOUTH AFRICA | 43,426,000 | 29,529,680 | 68% | | | | | | | | | | | 29,529,680 | 68% |
| *Swaziland* | 985,000 | 591,000 | 60% | | | | | | | | | | | 591,000 | 60% |
| TANZANIA | 31,271,000 | 14,071,950 | 45% | | | | | | | | | | | 14,071,950 | 45% |
| UGANDA | 22,805,000 | | | | | | | 7,525,650 | 33% | 7,525,650 | 33% | | | 15,051,300 | 66% |
| ZAMBIA**** | 9,664,000 | 4,832,000 | 50% | | | | | | | | | | | 4,832,000 | 50% |
| ZIMBABWE | 11,163,000 | 2,790,750 | 25% | | | | | | | | | 5,581,500 | 50% | 8,372,250 | 75% |
| Totals | 479,433,000 | 115,952,720 | 24.2% | 5,048,100 | 1.1% | 20,888,000 | 4.4% | 36,775,270 | 7.7% | 53,909,630 | 11% | 5,581,500 | 1.2% | 238,155,220 | 49.7% |

*Capitalized entries refer to LIFE Initiative countries

** Catholic Charismatic

*** Part Christian/part indigenous

**** CIA Factbook quoted ranges: Christian 50-75%, Muslim/Hindu 24-49%, Indigenous 1%

# A Statistical Analysis of Faith Communities in Africa

5/25/00

*(Source: CIA World Factbook 1999)*

| Country | Hindu | | Indigenous | | Muslim | | Other | | Sub-total Non-Christian | |
|---|---|---|---|---|---|---|---|---|---|---|
| BOTSWANA | | | 732,000 | 50% | | | | | 732,000 | 50% |
| Burkina Faso | | | 4,630,400 | 40% | 5,788,000 | 50% | | | 10,418,400 | 90% |
| *Burundi* | | | 1,835,520 | 32% | 57,360 | 1% | | | 1,892,880 | 33% |
| *Cameroon* | | | 7,882,560 | 51% | 2,472,960 | 16% | | | 10,355,520 | 67% |
| *Central African Rep.* | | | 826,800 | 24% | 516,750 | 15% | 378,950 | 11% | 1,722,500 | 50% |
| *Congo Dem. Rep.* | | | | | 5,048,100 | 10% | 5,048,100 | 10% | 10,096,200 | 20% |
| *Congo Republic* | | | 1,304,160 | 48% | 54,340 | 2% | | | 1,358,500 | 50% |
| COTE D'IVOIRE | | | 2,847,240 | 18% | 9,490,800 | 60% | | | 12,338,040 | 78% |
| ETHIOPIA | | | 7,161,600 | 12% | 29,840,000 | 50% | 1,790,400 | 3% | 38,792,000 | 65% |
| KENYA | | | 7,490,340 | 26% | 2,016,630 | 7% | 288,090 | 1% | 9,795,060 | 34% |
| *Lesotho* | | | 425,800 | 20% | | | | | 425,800 | 20% |
| MALAWI | | | 500,000 | 5% | 2,000,000 | 20% | | | 2,500,000 | 25% |
| MOZAMBIQUE | | | 9,562,000 | 50% | 3,824,800 | 20% | | | 13,386,800 | 70% |
| *Namibia* | | | 329,600 | 20% | | | | | 329,600 | 20% |
| NIGERIA | | | 11,382,900 | 10% | 56,914,500 | 50% | | | 68,297,400 | 60% |
| RWANDA | | | 2,038,750 | 25% | 81,550 | 1% | | | 2,120,300 | 26% |
| SENEGAL | | | 603,120 | 6% | 9,247,840 | 92% | | | 9,850,960 | 98% |
| SOUTH AFRICA | 868,520 | 2% | 12,159,280 | 28% | 868,520 | 2% | | | 13,896,320 | 32% |
| *Swaziland* | | | 394,000 | 40% | | | | | 394,000 | 40% |
| TANZANIA | | | 6,254,200 | 20% | 10,944,850 | 35% | | | 17,199,050 | 55% |
| UGANDA | | | 4,104,900 | 18% | 3,648,800 | 16% | | | 7,753,700 | 34% |
| ZAMBIA ** | | | 96,640 | 1% | 4,735,360 | 49% | | | 4,832,000 | 50% |
| ZIMBABWE | | | 2,679,120 | 24% | | | 111,630 | 1% | 2,790,750 | 25% |
| | | | | | | | | | 0 | |
| **Totals** | **868,520** | **0.2%** | **85,240,930** | **17.8%** | **147,551,160** | **30.8%** | **7,617,170** | **1.6%** | **241,277,780** | **50.3%** |

