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US Envoy Hails Uganda Over AIDS

BYLINE: Peter G. Mwesige, New Vision (Kampala)

BODY:
Kampala - The U.S. Permanent Ambassador to the United Nations, Richard Holbrooke, yesterday added his voice to that of American First Lady Hillary Clinton and praised Uganda's record on HIV/AIDS.

Holbrooke, who was speaking at a press conference at the Sheraton Kampala Hotel soon after meeting with Congolese rebels leaders in Kampala, said, "The most important thing today was not our discussions on Congo, but the discussion with President Museveni on HIV/AIDS and the visit we made to the AIDS Centre."

Holbrooke, who ends his 10-day trip to nine African countries tomorrow, had earlier in the morning met President Yoweri Museveni at State House Nakasero. He said in the first seven countries he had visited, where there is an AIDS problem of the same magnitude as in Uganda, his delegation didn't feel comfortable with the AIDs programmes and government openness as in Uganda. "The differenc between Uganda and the other countries is so striking," he said. Holbrooke said too many people in the rest of the world think the situation of HIV/AIDS in Africa is hopeless.

"Today has been so important for our delegation because Uganda has shown this is not true," he said.

Democratic Senator Russ Feingold (Wisconsin), who travelled with Holbrooke, added that he was impressed by Museveni's "passion and pragmatism" on AIDS. He added that the American Congress would consider tying aid to Africa to the condition that some of the money goes to address the AIDS problem. Feingold said he was also working on a bill to fight American pharmaceutical corporations that lobby African governments not to allow cheaper alternatives to the existing AIDS drugs.

Holbrooke did not divulge details of his talks with the Congolese rebels. He said the talks went very well and described them as "indispensable" in understanding the Congo situation. He said the facilitator provided for by the Lusaka Agreement should be named as soon as possible so that the national dialogue can kick off. The Americans will not support the next phase of U.N. peacekeeping in Congo if the warring parties don't choose the facilitator.

The Washington Post

SUNDAY, DECEMBER 12, 1999

# AIDS Sickening African Economies

## *Farms Are Idle, Jobs Unfilled As Disease Devours Work Force*

By JON JETER
*Washington Post Foreign Service*

CHEGUTU, Zimbabwe—Planting season is just around the corner, and if this were any other year, Mark Magaya would be waiting anxiously for the first good spring rain to soften the coarse soil for his plow.

But things are different this year. Magaya sleeps most of the day. His legs tremble when he wanders more than a few yards from his tiny mud hut. AIDS has pilfered his muscular physique and he depends on his wife to bathe him, clothe him, help him to his feet when visitors arrive. The tuberculosis that occupies his lungs makes every breath a chore.

There will be no harvest this year.

"I am too weak to farm," he said one recent afternoon while lying on the floor of his home. "Usually, I grow enough maize to feed my wife and baby girl, and then I sell the surplus. That gets us through the year. But this is the second year that I've been unable to farm, and I don't know how we will make it. My family survives on handouts from friends and family. My condition grows worse from worry and hunger."

This is Africa's dry season. As surely as drought, as swiftly as locusts, AIDS is devouring this continent's cash crops by idling the once able-bodied farmers who work the land.

Sub-Saharan Africa is home to two-thirds of the world's 33.4 million people living with AIDS, and the mostly agrarian economies here are doubly cursed. Nowhere are people more dependent on strong backs and sturdy legs for survival, yet no population on Earth is as feeble.

AIDS, isolated largely to the urban poor and gay men in the Western world, has cut a much wider swath in Africa, coursing like a river along the continent's major trucking routes. Spread mostly through heterosexual contact, AIDS in the Third World is the curse of the young—men and women with children to raise and work to do.

"When the breadwinner gets sick, the whole family shuts down in a sense," said Timothy Stamps, Zimbabwe's health minister. "We're burying people faster than we can replace them, and there just aren't enough hands left to do the work. It's really disrupting how we do business as a nation."

AIDS in Africa has metastasized into a disease whose progression is no longer measured solely by the depletion of a patient's T-cells, but increasingly by every percentage point that is shaved from a nation's gross domestic product. Developing countries are losing their best and brightest workers—farmers, schoolteachers, bricklayers and businessmen—just as governments are trying to fasten their fledgling economies to a global marketplace that doesn't wait for stragglers.

BY ROB COOPER FOR THE WASHINGTON POST

Mark Magaya, 37, lies outside his hut, too weak from AIDS and tuberculosis to farm. His family survives on handouts.

More than 5,000 people with AIDS die each day in Africa, and epidemiologists expect that figure to climb to almost 13,000 by 2005. By that time, health experts say, more people in sub-Saharan Africa will have died from AIDS than in both world wars combined or from the bubonic plague, which killed 20 million people in 14th-century Europe. Ten percent of the work force in southern Africa has been infected, and economists estimate that the shrinking labor pool—coupled with rising health and welfare costs, reduced spending power and lost investment—will slow the continent's rate of economic growth by as much as 1.4 percentage points each year for the next 20 years.

In Africa's most industrialized states, including South Africa, Zimbabwe and Kenya, the gross domestic product—an economist's best gauge of prosperity—could be 20 percent lower by 2005 than it otherwise would have been.

"HIV is now the single greatest threat to future economic development in Africa," said Callisto Madavo, the World Bank's vice president for Africa.

But it is not Africa's burden alone. AIDS is growing fastest in Asia, and many health experts believe that it may overtake Africa in the number of people infected with HIV, the virus that causes AIDS. That creates a vexing problem for investors in Europe and North America as their economies peak and they increasingly turn to the Third World for profits.

"What happens to the global market economy if there's no one left to do the work?" asked Peter Piot, executive director of the U.N.'s AIDS organization.

That is precisely the problem facing sub-Saharan Africa.

At Zambia's largest cement company, absenteeism has increased 15-fold since 1992, while over the same period Uganda's railroad company has lost 15 percent of its work force annually. AIDS accounts for 60 percent of all the employee claims for death benefits filed with Southampton Assurance, Zimbabwe's largest insurance company.

"In most instances, these figures are roughly more than 10 times what we expect to see in the developed world," said Alan Whiteside, an economist at South Africa's University of Natal.

At Eskom, South Africa's electric utility, 11 percent of the workers are infected with HIV, said company chairman Reuel Khoza. Barclay's Bank of Zambia has lost more than a quarter of its senior managers to AIDS, and a government survey of Kenyan businesses revealed that costs associated with the disease have slashed profits by almost 4 percentage points a year since 1994. Surveys in Uganda indicate that 40 percent of its military force has HIV, while classrooms in Malawi stay empty because a third of all schoolteachers are infected.

"These are people who cannot be replaced quickly or easily," Piot said. "When they die, who will teach these children?"

Here in Zimbabwe, where nearly a quarter of the 12 million residents are infected, managers at the Vitafoam mattress and furniture factory cope with employee turnover by training three new hires for every job.

"We expect to lose two of them within a year's time," said Taanda Marongwe, the plant supervisor in the industrial center of Bulawayo, about 200 miles southwest of the capital, Harare. "This way, work doesn't just grind to a halt when an employee can no longer come to work. It is a difficult way to run a factory, but it's the best way under these circumstances."

But it's in arid, hardscrabble villages such as Chegutu where AIDS has done the most damage, leaving the sick to die, and their survivors often without food on the table.

Maize production by Zimbabwe's peasant farmers and on small commercial farms declined by 61 percent last year due to illness and death from AIDS, according to a survey by the Zimbabwe Farmers Union. Cotton, vegetable, groundnut and sunflower crops were cut nearly in half, and cattle farming declined by almost a third, according to the study. Overall, agricultural output dropped nearly 20 percent last year as a result of AIDS, said Stamps, the health minister.

Magaya, 37, had farmed his acre of land for nearly a decade before he fell ill last year. His wife earns a trickle of income by selling mud curios and shelves to their neighbors, but mostly the family relies on friends for what little food they have to eat.

"Mostly it's porridge," Magaya said. "Maybe vegetables and potatoes. Almost never any meat, though."

Business at the local nameless convenience store has declined dramatically in the past few years. "People just don't have the money to spend anymore," said the owner, Phillip Mowere.

School attendance has dropped as well. Parents are hard pressed to come up with school fees, and many children are kept at home to do the chores that would have ordinarily been done by a parent, said Samson Musinanake, a project officer for a health clinic here.

Nicholas Soku, 69, would have retired years ago if not for the pestilence that has struck his family. With the help of his son, the widowed peasant farmer harvested just enough maize and cotton for his family of three to get by in years past.

But his 41-year-old son died of AIDS in June, leaving Soku to tend the crops and care for his ailing daughter, who has HIV.

"My son was unable to help me in the fields the last two years of his life, and last year, we harvested almost nothing," said Soku, rail-thin and shirtless, his face heavily creased by age and hard living.

Struggling to pitch a makeshift tent, he rose from the dust on a humid afternoon, wiped his sweaty forehead and surveyed the landscape of angular, straw-topped mud huts that rise from the ground like giant buried pencils in feverish dreams.

"I do what I can now, but I am old, and most of my time is spent looking after my daughter. We eat with the handouts and odd jobs my neighbors hire me to do. But we are scrambling to survive."

When he fell ill last year, James Urayay, 35, sold his livestock and fertilizer, and watched his three acres of land go to waste. He is, he said, an unfussy man whose only concerns are his family and his ability to plumb cotton, tobacco and maize from the land.

"I don't have the energy to devote to either now," he said. "I am very weak."

He, his wife of 10 years and their four young children, none older than 8, struggle, living on the kindness of relatives. When he was unable to pay the electric bill earlier this year, the utility cut off his service, and his aging parents had to lend him the money to get the power restored.

"I have farmed all my life," he said while staring blankly into the fields he once worked from dawn to dusk. "It wasn't much, but it fed my children and gave us enough money to make it through the year. It pains me to see my kids and my wife eat *sadza* [grits] and vegetables every night for supper."

His wife, Tamary, said she has considered trying her hand in the field. "But it is not possible. All my time I spend attending to my husband and caring for my children. It is difficult to do anything else."

As she spoke, her husband sat on a wobbly plastic chair outside the family's hut, staring past the fields and toward the mountains that rumble across the sky like elephants from a child's dream.

He has lost more than 40 pounds, relatives say, and everyone fears that he does not have much more time. He mumbled, his words barely audible, seeming, almost, as if he were carrying on a conversation with himself.

"I'll miss the land," he said.

USA TODAY
NO. 1 IN THE USA . . . FIRST IN DAILY READERS

Stories by Steve Sternberg
Photos by Jym Wilson - USA TODAY

**Monday,** May 24, 1999

# JOURNEY TO THE EPICENTER OF AIDS

## USA TODAY tracks a killer through four African countries

**Face of Despair:** Fourteen-year-old Jack Phiri's mother died of tuberculosis in 1996; his father also is dead, probably from AIDS. Jack says he has lived on the streets since 1997. When asked whether he would like to have a family when he is grown, he says, 'I don't know if I'll live that long.'


- Epidemic will explode 'like an atom bomb,' 1D
- Children, orphans in a pitiful struggle, 6-7D
- Deadly practices are difficult to stop, 2,8D

**One of 11.5 million:** Justine Namuli's coffin is carried from her village home to the family cemetery in Nsanvu, Uganda. AIDS killed Namuli, 27, and her mother, aunt and husband.

**COVER STORY**

# Time bomb ticks south of Sahara

## U.S. urged to confront reality: 20% could die

By Steve Sternberg
USA TODAY

**Vigil:** Thandeka Mbanjwa, 23, keeps watch over her HIV-positive infant daughter in Grey's Hospital in Pietermaritzburg.

**Caring hands:** Mark Ottenweller examines Ruth Mokoena's month-old son, Tomas, at an AIDS counseling session in Soweto.

**More Coverage:**

- **How traditional practices of work and culture are spreading AIDS, 2D**
- **A full page of maps and graphics on nations at the epicenter of AIDS, 6D**
- **The journey continues in Zimbabwe, Zambia and Uganda, 7D and 8D**

SOWETO, South Africa - When the AIDS virus detonates in this black township of 3 million in a decade or so, the disease will wipe out about 600,000 souls - almost six times as many people as the atomic bombs killed in Hiroshima and Nagasaki.

But unlike a nuclear blast or world war, the AIDS crisis is an explosion in slow motion, a creeping chain reaction with no end in sight. There is no sound, no searing heat, no mushroom cloud, no buildings reduced to rubble. Just one mute death after another.

Sandra Thurman has come here -- to the country where AIDS is spreading faster than in any other on Earth – to break that silence.

Director of President Clinton's Office of National AIDS Policy, Thurman hopes to bring home to the American people and to Clinton the immensity of the crisis in South Africa and the other countries south of the Sahara that form the epicenter of AIDS.

To this end, Thurman and a small team of U.S. officials recently traveled through South Africa and three other countries at the heart of Africa's AIDS epidemic: Zambia, Zimbabwe and Uganda. A USA TODAY reporter and photographer accompanied them to document the Ravages of what is now the No.1 cause of death in Africa.

In all, 11.5 million people have died in sub-Saharan Africa since the epidemic emerged in the early 1980s, and 22.5 million now living with the virus are expected to die in the next 10 years, according to UNAIDS, the United Nations' AIDS agency.

Staggering as the numbers are, Thurman believes that the sub-Saharan epidemic has been met with indifference by Americans and, to some extent, by their government, which spends $74 million a year on AIDS programs in the region. In contrast, Congress this month voted to spend $1.1 billion to assist roughly 750,000 Kosovo refugees.

"When you're looking at whole generations of adults and children in jeopardy - we ought to be able to hold hands and sing Kumbaya around that," Thurman says. "We can't do anything if we can't do this."

Photos by Jym Wilson
USA TODAY

Please see SOUTH AFRICA on 7D->

# "HIV is going to hit this place like an atom bomb"

--Mark
Ottenweller
Hope
Worldwide

**Offering a world of hope:** Mark Ottenweller, top photo, lives in Johannesburg and serves as medical director of Hope Worldwide, the relief arm of the International Church of Christ. Here he's shown on the streets of Kliptown, discussing AIDS prevention and distributing condoms in this shantytown in the Soweto district. Above, Hope Worldwide worker Peter Sebotsar discusses the health problem with children in Kliptown.

# **South Africa:** Dying infants crush spirit at hospital in hills

**Continued from 1D**

To gauge the social and political costs of AIDS here, Thurman visited cities and shantytowns, orphanages and hospitals, taking in scenes from an epidemic.

One of Thurman's first stops was at the Javabu clinic, headquarters of the Soweto Project - an effort to unite medical care, social support and AIDS prevention.

The project is the brainchild of Mark Ottenweller, 10 years ago a prosperous internist in a leafy suburb of Atlanta. Today, at 47, he works in Johannesburg as a medical director of Hope Worldwide, the relief arm of the International Church of Christ.

The clinic is housed in a small cluster of brick buildings on a broad lawn, bordered by brilliant splashes of jacaranda and bougainvillea. To its beneficiaries, it's a lifeline.

Mary Mudzingwa, 35, mother of Chipo, 9, and Gift, 5, credits the Soweto for helping her adapt to life with HIV. "I lost my job. I lost a place to stay. Now I stay with friends, but there's no toilet, no water. Maybe that's why my 9-year-old is always sick." She says that one of the most difficult things about having the virus is the way it changes how people respond to you.

"Some people, I told them I am HIV-positive. They were afraid. I said, 'Don't be afraid. We look like other people.'

Many of the people Mudzingwa was preaching to probably are infected themselves, though they don't know it. Ninety-five percent of HIV carriers in sub-Saharan Africa have not been tested because tests are in short supply and many people deny they are at risk. Consider the men Ottenweller comes across a few days later, on an AIDS-prevention foray into the shantytown of Klipstown, near Soweto. They grow silent as Ottenweller approaches.

"I'm Dr. Mark," he says, half in Zulu, half in English. "How many of you guys wear condoms?" Quizzical smiles bloom on embarrassed faces. Half the men raise their hands; half seem indifferent.

"I never use a condom," one man says defiantly. "I stick to one partner." "But does she stick to you?" the doctor asks. "Come see me at the clinic when you get sick." "Ten years from now, one-fifth of these people will be dead," Ottenweller says later. "HIV is going to hit this place like an atom bomb."

Tests of women in prenatal clinics, a group believed to reflect the infection rate in the general population, show that at least one of every five people in South Africa, Zimbabwe, Zambia and Botswana is infected with the AIDS virus. That means those nations stand to lose at least one-fifth of their populations, a death toll that rivals the Black Plague in medieval Europe.

In some places, the infection rates are much higher. In South Africa, between 1991 and 1997, the infection rate on average soared from 2% to almost 18%. And in South Africa's most populous province, KwaZulu-Natal, the rate has reached 37%.

Alan Paton, in the classic 1948 novel Cry, the Beloved Country, described the province's rolling green hills as "lovely beyond any singing of it." Those lovely jade hills outside Pietermaritzburg are still there. But there also stands a massive brick building that is overflowing with human misery beyond any lamenting of it. The building is a hospital known as Edendale. During apartheid, it was for blacks only. That soon will change, as part of a massive South African health reform program under way.

For now, the battered wooden benches lined up in corridors and the large anterooms in the hospital's wards are packed with black people. Some are waiting to deliver babies - 8,000 are born here each year, although there is just one obstetrician on the staff.

On average, 20 children are admitted to Edendale each day. More than 60% are infected with the AIDS virus, says pediatrician Johnny Ahrens, and they often are brought in by their grandmothers or aunts because their mothers have died. The nurses in the pediatric HIV ward, once accustomed to returning children to health, now are so overwhelmed with dying infants that they are on the brink of cynicism.

Many nurses, Ahrens says, are beginning to think: "If there's nothing you can do to help, why bother? It's just one more dying child." Ahrens himself is furious because he thinks the government should have done something, anything, to stop HIV before it took hold. "We all knew that HIV was going to hit South Africa. It was coming down through Africa like a red tide. People were trying to warn us. But nothing ever happened."

# Baby's touch pushed policy chief to front-line fight

WASHINGTON -- Unlikely as it may seem, cuddling an abandoned, HIV-positive baby in Atlanta's Grady Memorial Hospital almost two decades ago set Sandra Thurman on the road to the White House.

Thurman, 46, is director of President Clinton's Office of National AIDS. But as someone raised in the maelstrom of Southern politics, she initially set quite a different course for herself. Her father was a businessman, her mother one of Atlanta's first female lawyers - the late, liberal chairwoman of Georgia's Democratic Party. Thurman learned politics from the rough-and-tumble members of the state legislature.

To achieve her goal of helping people, however, she took a more hands-on approach, studying counseling at Mercer University's Atlanta campus and working with imprisoned youthful offenders. After caring for her dying father at home, she took a course in hospice care and became a hospice volunteer. Then, at the suggestion of a friend, Thurman agreed to visit an HIV-positive baby at Grady Memorial. "It was a life-altering experience," she says.

"To go to a hospital like Grady and care for a child who was clearly dying and had been abandoned really helped me understand what abandonment meant. Not only for this child, but for adults who had HIV and were abandoned by their families because they were gay or for any other reason."

In 1988, Thurman decided to plunge full time into the battle against AIDS. She applied for a job running a nonprofit agency called AID Atlanta, which provided a safety net for thousands of AIDS sufferers. Five years later, seeking a new challenge, she accepted a post as director of child advocacy for the Carter Center Task Force for Child Survival.

But the respite from AIDS was temporary. Her work on Clinton's 1992 and 1996 campaigns earned Thurman her 1997 appointment as Clinton's AIDS czar.

Officially the nation's No. 1 AIDS fighter, she must contend with a minimal budget, few paid staffers and responsibility for coordinating the government's extensive but fragmented AIDS programs.

The task, Thurman says, was made tougher by sparring over budgets, turf and approaches to public health. In her view, this was only one reason why the U.S. government has moved slowly on AIDS. Another was a lack of leadership. "By the time an American president mentioned the word AIDS, there were 30,000 dead," she says. Acting on the same impulse that drew her to social work, Thurman decided to use her pulpit to attack AIDS worldwide. Her first priority: African children. "Children can't speak for themselves," she says. "They are the least of the least in this epidemic, and they are getting hit the hardest."

The global AIDS epidemic will have such a profound impact on families that Thurman believes it will become a bipartisan issue. The challenge, she says, is getting Congress to fund an aggressive prevention effort. That's why Thurman organized a trip to four African countries in February and a second, shorter trip with a congressional delegation in March. "If we can get Republicans and Democrats to agree on anything, we should be able to get them to agree on . . . caring for families, children and orphans," she says.

**Field Study:** Marc Opollo shows tests to Sandra Thurman, the Director of U.S. AIDS Policy, at Uganda's AIDS Information Clinic.

## Sandra Thurman

**Job:** Director, White House Office of National AIDS Policy; since 1997

**Age:** 46

**Education:** Bachelor's Degree, Mercer University

**Personal:** Divorced, no children

**Career:** Director, child advocacy programs, at Atlanta's Carter Center; 1993-96; executive director AID Atlanta, a community-based AIDS prevention group, 1989-93.

**Next challenge:** This summer's North Carolina to Washington, D.C. AIDS bicycle ride

# Sex, separation help HIV hitch ride with migrant workers in S. Africa

MTUBATUBA, South Africa - Gugu Zulu, 22, lives in a world of women, children and old men. The young men, desperate for work, have disappeared into the steamy depths of South Africa's mines. Gugu Zulu's 25-year-old boyfriend is one of 600 young men from this district in the heart of Zulu country who work about 400 miles away, near Johannesburg, in the Carletonville gold mine. They are the muscle and blood driving South Africa's century-old migrant labor system -- one of the more stubbornly persistent fuels spreading the brush fire of AIDS throughout southern Africa. Though Gugu Zulu would like to marry and have a family, she has a tough time envisioning the future with a man who returns home for visits that total just eight days a year.