*Capitalized entries refer to LIFE Initiative countries

** Catholic Charismatic

*** Part Christian/part indigenous

**** CIA Factbook quoted ranges: Christian 50-75%, Muslim/Hindu 24-49%, Indigenous 1%

# A Statistical Analysis of Faith Communities in the LIFE Initiative Countries in Africa

5/24/00

*(Source: CIA World Factbook 1999)*

| Country | Population | Christian | | Orthodox | | Protestant | | Roman Catholic | | Syncretic* | | Sub-total Christian | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Botswana | 1,464,000 | 732,000 | 50% | | | | | | | | | 732,000 | 50% |
| Cote d'Ivoire | 15,818,000 | 3,479,960 | 22% | | | | | | | | | 3,479,960 | 22% |
| Ethiopia | 59,680,000 | | | 20,888,000 | 35% | | | | | | | 20,888,000 | 35% |
| Kenya | 28,809,000 | | | | | 10,947,420 | 38% | 8,066,520 | 28% | | | 19,013,940 | 66% |
| Malawi | 10,000,000 | | | | | 5,500,000 | 55% | 2,000,000 | 20% | | | 7,500,000 | 75% |
| Mozambique | 19,124,000 | 5,737,200 | 30% | | | | | | | | | 5,737,200 | 30% |
| Nigeria | 113,829,000 | 45,531,600 | 40% | | | | | | | | | 45,531,600 | 40% |
| Rwanda | 8,155,000 | | | | | 733,950 | 9% | 5,300,750 | 65% | | | 6,034,700 | 74% |
| Senegal | 10,052,000 | | | | | | | 201,040 | 2% | | | 201,040 | 2% |
| South Africa | 43,426,000 | 29,529,680 | 68% | | | | | | | | | 29,529,680 | 68% |
| Tanzania | 31,271,000 | 14,071,950 | 45% | | | | | | | | | 14,071,950 | 45% |
| Uganda | 22,805,000 | | | | | 7,525,650 | 33% | 7,525,650 | 33% | | | 15,051,300 | 66% |
| Zambia | 9,664,000 | 4,832,000 | 50% | | | | | | | | | 4,832,000 | 50% |
| Zimbabwe | 11,163,000 | 2,790,750 | 25% | | | | | | | 5,581,500 | 50% | 8,372,250 | 75% |
| | | | | | | | | | | | | 0 | |
| Totals | 385,260,000 | 106,705,140 | 27.7% | 20,888,000 | 5.4% | 24,707,020 | 6.4% | 23,093,960 | 6.0% | 5,581,500 | 1.4% | 180,975,620 | 47.0% |



*Part Christian/part indigenous

** CIA Factbook quoted ranges: Christian 50-75%, Muslim/Hindu 24-49%, Indigenous 1%

# A Statistical Analysis of Faith Communities in the LIFE Initiative Countries in Africa

5/24/00

*(Source: CIA World Factbook 1999)*

| Country | Hindu | | Indigenous | | Muslim | | Other | | Sub-total Non-Christian | |
|---|---|---|---|---|---|---|---|---|---|---|
| Botswana | | | 732,000 | 50% | | | | | **732,000** | **50%** |
| Cote d'Ivoire | | | 2,847,240 | 18% | 9,490,800 | 60% | | | **12,338,040** | **78%** |
| Ethiopia | | | 7,161,600 | 12% | 29,840,000 | 50% | 1,790,400 | 3% | **38,792,000** | **65%** |
| Kenya | | | 7,490,340 | 26% | 2,016,630 | 7% | 288,090 | 1% | **9,795,060** | **34%** |
| Malawi | | | 500,000 | 5% | 2,000,000 | 20% | | | **2,500,000** | **25%** |
| Mozambique | | | 9,562,000 | 50% | 3,824,800 | 20% | | | **13,386,800** | **70%** |
| Nigeria | | | 11,382,900 | 10% | 56,914,500 | 50% | | | **68,297,400** | **60%** |
| Rwanda | | | 2,038,750 | 25% | 81,550 | 1% | | | **2,120,300** | **26%** |
| Senegal | | | 603,120 | 6% | 9,247,840 | 92% | | | **9,850,960** | **98%** |
| South Africa | 868,520 | 2% | 12,159,280 | 28% | 868,520 | 2% | | | **13,896,320** | **32%** |
| Tanzania | | | 6,254,200 | 20% | 10,944,850 | 35% | | | **17,199,050** | **55%** |
| Uganda | | | 4,104,900 | 18% | 3,648,800 | 16% | | | **7,753,700** | **34%** |
| Zambia | | | 96,640 | 1% | 4,735,360 | 49% | | | **4,832,000** | **50%** |
| Zimbabwe | | | 2,679,120 | 24% | | | 111,630 | 1% | **2,790,750** | **25%** |
| | | | | | | | | | **0** | |
| **Totals** | **868,520** | **0.2%** | **67,612,090** | **17.5%** | **133,613,650** | **34.7%** | **2,190,120** | **0.6%** | **204,284,380** | **53.0%** |