All told, nearly 500,000 women share her plight, studies show. At least 88,000 South African men and 300,000 men from neighboring Botswana, Zimbabwe, Namibia, Mozambique, Lesotho and Swaziland are migrant workers in South Africa's mines and other industries. Many of the men live in barracks-style, single-sex hostels, often crammed beyond capacity.

After work, many men drop into taverns and hook up with willing women, many of whom are prostitutes infected with HIV. An estimated 400 prostitutes work in Carletonville, lured by the gold miners' wages.

Many of the miners regard HIV as a distant risk, a viewpoint perhaps understandable because their jobs pose an even bigger risk. The average gold miner stands a 1-in-40 chance of getting crushed by a mine shaft cave-in, according to a study by the South African government. Given that risk, HIV may seem like a minor concern. But the disease is spreading faster here than anywhere else in the world.

**Left at home:** Gugu Zulu and her boyfriend, who works 400 miles away, are participating in a study tracking infection in migrant workers.

The AIDS virus has infected one in 16 South Africans, an estimated 2.9 million people, says UNAIDS, the United Nations' AIDS program. More than 700,000 people were infected in 1997 alone, UNAIDS says. Tests of pregnant women indicate that the KwaZulu-Natal province, with a high population of migrant workers, has the heaviest concentration of HIV infections in South Africa. "It doesn't take a rocket scientist to figure out that if you want to create a sexually transmitted epidemic, you would find as many young, rural men as you could, move them into an urban area, house them in single-sex hostels and give them easy access to commercial sex and alcohol," says Mark Lurie of the Johns Hopkins University School of Public Health in Baltimore. And if you want to spread the disease to rural districts, he says, you would send the men home again.

Migrant laborers first were employed throughout sub-Saharan Africa by colonists seeking to extract the region's mineral riches from mines near predominantly white cities.

South Africa formalized this trend by creating a nationwide system of pass laws. The government offered African workers passes that permitted them to travel between their homes and mines but barred them from settling down with their families near the white-dominated cities where they worked.

Under this system, men typically worked in the cities, leaving their wives in rural areas. If they got too sick to work, they were fired and forced to return home.

Paradoxically, the relaxation of South African pass laws in the mid-1980s appears to have accelerated the spread of HIV by eliminating travel restrictions, researchers say. Studies in eastern Africa have shown that truckers, their mechanics and the assistants who traveled with them along the Trans-Africa Highway helped to spread HIV throughout that region. Studies conducted between 1989 and 1992 found the highest infection rate, 30%, among people living near trading centers along the highway. A survey of bus and truck drivers in Cameroon found that 68% of the drivers had extramarital sex during their last trip, and 25% had sex every night they were away, according to a report by the nonprofit public health group Family Health International. The average trip lasts 14 days.

Lurie, backed by the Wellcome Trust in London, plans to dissect the links between labor migration and HIV in the heart of South Africa's Zulu region. Although his study is just getting under way, Lurie says the evidence already suggests that men aren't the only ones who are helping to spread HIV. The evidence comes from a study of men who migrate to work and their home-bound sex partners. Of the first 31 couples enrolled in this study, Lurie has found, 11 couples are discordant, meaning that just one partner is HIV-positive. In six of those couples, the male is positive, indicating that the men brought HIV home.

But there are five couples in which the woman is positive and the man is negative, Lurie says. This suggests that prolonged separation prompts women to seek out other sexual partners. When Gugu Zulu questions her boyfriend about life in Carletonville, he concedes that he sometimes takes other lovers. "I'm a man," he tells her. But he insists that his other liaisons are simply a tonic to his daily ordeal of danger, fatigue and loneliness. Although she says she doesn't like this situation, there's not much Gugu Zulu can do. She says she has been tempted to sleep with other partners, increasing her risk. Neither her boyfriend nor other potential partners will use condoms, she says. "If they won't use condoms with me, they won't use condoms with anyone else," she says. "Can you tell someone has HIV by looking at them?"

**In limbo:** Annet Nakalema, above, holds daughter Rebecca Mamuyiga, 2, while waiting to be seen at the TASO: Mulago clinic in Kampala, Uganda. Justine Sanyu, 21, left, has come to the clinic for three years. Below, women from small Ugandan villages learn about a small-loan program for them and orphans.

## Women powerless to protest

The vast majority of women in sub-Saharan Africa can't say no to sex or ask their husbands to use condoms. A woman who does so risks being thrown out, losing her only means of support. That situation leaves African women extremely vulnerable to AIDS. Ugandan health official Henry Ddungu created a stir when he joked that prostitutes are better off than married women because prostitutes can insist on condoms. "Using condoms in Masaka villages is taboo. That is why they are perishing faster than urban dwellers," he said.

# Victims lost in battle over drug patents

JOHANNESBURG, South Africa - For two years, the United States and South Africa have been locked in an unpublicized trade war. At stake is access to expensive AIDS drugs, which are as out of reach for most HIV sufferers here as ingots of South African gold.

At the heart of the conflict is a broader problem: the chronic shortage of drugs in poor countries. Although drugs are a simple, potentially low-cost remedy for such developing-nation ills as sleeping sickness, dysentery and tuberculosis, they often are priced beyond the means of most people who need them. The latest additions to the list are HIV drugs, the quest of desperate patients throughout sub-Saharan Africa.

Two years ago, the South African Parliament took what drug companies and the U.S. government consider radical action: It passed legislation, signed into law by President Nelson Mandela, that allows local firms to make, market and sell generic versions of drugs patented by multinational drug companies. The drug companies then would be paid royalties set by the government. The plan provoked a swift rebuke from the United States, which leapt into the fray on behalf of drug companies. The companies contend that South Africa's action strikes at the heart of free-market capitalism and the patent system. If countries are permitted to make generic versions of drugs before the patents expire, their argument goes, companies will lose their incentive to develop lifesaving drugs. "Paying those prices isn't just a problem for poor people; it's a problem for the middle class,"

South African Health Minister Nkosazana Zuma says. "Even I, on my salary, couldn't afford triple-drug therapy" for HIV.

That the most powerful country in the world would spar with the most promising emerging democracy in Africa over access to AIDS drugs illuminates the daunting variety of challenges that the HIV pandemic presents worldwide. It also shows how fiercely drug companies will fight to protect profits from anti-HIV drugs, a rich market with sales totaling roughly $3 billion a year.

Jeff Trait of the pharmaceutical trade group Pharma says the South African government has refused to negotiate directly with drug companies, which have offered South Africa concessions on most drug prices. Instead, Trait says, the country is mounting "a brazen assault on patent protection, the lifeblood of our industry." But Zuma and many of the world's public health officials regard HIV as an international emergency that should rise above patents.

"Pharmaceutical companies should be sensitive to public health issues," Zuma says. "No one wants them to go under. We're not quarreling with their profits at all. If they would make these drugs available in the Third World, they can make up their losses on volume."

At the crux of the dispute is the South African Medicines Act, which legislators amended in 1997 to permit local manufacturers to make generic versions of AIDS drugs. Within months, the South African pharmaceutical trade group, backed by at least 40 drug companies, challenged the constitutionality of the amendments in court. That put the law on hold until a court decides.

Meanwhile, the United States has tried a variety of tactics to get South Africa to withdraw or amend the 1997 law.

U.S. Trade Representative Charlene Barshevsky has argued that the 1997 amendments are so broad that they could be applied to other medicines. In an effort to apply more pressure, she denied South Africa tariff relief on certain exports to the USA.

"There has been subtle and not so subtle international pressure on the South African government in regard to this legislation," South African diplomat Peter Goosen told the World Health Organization's executive board in January. "While we remain open to persuasion by rational arguments, our commitment to the principles that underpin our legislation is unwavering." Trait says the South African government's stand threatens the development of medicines. The average drug costs $300 million to $500 million to develop. One company, which Trait declined to name, spent approximately $1 billion to create a single anti-HIV drug, he says.

But those drugs are unavailable to 95% of the world's HIV sufferers, meaning all the money and effort involved in developing drugs for HIV serves just 5% of the people who need them.

# Virus makes families pay twice

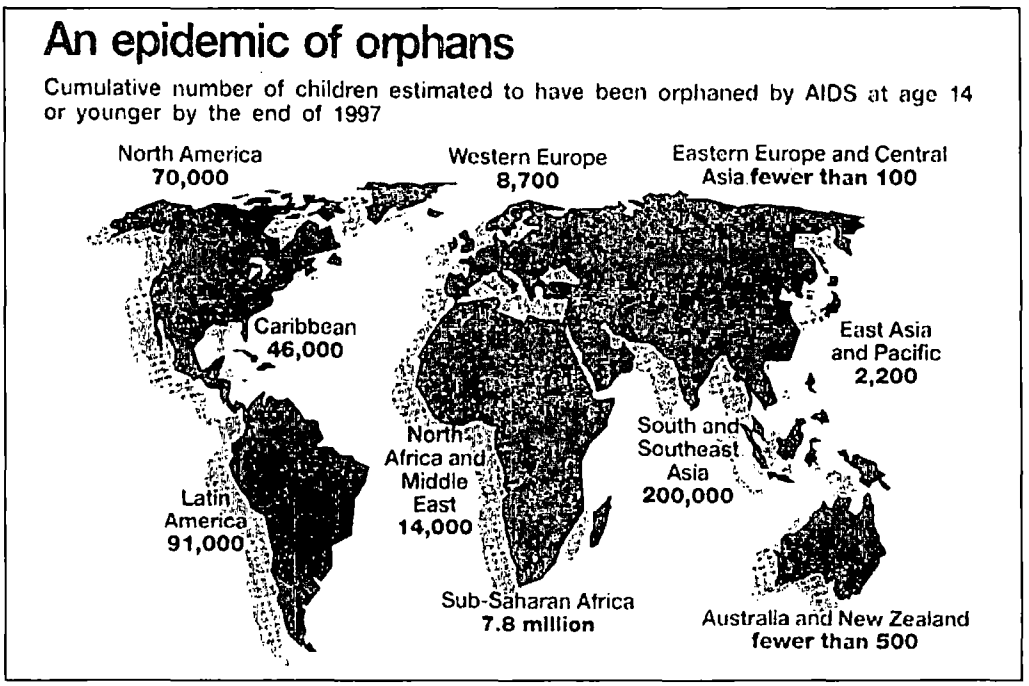
## Even if they Avoid HIV, 40 million kids will lose parents

by Steve Sternberg
USA TODAY

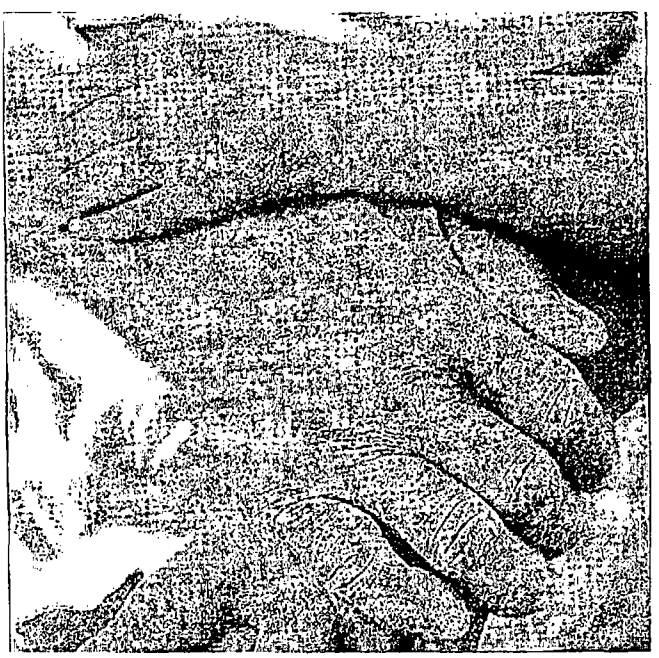
Children, even if they never get HIV themselves, are poised to become helpless victims of the virus's march through sub-Saharan Africa. Over the next decade, the deaths of millions of parents will leave tens of millions of orphans to fend for themselves on the streets and in the countryside. Few families will escape.

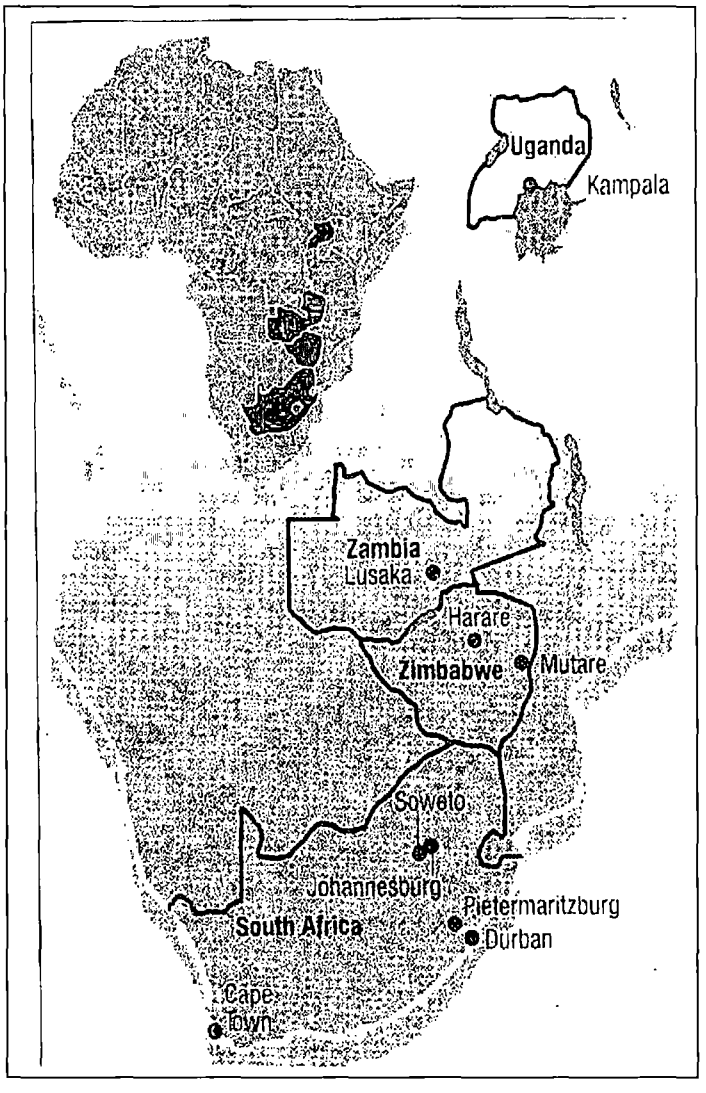
One-fourth of the children in sub-Saharan Africa live in a family in which an adult is HIV-positive and in need of medical care, according to UNAIDS, the United Nations' AIDS organization.

"Children are the first to know a parent is sick. Often, parents won't admit it to themselves, much less to anyone else," says John Williamson, the author of a landmark study, Children on the Brink, and a consultant to the U.S. Agency for International Development (USAID). In sub-Saharan Africa, 40% of children are stunted by malnutrition. A parent's HIV infection puts the child in even greater jeopardy. As soon as a parent becomes ill, a child's school attendance drops because parents can't afford school fees, books and uniforms, or they need the child's labor to help feed the family and pay medical bills.




No one knows how many "child-headed" households are in Africa, though the clues are deeply disheartening. For example, studies show that in the Rakai district of Uganda, the heart of Africa's AIDS epidemic, 4% of the households are headed by children. And the AIDS epidemic in sub-Saharan Africa is just gathering steam. In nine countries, 20% to 33% of children will be orphaned over the next decade as the death toll climbs. All told, UNAIDS expects 40 million children to be orphaned in coming years, a population equivalent to all the children living in the USA east of the Mississippi. Says Williamson: "We haven't seen anything yet."






## South Africa

**Population:** 49.2 million
**Literacy:** 82%
**Ethnicity:** 75% black, 14% white, 9% mixed, 2% Asian/Indian
**Official languages:** English, Afrikaans, Ndebele, Pedi, Sotho, Swazi, Tonga, Twswana, Venda, Xhosa, Zulu

AIDS cases since 1981
420,000

AIDS deaths
360,000

**HIV infection rates:** Range from 7% in Cape Town and the East Cape to 37% in the province of KwaZulu-Natal

| | |
|---|---|
| AIDS deaths, 2010 | 4.4 million |
| People living with HIV | 2.9 million |
| Children who have lost parents to HIV, 1998 | 180,000 |
| Children who will lose parents to HIV by 2010 | 1.2 million |


**Left behind:** In Soweto township, Johanna Qhayiso, 40, left, with daughter Prudence, 23, lost her husband to AIDS-related tuberculosis.

# Death toll

Over the next decade, deaths from HIV in sub-Saharan Africa are expected to surpass the deaths of combatants in all the major wars of the 20th century.

| Major wars of the 20th century | | AIDS in sub-Saharan Africa | |
|---|---|---|---|
| World War I | **9.2 million** | Dead | **11.5 million** |
| World War II | **20.0 million** | Living with HIV | |
| Korean War | **1.5 million** | who will die | |
| Vietnam War | **2.1 million** | within the | |
| Gulf War | **100,000** | next 10 years | **22.5 million** |
| **Total** | **32.9 million** | **Total** | **34 million**[1] |

1 – if no one else gets infected

# How you can help the children

**Many international and local relief groups are involved in helping people with AIDS and preventing its further spread in Africa.**

**There is no central group, but UNICEF , the United Nation's Children's Fund, has agreed to act as a clearinghouse for donations. To help, write to:**

**The U.S. Committee for UNICEF**
**333 E. 38th Street**
**New York, N.Y. 10016**
**(Please write "For AIDS in Africa" on the check)**

**Or call 800-367-5437**

Source: Global Health Council

USA TODAY

## Uganda

**Population:** 19 million
**Literacy:** More than 62%
**Ethnicity:** Tribes include Baganda, Acholi, Langi
**Official language:** English, Luganda and Swahili also common
**HIV infection rate:** declined from 31% to 15%

AIDS cases since 1981: **1.9 million**
AIDS deaths: **590,000**

| | |
|---|---|
| AIDS deaths, 2010 | 6.3 million |
| People living with HIV | 930,000 |
| Children who have lost parents to HIV, 1998 | 1,100,000 |
| Children who will lose parents to HIV, by 2010 | NA |

Photos by Jim Wilson, USA TODAY

**In the clinics:** Shamim Nakiganda, 1 ½ above, at the TASO: Mulago clinic in Kampala. Her mother in HIV-positive, and her father died of AIDS. Left, Anne Byamukama injects voulnteer Stanley Kabule during testing of an AIDS vaccine at the Joint Clinical Research Center in Kampala.

## Zambia

**Population:** 9 million
**Literacy:** 78.5%
**Ethnicity:** More than 70 tribes
**Official language:** English, with 70 local dialects
**HIV infection rate:** Roughly 20%

AIDS cases since 1981: **630,000**
AIDS deaths: **590,000**

| | |
|---|---|
| AIDS deaths, 2010 | 4.2 million |
| People living with HIV | 770,000 |
| Children who have lost parents to HIV, 1998 | 500,000 |
| Children who will lose parents to HIV by 2010 | 1,013,000 |

**Song of Hope:** Christina Chisala, 11, sings and dances at The Fountain of Hope school in Lusaka. She is a member of the music and drama group at the school for street children

**Brother's Keeper:** Cloud Tinet, 12, left, and brother Willard, 15, are outcasts in Mutare. The boys are orphans, and Willard is the head of the household.