*Part Christian/part indigenous

** CIA Factbook quoted ranges: Christian 50-75%, Muslim/Hindu 24-49%, Indigenous 1%


PO Box 2753, Espanola, New Mexico 87532

Fax to: ~~Daniel Montoya~~ Cheryl Bourke 5-11-00

**Presidential Advisory Council on HIV/AIDS**
**Daniel Montoya**
**Executive Director**
**736 Saxon Rd., NW**
**Washington, DC 20503**

**CB Trading Company, Inc.,** acting as facilitator and commercialization coordinator for the combined efforts of Los Alamos National Laboratories, Hughes Network Services and a private financial institution to design and implement a program to monitor and track many communicable diseases on a global basis.

- Provide a program based on President Clinton's recent announcement that AIDS is "more than a legitimate ongoing health threat, but also has the potential to destabilize governments such as African or Asian nations, which makes it an international security issue," with an independent network designed to monitor and provide the response system necessary for tracking HIV/AIDS on a global basis.

**The Global Infectious Disease Threat and Its Implications for the United States**

*NIE 99-17D, January 2000*

The Estimate was produced under the auspices of David F. Gordon, National Intelligence Officer for Economics and Global Issues. The primary drafters were Lt. Col. (Dr.) Don Noah of the Armed Forces Medical Intelligence Center and George Fidas of the NIC. The Estimate also benefited from a conference on infectious diseases held jointly with the State Department's Bureau of Intelligence and Research, and was reviewed by several prominent epidemiologists and other health experts in and outside the US Government. We hope that it will further inform the debate about this important subject.

John C. Gannon
Chairman, National Intelligence Council

**Questions:**

- With the expansion of the governments' involvement, including the National Security Council and the Department of Defense, the question arises; who will be the main coordinator for the central data repository, covering HIV/AIDS?
- Due to the real-time record keeping and repository based information system inherent in TeleMed, it allows for the surveillance of health trends in regional areas to head off epidemics, or to reduce the threat of bio-terrorism, who will make the decision on

what technology best serves the overall interests of the various governmental agencies, who would be responsible for this area of concern?

- Can you provide any information on the various data collection systems currently being employed by WHO, USAID, CDC etc. and their effectiveness and compatibility with other software systems?
- Would the Office of National AIDS Policy and co-chairwomen, Sandra Thurman like to attend our meeting?
- Daniel, would you or someone from your organization like to attend our meeting, it's very important to us to have first hand representation and support for our project?

Thanking you in advance for your consideration,

Clark Vaughn Cail

Clark Vaughn Cail
Vice-President/Chief financial Officer

Marea Murray, LICSW
314 Revere Street
Winthrop, MA 02152-1522

Dear Ms. Murray,

Thank you for your letter of May 4th, 2000, in which you expressed interest in becoming involved with the fight against AIDS in southern Africa. Unfortunately, due to our small size and limited funds, I am unable to offer you a position at the Office of National AIDS Policy at this time. I applaud your motivation and dedication, and encourage you to keep searching for ways to get involved. Two organizations that may be helpful to you are Family Health International (FHI) and Population Services International (PSI), both of which are very involved in addressing AIDS in southern Africa. FHI can be reached through their web site, http://www.fhi.org, and PSI can be reached by phone at 202-785-0072. I wish you success in your endeavors.

Thank you again for your letter.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

May 4, 2000
314 Revere Street
Winthrop, MA 02152-1522

Ms. Sandra Thurman, Director
Office of National AIDS Policy
Washington, D.C.

Dear Ms. Thurman:

For some time I have wanted to something tangible around the pandemic in southern Africa in particular. As a child I lived in Zambia, Sudan and Ethiopia and travelled to what is now Zimbabwe to get my tonsils out! People who cared for me have probably been affected by HIV/AIDS and quite possibly may have died as a result of the disease. I feel compelled to give back in some way and, especially with my many years of HIV experience (16!), I wonder how I can be of service.

The recent White House efforts now that AIDS is considered a threat to national security have spurred me to write. I am a social worker thus not a medical professional in the sense I could volunteer for Doctors Without Borders or other known groups. I've enclosed my resume and would welcome any suggestions you might have around volunteering or working here in the States or for a time on-site in Zambia, South Africa or Zimbabwe.

Thanks for your consideration and your efforts both nationally and internationally.

Very Truly Yours,

Marea Murray

Marea Murray LICSW

Encl

yes - I know I need a new printer cartridge!

*MAREA MURRAY, LICSW*
**314 Revere Street, Winthrop, Massachusetts 02152-1522**
**(617) 539-3242** **marea@quik.com**

**Qualifications**

- Sixteen years in HIV/AIDS field; clinical; managerial; education; journalism; activism.
- Twelve years of clinical experience in substance abuse; recovery and trauma.
- Published Writer and Presenter on a variety of topics.
- Ten plus years in private practice in a rapidly changing market.
- Management of over twenty staff, including interns and volunteers.

**Experience**

1989-present ***Psychotherapy/Consultation*** with individuals, couples, groups, all orientations. Managed group practice 1991-1993. Solo since. General practice; specializing in Addictions, Trauma, HIV/AIDS and Sexuality. Provide clinical supervision at McBride House, 21-bed supportive housing program and consultations including 2000 HIV Prevention proposal reviews, Centers for Disease Control and Prevention; Reviewer, Counseling & Testing and Sexually Transmitted Disease Prevention Proposals; updating Street Outreach manual for the Massachusetts Public Health Department.

1999 ***Director of Programming*, Cambridge Cares About AIDS**. Senior Staff, responsible for administration, public proposal writing and management of all service programs for grassroots, multilingual, multicultural organization serving dual and triply-diagnosed clients, active injection drug users and other people at risk for HIV/AIDS, Hepatitis, and related diseases.

1994-1998 ***Director of HIV Services*, South Boston Community Health Center**. HIV Counseling & Testing; Outreach; Prevention Education; In-Service Trainings; Case Management; Supervision of HIV Counselors; Grant Writing and Program Planning and Development.

1988-1989 ***Staff Therapist/HIV Specialist*, Gay & Lesbian Health**, Boston, until agency went bankrupt overnight then terminated and transferred clients.

1987-1988 ***Case Manager*, Project WIN**. Federally-funded program serving children under six and their injection drug using parents with HIV/AIDS or at risk.

***Volunteer experience***: Hospice work and AIDS Action Committee Board membership, support group convenor, Basic Services Chair, and buddy to four persons with AIDS 1984-1987. Elected Provider Co-Chair, Massachusetts HIV Prevention Community Planning Group, 1999-present, founder Advocacy & Activism Committee of MPCPG.

**Education** Master of Social work, Boston University, Clinical Concentration, 1987.
Bachelor of Arts, Political Science, *magna cum laude*, Tufts University, 1981.

**Licensure:** NASW Diplomate, 1994; Massachusetts LICSW since 1989.
***License-Eligible, California (Oral Exam April 2000)***

Patrick Y. Bulenzi
P.O. Box 27829
Kampala, Uganda

VIA FACSIMILE: 00 33 1 30 50 42 58

Dear Mr. Bulenzi,

Thank you for your letter of May 6th, 2000, which highlighted the hardships that rural communities in Uganda are facing in fighting AIDS. A facility such as the hospital that you are proposing emphasizes the need to address the issue of the disparity in the amount and quality of care received by rural versus urban populations.

Unfortunately, the Office of National AIDS Policy is unable to allocate funding for specific projects or programs. We do however applaud your efforts to improve the lives of rural populations, and will definitely forward your proposal to our colleagues. We wish you much success in your endeavor to construct a rural hospital.

Thank you again for you letter.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

# INTERGRATED RURAL DEVELOPMENT ASSOCIATION (IRUDA)

## NAMUTUMBA BUSIKI, IGANGA DISTRICT (UGANDA)

Our reference : **BP/2000/033**
Your reference :

~~CONFIDENTIAL~~

Date : **6 May 2000**

The Patron

To : The **AIDS** Policy Advisor to The White House

DETERMINED TO BE AN ADMINISTRATIVE MARKING
INITIALS: [illegible] DATE: 08/08/14

Madam,

Subject : **THE FIGHT AGAINST AIDS IN THE WORLD : UGANDA**

It was wonderful to hear the recent public announcement by the United States officials declaring **AIDS** a security threat to the United States, and to the World.