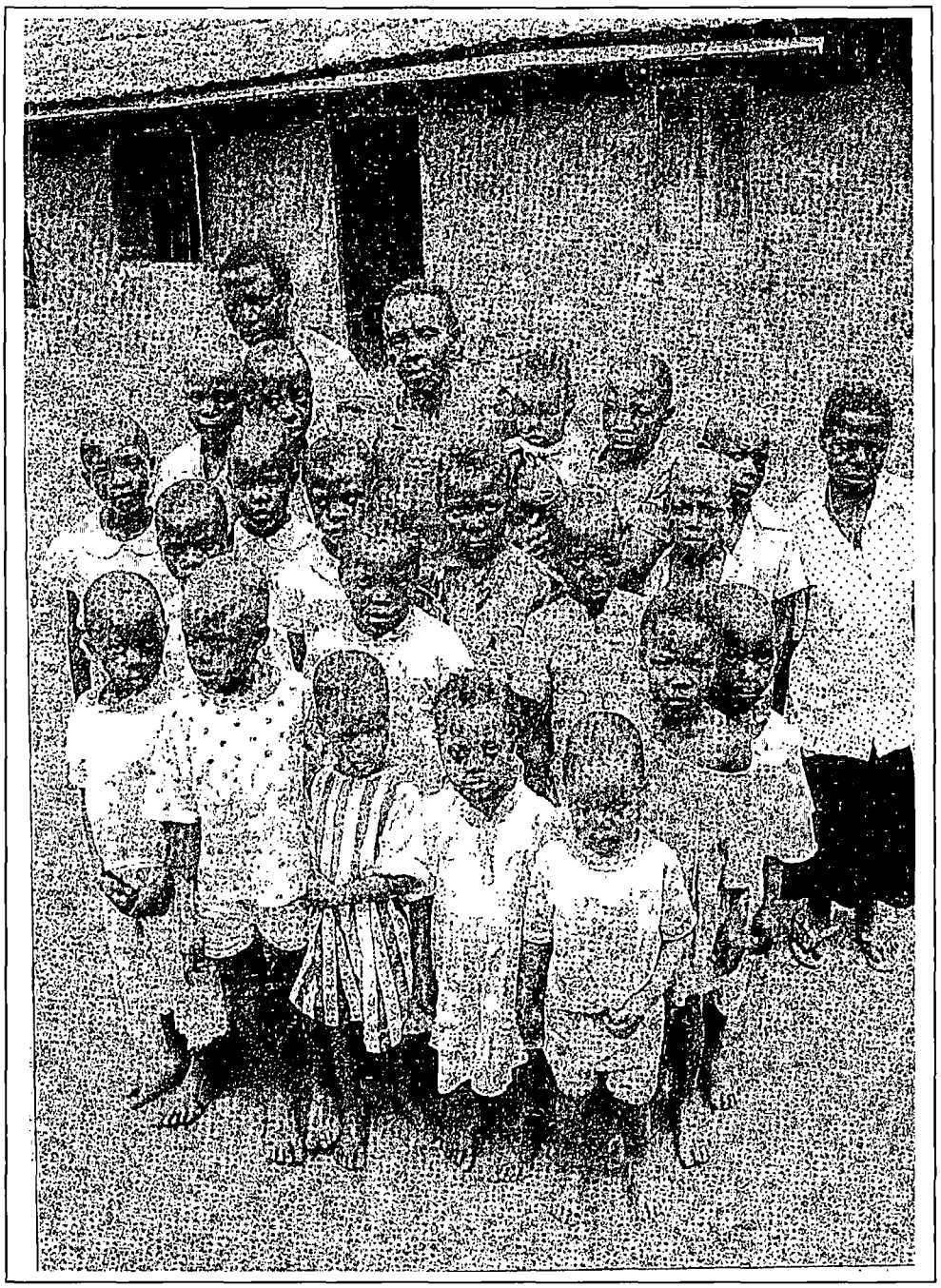
## Zimbabwe

**Population:** 12 million
**Literacy:** 85%
**Ethnicity:** 77% Shona, 14% Ndebele, 9% other
**Official language:** English, two dialects
**HIV infection rates:** 35% urban, 20% rural

AIDS cases since 1981: **650,000**
AIDS deaths: **590,000**

| | |
|---|---|
| AIDS deaths, 2010 | 4.5 million |
| People living with HIV | 1.5 million |
| Children who have lost parents to HIV, 1998 | 787,349 |
| Children who will lose parents to HIV by 2010 | 1,531,751 |

Source: UNAIDS, World Health Organization, US Department of State



## AIDS orphans

Bernadette Nakayima, 70, stands with 21 of the 34 grandchildren she cares for outside a village in Uganda. All the children's parents died from AIDS-related illnesses. Rovina Ndagire, 65, left, holds her 1-year-old grandson, John, one of 11 orphaned grandchildren in her care.

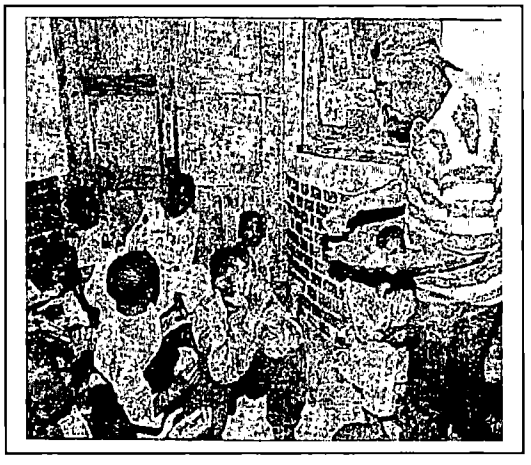
# **Zambia:** The cradle of Africa's orphan crisis

LUSAKA, Zambia - Fountain of Hope resembles nothing so much as a refugee camp for children. And it is nearly that for 1,500 of the 128,000 orphans who live on the streets of this lush capital, with its broad boulevards and spreading trees.

This informal day school in a shabby recreation center downtown was the first stop outside South Africa for Sandra Thurman, the White House's top AIDS official, on a recent fact-finding mission to see the AIDS crisis in Africa. Each morning, the youngest victims of AIDS, ranging in age from 3 to 15, straggle in from the streets. They don't come for the books or the playground or the toys. There aren't any. And there's nothing distinctive about the rec center, built of unadorned concrete. They come because it's better to be here than in the lonely streets, where food is scarce and companionship often involves sex with an older child. Here, volunteers teach reading, arithmetic and music. And there's food -though only every other day.

Zambia once was one of the richest countries in sub-Saharan Africa. It supplied copper for the bullets the United States used during the Vietnam War. Now this country of 11.5 million is one of the poorest - and bears the distinction of having one of Africa's largest orphan populations. In 1990, Zambia had roughly 20,000 orphans. By next year, says UNAIDS, the United Nations' AIDS organization, there will be 500,000. "The numbers of orphans are increasing by the day," Zambian President Frederick Chiluba tells Thurman. "Street kids are everywhere, and we don't have the funding to care for them."

And they're not just concentrated in the cities. For example, the shantytowns called St. Anthony's and Mulenga's compounds, in Kitwe near the Congolese border 150 miles from Lusaka, have huge numbers of orphans – about 20% of each town's 10,000 residents. Eventually, many orphans find their way here to Lusaka. In 1996, when the Fountain of Hope school started, there were 50 children, outreach coordinator Goodson Mamutende says. Just three years later, 30 times that many attend classes in two shifts. Fountain of Hope staffers estimate that half the children have been abandoned; the other half have lost parents to HIV. And with 700 HIV-related deaths each week in Lusaka alone -- a number so large it has caused weekend traffic jams and day-long waits in the cemeteries - the number of orphans and abandoned children continues to multiply.



**Temporary measures:** Rogers Mwewa passes out food to street kids in Lusaka, the Zambian capital.

Dirty-faced, wearing the cast-off clothes that are their only possessions, the children eagerly cluster around a makeshift blackboard to learn arithmetic and the alphabet. They learn to sing in unison, acting out the songs enthusiastically. "Fight child labor with an AK-47," they shout, thrusting their arms as if they were firing guns. Nicholas Mwila, 23, who has written the words for many of their songs, is the art director. "I take them as they are, the way I find them," he says. "I want them to dress as they do on the street. I don't encourage them to take a bath."

These "gutter kids," Mwila says, project a message to Thurman and the visiting foreigners: "The problem is real." After school, when they return to the streets, the children beg, steal and, in many cases, sell sexual favors for food.

At night, they sleep in culverts along a thoroughfare called Cairo Road.

Most prized, especially in winter, are the culverts across from a gas station. On cold nights, volunteers say, the children fight the chill by getting high on gasoline fumes or on methane inhaled from bottled, fermented excrement.

Jack Phiri, 14, traveled 150 miles to Lusaka from Ndola, in the copper belt, where statistics show that 46% of young pregnant women are infected with HIV. Jack says his mother died in 1996 of tuberculosis – the leading killer of people with AIDS in Africa. He says he doesn't know what killed his father; staffers at Fountain of Hope are convinced the culprit was HIV.

Fiddling with the ragged edges of his cut-off jeans, Jack says he has lived on the streets since 1997. His brother has been taken in by relatives and has vanished from Jack's life. The "auntie" who took Jack refused to feed him and made him sleep outside her hut. So he stowed away aboard a train and ended up here. The other kids in the street told him about Fountain of Hope. "I like being here because I can go to the school," he says.

"And they give you food." Asked whether he remembers what it's like to have a family, Jack's eyes flood with tears. "He cries very easily," Fountain of Hope staffer Rogers Mwewa says. "He hasn't developed the survival skills of most of the other kids."

When he grows up, will he have a big family? "I don't know if I'll live that long," Jack says. Jack spends most of his nights sleeping near fast-food restaurants on Cairo Road. After dark, children clog the sidewalks, chasing anyone who might be persuaded to part with money for food.

One night recently, staffers from Fountain of Hope and an official from the Dutch Embassy dug into their pockets for money to feed 78 starving children. Buoyed by the prospect of a meal, the children waited patiently on the sidewalk while an older child counted them. Tomorrow night, they knew, they might not be so lucky.

# **Zimbabwe:** Outcast children forced into early manhood

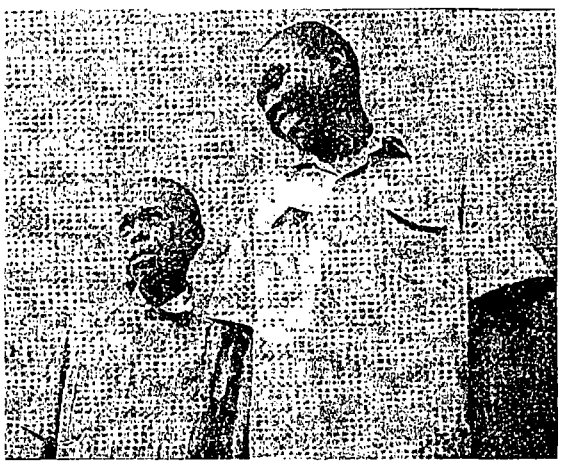
MUTARE, Zimbabwe - At 15, Willard Tinet is the man of his house, single-handedly caring for brothers Joseph, 14, and Cloud, 12. The boys' mother died of AIDS, but Willard doesn't know when. "She died a long time ago," he says sadly. The boys' father disappeared after his wife became ill. An older sister married and moved in with her husband's family, abandoning her brothers. A community volunteer, Maris Kazewbe, believes that the boys have been living alone since 1994.

But the Tinet children are luckier than some orphaned by AIDS; they have a place to lay their heads. Thousands of others live on the streets. For Willard, today is special because he is receiving an eminent guest in his home: Sandra Thurman, the White House's top AIDS official. It is Thurman's third stop on her mission to four sub-Saharan countries devastated by AIDS.

Clad in rags, Willard sits cross-legged on the floor of the family's tiny, boxlike concrete home. It is on the outskirts of Mutare, in the mountainous western highlands that border Mozambique.

The walls of the one-room cell are pale green, now chipped and stained. There are a few sticks of furniture and a filthy, mirrored armoire, a relic of happier times. Willard seems quiet, almost unaccustomed to speech. But at times the personality of an ordinary 15-year-old penetrates the awkwardness and silence. "How do you eat?" asks Thurman, sitting next to Willard on the concrete floor. "I prepare the meals," Willard answers through United Methodist Bishop Christopher Jokomo, whose grandfatherly appearance seems to reassure the boy.

Willard says he and his brothers grow some vegetables in the community garden. If all fails, they go to bed hungry. They also get weekly visits from Maris Kazewbe and Elizabeth Chihota, volunteers from the Family AIDS Caring Trust (FACT) site at the St. Augustine mission in Mutare. "Sometimes I am here late in the day and there's nothing, no food," says Kazewbe, who then goes out and gets the boys something to eat. St. Augustine, one of the parishes over which Jokomo presides, is one of five FACT sites. All told, 137 FACT volunteers care for 4,000 orphans, from infants through 15-year-olds.



**Pariahs:** Willard Tinet, right, and his brother Cloud. They will remain shunned until their mother's family members collect her belongings.

In this country of 12 million people, where one of every three sexually active adults is believed to be infected by HIV, the problem is certain to grow. UNAIDS, the United Nations' AIDS organization, estimates that one-third of the children here will lose one or both parents during the next decade. "Everybody in Zimbabwe has lost someone, either from their immediate or their extended family," says Shadreck Kagora, a pastor and coordinator of Families, Orphans and Children Under Stress, an offshoot of FACT.

Today, Kagora says, most of the nation's nearly 600,000 orphans live with grandparents or other relatives. But family circumstances and cultural barriers strand many orphans in a nether world of hunger, loneliness and neglect. For instance, Willard and his brothers are prisoners of their mothers' belongings, gathered in a small wicker basket suspended from the ceiling. When the boys' mother became ill, relatives from Mozambique came to get her, Chihota explains. "They took her to Mozambique to get well," she says.

"They didn't believe she had AIDS."

When the boys' mother died, her family failed to come back, collect her belongings and divvy them up among relatives, as Shona tribal custom dictates they should. Until they do, the boys will remain pariahs, shunned by those who would otherwise care for them. Relatives on their father's side of the family, for example, won't enter the until that ritual is completed, to avoid offending the Ngozi, or avenging spirits.

"Instead, the children suffer," Jokomo says. As Chihota tells the story, Cloud bursts into the house. He stops short at the door, startled to see visitors. He barely speaks; he never smiles. When his apprehension wanes, Cloud's face becomes a mask of emotional desolation. Willard, when asked what he would like to be when he grows up, answers promptly, "A pilot."

Cloud sits on a chair, alone in a room full of people, saying nothing. He seems unable even to contemplate his future. Gently prodded by Jokomo, he mutters: "I don't know." "That little brother there," says Chihota, out of earshot, "what a lot of sadness in his face. Lord, have mercy."

# **Uganda:** Deadly traditions persist amid progress, vaccine test

By Steve Sternberg
USA TODAY

KAMPALA, Uganda - Tom Kityo, the tall, animated manager of the AIDS Service Organization, stands before a map of his country, gesturing to one area after another, railing about the traditions that spread HIV. "Here," Kityo says, "the groom's father can have sex with the bride, and that's accepted. Here, other clan members may have sex with someone's wife, and no one says anything." Kityo blames these and other cultural practices for much of Uganda's AIDS problem. It's a situation that, while showing great improvement, still is marking this country with tragic consequences.

A year ago, U.S. officials estimated that 10% of Uganda's 20 million people are HIV-positive - with 67,000 of those infected younger than 15. Nearly 2 million people have died nationwide since what some call "slim disease" emerged here in 1982, leaving thousands of orphans. Government statistics suggest that 600,000 children have lost one parent - and that 250,000 have lost both parents - to AIDS. "We are fighting a lot of complex problems," Kityo says. "There are wars, cultural beliefs, a gender imbalance - these are very difficult things to change." But change is under way in Uganda, which has done more than almost any other country in the world to slow the spread of HIV.

The evidence lies no farther away than a palm-shaded hilltop above the crush of populous Kampala, inside a sprawling white stucco compound enclosed by a tall white wall. Once it was part of the palace of the Bagandan king, now a largely ceremonial figure whose domain straddles the equator and borders the legendary source of the Nile. Today it serves a vastly different purpose. Known as the Joint Clinical Research Center, it is the site of the first HIV vaccine trial in Africa.

On Feb. 8, a nurse guided the first hypodermic into a volunteer's arm -- the first of 40 in the trial. The man, whose name was withheld to protect his privacy, isn't just anybody.

He is a medical orderly on the staff of Ugandan President Yoweri Museveni, the most outspoken of the world's leaders on the threat posed by HIV. Museveni's AIDS awakening came in 1986. Soon after he seized power from dictator Milton Obote, Museveni got a call from Cuban military authorities who were training Ugandan troops. They told him that 25% of the men had HIV. For Museveni, fresh from a civil war, the news was alarming. An army hobbled by disease can't fight, and Museveni had yet to consolidate his power.

By the end of 1986, he had established the nation's first AIDS Control Program. Museveni also issued an international call for help from AIDS researchers and public health organizations. And he declared his intention that Uganda play a key role in any African AIDS vaccine trials. Five years ago, Museveni's prevention efforts began to pay off. Behavior surveys showed that Ugandans were reporting fewer casual sex partners, more frequent condom use and longer delays before young people became sexually active.

More recent studies of pregnant women demonstrate that infection rates have begun to drop. In Kampala, the infection rate among 15- to 19-year-old women fell to 8% in 1997 from 26% in 1992. But traditional practices still exact a steep toll. Indeed, they cost Justine Namuli her life.

Today, in a small family graveyard in a village two hours from Kampala, she will be laid to rest. Hillary Rodham Clinton met Namuli, then 25, two years ago while visiting Uganda. During the visit, Clinton planted a tree to commemorate the opening of the AIDS Information Center's headquarters. There, Elizabeth Marum, a former director of the information and HIV testing center, introduced Namuli to Clinton and Ugandan first lady Janet Museveni. "Justine was so beautiful," Marum says. "And so excited to meet Mrs. Clinton." Clinton and Museveni listened as Namuli told her life story. In Bagandan tradition, Namuli said, she was "heir to her aunt," meaning she was to take her aunt's place if anything happened to her.

When her aunt died of tuberculosis, Namuli was forced to drop out of school, marry her uncle and care for his children. She was 16. At the time, she didn't know that her aunt

**Last respects:** After the funeral, remaining friends and family attend the burial of Justine Namuli. Namuli unwittingly passed HIV to one of her sons, Moses, 5, left, or Isaac, 7.

was infected with HIV or that her uncle was infected, too. Eventually, Namuli's husband died, but not before he infected her. She, in turn, unwittingly infected one of her two sons.

Namuli quickly sought an HIV test at the information center. Learning that she was infected, she joined the Post-Test Club, a support group that emphasizes safe sex, good nutrition and "living positively." And she joined the Philly Lutaya Initiative, an AIDS education and prevention program named for a local rock star who acknowledged publicly he was HIV-positive - the Magic Johnson of Uganda. Like others in the group, Namuli spoke out about HIV and how to guard against infection. "Imagine what this girl has gone through," Marum says. "Her mother died of AIDS. Her aunt died of AIDS. Her husband died of AIDS, and for 10 years she lived with the knowledge that she was HIV-positive."

About a dozen information center staffers and volunteers pile into two four-wheel-drive vehicles for the two-hour drive to Namuli's funeral. The little caravan drives down the truck route, the TransAfrica Highway, connecting Mombasa, Kenya, and Kinshasa, in the Democratic Republic of the Congo. The highway, which runs across southern Uganda, has spread AIDS here, too: The truckers carried HIV from one end of the road to the other, stopping regularly for paid sex with women who needed the money to feed themselves or their families. The women infected their boyfriends and husbands, who infected their wives and girlfriends.

Today, the villages along this road are outposts in an AIDS wasteland, almost entirely by grandparents and children. The middle generation lies in village graveyards.

One grandmother, Benedete Nakayima , 70, says she has lost 11 of her 12 children to HIV - six daughters and five sons. She now cares for 35 grandchildren with the help of her surviving daughter. At the Namuli funeral, Marum reads a letter from the U.S. first lady, wishing Namuli a speedy recovery.

Sandra Thurman, the Clinton administration's top AIDS official, who is visiting here in her last stop in a tour of four sub-Saharan countries assaulted by AIDS, was to have delivered the letter to Namuli's bedside at Mulago Hospital on Feb. 7. She was too late.

Namuli died of pneumonia two days earlier - because Mulago Hospital lacked a working oxygen compressor that might have helped her through her respiratory crisis. Her two sons, Moses, 5, and Isaac, 7, have joined the ranks of Uganda's orphans.

"We are going to sing a song of thanks that she died in Christ," says the preacher, wearing a black suit in bold defiance of the searing midday sun. He consults a hymnal that has been translated into Lugandan, the Bagandans' native tongue. He leads almost 100 men, women and children in 'Jesus, I'm coming'.

Soon, it is Lucy Mugoda's turn to speak. Mugoda, one of Namuli's co-workers at the information center, wastes no time on platitudes of prayers. She has a message: HIV holds no respect for tradition; it seeks simply to perpetuate itself through any means possible.

Namuli died, Mugoda says, not because she was promiscuous or willfully engaged in risky behavior, but because she accepted her traditional obligations as "heir to an auntie".

"Let her death serve as an example that not all old traditions are good," Mugoda says.

"This tradition is death."

USA TODAY
NO. 1 IN THE USA . . . FIRST IN DAILY READERS

Stories by Steve Sternberg
Photos by Jym Wilson - USA TODAY

**Monday,** May 24, 1999

# JOURNEY TO THE EPICENTER OF AIDS

## USA TODAY tracks a killer through four African countries

**Face of Despair:** Fourteen-year-old Jack Phiri's mother died of tuberculosis in 1996; his father also is dead, probably from AIDS. Jack says he has lived on the streets since 1997. When asked whether he would like to have a family when he is grown, he says, 'I don't know if I'll live that long.'


- Epidemic will explode 'like an atom bomb,' 1D
- Children, orphans in a pitiful struggle, 6-7D
- Deadly practices are difficult to stop, 2,8D

**One of 11.5 million:** Justine Namuli's coffin is carried from her village home to the family cemetery in Nsanvu, Uganda. AIDS killed Namuli, 27, and her mother, aunt and husband.

COVER STORY

# Time bomb ticks south of Sahara

## U.S. urged to confront reality: 20% could die

By Steve Sternberg
USA TODAY

**Vigil:** Thandeka Mbanjwa, 23, keeps watch over her HIV-positive infant daughter in Grey's Hospital in Pietermaritzburg.

**Caring hands:** Mark Ottenweller examines Ruth Mokoena's month-old son, Tomas, at an AIDS counseling session in Soweto.

**More Coverage:**

- **How traditional practices of work and culture are spreading AIDS, 2D**
- **A full page of maps and graphics on nations at the epicenter of AIDS, 6D**
- **The journey continues in Zimbabwe, Zambia and Uganda, 7D and 8D**

SOWETO, South Africa - When the AIDS virus detonates in this black township of 3 million in a decade or so, the disease will wipe out about 600,000 souls - almost six times as many people as the atomic bombs killed in Hiroshima and Nagasaki.

But unlike a nuclear blast or world war, the AIDS crisis is an explosion in slow motion, a creeping chain reaction with no end in sight. There is no sound, no searing heat, no mushroom cloud, no buildings reduced to rubble. Just one mute death after another.

Sandra Thurman has come here -- to the country where AIDS is spreading faster than in any other on Earth – to break that silence.