Please allow me to appeal to the United States Government in view of considering funding the attached project for a rural hospital in Uganda, my country. It is true Uganda is one of the very few countries which have good programmes for fighting **AIDS.** Needless to say that while almost all the facilities for fighting this predicament are in the big towns, very few have been established in the rural areas, where the majority of the country's population lives. Furthermore, a very high percentage of our village people is poor and cannot afford the expensive drugs to be able to fight **AIDS**. Since our cultural way of life seems to stop many people from using the modern prevention methods agaist **AIDS**, there is equally need to launch massive educational programmes, especially in the villages.

The announcement has encouraged me to re-formulate the project document, which I started three months back . I have transformed the rural private hospital into a specialized institution which could attend to most of the so-called new diseases in the country, **AIDS** and related diseases being on top of the list. **AIDS** is indeed, a human disaster.

You would be interested to know that since retiring from UNESCO at the end of 1998, I have visited Uganda five times, in view of obtaining information on the country's medical facilities. I will be in Uganda again - from mid-June to the end of July 2000 - and look forward to hearing from you. My contact in Uganda is : c/o Ms Edith Babonere, Crane International (U) Ltd, **Tel : 00 256 41 347 993 Fax : 00 256 41 340 704.**

Yours faithfully,

Patrick Y. Bulenzi

Madam the **AIDS** Policy Advisor
Government of the United States of America
The White House
1600 Pennsylvania Avenue
WASHINGTON D.C.
U.S.A.

... Enclosures

Address France : Kiira House, 13, Sente d'Euthe, F 78310 MAUREPAS
Tel./Fax : 00 33 1 30 50 42 58 E-mail : bulenzi@club-internet.fr
Uganda : P.O. Box 27829, KAMPALA
Telephone : 256 41 ~~286600~~ 347993

United Nations Educational, Scientific and Cultural Organization
Organisation des Nations Unies pour l'éducation, la science et la culture
Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura

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75352 Paris 07 SP
Tel : +33 (0)1 45 68 10 00
Fax : +33 (0)1 45 68 55 55

**The Director-General**

Reference: DG/8/99/01

22 FEB 1999

Dear Colleague,

Upon your departure from the Secretariat for a well-deserved retirement, I should like to express my sincere thanks for the competence and efficiency with which, for more than 25 years, you have served the Organization.

Throughout your career in UNESCO, since you joined the Secretariat in June 1973, you have taken an active part in the preservation and presentation of the cultural heritage with particular responsibility for operational activities for the development of museums and the protection of historic monuments and sites in Africa. In that capacity, you made an important contribution to the success of a large number of extrabudgetary projects in many African countries. You were also responsible for a number of flagship projects in the Arab States, such as the Jamahiriya Museum in Tripoli, the King Faisal Centre in Saudi Arabia, the international safeguarding campaigns, particularly Sana'a and Shibam in Yemen, and the new museums of Aswan and Cairo. Special mention should also be made of your work in organizing the conservation and restoration of the collections of the Dar Al-Athar Al-Islamiyyah in Kuwait, which earned you special praise from the museum's director.

You will be remembered with affection as a man dedicated to his work and to the Organization whose rigorous approach to his duties inspired respect and whose relations with his colleagues were warm and considerate. You will be missed by them.

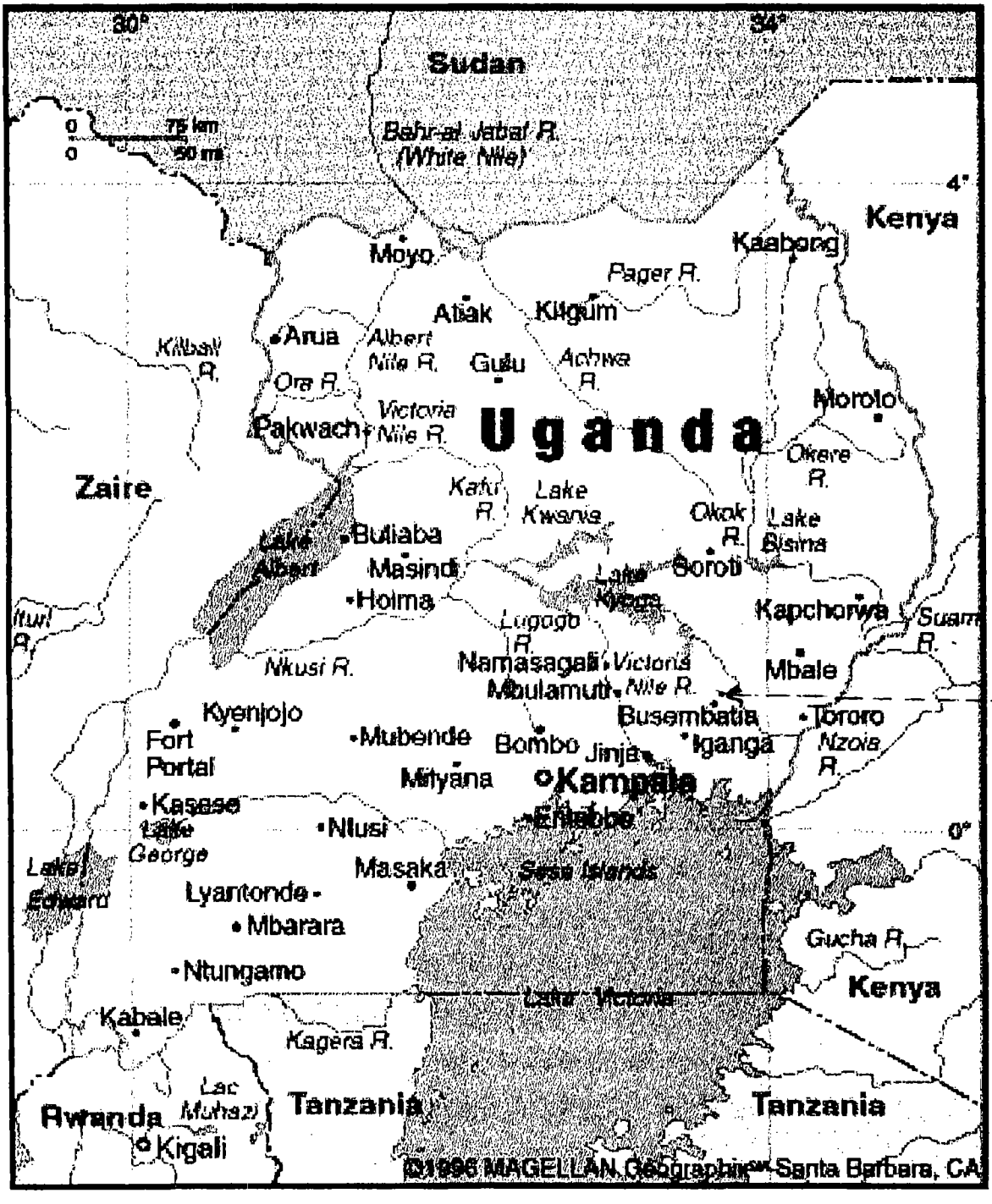
I wish you every success in your future undertakings and happiness in your new life.

Yours sincerely,

Federico Mayor

Mr Patrick Bulenzi
c/o Mr Richard Bulenzi
11, rue Auguste Perret
92500 Rueil-Malmaison

Received Sunday 7/03/99




N.B. Kampala to Jinja = 50 miles (80 km)

# PROJECT DOCUMENT

## FOR BUSIKI RURAL HOSPITAL, NAMUTUMBA, IGANGA DISTRICT, BUSOGA, UGANDA

**Fourth Version with list of 69 Hospitals in Uganda. Maurepas (France) May 2000**

| | | |
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| Project Site | : | Namutumba, Busiki, Iganga District (95 miles east of Kampala) |
| Project Funding | : | Government of the United States of America |
| Budget | : | **U.S $ 9,800,000** |
| Execution | : | by the Cordination & Technical Committees in co-operation with the U.S. authorities. |
| Local Contribution | : | Three (3) acres of land on Namutumba-Terinyi-Mbale highway. |
| Construction | : | To start in the year 2001 |
| Hospital opening | : | After about 18 - 20 months |

Uganda Government Clearance : Authority.....
.....Sgn.....
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Representative of the U.S. authorities :
Names/Sgn.....
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## A INTRODUCTION

The idea of constructing Busiki Rural Hospital was initiated by Patrick Bulenzi, a Ugandan who had just retired from UNESCO (end of 1998) after 25 year's service. This initiative, if fulfilled, will give something important to be proud of, not only to the people of Busiki county, but also to the entire Uganda population. The lack of good medical facilities in rural areas where the majority of Ugandans live encouraged Patrick Bulenzi to do something. Busiki county has an area of only 830 square km. Patrick Bulenzi, who grew up in the rural areas of Busiki county says : « I first went abroad in 1962 to Switzerland, the United Kingdom and Germany (1968), in order to study museum administration and cultural heritage preservation and protection. I served my country for a period of 14 years before joining the United Nations Educational, Scientific and Cultural Organization (UNESCO) in June 1973 ».