Director of President Clinton's Office of National AIDS Policy, Thurman hopes to bring home to the American people and to Clinton the immensity of the crisis in South Africa and the other countries south of the Sahara that form the epicenter of AIDS.

To this end, Thurman and a small team of U.S. officials recently traveled through South Africa and three other countries at the heart of Africa's AIDS epidemic: Zambia, Zimbabwe and Uganda. A USA TODAY reporter and photographer accompanied them to document the Ravages of what is now the No.1 cause of death in Africa.

In all, 11.5 million people have died in sub-Saharan Africa since the epidemic emerged in the early 1980s, and 22.5 million now living with the virus are expected to die in the next 10 years, according to UNAIDS, the United Nations' AIDS agency.

Staggering as the numbers are, Thurman believes that the sub-Saharan epidemic has been met with indifference by Americans and, to some extent, by their government, which spends $74 million a year on AIDS programs in the region. In contrast, Congress this month voted to spend $1.1 billion to assist roughly 750,000 Kosovo refugees.

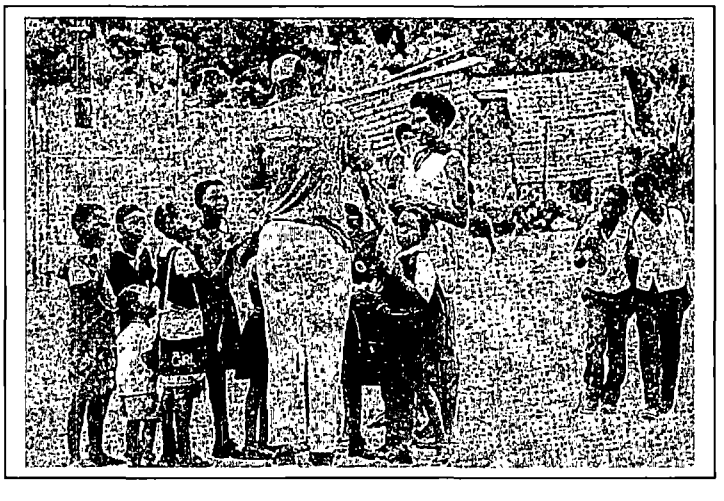
"When you're looking at whole generations of adults and children in jeopardy - we ought to be able to hold hands and sing Kumbaya around that," Thurman says. "We can't do anything if we can't do this."

Photos by Jym Wilson
USA TODAY

Please see SOUTH AFRICA on 7D->

# "HIV is going to hit this place like an atom bomb"

--Mark Ottenweller Hope Worldwide



**Offering a world of hope:** Mark Ottenweller, top photo, lives in Johannesburg and serves as medical director of Hope Worldwide, the relief arm of the International Church of Christ. Here he's shown on the streets of Kliptown, discussing AIDS prevention and distributing condoms in this shantytown in the Soweto district. Above, Hope Worldwide worker Peter Sebotsar discusses the health problem with children in Kliptown.

# **South Africa:** Dying infants crush spirit at hospital in hills

**Continued from 1D**

To gauge the social and political costs of AIDS here, Thurman visited cities and shantytowns, orphanages and hospitals, taking in scenes from an epidemic.

One of Thurman's first stops was at the Javabu clinic, headquarters of the Soweto Project - an effort to unite medical care, social support and AIDS prevention.

The project is the brainchild of Mark Ottenweller, 10 years ago a prosperous internist in a leafy suburb of Atlanta. Today, at 47, he works in Johannesburg as a medical director of Hope Worldwide, the relief arm of the International Church of Christ.

The clinic is housed in a small cluster of brick buildings on a broad lawn, bordered by brilliant splashes of jacaranda and bougainvillea. To its beneficiaries, it's a lifeline.

Mary Mudzingwa, 35, mother of Chipo, 9, and Gift, 5, credits the Soweto for helping her adapt to life with HIV. "I lost my job. I lost a place to stay. Now I stay with friends, but there's no toilet, no water. Maybe that's why my 9-year-old is always sick." She says that one of the most difficult things about having the virus is the way it changes how people respond to you.

"Some people, I told them I am HIV-positive. They were afraid. I said, 'Don't be afraid. We look like other people.'

Many of the people Mudzingwa was preaching to probably are infected themselves, though they don't know it. Ninety-five percent of HIV carriers in sub-Saharan Africa have not been tested because tests are in short supply and many people deny they are at risk. Consider the men Ottenweller comes across a few days later, on an AIDS-prevention foray into the shantytown of Klipstown, near Soweto. They grow silent as Ottenweller approaches.

"I'm Dr. Mark," he says, half in Zulu, half in English. "How many of you guys wear condoms?" Quizzical smiles bloom on embarrassed faces. Half the men raise their hands; half seem indifferent.

"I never use a condom," one man says defiantly. "I stick to one partner." "But does she stick to you?" the doctor asks. "Come see me at the clinic when you get sick." "Ten years from now, one-fifth of these people will be dead," Ottenweller says later. "HIV is going to hit this place like an atom bomb."

Tests of women in prenatal clinics, a group believed to reflect the infection rate in the general population, show that at least one of every five people in South Africa, Zimbabwe, Zambia and Botswana is infected with the AIDS virus. That means those nations stand to lose at least one-fifth of their populations, a death toll that rivals the Black Plague in medieval Europe.

In some places, the infection rates are much higher. In South Africa, between 1991 and 1997, the infection rate on average soared from 2% to almost 18%. And in South Africa's most populous province, KwaZulu-Natal, the rate has reached 37%.

Alan Paton, in the classic 1948 novel Cry, the Beloved Country, described the province's rolling green hills as "lovely beyond any singing of it." Those lovely jade hills outside Pietermaritzburg are still there. But there also stands a massive brick building that is overflowing with human misery beyond any lamenting of it. The building is a hospital known as Edendale. During apartheid, it was for blacks only. That soon will change, as part of a massive South African health reform program under way.

For now, the battered wooden benches lined up in corridors and the large anterooms in the hospital's wards are packed with black people. Some are waiting to deliver babies - 8,000 are born here each year, although there is just one obstetrician on the staff.

On average, 20 children are admitted to Edendale each day. More than 60% are infected with the AIDS virus, says pediatrician Johnny Ahrens, and they often are brought in by their grandmothers or aunts because their mothers have died. The nurses in the pediatric HIV ward, once accustomed to returning children to health, now are so overwhelmed with dying infants that they are on the brink of cynicism.

Many nurses, Ahrens says, are beginning to think: "If there's nothing you can do to help, why bother? It's just one more dying child." Ahrens himself is furious because he thinks the government should have done something, anything, to stop HIV before it took hold. "We all knew that HIV was going to hit South Africa. It was coming down through Africa like a red tide. People were trying to warn us. But nothing ever happened."

# Baby's touch pushed policy chief to front-line fight

WASHINGTON -- Unlikely as it may seem, cuddling an abandoned, HIV-positive baby in Atlanta's Grady Memorial Hospital almost two decades ago set Sandra Thurman on the road to the White House.

Thurman, 46, is director of President Clinton's Office of National AIDS. But as someone raised in the maelstrom of Southern politics, she initially set quite a different course for herself. Her father was a businessman, her mother one of Atlanta's first female lawyers - the late, liberal chairwoman of Georgia's Democratic Party. Thurman learned politics from the rough-and-tumble members of the state legislature.

To achieve her goal of helping people, however, she took a more hands-on approach, studying counseling at Mercer University's Atlanta campus and working with imprisoned youthful offenders. After caring for her dying father at home, she took a course in hospice care and became a hospice volunteer. Then, at the suggestion of a friend, Thurman agreed to visit an HIV-positive baby at Grady Memorial. "It was a life-altering experience," she says.

"To go to a hospital like Grady and care for a child who was clearly dying and had been abandoned really helped me understand what abandonment meant. Not only for this child, but for adults who had HIV and were abandoned by their families because they were gay or for any other reason."

In 1988, Thurman decided to plunge full time into the battle against AIDS. She applied for a job running a nonprofit agency called AID Atlanta, which provided a safety net for thousands of AIDS sufferers. Five years later, seeking a new challenge, she accepted a post as director of child advocacy for the Carter Center Task Force for Child Survival.

**Field Study:** Marc Opollo shows tests to Sandra Thurman, the Director of U.S. AIDS Policy, at Uganda's AIDS Information Clinic.

But the respite from AIDS was temporary. Her work on Clinton's 1992 and 1996 campaigns earned Thurman her 1997 appointment as Clinton's AIDS czar.

Officially the nation's No. 1 AIDS fighter, she must contend with a minimal budget, few paid staffers and responsibility for coordinating the government's extensive but fragmented AIDS programs.

The task, Thurman says, was made tougher by sparring over budgets, turf and approaches to public health. In her view, this was only one reason why the U.S. government has moved slowly on AIDS. Another was a lack of leadership. "By the time an American president mentioned the word AIDS, there were 30,000 dead," she says. Acting on the same impulse that drew her to social work, Thurman decided to use her pulpit to attack AIDS worldwide. Her first priority: African children. "Children can't speak for themselves," she says. "They are the least of the least in this epidemic, and they are getting hit the hardest."

The global AIDS epidemic will have such a profound impact on families that Thurman believes it will become a bipartisan issue. The challenge, she says, is getting Congress to fund an aggressive prevention effort. That's why Thurman organized a trip to four African countries in February and a second, shorter trip with a congressional delegation in March. "If we can get Republicans and Democrats to agree on anything, we should be able to get them to agree on . . . caring for families, children and orphans," she says.

## Sandra Thurman

**Job:** Director, White House Office of National AIDS Policy; since 1997

**Age:** 46

**Education:** Bachelor's Degree, Mercer University

**Personal:** Divorced, no children

**Career:** Director, child advocacy programs, at Atlanta's Carter Center; 1993-96; executive director AID Atlanta, a community-based AIDS prevention group, 1989-93.

**Next challenge:** This summer's North Carolina to Washington, D.C. AIDS bicycle ride

# Sex, separation help HIV hitch ride with migrant workers in S. Africa

MTUBATUBA, South Africa - Gugu Zulu, 22, lives in a world of women, children and old men. The young men, desperate for work, have disappeared into the steamy depths of South Africa's mines. Gugu Zulu's 25-year-old boyfriend is one of 600 young men from this district in the heart of Zulu country who work about 400 miles away, near Johannesburg, in the Carletonville gold mine. They are the muscle and blood driving South Africa's century-old migrant labor system -- one of the more stubbornly persistent fuels spreading the brush fire of AIDS throughout southern Africa. Though Gugu Zulu would like to marry and have a family, she has a tough time envisioning the future with a man who returns home for visits that total just eight days a year.

All told, nearly 500,000 women share her plight, studies show. At least 88,000 South African men and 300,000 men from neighboring Botswana, Zimbabwe, Namibia, Mozambique, Lesotho and Swaziland are migrant workers in South Africa's mines and other industries. Many of the men live in barracks-style, single-sex hostels, often crammed beyond capacity.

After work, many men drop into taverns and hook up with willing women, many of whom are prostitutes infected with HIV. An estimated 400 prostitutes work in Carletonville, lured by the gold miners' wages.

Many of the miners regard HIV as a distant risk, a viewpoint perhaps understandable because their jobs pose an even bigger risk. The average gold miner stands a 1-in-40 chance of getting crushed by a mine shaft cave-in, according to a study by the South African government. Given that risk, HIV may seem like a minor concern. But the disease is spreading faster here than anywhere else in the world.

**Left at home:** Gugu Zulu and her boyfriend, who works 400 miles away, are participating in a study tracking infection in migrant workers.

The AIDS virus has infected one in 16 South Africans, an estimated 2.9 million people, says UNAIDS, the United Nations' AIDS program. More than 700,000 people were infected in 1997 alone, UNAIDS says. Tests of pregnant women indicate that the KwaZulu-Natal province, with a high population of migrant workers, has the heaviest concentration of HIV infections in South Africa. "It doesn't take a rocket scientist to figure out that if you want to create a sexually transmitted epidemic, you would find as many young, rural men as you could, move them into an urban area, house them in single-sex hostels and give them easy access to commercial sex and alcohol," says Mark Lurie of the Johns Hopkins University School of Public Health in Baltimore. And if you want to spread the disease to rural districts, he says, you would send the men home again.

Migrant laborers first were employed throughout sub-Saharan Africa by colonists seeking to extract the region's mineral riches from mines near predominantly white cities.

South Africa formalized this trend by creating a nationwide system of pass laws. The government offered African workers passes that permitted them to travel between their homes and mines but barred them from settling down with their families near the white-dominated cities where they worked.

Under this system, men typically worked in the cities, leaving their wives in rural areas. If they got too sick to work, they were fired and forced to return home.

Paradoxically, the relaxation of South African pass laws in the mid-1980s appears to have accelerated the spread of HIV by eliminating travel restrictions, researchers say. Studies in eastern Africa have shown that truckers, their mechanics and the assistants who traveled with them along the Trans-Africa Highway helped to spread HIV throughout that region. Studies conducted between 1989 and 1992 found the highest infection rate, 30%, among people living near trading centers along the highway. A survey of bus and truck drivers in Cameroon found that 68% of the drivers had extramarital sex during their last trip, and 25% had sex every night they were away, according to a report by the nonprofit public health group Family Health International. The average trip lasts 14 days.

Lurie, backed by the Wellcome Trust in London, plans to dissect the links between labor migration and HIV in the heart of South Africa's Zulu region. Although his study is just getting under way, Lurie says the evidence already suggests that men aren't the only ones who are helping to spread HIV. The evidence comes from a study of men who migrate to work and their home-bound sex partners. Of the first 31 couples enrolled in this study, Lurie has found, 11 couples are discordant, meaning that just one partner is HIV-positive. In six of those couples, the male is positive, indicating that the men brought HIV home.

But there are five couples in which the woman is positive and the man is negative, Lurie says. This suggests that prolonged separation prompts women to seek out other sexual partners. When Gugu Zulu questions her boyfriend about life in Carletonville, he concedes that he sometimes takes other lovers. "I'm a man," he tells her. But he insists that his other liaisons are simply a tonic to his daily ordeal of danger, fatigue and loneliness. Although she says she doesn't like this situation, there's not much Gugu Zulu can do. She says she has been tempted to sleep with other partners, increasing her risk. Neither her boyfriend nor other potential partners will use condoms, she says. "If they won't use condoms with me, they won't use condoms with anyone else," she says. "Can you tell someone has HIV by looking at them?"

**In limbo:** Annet Nakalema, above, holds daughter Rebecca Mamuyiga, 2, while waiting to be seen at the TASO: Mulago clinic in Kampala, Uganda. Justine Sanyu, 21, left, has come to the clinic for three years. Below, women from small Ugandan villages learn about a small-loan program for them and orphans.

## Women powerless to protest

The vast majority of women in sub-Saharan Africa can't say no to sex or ask their husbands to use condoms. A woman who does so risks being thrown out, losing her only means of support. That situation leaves African women extremely vulnerable to AIDS. Ugandan health official Henry Ddungu created a stir when he joked that prostitutes are better off than married women because prostitutes can insist on condoms. "Using condoms in Masaka villages is taboo. That is why they are perishing faster than urban dwellers," he said.

# Victims lost in battle over drug patents

JOHANNESBURG, South Africa - For two years, the United States and South Africa have been locked in an unpublicized trade war. At stake is access to expensive AIDS drugs, which are as out of reach for most HIV sufferers here as ingots of South African gold.

At the heart of the conflict is a broader problem: the chronic shortage of drugs in poor countries. Although drugs are a simple, potentially low-cost remedy for such developing-nation ills as sleeping sickness, dysentery and tuberculosis, they often are priced beyond the means of most people who need them. The latest additions to the list are HIV drugs, the quest of desperate patients throughout sub-Saharan Africa.

Two years ago, the South African Parliament took what drug companies and the U.S. government consider radical action: It passed legislation, signed into law by President Nelson Mandela, that allows local firms to make, market and sell generic versions of drugs patented by multinational drug companies. The drug companies then would be paid royalties set by the government. The plan provoked a swift rebuke from the United States, which leapt into the fray on behalf of drug companies. The companies contend that South Africa's action strikes at the heart of free-market capitalism and the patent system. If countries are permitted to make generic versions of drugs before the patents expire, their argument goes, companies will lose their incentive to develop lifesaving drugs. "Paying those prices isn't just a problem for poor people; it's a problem for the middle class,"

South African Health Minister Nkosazana Zuma says. "Even I, on my salary, couldn't afford triple-drug therapy" for HIV.

That the most powerful country in the world would spar with the most promising emerging democracy in Africa over access to AIDS drugs illuminates the daunting variety of challenges that the HIV pandemic presents worldwide. It also shows how fiercely drug companies will fight to protect profits from anti-HIV drugs, a rich market with sales totaling roughly $3 billion a year.

Jeff Truit of the pharmaceutical trade group Pharma says the South African government has refused to negotiate directly with drug companies, which have offered South Africa concessions on most drug prices. Instead, Truit says, the country is mounting "a brazen assault on patent protection, the lifeblood of our industry." But Zuma and many of the world's public health officials regard HIV as an international emergency that should rise above patents.

"Pharmaceutical companies should be sensitive to public health issues," Zuma says. "No one wants them to go under. We're not quarreling with their profits at all. If they would make these drugs available in the Third World, they can make up their losses on volume."

At the crux of the dispute is the South African Medicines Act, which legislators amended in 1997 to permit local manufacturers to make generic versions of AIDS drugs. Within months, the South African pharmaceutical trade group, backed by at least 40 drug companies, challenged the constitutionality of the amendments in court. That put the law on hold until a court decides.

Meanwhile, the United States has tried a variety of tactics to get South Africa to withdraw or amend the 1997 law.

U.S. Trade Representative Charlene Barshevsky has argued that the 1997 amendments are so broad that they could be applied to other medicines. In an effort to apply more pressure, she denied South Africa tariff relief on certain exports to the USA.

"There has been subtle and not so subtle international pressure on the South African government in regard to this legislation," South African diplomat Peter Goosen told the World Health Organization's executive board in January. "While we remain open to persuasion by rational arguments, our commitment to the principles that underpin our legislation is unwavering." Truit says the South African government's stand threatens the development of medicines. The average drug costs $300 million to $500 million to develop. One company, which Truit declined to name, spent approximately $1 billion to create a single anti-HIV drug, he says.

But those drugs are unavailable to 95% of the world's HIV sufferers, meaning all the money and effort involved in developing drugs for HIV serves just 5% of the people who need them.

# Virus makes families pay twice

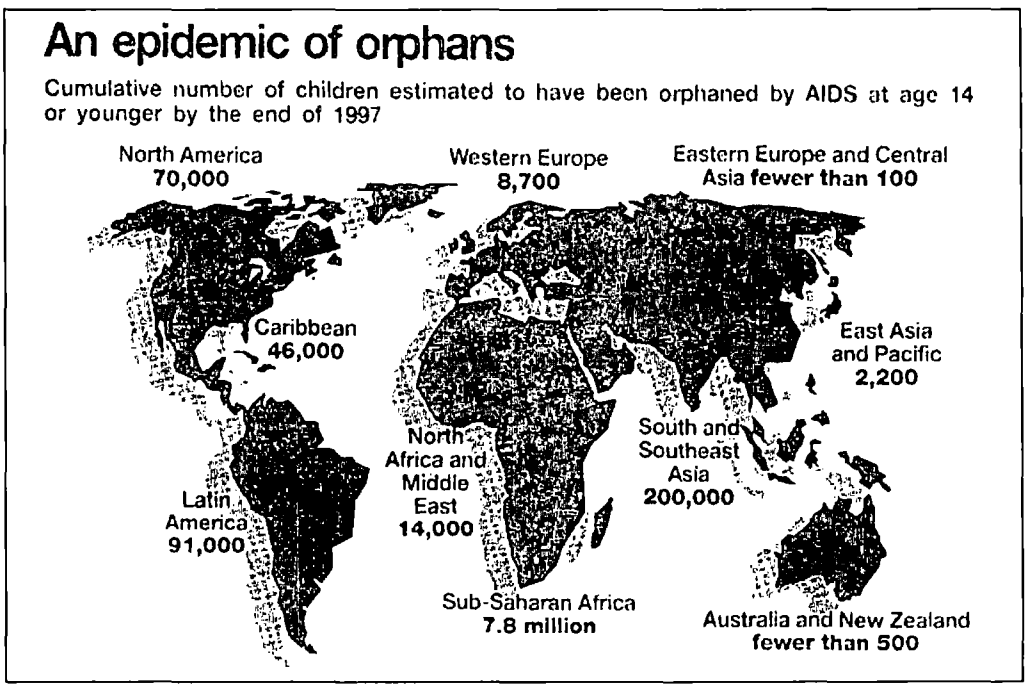
## Even if they Avoid HIV, 40 million kids will lose parents

by Steve Sternberg
USA TODAY

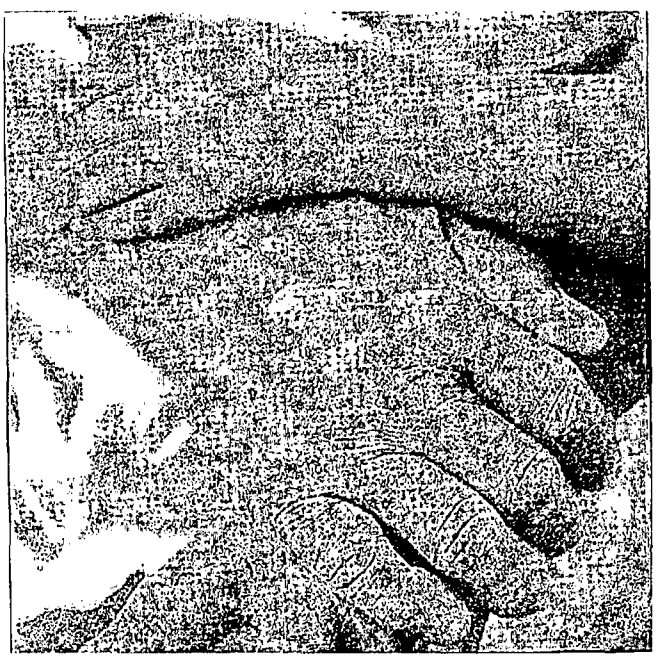
Children, even if they never get HIV themselves, are poised to become helpless victims of the virus's march through sub-Saharan Africa. Over the next decade, the deaths of millions of parents will leave tens of millions of orphans to fend for themselves on the streets and in the countryside. Few families will escape.