During the last 10 years Patrick Bulenzi has watched many people in Busiki's rural milieu die of AIDS, without being able to help them. The lack of money and medical facilities in the rural areas is a big problem in Uganda, which has a high rate of AIDS and related diseases.

It is for this reason that he has embarked onto this undertaking : A Rural Hospital at Numutumba, Busiki County. It is hoped that, with this initiative, one would be able to give service to the needy to fight : **AIDS, Cancer, Cholera, Diabetes, Malaria, Malnutrition, STD, TB, Trachoma, Childrens' diseases, etc., to mention but a few ailments.**

**It necessary for Uganda to build more rural hospitals specialized in the treatment of AIDS and related diseases, instead of having them only in the big towns. The fight against AIDS is far from being won.**

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1. Uganda's Medical service started with a number of Missionary Hospitals over 100 years ago. We have examples of Mengo, Nsambya and Rubaga Hospitals, and later Kibuli Hospital. Government Hospitals were built at Mulago, Kampala and many in the main District towns, e.g. Arua, Fort Portal, Gulu, Jinja, Lira, Masindi, Mbale, Soroti, etc. to mention but a few towns. A list of 69 hospitals, both government and private, is shown at the end of this document.

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Salaries/allowances of 5 resident Doctors, 10 medical staff, senior administrative and technical staff, as well as international experts of several categories.

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Construction will be under international tender/supervision. Efforts will be made to obtain the best equipment/price from good suppliers, particularly from U.S.A.

## F. WORKPLAN

A detailed **workplan** will be prepared as soon as the funds are available. A small Cordination Office, which will be working in close liaison with the US authorities will be set-up.

Initiator's present address : 13, Sente d'Euthe, F-78310 Maurepas France (Tel. 00 33 1 30 51 97 59) Tel/Fax (00 33 1 30 59 42 58)
E-mail : bulenzi@club-internet.fr

.../...

Uganda address : P.O. Box 27829, Kampala

Banking : A US dollar account for the Hospital will be opened at an International Bank in Kampala, as soon the Coordination Office and Committee are in place. An account in the local currency will also be opened.

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**Maurepas(France) Fourth Version** **May 2000**

N.B. This revision has been prepared for consideration by the U.S.A. authorities following the announcement - April 2000 - that they now consider AIDS as a threat to the security of the United States.

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# INTERGRATED RURAL DEVELOPMENT ASSOCIATION (IRUDA)

## NAMUTUMBA BUSIKI, IGANGA DISTRICT (UGANDA)

Our reference : **BP/2000/033**
Your reference :

~~CONFIDENTIAL~~

Date : **6 May 2000**

The Patron

To : The **AIDS** Policy Advisor to The White House

DETERMINED TO BE AN ADMINISTRATIVE MARKING
INITIALS: (M) DATE: 08/08/14

Madam,

Subject : **THE FIGHT AGAINST AIDS IN THE WORLD : UGANDA**

It was wonderful to hear the recent public announcement by the United States officials declaring **AIDS** a security threat to the United States, and to the World.

Please allow me to appeal to the United States Government in view of considering funding the attached project for a rural hospital in Uganda, my country. It is true Uganda is one of the very few countries which have good programmes for fighting **AIDS.** Needless to say that while almost all the facilities for fighting this predicament are in the big towns, very few have been established in the rural areas, where the majority of the country's population lives. Furthermore, a very high percentage of our village people is poor and cannot afford the expensive drugs to be able to fight **AIDS**. Since our cultural way of life seems to stop many people from using the modern prevention methods agaist **AIDS**, there is equally need to launch massive educational programmes, especially in the villages.

The announcement has encouraged me to re-formulate the project document, which I started three months back . I have transformed the rural private hospital into a specialized institution which could attend to most of the so-called new diseases in the country, **AIDS** and related diseases being on top of the list. **AIDS** is indeed, a human disaster.

You would be interested to know that since retiring from UNESCO at the end of 1998, I have visited Uganda five times, in view of obtaining information on the country's medical facilities. I will be in Uganda again - from mid-June to the end of July 2000 - and look forward to hearing from you. My contact in Uganda is : c/o Ms Edith Babonere, Crane International (U) Ltd, **Tel : 00 256 41 347 993 Fax : 00 256 41 340 704.**

Yours faithfully,

Patrick Y. Bulenzi

Madam the **AIDS** Policy Advisor
Government of the United States of America
The White House
1600 Pennsylvania Avenue
WASHINGTON D.C.
U.S.A.