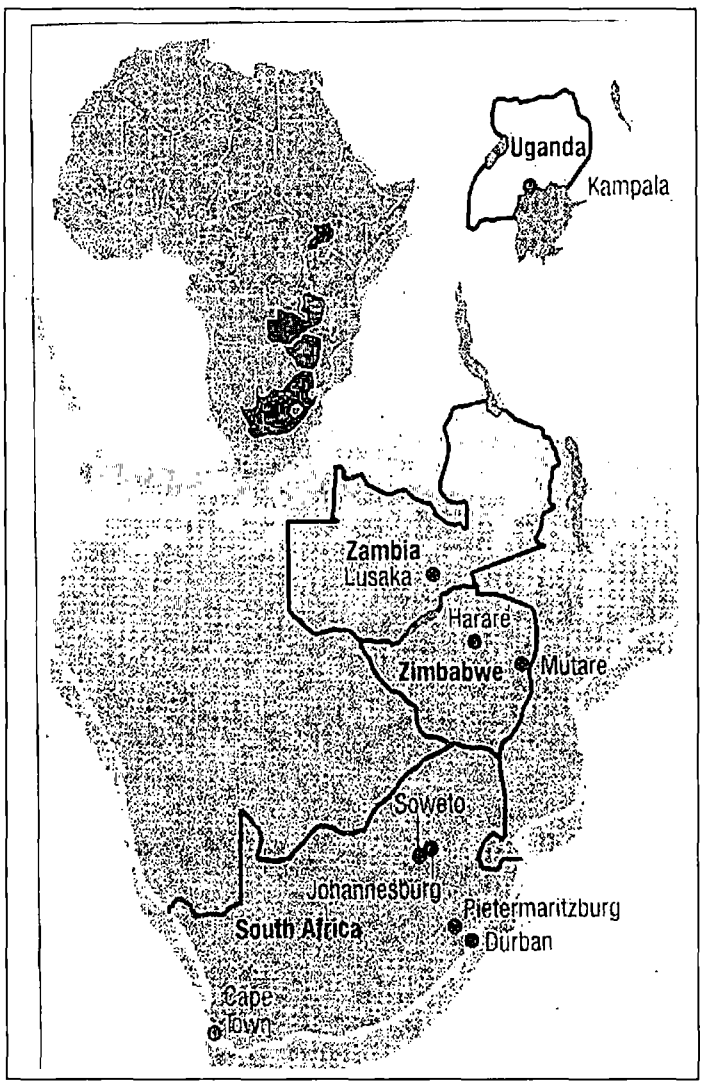
One-fourth of the children in sub-Saharan Africa live in a family in which an adult is HIV-positive and in need of medical care, according to UNAIDS, the United Nations' AIDS organization.

"Children are the first to know a parent is sick. Often, parents won't admit it to themselves, much less to anyone else," says John Williamson, the author of a landmark study, Children on the Brink, and a consultant to the U.S. Agency for International Development (USAID). In sub-Saharan Africa, 40% of children are stunted by malnutrition. A parent's HIV infection puts the child in even greater jeopardy. As soon as a parent becomes ill, a child's school attendance drops because parents can't afford school fees, books and uniforms, or they need the child's labor to help feed the family and pay medical bills.




No one knows how many "child-headed" households are in Africa, though the clues are deeply disheartening. For example, studies show that in the Rakai district of Uganda, the heart of Africa's AIDS epidemic, 4% of the households are headed by children. And the AIDS epidemic in sub-Saharan Africa is just gathering steam. In nine countries, 20% to 33% of children will be orphaned over the next decade as the death toll climbs. All told, UNAIDS expects 40 million children to be orphaned in coming years, a population equivalent to all the children living in the USA east of the Mississippi. Says Williamson: "We haven't seen anything yet."






## South Africa

**Population:** 49.2 million
**Literacy:** 82%
**Ethnicity:** 75% black, 14% white, 9% mixed, 2% Asian/Indian
**Official languages:** English, Afrikaans, Ndebele, Pedi, Sotho, Swazi, Tonga, Twswana, Venda, Xhosa, Zulu

AIDS cases since 1981
420,000

AIDS deaths
360,000

**HIV infection rates:** Range from 7% in Cape Town and the East Cape to 37% in the province of KwaZulu-Natal

| | |
|---|---|
| AIDS deaths, 2010 | 4.4 million |
| People living with HIV | 2.9 million |
| Children who have lost parents to HIV, 1998 | 180,000 |
| Children who will lose parents to HIV by 2010 | 1.2 million |


**Left behind:** In Soweto township, Johanna Qhayiso, 40, left, with daughter Prudence, 23, lost her husband to AIDS-related tuberculosis.

# Death toll

Over the next decade, deaths from HIV in sub-Saharan Africa are expected to surpass the deaths of combatants in all the major wars of the 20th century.

| Major wars of the 20th century | | AIDS in sub-Saharan Africa | |
|---|---|---|---|
| World War I | **9.2 million** | Dead | **11.5 million** |
| World War II | **20.0 million** | Living with HIV | |
| Korean War | **1.5 million** | who will die | |
| Vietnam War | **2.1 million** | within the | |
| Gulf War | **100,000** | next 10 years | **22.5 million** |
| **Total** | **32.9 million** | **Total** | **34 million[1]** |

1 – if no one else gets infected

# How you can help the children

**Many international and local relief groups are involved in helping people with AIDS and preventing its further spread in Africa.**

**There is no central group, but UNICEF , the United Nation's Children's Fund, has agreed to act as a clearinghouse for donations. To help, write to:**

**The U.S. Committee for UNICEF**
**333 E. 38th Street**
**New York, N.Y. 10016**
**(Please write "For AIDS in Africa" on the check)**

**Or call 800-367-5437**

Source: Global Health Council

USA TODAY

## Uganda

**Population:** 19 million
**Literacy:** More than 62%
**Ethnicity:** Tribes include Baganda, Acholi, Langi
**Official language:** English, Luganda and Swahili also common
**HIV infection rate:** declined from 31% to 15%

AIDS cases since 1981: **1.9 million**
AIDS deaths: **590,000**

| | |
|---|---|
| AIDS deaths, 2010 | 6.3 million |
| People living with HIV | 930,000 |
| Children who have lost parents to HIV, 1998 | 1,100,000 |
| Children who will lose parents to HIV by 2010 | NA |

Photos by Jym Wilson, USA TODAY

**In the clinics:** Shamim Nakiganda, 1 ½ above, at the TASO: Mulago clinic in Kampala. Her mother in HIV-positive, and her father died of AIDS. Left, Anne Byamukama injects voulnteer Stanley Kabule during testing of an AIDS vaccine at the Joint Clinical Research Center in Kampala.

## Zambia

**Population:** 9 million
**Literacy:** 78.5%
**Ethnicity:** More than 70 tribes
**Official language:** English with 70 local dialects
**HIV infection rate:** Roughly 20%

AIDS cases since 1981: **630,000**
AIDS deaths: **590,000**

| | |
|---|---|
| AIDS deaths, 2010 | 1.2 million |
| People living with HIV | 770,000 |
| Children who have lost parents to HIV, 1998 | 500,000 |
| Children who will lose parents to HIV by 2010 | 1,013,000 |

**Song of Hope:** Christina Chisala, 11, sings and dances at The Fountain of Hope school in Lusaka. She is a member of the music and drama group at the school for street children

**Brother's Keeper:** Cloud Tinet, 12, left, and brother Willard, 15, are outcasts in Mutare. The boys are orphans, and Willard is the head of the household.

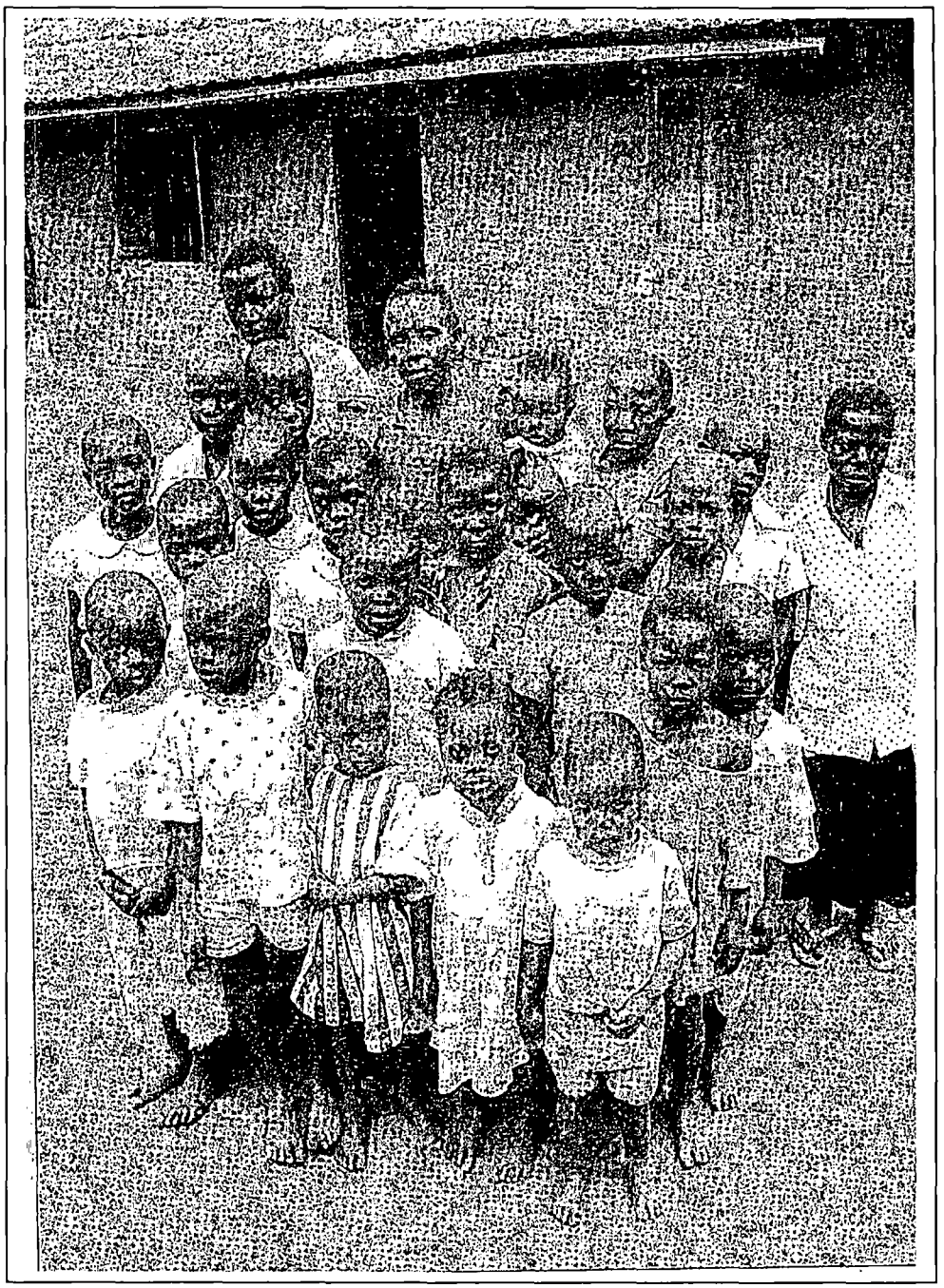
## Zimbabwe

**Population:** 12 million
**Literacy:** 85%
**Ethnicity:** 77% Shona, 14% Ndebele, 9% other
**Official language:** English, two dialects
**HIV infection rates:** 35% urban, 20% rural

AIDS cases since 1981: **650,000**
AIDS deaths: **590,000**

| | |
|---|---|
| AIDS deaths, 2010 | 4.5 million |
| People living with HIV | 1.5 million |
| Children who have lost parents to HIV, 1998 | 787,349 |
| Children who will lose parents to HIV by 2010 | 1,531,751 |

Source: UNAIDS, World Health Organization, US Department of State



## AIDS orphans

Bernadette Nakayima, 70, stands with 21 of the 34 grandchildren she cares for outside a village in Uganda. All the children's parents died from AIDS-related illnesses. Rovina Ndagire, 65, left, holds her 1-year-old grandson, John, one of 11 orphaned grandchildren in her care.

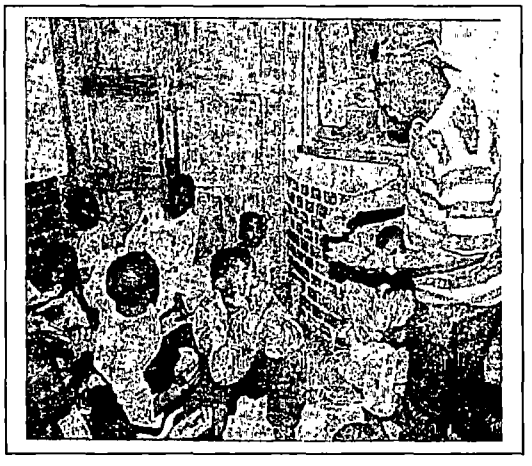
# **Zambia:** The cradle of Africa's orphan crisis

LUSAKA, Zambia - Fountain of Hope resembles nothing so much as a refugee camp for children. And it is nearly that for 1,500 of the 128,000 orphans who live on the streets of this lush capital, with its broad boulevards and spreading trees.

This informal day school in a shabby recreation center downtown was the first stop outside South Africa for Sandra Thurman, the White House's top AIDS official, on a recent fact-finding mission to see the AIDS crisis in Africa. Each morning, the youngest victims of AIDS, ranging in age from 3 to 15, straggle in from the streets. They don't come for the books or the playground or the toys. There aren't any. And there's nothing distinctive about the rec center, built of unadorned concrete. They come because it's better to be here than in the lonely streets, where food is scarce and companionship often involves sex with an older child. Here, volunteers teach reading, arithmetic and music. And there's food -though only every other day.

Zambia once was one of the richest countries in sub-Saharan Africa. It supplied copper for the bullets the United States used during the Vietnam War. Now this country of 11.5 million is one of the poorest - and bears the distinction of having one of Africa's largest orphan populations. In 1990, Zambia had roughly 20,000 orphans. By next year, says UNAIDS, the United Nations' AIDS organization, there will be 500,000. "The numbers of orphans are increasing by the day," Zambian President Frederick Chiluba tells Thurman. "Street kids are everywhere, and we don't have the funding to care for them."

And they're not just concentrated in the cities. For example, the shantytowns called St. Anthony's and Mulenga's compounds, in Kitwe near the Congolese border 150 miles from Lusaka, have huge numbers of orphans – about 20% of each town's 10,000 residents. Eventually, many orphans find their way here to Lusaka. In 1996, when the Fountain of Hope school started, there were 50 children, outreach coordinator Goodson Mamutende says. Just three years later, 30 times that many attend classes in two shifts. Fountain of Hope staffers estimate that half the children have been abandoned; the other half have lost parents to HIV. And with 700 HIV-related deaths each week in Lusaka alone -- a number so large it has caused weekend traffic jams and day-long waits in the cemeteries - the number of orphans and abandoned children continues to multiply.



**Temporary measures:** Rogers Mwewa passes out food to street kids in Lusaka, the Zambian capital.

Dirty-faced, wearing the cast-off clothes that are their only possessions, the children eagerly cluster around a makeshift blackboard to learn arithmetic and the alphabet. They learn to sing in unison, acting out the songs enthusiastically. "Fight child labor with an AK-47," they shout, thrusting their arms as if they were firing guns. Nicholas Mwila, 23, who has written the words for many of their songs, is the art director. "I take them as they are, the way I find them," he says. "I want them to dress as they do on the street. I don't encourage them to take a bath."

These "gutter kids," Mwila says, project a message to Thurman and the visiting foreigners: "The problem is real." After school, when they return to the streets, the children beg, steal and, in many cases, sell sexual favors for food.

At night, they sleep in culverts along a thoroughfare called Cairo Road.

Most prized, especially in winter, are the culverts across from a gas station. On cold nights, volunteers say, the children fight the chill by getting high on gasoline fumes or on methane inhaled from bottled, fermented excrement.

Jack Phiri, 14, traveled 150 miles to Lusaka from Ndola, in the copper belt, where statistics show that 46% of young pregnant women are infected with HIV. Jack says his mother died in 1996 of tuberculosis – the leading killer of people with AIDS in Africa. He says he doesn't know what killed his father; staffers at Fountain of Hope are convinced the culprit was HIV.

Fiddling with the ragged edges of his cut-off jeans, Jack says he has lived on the streets since 1997. His brother has been taken in by relatives and has vanished from Jack's life. The "auntie" who took Jack refused to feed him and made him sleep outside her hut. So he stowed away aboard a train and ended up here. The other kids in the street told him about Fountain of Hope. "I like being here because I can go to the school," he says.

"And they give you food." Asked whether he remembers what it's like to have a family, Jack's eyes flood with tears. "He cries very easily," Fountain of Hope staffer Rogers Mwewa says. "He hasn't developed the survival skills of most of the other kids."

When he grows up, will he have a big family? "I don't know if I'll live that long," Jack says. Jack spends most of his nights sleeping near fast-food restaurants on Cairo Road. After dark, children clog the sidewalks, chasing anyone who might be persuaded to part with money for food.

One night recently, staffers from Fountain of Hope and an official from the Dutch Embassy dug into their pockets for money to feed 78 starving children. Buoyed by the prospect of a meal, the children waited patiently on the sidewalk while an older child counted them. Tomorrow night, they knew, they might not be so lucky.

# **Zimbabwe:** Outcast children forced into early manhood

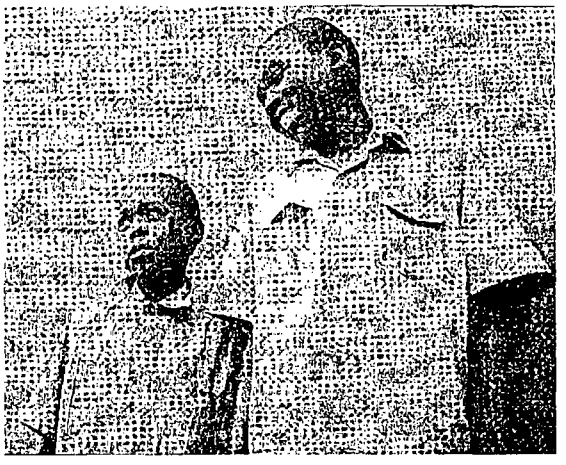
MUTARE, Zimbabwe - At 15, Willard Tinet is the man of his house, single-handedly caring for brothers Joseph, 14, and Cloud, 12. The boys' mother died of AIDS, but Willard doesn't know when. "She died a long time ago," he says sadly. The boys' father disappeared after his wife became ill. An older sister married and moved in with her husband's family, abandoning her brothers. A community volunteer, Maris Kazewbe, believes that the boys have been living alone since 1994.

But the Tinet children are luckier than some orphaned by AIDS; they have a place to lay their heads. Thousands of others live on the streets. For Willard, today is special because he is receiving an eminent guest in his home: Sandra Thurman, the White House's top AIDS official. It is Thurman's third stop on her mission to four sub-Saharan countries devastated by AIDS.

Clad in rags, Willard sits cross-legged on the floor of the family's tiny, boxlike concrete home. It is on the outskirts of Mutare, in the mountainous western highlands that border Mozambique.

The walls of the one-room cell are pale green, now chipped and stained. There are a few sticks of furniture and a filthy, mirrored armoire, a relic of happier times. Willard seems quiet, almost unaccustomed to speech. But at times the personality of an ordinary 15-year-old penetrates the awkwardness and silence. "How do you eat?" asks Thurman, sitting next to Willard on the concrete floor. "I prepare the meals," Willard answers through United Methodist Bishop Christopher Jokomo, whose grandfatherly appearance seems to reassure the boy.

Willard says he and his brothers grow some vegetables in the community garden. If all fails, they go to bed hungry. They also get weekly visits from Maris Kazewbe and Elizabeth Chihota, volunteers from the Family AIDS Caring Trust (FACT) site at the St. Augustine mission in Mutare. "Sometimes I am here late in the day and there's nothing, no food," says Kazewbe, who then goes out and gets the boys something to eat. St. Augustine, one of the parishes over which Jokomo presides, is one of five FACT sites. All told, 137 FACT volunteers care for 4,000 orphans, from infants through 15-year-olds.



**Pariahs:** Willard Tinet, right, and his brother Cloud. They will remain shunned until their mother's family members collect her belongings.

In this country of 12 million people, where one of every three sexually active adults is believed to be infected by HIV, the problem is certain to grow. UNAIDS, the United Nations' AIDS organization, estimates that one-third of the children here will lose one or both parents during the next decade. "Everybody in Zimbabwe has lost someone, either from their immediate or their extended family," says Shadreck Kagora, a pastor and coordinator of Families, Orphans and Children Under Stress, an offshoot of FACT.