... Enclosures

Address France : Kiira House, 13, Sente d'Euthe, F 78310 MAUREPAS
Tel./Fax : 00 33 1 30 50 42 58 E-mail : bulenzi@club-internet.fr
Uganda : P.O. Box 27829, KAMPALA
Telephone : 256 41 286 600

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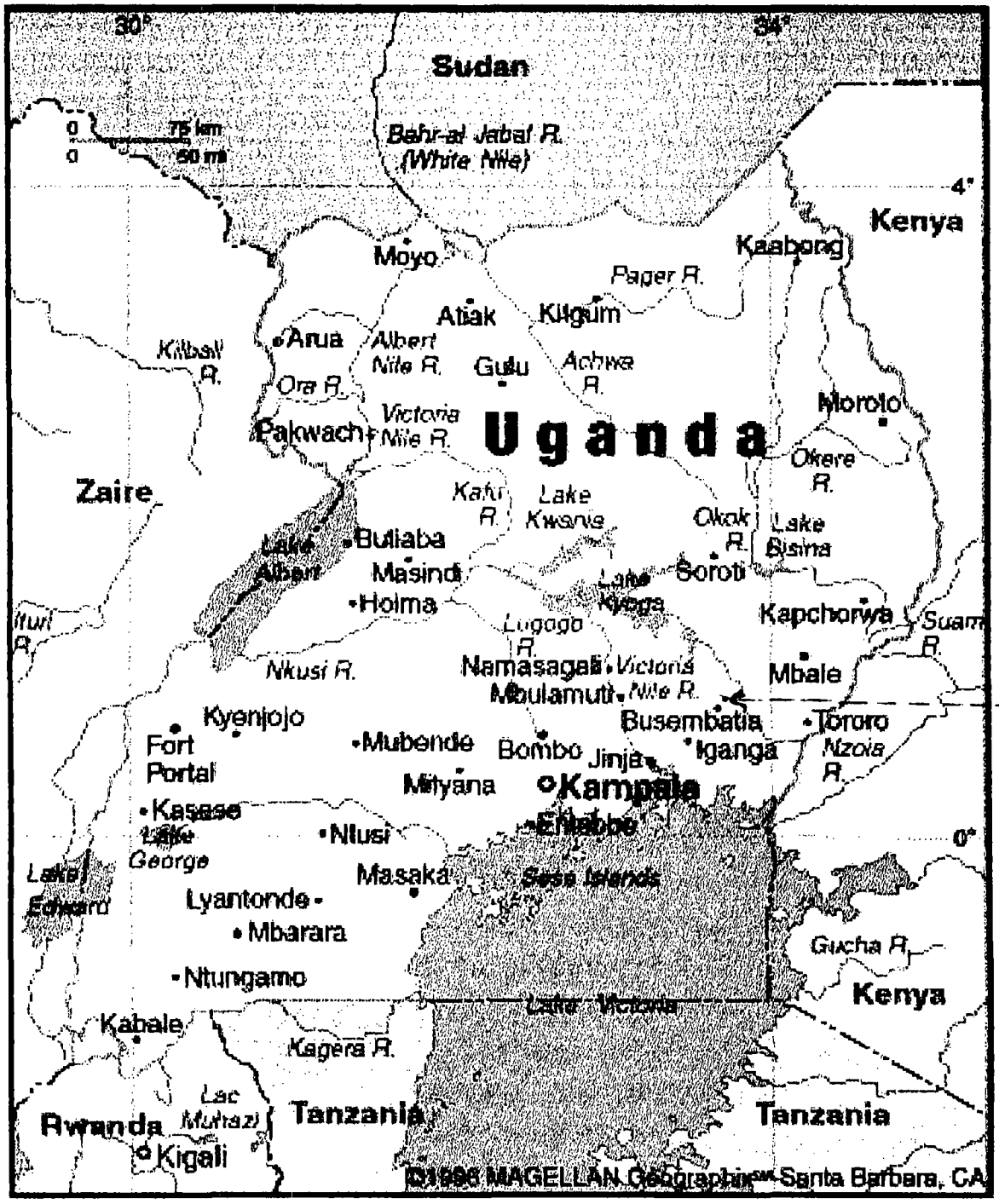
Received Sunday 7/03/99




Namutumba

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# PROJECT DOCUMENT

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**Fourth Version with list of 69 Hospitals in Uganda. Maurepas (France) May 2000**

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Place.....Date.....

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