Today, Kagora says, most of the nation's nearly 600,000 orphans live with grandparents or other relatives. But family circumstances and cultural barriers strand many orphans in a nether world of hunger, loneliness and neglect. For instance, Willard and his brothers are prisoners of their mothers' belongings, gathered in a small wicker basket suspended from the ceiling. When the boys' mother became ill, relatives from Mozambique came to get her, Chihota explains. "They took her to Mozambique to get well," she says.
"They didn't believe she had AIDS."

When the boys' mother died, her family failed to come back, collect her belongings and divvy them up among relatives, as Shona tribal custom dictates they should. Until they do, the boys will remain pariahs, shunned by those who would otherwise care for them. Relatives on their father's side of the family, for example, won't enter the until that ritual is completed, to avoid offending the Ngozi, or avenging spirits.

"Instead, the children suffer," Jokomo says. As Chihota tells the story, Cloud bursts into the house. He stops short at the door, startled to see visitors. He barely speaks; he never smiles. When his apprehension wanes, Cloud's face becomes a mask of emotional desolation. Willard, when asked what he would like to be when he grows up, answers promptly, "A pilot."

Cloud sits on a chair, alone in a room full of people, saying nothing. He seems unable even to contemplate his future. Gently prodded by Jokomo, he mutters: "I don't know." "That little brother there," says Chihota, out of earshot, "what a lot of sadness in his face. Lord, have mercy."

# **Uganda:** Deadly traditions persist amid progress, vaccine test

By Steve Sternberg
USA TODAY

KAMPALA, Uganda - Tom Kityo, the tall, animated manager of the AIDS Service Organization, stands before a map of his country, gesturing to one area after another, railing about the traditions that spread HIV. "Here," Kityo says, "the groom's father can have sex with the bride, and that's accepted. Here, other clan members may have sex with someone's wife, and no one says anything." Kityo blames these and other cultural practices for much of Uganda's AIDS problem. It's a situation that, while showing great improvement, still is marking this country with tragic consequences.

A year ago, U.S. officials estimated that 10% of Uganda's 20 million people are HIV-positive - with 67,000 of those infected younger than 15. Nearly 2 million people have died nationwide since what some call "slim disease" emerged here in 1982, leaving thousands of orphans. Government statistics suggest that 600,000 children have lost one parent - and that 250,000 have lost both parents - to AIDS. "We are fighting a lot of complex problems," Kityo says. "There are wars, cultural beliefs, a gender imbalance - these are very difficult things to change." But change is under way in Uganda, which has done more than almost any other country in the world to slow the spread of HIV.

The evidence lies no farther away than a palm-shaded hilltop above the crush of populous Kampala, inside a sprawling white stucco compound enclosed by a tall white wall. Once it was part of the palace of the Bagandan king, now a largely ceremonial figure whose domain straddles the equator and borders the legendary source of the Nile. Today it serves a vastly different purpose. Known as the Joint Clinical Research Center, it is the site of the first HIV vaccine trial in Africa.

On Feb. 8, a nurse guided the first hypodermic into a volunteer's arm -- the first of 40 in the trial. The man, whose name was withheld to protect his privacy, isn't just anybody.

He is a medical orderly on the staff of Ugandan President Yoweri Museveni, the most outspoken of the world's leaders on the threat posed by HIV. Museveni's AIDS awakening came in 1986. Soon after he seized power from dictator Milton Obote, Museveni got a call from Cuban military authorities who were training Ugandan troops. They told him that 25% of the men had HIV. For Museveni, fresh from a civil war, the news was alarming. An army hobbled by disease can't fight, and Museveni had yet to consolidate his power.

By the end of 1986, he had established the nation's first AIDS Control Program. Museveni also issued an international call for help from AIDS researchers and public health organizations. And he declared his intention that Uganda play a key role in any African AIDS vaccine trials. Five years ago, Museveni's prevention efforts began to pay off. Behavior surveys showed that Ugandans were reporting fewer casual sex partners, more frequent condom use and longer delays before young people became sexually active.

More recent studies of pregnant women demonstrate that infection rates have begun to drop. In Kampala, the infection rate among 15- to 19-year-old women fell to 8% in 1997 from 26% in 1992. But traditional practices still exact a steep toll. Indeed, they cost Justine Namuli her life.

Today, in a small family graveyard in a village two hours from Kampala, she will be laid to rest. Hillary Rodham Clinton met Namuli, then 25, two years ago while visiting Uganda. During the visit, Clinton planted a tree to commemorate the opening of the AIDS Information Center's headquarters. There, Elizabeth Marum, a former director of the information and HIV testing center, introduced Namuli to Clinton and Ugandan first lady Janet Museveni. "Justine was so beautiful," Marum says. "And so excited to meet Mrs. Clinton." Clinton and Museveni listened as Namuli told her life story. In Bagandan tradition, Namuli said, she was "heir to her aunt," meaning she was to take her aunt's place if anything happened to her.

When her aunt died of tuberculosis, Namuli was forced to drop out of school, marry her uncle and care for his children. She was 16. At the time, she didn't know that her aunt

**Last respects:** After the funeral, remaining friends and family attend the burial of Justine Namuli. Namuli unwittingly passed HIV to one of her sons, Moses, 5, left, or Isaac, 7.

was infected with HIV or that her uncle was infected, too. Eventually, Namuli's husband died, but not before he infected her. She, in turn, unwittingly infected one of her two sons.

Namuli quickly sought an HIV test at the information center. Learning that she was infected, she joined the Post-Test Club, a support group that emphasizes safe sex, good nutrition and "living positively." And she joined the Philly Lutaya Initiative, an AIDS education and prevention program named for a local rock star who acknowledged publicly he was HIV-positive - the Magic Johnson of Uganda. Like others in the group, Namuli spoke out about HIV and how to guard against infection. "Imagine what this girl has gone through," Marum says. "Her mother died of AIDS. Her aunt died of AIDS. Her husband died of AIDS, and for 10 years she lived with the knowledge that she was HIV-positive."

About a dozen information center staffers and volunteers pile into two four-wheel-drive vehicles for the two-hour drive to Namuli's funeral. The little caravan drives down the truck route, the TransAfrica Highway, connecting Mombasa, Kenya, and Kinshasa, in the Democratic Republic of the Congo. The highway, which runs across southern Uganda, has spread AIDS here, too: The truckers carried HIV from one end of the road to the other, stopping regularly for paid sex with women who needed the money to feed themselves or their families. The women infected their boyfriends and husbands, who infected their wives and girlfriends.

Today, the villages along this road are outposts in an AIDS wasteland, almost entirely by grandparents and children. The middle generation lies in village graveyards.

One grandmother, Benedete Nakayima , 70, says she has lost 11 of her 12 children to HIV - six daughters and five sons. She now cares for 35 grandchildren with the help of her surviving daughter. At the Namuli funeral, Marum reads a letter from the U.S. first lady, wishing Namuli a speedy recovery.

Sandra Thurman, the Clinton administration's top AIDS official, who is visiting here in her last stop in a tour of four sub-Saharan countries assaulted by AIDS, was to have delivered the letter to Namuli's bedside at Mulago Hospital on Feb. 7. She was too late.

Namuli died of pneumonia two days earlier - because Mulago Hospital lacked a working oxygen compressor that might have helped her through her respiratory crisis. Her two sons, Moses, 5, and Isaac, 7, have joined the ranks of Uganda's orphans.

"We are going to sing a song of thanks that she died in Christ," says the preacher, wearing a black suit in bold defiance of the searing midday sun. He consults a hymnal that has been translated into Lugandan, the Bagandans' native tongue. He leads almost 100 men, women and children in 'Jesus, I'm coming'.

Soon, it is Lucy Mugoda's turn to speak. Mugoda, one of Namuli's co-workers at the information center, wastes no time on platitudes of prayers. She has a message: HIV holds no respect for tradition; it seeks simply to perpetuate itself through any means possible.

Namuli died, Mugoda says, not because she was promiscuous or willfully engaged in risky behavior, but because she accepted her traditional obligations as "heir to an auntie".

"Let her death serve as an example that not all old traditions are good," Mugoda says.

"This tradition is death."

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

**FACSIMILE TRANSMITTAL SHEET**

| TO: | FROM: |
|---|---|
| **Rob Cogorno** | Michael Iskowitz |
| COMPANY: | DATE: |
| US Congressional Delegation | December 10, 1999 |
| FAX NUMBER: | TOTAL NO. OF PAGES INCLUDING COVER: |
| 011-27-280-1314 | 2 |
| PHONE NUMBER: | |
| RE: | |

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

NOTES/COMMENTS:

**Rob – Attached please find the information needed to make the announcement. If you need anything else, please do not hesitate to call me at (202) 253-9035 or page Sandy through White House Signal at (202) 757-5000.**

**Thanks, and let us know how it goes.**

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

# MEMORANDUM

To: Rob Cogorno
From: Sandy Thurman
Michael Iskowitz
Date: December 11, 1999
Re: **AIDS Funding for South Africa**

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We have gotten clearance for the Codel to announce the FY2000 US funding for AIDS in South Africa. Here is the relevant information.

South Africa AIDS Funding:

- **FY1999 = $2 million**
- **FY2000 = $9.3 million as a result of the LIFE Initiative**
  ("more than $9 million" is what they would like you to say given that it could still change by $1-200,000 either way)

As you know, the LIFE Initiative provides for a $100 million increase in global AIDS funding (mostly to Africa but some to India) in FY2000 as follows:

- $65 million USAID (FY1999 = $125 million; FY2000 = $190 million)
- $35 million CDC (FY1999 = $0: FY2000 = $35 million)

The LIFE Initiative is targeted to four essential activities:

- prevention (including prevention of mother-to-child transmission);
- basic care and treatment;
- support for children orphaned by AIDS; and
- capacity and infrastructure development.

While this is a vitally important first step, UNAIDS projects that it will cost $1 billion for to stem the rising tide of HIV infection, and another $1 billion to provide basic care and treatment for those already sick, in Africa alone. Currently, all donors and host governments are spending $350 million in Africa on prevention, and spending on care is virtually non-existent.

It would be great if the Codel was willing to say that the US response needs to be "sustained and strengthened" to begin to keep pace with a pandemic that is out of control.

Between James McIntyre (doc at Baragwanath) and Ken Yamashita (health officer at USAID), they should be able to talk about what the money will do and how much remains to be done.

The Washington Post

THURSDAY, NOVEMBER 25, 1999

**GIVING LESS** | *The Decline in Foreign Aid*

# Generosity Shrinks in an Age of Prosperity

*First of two articles*
*By* KAREN DEYOUNG
*Washington Post Staff Writer*

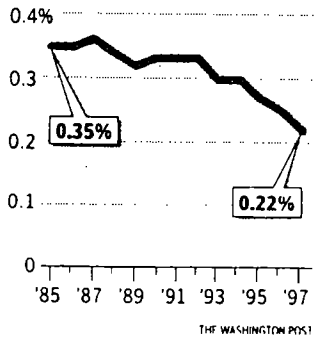
While America has enjoyed one of its most prosperous decades ever in the 1990s, it also has set a record for stinginess. For as long as people have kept track, never has the United States given a smaller share of its money to the world's poorest.

Although the size of its economy makes America a major foreign aid donor—and Americans as individuals are generous givers to domestic and foreign emergencies—the country is the most parsimonious in the world when its charity is measured as a fraction of available riches. In 1997, the U.S. government spent about $7 billion on traditional, nonmilitary foreign aid, or less than one-tenth of 1 percent of the $8.1 trillion gross national product. That was the lowest percentage of any donor country and less than half the proportion that America spent just 10 years earlier.

But the United States is far from the only country giving less; declining generosity has become a worldwide trend. Overall international foreign assistance has fallen sharply since the end of the Cold War, dropping 21 percent in inflation-adjusted terms between 1992 and 1997.

The reasons for the decline are not hard to find. Critics have long said that foreign assistance was wasted by bloated aid agencies pouring money into the pockets of corrupt Third World governments. When the Soviet Union collapsed, Western powers no longer felt the need to purchase the Cold War loyalty of such governments. With a less threatening world beyond their borders, donor nations came under pressure to attend to problems at home.

**Aid by all major donor countries**
As percentage of their gross national product




"All they want is to give the taxpayers' money away to foreign countries and be damned what happens at home," Rep. Harold Rogers (R-Ky.) said in a floor speech this month as Congress slashed President Clinton's foreign aid budget request.

The shrinking amount of aid has imposed a rigid new calculus on where the assistance goes. Major natural disasters and strategically important trouble-spots—Turkish earthquakes, Balkan wars and Middle East peace agreements—have continued to attract international largess, particularly when television cameras are on hand to broadcast the need and document the good deeds.

The principal loser in this equation has been Africa, where the impact of declining funds and shifting priorities is felt in increasingly scarce resources to combat hunger, homelessness and disease.

The United Nations aid agencies, which depend on voluntary contributions from member nations, are the primary dispensers of assistance to Africa. This year, donors have provided less than three-fifths of the $800 million U.N. request for emergencies in sub-Saharan Africa. The U.N. target—slightly more than half of Fairfax County's annual school budget—had already been reduced by nearly a third from last year after donors complained it was too high.

In September, the U.N.'s World Food Program announced it would curtail its feeding program for nearly 2 million refugees in Sierra Leone, Liberia and Guinea after receiving less than 20 percent of requested funding. An emergency appeal during the summer to feed and shelter at least 600,000 Angolans who had been displaced in that country's long-standing civil war—a number nearly equal to Kosovo's refugees of last spring—brought minimal initial response and predictions of mass starvation.

In Africa's Great Lakes region of Congo, Burundi and Rwanda, where overlapping wars have been raging for years, nearly 4 million people are crowded into refugee camps or hiding in the hills far from roads and towns. Nearly all farmers or herders, they are without land and livestock, and in many cases without access to health services or other humanitarian assistance. This year, the United Nations estimated it would need $278 million to take care of them. By late October, only 45 percent of that amount had been donated.

Africa also has been largely bypassed by the mushrooming flows of private investment funds that have offset the decline in foreign aid in other regions, such as East Asia and Latin America, where investors have seen better potential returns.

Africa's problems seem an old story, with disasters declared with dulling regularity, victims located far from anyone's strategic ken or camera range, savage wars and governments that rob their own people. Because things seem to have gotten worse, rather than better, critics of foreign aid tend to view money sent to Africa as wasted on a lost cause.

But to the proponents and practitioners of foreign aid, this depressing logic condemns the world's most needy to falling ever further behind precisely because they have been unable to get ahead.

It is, said Mark Malloch Brown, director of the United Nations Development Program (UNDP), "a very Darwinian situation."

## Demoralizing Decade

The 1990s have been a demoralizing decade for the professional aid community—those in government, multinational and private agencies who determine where funds are needed and how they should be spent, lobby donors to come up with the money and deliver the aid to the field.

Not only was overall funding down, but the largest aid undertakings were notorious failures. In Somalia, a combined military-humanitarian intervention collapsed in lethal firefights and recrimination. In Bosnia, programs to feed the victims of atrocities became a grotesque smoke screen to conceal the lack of political will to stop the killings. In the case of Rwanda, the international community ended up feeding and supplying the very perpetrators of genocide.

The aid agencies got much of the blame. If they couldn't succeed in places like Somalia and Rwanda, where the money was

flowing freely, why give them more? After Rwanda, said Francisco Hochschild, special assistant to U.N. Humanitarian Coordinator Sergio Vieira de Mello, "budgets started shrinking."

But then, Hochschild said, "Kosovo turned up to save everybody."

If the selection of those deserving of foreign assistance is Darwinian, then the people of Kosovo are among the world's fittest. The survival and safe return of 730,000 Kosovo Albanians was "one of the most spectacular reverse population movements in contemporary history," U.N. High Commissioner for Refugees Sadako Ogata said last summer.

But in fundamental ways, Kosovo confirmed the worst fears of aid officials, that they have become active participants in a process that concentrates assistance on the most strategically located and widely televised crises, often at the expense of the most needy.

The hundreds of millions of dollars spent on Kosovo refugees and the crush of aid agencies eager to spend it "was almost an obscenity," said Randolph Kent, who worked with the United Nations in the Balkans until last summer, when he became the coordinator of U.N. aid programs for Somalia. Some aid workers called the Kosovo Albanians "the Pampers refugees" in an exaggerated reference to material comforts unavailable to Africans.

The need in Kosovo was undeniably large and urgent. But many aid officials acknowledged that a large part of their eagerness came from "the CNN effect"—the symbiotic relationship among donor governments, foreign aid agencies and television. The aid agencies know they are in a business that must justify its existence in ways that those supplying the money can see and approve. Television coverage both reflects and promotes high-level donor interest, so aid agencies' activities tend to follow the cameras.

CARE USA, one of the world's largest and most successful nongovernmental aid organizations, receives both private funding and contracts from government agencies such as the U.S. Agency for International Development (AID). With the rush of aid agencies to Kosovo, senior CARE officials discussed taking a pass lest they undermine their other long-established development programs in Latin America, South Asia and Africa.

The idea was quickly discarded, however. CARE concluded it must have a presence in Kosovo, or be downgraded in the eyes of donors watching to see their contributions in action, and deciding where to put their money in the future.

"Donors—both private and government—expected us to be there," said CARE USA President Peter Bell. President Clinton held a meeting with the leading agencies to emphasize his own enthusiasm for aid to Kosovo.

"The response to Kosovo would have happened without CARE," said a dismayed CARE official. "But in a place like Sudan, where the need is desperate, it wouldn't happen without us." As with many other agencies, CARE workers from Peru, Bangladesh and Kenya, among other places, were pulled off assignments and sent to Kosovo. In Tanzania, British government funding for an approved CARE development program was suddenly unavailable, the official said.

"Did we need to be in Kosovo?" asked Mario Ochoa, executive vice president of the Maryland-based Adventist Development and Relief Agency (ADRA), which operates relief projects out of its own donations and under contract with donor governments. "We asked ourselves that question" and answered affirmatively.

The public, he said, finds it difficult to distinguish among the seemingly endless crises in Africa, or to sustain interest in the absence of television coverage. Like the government and multinational aid agencies, private organizations such as ADRA have little difficulty funding programs for well-publicized emergencies. But the public's response to appeals for Africa, Ochoa said, is "not going very well. . . . If I were to go now and make an emergency appeal for, say, Rwanda, for $500,000 for food, I'd probably get about seventy or eighty thousand" in contributions.

"What Kosovo highlighted" for both government and private donors, said the U.N.'s Hochschild, "was that some . . . were happy to [pay to] set up camps at huge expense, with soldiers, in front of the TV cameras. That's what they're not willing to do in Angola and in Central Africa," where the media rarely ventures.

But donors who contributed heavily for Kosovo now have less left for other regions. "Kosovo doesn't mean we're going to get less for Africa" this year, said Thomas H. Fox, AID's assistant administrator for policy. "But it might prevent our being able to make a successful case for more" in the future.

"What you're looking at is not a bottomless pot of gold, but a very limited amount of money available throughout the world for crisis. If it happens to be somewhere in Europe, everybody else is out of luck," said Neville Pradham, a Geneva-based appeals coordinator for ACT, the private emergency aid agency supported by Protestant churches worldwide. The response of churches and their parishioners to ACT appeals for Africa, he said, has been disappointing.

Many Africans believe the disparity in aid has deeper roots than the strategic imperatives of donor nations and the news judgment of the media.

During a U.N. Security Council meeting with more than a dozen representatives of African countries in September, speaker after African speaker implied or charged outright that racism played a major role in the level of aid to the continent and the decreased willingness of the West to become involved in helping Africa settle its conflicts.

A citizen of Congo was no less deserving than someone from Kosovo or East Timor, said Andre Mwamba Kapanga, the representative of the Democratic Republic of the Congo. "The color of his skin," he said, "does not make him a substandard being."

Nigerian representative Ibrahim Gambari called on the Security Council to compare the world's response to the Kosovo crisis—where he said the international community spent $1.50 per day per refugee—to the response to conflicts in Sierra Leone and Rwanda, where he said the daily expenditure per refugee was 11 cents.

## Clinton Plugs Aid

In a speech in August to the Veterans of Foreign Wars, President Clinton included a brief plug for increased U.S. foreign aid to Africa.

"These efforts don't make a lot of headlines. I'll bet most of you don't know much about them," Clinton told the veterans. "That's good, because the point is to avoid headlines . . . about famine and refugee crisis and genocide, and to replace them, instead, with stories of partnership and shared prosperity. These are the stories we can write now . . . if Congress will invest only a tiny portion of what we spend on defense on avoiding war in the first place."

Clinton's point was one that aid scholars and practitioners make repeatedly—that giving foreign aid now is cheaper, both in moral and monetary terms, than what might be necessary if Africa's "basket cases" are allowed to fester. But it is an argument that makes little headway in Congress, where there is widespread doubt about whether foreign aid really works.

"The United Nations has declared that 70 countries—aid recipients all—are now poorer than they were in 1980," responded aid critic Doug Bandow of the libertarian Cato Institute. "An incredible 43 were worse off than in 1970. Chaos, slaughter, poverty and ruin stalked Third World states, irrespective of how much foreign assistance they received." Except for Haiti, all of the 13 foreign aid failures he cited—Somalia, Sierra Leone, Liberia, Angola, Chad, Burundi, Rwanda, Uganda, Zaire, Mozambique, Ethiopia and Sudan—were in sub-Saharan Africa.

AID and U.N. officials reply that, with the exception of Haiti and Somalia, both scenes of expensive military interventions as well as aid, the amount of assistance received by these countries pales beside that bestowed elsewhere—to Egypt, Israel, India, Pakistan, Indonesia and the Philippines, among others now considered aid success stories. And according to AID statistics, it is thanks in large part to foreign aid that world literacy rose by nearly 50 percent in the last third of this century, infant mortality was halved, life expectancy tripled and 71 more nations have become "free or partly free."

But the skepticism of Bandow and others is strengthened by severely troubled situations like the one in Central Africa. At least two, and sometimes three, wars are simultaneously being fought in the region, ethnic strife has led to the slaughter of thousands of people including numerous aid workers, and the parties seem impervious to pleas to stop.

Even where there is peace in Africa, corruption often siphons off both domestic and foreign resources at staggering levels. According to the World Bank, nearly 40 percent of Africa's aggregate wealth has

fled to foreign bank accounts. Of the 20 countries most highly indebted to the U.S. government, 15 are in sub-Saharan Africa.

In an appeal for funds this fall, U.N. Secretary General Kofi Annan acknowledged that there sometimes seems little promise that aid to Africa will accomplish much. "There are, in short, places where the widely held view of Africa as a region in perpetual crisis is not just an image, but an all-too-grim and painful reality," he said.

"But there are also places, more than is commonly recognized, where we are witnessing dramatic changes for the better," he added. While problems persist in Sierra Leone, Sudan, Somalia and elsewhere, he said, the international community must "seize this moment" to engage with those parts of a society prepared to turn a corner.

Donors give up too easily on Africa, said Hochschild. "I can see the despair, the sense of futility in any of these cases," he said. "But in other parts of the world, where [people] are better informed, like the Middle East, there is a recognition that peace can be difficult, that it needs a long and very consistent engagement."

## Agencies Regroup

As funding continues to fall, alarmed aid organizations have slimmed down their staffs and their ambitions. They have also begun to rethink the foreign aid business in search of innovative ways to solicit money and more intelligent ways to spend it.

"For me, the issue is do you . . . go back and shake the tin cup, or try to develop a new strategy, new sources of funding, a new rationale for funding and new services," said the UNDP's Brown. "The development community has had to scramble to develop a corporate discipline and a culture that were absent during the Cold War years when money was shoveled in."

Among Brown's innovations is NetAid, an effort to "remake the giving model" by building a new foreign aid constituency, especially among young people and women. A new Web site launched last month uses snappy language and stories of Third Worlders in need. Initial returns since the October launch have been disappointing, however.

"We've got to take an extra big step if we're going to save this business," said Brown.

Others have advocated small steps in the field, away from the massive development projects of the past and direct support for inept governments and toward micro-loans, health projects administered by local villagers and education programs for small business entrepreneurs.

AID, the U.S. government development agency, is looking for ways to take advantage of new data indicating that Americans are far more supportive of foreign aid than the aid-averse Congress thinks they are, but are wildly misinformed about how much the government spends. Although the figure is currently less than 1 percent of GNP, most respondents in opinion polls guess it is about 15 percent, and suggest 5 percent would be about right.

Aid leaders such as Brown, World Bank President James D. Wolfensohn and James H. Michel, the outgoing chair of the development committee of the Organization for Economic Cooperation and Development, have all called on donor nations to help look for new strategies to reverse the trends and reject what Wolfensohn, too, has called the "Darwinian theory of development whereby we discard the unfit by the wayside."

The donor governments have said they share the concern, and have pledged to do something about it. Pressure has mounted within the G-7 group of the world's leading industrialized nations for Third World debt forgiveness. Britain, Canada and Germany have made substantive moves in that direction, although Clinton's proposal to do the same in next year's budget was rejected by Congress.

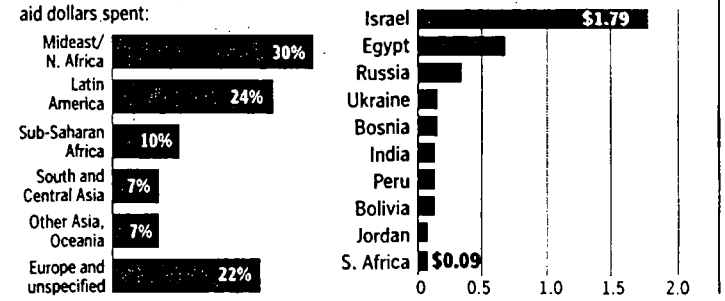
Several years ago, the OECD, which groups 21 of the world's richest countries, set a goal of cutting in half the world's poverty by 2015. To back up the pledge, members agreed in 1996 to raise their individual annual aid expenditures to at least seven-tenths of 1 percent of GNP—a commitment later made by the G-7 as well.

By last year, however, the same four countries that consistently score at the top of the proportional generosity scale—Denmark, Norway, the Netherlands and Sweden—remained the only ones to meet the OECD individual funding target. Fifteen of the 21 OECD donors, including all G-7 members but France, weren't even halfway there. Five gave less than the year before.

## Where Aid Comes From, Where It Goes

UNITED STATES

*The Middle East receives the single largest chunk of U.S. foreign aid, more than the combined amount for Asia and sub-Saharan Africa.*

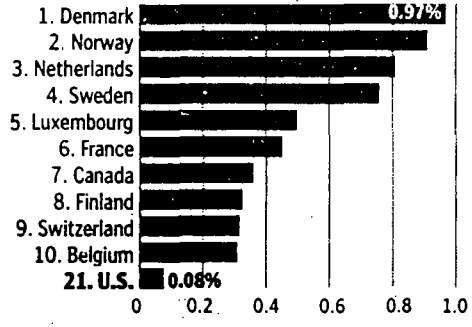



SOURCE: Organization for Economic Cooperation and Development

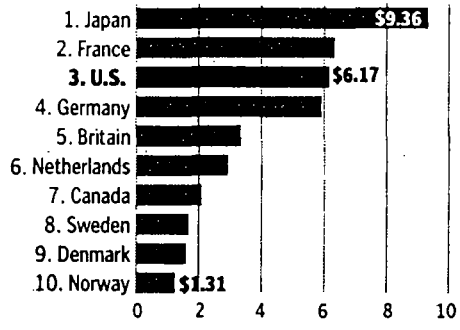
**WORLD**

*The United States gives less foreign aid than any of the other industrialized nations, proportionate to the size of its economy, though that size makes it one of the world's largest donors.*

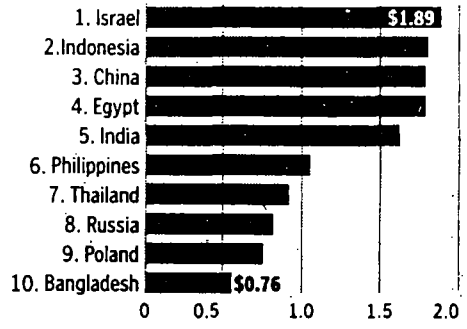
**Aid by top donor countries, as percentage of their gross national product in 1997:**




**Aid by top donor countries in 1997**
In billions of dollars




**Top recipient countries in 1997**
In billions of dollars




THE WASHINGTON POST

The Washington Post

FRIDAY, NOVEMBER 26, 1999

**GIVING LESS** | *The Decline in Foreign Aid*

# World Donors Ignore Signs of Promise in Sliver of Africa

*Second of two articles*

*By* KAREN DEYOUNG
*Washington Post Staff Writer*

HARGEYSA, Somaliland—Perched atop the Horn of Africa, the farthest outpost in a forgotten place, Somaliland is trying to get the world's attention.

It has been nearly five years since civil war ended here and traditional clan leaders made good on their decision to declare independence from Somalia—the land to the south that has been synonymous this decade with wasted international aid, vicious warlords and dead American soldiers. Even as fighting in Somalia continues, peaceful Somaliland has a representative, functioning local government and an eager capitalist outlook.

Amid the dull brown rubble left by decades of war and neglect in this capital city are flashes of vitality as bright as the riotously colored scarves local women wrap themselves in. A downtown morning market thrives. A new restaurant, built by returning exiles, is surrounded by a carefully watered papaya grove. Microwave towers stretch above makeshift shacks, offering $1 a minute telephone calls to anywhere in the world.

In an earlier decade, Somaliland might have been welcomed as an up-by-its bootstraps place where Western governments were eager to provide money and expertise for the kind of help this arid land now needs most: for housing, for textbooks and medicine, and for training to harness its entrepreneurial energy for rebuilding. But today, both the funds and the will of First World development programs, international banks and multinational private investors are in short supply.

The plight of Somaliland, and

*See* AID, *A40, Col. 1*

BY KAREN DEYOUNG—THE WASHINGTON POST

**Money-changers in central Hargeysa accept dollars and other foreign currencies Somalis abroad have sent to their impoverished homeland.**

# Donors Ignore A Land of Hope

AID, *From A1*

the larger tragedy of Somalia, illustrate some of the realities of foreign aid in the post-Cold War world. Even as the amount of money the world's richest countries are prepared to spend on aid has dropped precipitously, an ever-smaller share has gone to the world's poorest. And as many of those poor countries—particularly in Africa—remain sunken in seemingly senseless internal wars like Somalia's, fatigued and exasperated donors have gradually lost interest in funding programs of the kind that might help Somaliland.

Among the world's largest donor countries—the members of the Organization for Economic Cooperation and Development—aid to Africa fell by 22 percent between 1990 and 1996, decreasing by 18 percent to sub-Saharan countries between 1994 and 1996 alone. Contributors to United Nations aid and development programs have provided slightly more than half of the $800 million requested this year for African countries suffering from "complex emergencies"—the term applied when war and failed institutions, often combined with a natural disaster, leave vast numbers of people homeless and starving. Specific programs for some particularly problematic areas, such as the Great Lakes region of Central Africa including the two Congos, Rwanda and Burundi, have fared even less well.

Steven G. Wisecarver, the Nairobi-based deputy regional director of the U.S. Agency for International Development (AID), said after a visit to Somaliland in September that he would try to pitch Washington a development program to help consolidate Somaliland's "fragile process during a very critical time."

"They have a stable environment that it's important to support," Wisecarver said. "We have the good will of the people there, and have to realize that the government has no resources. Peace is their outstanding achievement, but it's not going to last forever."

Asked later whether a proposed development program for Somaliland was likely to fly, a senior AID official in Washington laughed ruefully and said, "Not any time soon."

The aid-averse Republican Congress in recent years has kept a tight lid on foreign assistance. But the United States long ago began moving away from all but emergency relief except in a handful of strategically significant countries. Nowhere is that decline more noticeable than in Africa, and nowhere are the reasons for it clearer than in Somalia.

## Somalia Unique

In some ways, Somalia is unique among Africa's problem countries, the extreme example of how bad things can be.

Cobbled together as a country by departing European colonialists in 1960, embroiled in war with Ethiopia through much of the 1970s and '80s, and ruled by a military despot who was overthrown in 1991, it has been at war with itself ever since. Somalia has no national government, no central bank, no representation in international institutions, no embassies.

Last spring, the U.N. Security Council expressed alarm over Somalia, largely out of concern that it was becoming a haven for arms and drug smugglers, a base of terrorist operations for Osama bin Laden and others, and a surrogate battlefield for combatants in other African wars. It ordered Secretary General Kofi Annan to investigate.

The lengthy document Annan delivered in August described a place convulsed by waves of violence, where life has regressed into a fratavistic past in which "most children receive no health care . . . two generations have had no access to formal education," and life expectancy, at 43 years, is the lowest in the world.

"Virtually all the infrastructure of government—from buildings and communications facilities to furniture and office equipment—has been looted," Annan reported. "In most of the country, there are no police, judiciary or civil service. Communications . . . is nonexistent. Electricity is not available on a public basis . . . there is no postal service." At least a quarter-million Somalis live in refugee camps in neighboring countries.

In the southern two-thirds of the country, where the capital, Mogadishu, is located and nearly three-quarters of the population lives, little has changed since the departure in 1995 of UNOSOM, the multinational military force that for more than two years tried, and ultimately failed, to separate clan-based armies while it delivered food to their victims. Today, roving armed bands trade control over huge swaths of territory, answering to local warlords when they are paid, and resorting to banditry and kidnapping for ransom when they are not.

Although most aid agencies moved their Somali headquarters to neighboring Kenya after the departure of UNOSOM, aid programs continued. Twelve U.N. organizations with 170 foreign employees, the European Union, AID and its Danish equivalent, the Red Cross and Red Crescent and as many as 60 other non-governmental agencies such as CARE operate in Somalia, delivering food and medical care when security permits.

But as the situation has shown little improvement, money has become increasingly scarce. Continuing trends over the past several years, donors pledged this year to spend $70.1 million in Somalia, down from $95 million last year. The United Nations requested $64 million for emergency programs in fiscal 1999, but by late October only about 55 percent of the total had been funded by donor nations.

The United States, whose 1999 bilateral contribution was programmed at $22 million, initially responded to budget restraints this year by proposing to "zero out" Somalia as a hopeless case for all but emergency food relief in fiscal 2000. The European Union is at a similar crossroads in funding under the Lome Convention, its international aid and trade agreement with the developing world. The current 10-year convention was agreed to in 1990, when Somalia had a government. With negotiations underway for the next Lome agreement, there is no one in Mogadishu to talk to.

"We're an international organization, and we need at least a government," said Joao Duarte de Cavalho, the head of the European Commission's Nairobi-based Somalia Unit.

Yet even as the future seems bleakest, one player in the Somalia drama has stuck its head above the parapet and issued a challenge to itself and others. Rather than winding down, the United Nations has proposed more than doubling its efforts, with a fiscal 2000 appeal totaling $124 million.

Singling out Somalia as a test case for whether the world has learned anything about how to deal with collapsing states, the new U.N. appeal proposes abandoning, for the moment at least, the idea of reestablishing Somalia as a functioning entity. Instead, it hopes to rebuild pieces of it one by one, with small, targeted projects and a lot of cooperation from local people. When there are enough places where aid has been used to build local schools and health clinics, help plant crops and vaccinate livestock, when local economies and governmental institutions are in place, then the Somalis may want to talk about putting their country back together again.

## Market Whirlwind

Saturday morning market in downtown Hargeysa is a whirlwind of dust, confusion and commerce. Thousands of people—many returned from years in refugee camps in Ethiopia, others more recently arrived on the run from fighting in southern Somalia—jostle along unpaved streets lined with tables piled high with second-hand shoes and T-shirts. Rows of money-changers sit on upturned boxes behind stacks of Somaliland currency offered for the dollars, marks and pounds sent to relatives by Somalis living abroad.

Goats and donkey-pulled water carts scramble out of the way of trucks and Land Rovers, and even the odd automobile, careening around potholes and people. Horns are honking, children are shouting, people are smiling.

In a drab, bullet-pocked building above the cacophony, an unarmed policeman stretches his leg across a narrow stairway, trying to keep out a horde of petitioners seeking entry to city hall. Behind a heavy door at the top of the stairs sits a former political prisoner and refugee, Abdiraham Ismail Hussein, 51, the mayor of Hargeysa.

"It's not easy to understand the real situation in my town," says Hussein, his gold teeth winking. "If you came here five years ago, you would have seen 10 percent of the town standing and the rest destroyed. There were no institutions, no police, no municipality. Nothing. We started from scratch, from zero."

Nearly all of what Somaliland's people have achieved thus far has been accomplished without much foreign help. Some residents believe that has been "a sort of a blessing," said Mohamed Fadal, a Somalilander and researcher for the War Torn Societies Project, a foreign-funded program helping to build Somaliland institutions. "Aid corrupts. People fight over it."

But now, Somaliland fears its stability is endangered unless it can show citizens that peace offers tangible benefits.

"My resources are very small, says Hussein. "Water is short, sani-

tation is poor—there is no garbage collection. But people are coming by the thousands." A good portion of those on the streets, he says, are beggars from the refugee camps.

Many of the estimated 350,000 residents of this capital—out of a population estimated between 1 million and 2 million people—live in stick and trash-bag huts strewn across the vast emptiness surrounding the city. Hundreds are camped in the bombed-out shell of the palatial British state house, once the seat of colonial rule, or in shacks scattered through its long-untended gardens.

In the city's 13 schools—about one-third of Hargeysa's children attend—students are packed 85 to 100 to a class. Health care is minimal. An estimated $500 million in annual remittances from Somalilanders living abroad and sales of nomad-raised livestock to the Arabian peninsula are the only outside sources of money. Somaliland's flat, semi-desert expanses grow little food, and most must be imported. Former militia fighters roam the streets or sit in demobilization camps, waiting for the life they have been promised in exchange for their guns.

"We need to start building the administration, the courts of law . . . and what we used to call in the old days the nomadic police force—which used to keep the peace among the tribes of the area," Somaliland President Mohamed Egal said in an interview last spring with Africa News Service. If the former militia members "who we promised we would put in vocational training schools . . . are disappointed and feel they should go back to . . . living by the Kalashnikov, well, then all the things we have built up here will go down the drain.

The road to a peaceful, functioning society has not always been smooth.

The Ogaden war with Ethiopia left Somalia's northern and western borders lined with mines. After he lost the war, Somali President Mohamed Siad Barre took out his frustration here, killing thousands and mining the interior of the country. In 1991, when Barre was overthrown, Somalilanders started fighting with each other, following the pattern that continues in the south.

Although clan elders declared independence that year, civil war among Somaliland's three main clans lasted until 1995. That was when the elders decided to try to make peace stick in their would-be country. So far, they have succeeded, and militias in the rest of Somalia fight their own wars.

Somaliland still disputes a border with Puntland, a Somali region just to the east. People there resent Somaliland's claim of independence—even though the claim is recognized by no country in the world.

Work on a new constitution and legal code by the Somaliland parliament is behind schedule, as are promised elections. Egal is under sporadic fire from the remnant militia leadership and public opinion for suspected flirtation with foreign proponents of a quickly reunited Somalia, who tempt him with the possibility that he could lead it all.

On the plus side, Somaliland has a long coastline, a good port and a belief that oil lies under the sea. There is a lively daily newspaper that freely criticizes the government and everyone else. Local entrepreneurs, most of them returning exiles, have brought a frontier vitality, investing money saved abroad in things like the five microwave telephone systems in Hargeysa.

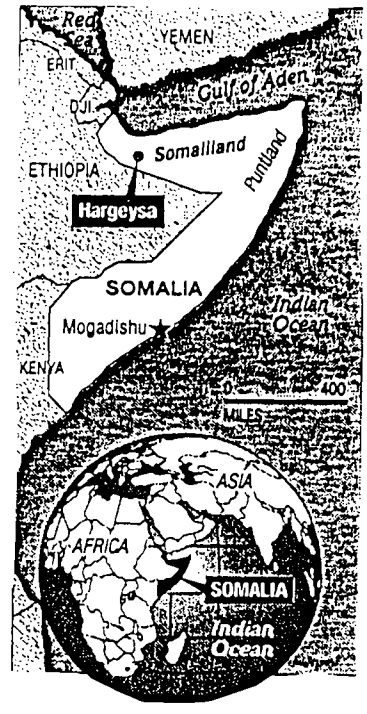
One of the entrepreneurs is Abdi Hakin Saeed, 38, who returned here with his family last year after 13 years in the United States.

"People really believe in this place," Saeed said. "I was at the point of deciding to stay in America for good, to become an American, buy a house, and be like everybody else."

Instead, Saeed and his wife, Deqa Arab Essa, 32, like him a U.S.-trained accountant whose family fled Somalia in the late 1980s, decided to come home and raise their American-born daughter in Somaliland. They have invested their savings in a furniture store and, on Hargeysa's main street, a "dollar store" selling U.S.-made sundries.

But the Saeeds, living in relative comfort behind heavy concrete walls, ask every day if they have made the right decision in returning to a place where their child cannot play outside and few have money to buy the goods they sell in their stores.

Little has been built here since the decades of war and much of what existed before lies in ruins. Mines blanket much of the countryside and roads and surround water sources, and unexploded bombs and grenades are scattered through virtually every town. Government regulation, taxation and banking systems are embryonic. Somalia was long ago written off by international lenders such as the World Bank or the IMF, and no foreign company wants to risk putting money in a place that appears on no international map.




Although there are small development projects and an incipient mine removal program funded through international or non-governmental organizations, no country has a bilateral aid relationship with Somaliland and U.N. programs are limited by the need to spend scarce resources on emergency programs in the south.

"We are very grateful for the crumbs we are given here," said Egal. But "nobody asks us what we need or how we want to be helped."

That is precisely what the United Nations is proposing that donors now do in Somaliland. Nearly $60 million of the U.N. 2000 request for Somalia is designated for economic and infrastructure development, much of it in the north, and reestablishing the refugee population.

But first, acknowledged David Stephen, the secretary general's representative for Somalia, "we have to convince them it's not money down the drain." Donors can continue to "write Somalia off," he said, "as long as it's a basket case."

**GIVING LESS** | *The Decline in Foreign Aid*

BY LUKAS DEYOUNG—THE WASHINGTON POST

Thousands of people, including these children in the Sheikh Nur resettlement area near Hargeysa, have returned to Somaliland, most of them from Ethiopia.

The Washington Post

# Trade Policy Keeps AIDS Drug Costs Too High for Africa

BY KARL VICK—THE WASHINGTON POST

Josphat Nyakundi cannot afford $17 a day for the drug fluconazole.

## African AIDS Victims Losers of a Drug War

### *U.S. Policy Keeps Prices Prohibitive*

By Karl Vick
*Washington Post Foreign Service*

NAIROBI—The body of Josphat Nyakundi features a concise history of the century's three great plagues and the world's responses to them.

Just below his left shoulder is the faint circle left by a smallpox inoculation. In the recesses of his memory lingers the taste of the sugar cube placed on his tongue with the drops that would protect him against polio.

And swimming in Nyakundi's spinal fluid—inflaming the lining of his brain, keeping him braced in his Nairobi hospital bed against the flashing pain that comes with the slightest movement—are rampaging cells of cryptococcal meningitis, an opportunistic infection that means he has AIDS.

But neither Nyakundi nor the other 22 million Africans infected with HIV, the virus that causes AIDS, can get the medicine they need. Medical advances that stalled the AIDS epidemic in the West are not reaching Africa largely because these countries and their citizens face a stark choice: buy drugs at their market price, far beyond the means of all but a few Africans, or risk trade sanctions by the United States for buying or developing generic drugs at lower prices.

Critics have accused U.S. trade policy of placing the profits of drug companies above public health, moving to block

See AIDS, A18, Col. 1

AIDS, *From A1*

poor countries from manufacturing the drugs themselves, despite international laws that permit countries to do so when facing a public health emergency.

Responding to this criticism, President Clinton, speaking to members of the World Trade Organization on Wednesday, announced that the government would show "flexibility" in granting countries the right on a case-by-case basis to obtain cheaper drugs during a health emergency.

But the government has yet to draw up the criteria for judging a country's claim, and it is not clear what impact the change may have. For now, even palliative treatments like fluconazole, which would give Nyakundi the strength to make his way home to die, remain out of reach.

"Developing countries say: 'You're asking us to comply with rules and regulations. These are our obligations. But what are our rights under globalization?' " said Joseph Saba, who headed the U.N. program testing advanced HIV treatments in Africa.

Access to drugs is more than a life-and-death issue on the continent that accounts for two-thirds of the world's HIV infections. With AIDS in Africa transmitted primarily through heterosexual sex, the disease already has hurt economic development. Some countries stand to lose a quarter of their populations to AIDS, which one observer noted "is wiping out the middle class as quickly as it's created."

In Nairobi, where an estimated 14 percent of the Kenyan capital's 3 million inhabitants are infected, the leading public hospital refuses to admit patients with AIDS-related meningitis unless they show up with the drug to treat it. The hospital has no supply of its own.

Clinton administration officials, in defense of the policy, have emphasized the importance of protecting patent rights in a pharmaceutical industry that invests heavily in research.

It costs about $500 million to bring a drug from idea to market, said Shannon S.S. Herzfeld, senior vice president of international affairs at Pharmaceutical Research and Manufacturers of America, a drug-industry trade group. "For every 15,000 compounds that you look at, three become medicines," said Herzfeld. "Of those three, one makes a profit."

But in the name of protecting patents overseas, he said, the drug companies may have pushed so hard that they risk looking like bullies.

BY KARL VICK—THE WASHINGTON POST

Josphat Nyakundi braces against the pain caused by cryptococcal meningitis, a common infection among African AIDS patients that is usually untreated.

Developing countries say they are only beginning to appreciate the public health consequences of joining the World Trade Organization, which many have done in the 1990s. Before joining the WTO, they could avoid the high retail prices charged by pharmaceutical companies, which historically have viewed their primary market as the Western nations where the price of drugs is typically covered by insurance.

If those prices were beyond the means of places like Africa, which accounts for just 1 percent of drug industry sales, poor countries were free to shop for generic equivalents sold for a fraction of the price by nations that did not observe international patent laws.

India, for example, makes a $2 version of fluconazole, the drug that the 42-year-old Nyakundi would take every day for his meningitis if his family could afford the $17 retail price charged by Pfizer Inc., which holds the patent.

But in joining the WTO, a country agrees to honor foreign patents and acknowledges it would face sanctions for dealing in generics produced before a patent expires. The thrust of the patent agreement, known by the acronym TRIPS, requires every country to pay full retail price. However, to countries facing a health emergency, the agreement held out a loophole: A desperate country could make (or commission) the drugs itself, provided it paid a negotiated royalty to the patent holder.

This do-it-yourself alternative, called "compulsory licensing," was intended as a lifeline. But in practice, any country reaching for it has been handcuffed by U.S. trade negotiators.

U.S. officials have explained that, although the United States signed the TRIPS agreement, they have regarded its provisions as a minimum standard, and the office of the U.S. Trade Representative has urged that countries follow a higher standard—payment of full licensing fees. In negotiations with individual countries, the trade representative can threaten the loss of U.S. trade if the nation goes forward with compulsory licensing.

The threat worked against Thailand last year: It dropped plans to produce the anti-AIDS drug ddI after U.S. officials threatened sanctions on key Thai exports.

And last year when South Africa, where one in 10 people is HIV positive, passed a law permitting the government to make drugs it deemed too expensive, U.S. Trade Representative Charlene Barshefsky reacted swiftly. At the urging of the U.S. pharmaceutical lobby, South Africa was placed on the "301 watch list," which is seen as a prelude to trade sanctions.

South Africa's case was buttressed when activists from the advocacy group ACT-UP began pushing the cause and found a target in the presidential campaign of Vice President Gore. After protesters repeatedly disrupted campaign appearances, Gore met privately with South African President Thabo Mbeki. On Sept. 17, the United States removed South Africa from the sanction watch list.

"My understanding is that any country can do what we said we're going to do," said Ian Roberts, an adviser to the South African health minister.

The U.S. policy has been attacked by humanitarian organizations, led by Doctors Without Borders, the Paris-based aid group that won the Nobel Peace Prize last month. Its campaign to broaden access to "essential medicines" recently gained a significant ally in the World Bank, which under President James D. Wolfensohn has put new emphasis on health care in the poor and emerging countries it is mandated to help.

Ok Pannenborg, the World Bank official who oversees health investments in Africa and the bank's purchase of up to $800 million a year in pharmaceuticals, said the drug-price structure "shows an increasing disconnect with the needs of the majority of the people in the world."

Calling the South Africa outcome "a symptom that times are changing," Pannenborg said the World Bank "is comfortable" with compulsory licensing and a second practice permitted under TRIPS, known as "parallel importing," or shopping abroad for the best retail price on patented drugs.

By supporting cheaper alternatives, Pannenborg said the pharmaceutical industry might be nudged toward a "tiered pricing" arrangement in which the West would pay one price for a drug, and developing countries another.

"I believe with all my heart that a way can be found to make money through numbers," said Kahama Rogo, president of the Kenya Medical Association. "It will not be a big margin, but it will be a profit."

Even if the drugs were available African medical professionals acknowledge that most African countries lack the expertise and facilities to monitor the most sophisticated drugs, such as protease inhibitors and other ingredients in the "cocktail" that has extended the lives of AIDS patients in the West. But they say that making the drugs affordable would provide a strong incentive.

A U.N. pilot project is demonstrating it can be done. At six clinics in Uganda, HIV patients are taking combinations of two or three drugs for $220 to $673 a month, less than half of what Western patients pay, thanks to discounting arranged by the United Nations.

The therapy is proving roughly as effective as in the West, yet still remains beyond the financial reach of all but about 800 Ugandans. Even if the price fell to $100 a month, "cocktail therapy" would remain beyond the means of most people, said program coordinator Dorothy Ochola.

Subsidies from Western governments and aid groups might eventually make up the difference, she said. But for now, most patients focus instead on getting the drugs that help them manage the opportunistic infections that cause 80 percent of AIDS deaths.

Doctors say that is where high drug prices hit hardest in Africa. The meningitis that freezes Josphat Nyakundi to his bed is the third-leading cause of death in Kenya, behind two other AIDS-related ailments—tuberculosis and diarrhea. He took fluconazole until his family ran out of money, then landed back in the hospital while waiting for a friend who works for Kenya Airways to return from abroad, where many drugs are cheaper.

Christopher Ouma, the doctor who admitted him, said that at a public hospital where half the patients cannot pay the $2.60 daily bed charge, he usually does not even tell patients' families the drug exists.

"This is where the doctor's role goes from caregiver to undertaker," said Ouma. "You talk to them about the cheapest method of burial. Telling them about the drugs is always kind of a cruel joke."

*Staff writers David Brown and John Burgess in Washington contributed to this report.*

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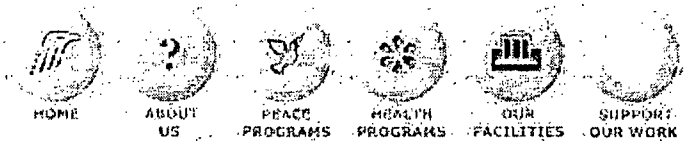


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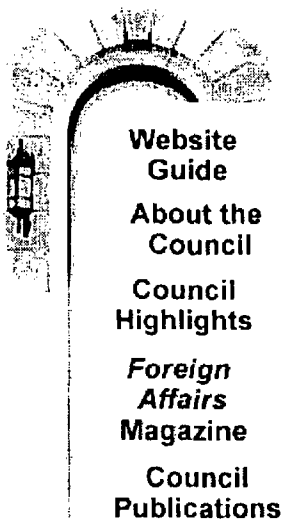

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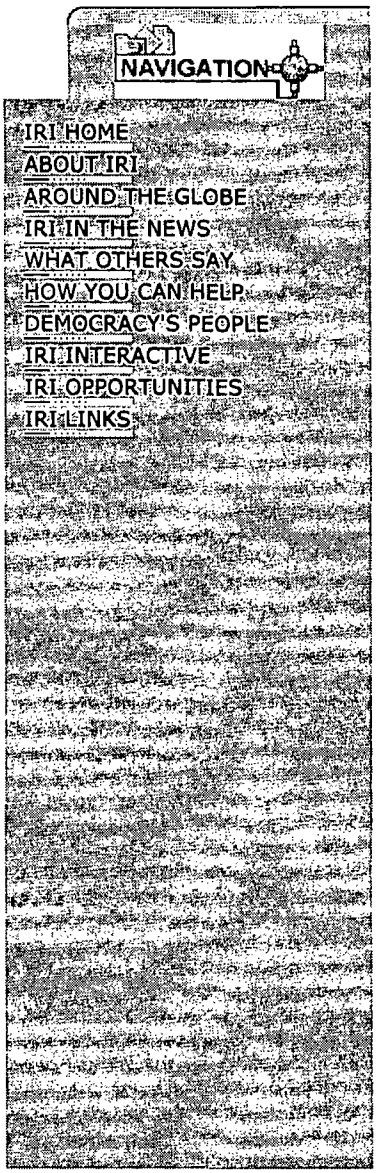


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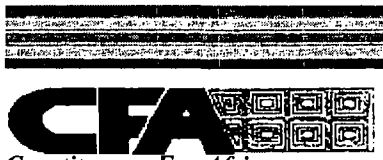


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The Washington Post

FRIDAY, NOVEMBER 26, 1999

**GIVING LESS** | *The Decline in Foreign Aid*

# World Donors Ignore Signs of Promise in Sliver of Africa

*Second of two articles*

*By* KAREN DEYOUNG
*Washington Post Staff Writer*

HARGEYSA, Somaliland—Perched atop the Horn of Africa, the farthest outpost in a forgotten place, Somaliland is trying to get the world's attention.

It has been nearly five years since civil war ended here and traditional clan leaders made good on their decision to declare independence from Somalia—the land to the south that has been synonymous this decade with wasted international aid, vicious warlords and dead American soldiers. Even as fighting in Somalia continues, peaceful Somaliland has a representative, functioning local government and an eager capitalist outlook.

Amid the dull brown rubble left by decades of war and neglect in this capital city are flashes of vitality as bright as the riotously colored scarves local women wrap themselves in. A downtown morning market thrives. A new restaurant, built by returning exiles, is surrounded by a carefully watered papaya grove. Microwave towers stretch above makeshift shacks, offering $1 a minute telephone calls to anywhere in the world.

In an earlier decade, Somaliland might have been welcomed as an up-by-its bootstraps place where Western governments were eager to provide money and expertise for the kind of help this arid land now needs most: for housing, for textbooks and medicine, and for training to harness its entrepreneurial energy for rebuilding. But today, both the funds and the will of First World development programs, international banks and multinational private investors are in short supply.

The plight of Somaliland, and

*See* AID, *A40, Col. 1*

BY KAREN DEYOUNG—THE WASHINGTON POST

**Money-changers in central Hargeysa accept dollars and other foreign currencies Somalis abroad have sent to their impoverished homeland.**

# Donors Grope A Land of Hope

AID, *From A1*

the larger tragedy of Somalia, illustrate some of the realities of foreign aid in the post-Cold War world. Even as the amount of money the world's richest countries are prepared to spend on aid has dropped precipitously, an ever-smaller share has gone to the world's poorest. And as many of those poor countries—particularly in Africa—remain sunken in seemingly senseless internal wars like Somalia's, fatigued and exasperated donors have gradually lost interest in funding programs of the kind that might help Somaliland.

Among the world's largest donor countries—the members of the Organization for Economic Cooperation and Development—aid to Africa fell by 22 percent between 1990 and 1996, decreasing by 18 percent to sub-Saharan countries between 1994 and 1996 alone. Contributors to United Nations aid and development programs have provided slightly more than half of the $800 million requested this year for African countries suffering from "complex emergencies"—the term applied when war and failed institutions, often combined with a natural disaster, leave vast numbers of people homeless and starving. Specific programs for some particularly problematic areas, such as the Great Lakes region of Central Africa including the two Congos, Rwanda and Burundi, have fared even less well.

Steven G. Wisecarver, the Nairobi-based deputy regional director of the U.S. Agency for International Development (AID), said after a visit to Somaliland in September that he would try to pitch Washington a development program to help consolidate Somaliland's "fragile process during a very critical time."

"They have a stable environment that it's important to support," Wisecarver said. "We have the good will of the people there, and have to realize that the government has no resources. Peace is their outstanding achievement, but it's not going to last forever."

Asked later whether a proposed development program for Somaliland was likely to fly, a senior AID official in Washington laughed ruefully and said, "Not any time soon."

The aid-averse Republican Congress in recent years has kept a tight lid on foreign assistance. But the United States long ago began moving away from all but emergency relief except in a handful of strategically significant countries. Nowhere is that decline more noticeable than in Africa, and nowhere are the reasons for it clearer than in Somalia.

## Somalia Unique

In some ways, Somalia is unique among Africa's problem countries, the extreme example of how bad things can be.

Cobbled together as a country by departing European colonialists in 1960, embroiled in war with Ethiopia through much of the 1970s and '80s, and ruled by a military despot who was overthrown in 1991, it has been at war with itself ever since. Somalia has no national government, no central bank, no representation in international institutions, no embassies.

Last spring, the U.N. Security Council expressed alarm over Somalia, largely out of concern that it was becoming a haven for arms and drug smugglers, a base of terrorist operations for Osama bin Laden and others, and a surrogate battlefield for combatants in other African wars. It ordered Secretary General Kofi Annan to investigate.

The lengthy document Annan delivered in August described a place convulsed by waves of violence, where life has regressed into an atavistic past in which "most children receive no health care . . . two generations have had no access to formal education," and life expectancy, at 43 years, is the lowest in the world.

"Virtually all the infrastructure of government—from buildings and communications facilities to furniture and office equipment—has been looted," Annan reported. "In most of the country, there are no police, judiciary or civil service. Communications . . . is nonexistent. Electricity is not available on a public basis . . . there is no postal service." At least a quarter-million Somalis live in refugee camps in neighboring countries.

In the southern two-thirds of the country, where the capital, Mogadishu, is located and nearly three-quarters of the population lives, little has changed since the departure in 1995 of UNOSOM, the multinational military force that for more than two years tried, and ultimately failed, to separate clan-based armies while it delivered food to their victims. Today, roving armed bands trade control over huge swaths of territory, answering to local warlords when they are paid, and resorting to banditry and kidnapping for ransom when they are not.

Although most aid agencies moved their Somali headquarters to neighboring Kenya after the departure of UNOSOM, aid programs continued. Twelve U.N. organizations with 170 foreign employees, the European Union, AID and its Danish equivalent, the Red Cross and Red Crescent and as many as 60 other non-governmental agencies such as CARE operate in Somalia, delivering food and medical care when security permits.

But as the situation has shown little improvement, money has become increasingly scarce. Continuing trends over the past several years, donors pledged this year to spend $70.1 million in Somalia, down from $95 million last year. The United Nations requested $64 million for emergency programs in fiscal 1999, but by late October only about 55 percent of the total had been funded by donor nations.

The United States, whose 1999 bilateral contribution was programmed at $22 million, initially responded to budget restraints this year by proposing to "zero out" Somalia as a hopeless case for all but emergency food relief in fiscal 2000. The European Union is at a similar crossroads in funding under the Lome Convention, its international aid and trade agreement with the developing world. The current 10-year convention was agreed to in 1990, when Somalia had a government. With negotiations underway for the next Lome agreement, there is no one in Mogadishu to talk to.

"We're an international organization, and we need at least a government," said Joao Duarte de Cavalho, the head of the European Commission's Nairobi-based Somalia Unit.

Yet even as the future seems bleakest, one player in the Somalia drama has stuck its head above the parapet and issued a challenge to itself and others. Rather than winding down, the United Nations has proposed more than doubling its efforts, with a fiscal 2000 appeal totaling $124 million.

Singling out Somalia as a test case for whether the world has learned anything about how to deal with collapsing states, the new U.N. appeal proposes abandoning, for the moment at least, the idea of reestablishing Somalia as a functioning entity. Instead, it hopes to rebuild pieces of it one by one, with small, targeted projects and a lot of cooperation from local people. When there are enough places where aid has been used to build local schools and health clinics, help plant crops and vaccinate livestock, when local economies and governmental institutions are in place, then the Somalis may want to talk about putting their country back together again.

## Market Whirlwind

Saturday morning market in downtown Hargeysa is a whirlwind of dust, confusion and commerce. Thousands of people—many returned from years in refugee camps in Ethiopia, others more recently arrived on the run from fighting in southern Somalia—jostle along unpaved streets lined with tables piled high with second-hand shoes and T-shirts. Rows of money-changers sit on upturned boxes behind stacks of Somaliland currency offered for the dollars, marks and pounds sent to relatives by Somalis living abroad.

Goats and donkey-pulled water carts scramble out of the way of trucks and Land Rovers, and even the odd automobile, careening around potholes and people. Horns are honking, children are shouting, people are smiling.

In a drab, bullet-pocked building above the cacophony, an unarmed policeman stretches his leg across a narrow stairway, trying to keep out a horde of petitioners seeking entry to city hall. Behind a heavy door at the top of the stairs sits a former political prisoner and refugee, Abdiraham Ismail Hussein, 51, the mayor of Hargeysa.

"It's not easy to understand the real situation in my town," says Hussein, his gold teeth winking. "If you came here five years ago, you would have seen 10 percent of the town standing and the rest destroyed. There were no institutions, no police, no municipality. Nothing. We started from scratch, from zero."

Nearly all of what Somaliland's people have achieved thus far has been accomplished without much foreign help. Some residents believe that has been "a sort of a blessing," said Mohamed Fadal, a Somalilander and researcher for the War Torn Societies Project, a foreign-funded program helping to build Somaliland institutions. "Aid corrupts. People fight over it."

But now, Somaliland fears its stability is endangered unless it can show citizens that peace offers tangible benefits.

"My resources are very small, says Hussein. "Water is short, sani-

tation is poor—there is no garbage collection. But people are coming by the thousands." A good portion of those on the streets, he says, are beggars from the refugee camps.

Many of the estimated 350,000 residents of this capital—out of a population estimated between 1 million and 2 million people—live in stick and trash-bag huts strewn across the vast emptiness surrounding the city. Hundreds are camped in the bombed-out shell of the palatial British state house, once the seat of colonial rule, or in shacks scattered through its long-untended gardens.

In the city's 13 schools—about one-third of Hargeysa's children attend—students are packed 85 to 100 to a class. Health care is minimal. An estimated $500 million in annual remittances from Somalilanders living abroad and sales of nomad-raised livestock to the Arabian peninsula are the only outside sources of money. Somaliland's flat, semi-desert expanses grow little food, and most must be imported. Former militia fighters roam the streets or sit in demobilization camps, waiting for the life they have been promised in exchange for their guns.

"We need to start building the administration, the courts of law . . . and what we used to call in the old days the nomadic police force—which used to keep the peace among the tribes of the area," Somaliland President Mohamed Egal said in an interview last spring with Africa News Service. If the former militia members "who we promised we would put in vocational training schools . . . are disappointed and feel they should go back to . . . living by the Kalashnikov, well, then all the things we have built up here will go down the drain.

The road to a peaceful, functioning society has not always been smooth.

The Ogaden war with Ethiopia left Somalia's northern and western borders lined with mines. After he lost the war, Somali President Mohamed Siad Barre took out his frustration here, killing thousands and mining the interior of the country. In 1991, when Barre was overthrown, Somalilanders started fighting with each other, following the pattern that continues in the south.

Although clan elders declared independence that year, civil war among Somaliland's three main clans lasted until 1995. That was when the elders decided to try to make peace stick in their would-be country. So far, they have succeeded, and militias in the rest of Somalia fight their own wars.

Somaliland still disputes a border with Puntland, a Somali region just to the east. People there resent Somaliland's claim of independence—even though the claim is recognized by no country in the world.

Work on a new constitution and legal code by the Somaliland parliament is behind schedule, as are promised elections. Egal is under sporadic fire from the remnant militia leadership and public opinion for suspected flirtation with foreign proponents of a quickly reunited Somalia, who tempt him with the possibility that he could lead it all.

On the plus side, Somaliland has a long coastline, a good port and a belief that oil lies under the sea. There is a lively daily newspaper that freely criticizes the government and everyone else. Local entrepreneurs, most of them returning exiles, have brought a frontier vitality, investing money saved abroad in things like the five microwave telephone systems in Hargeysa.

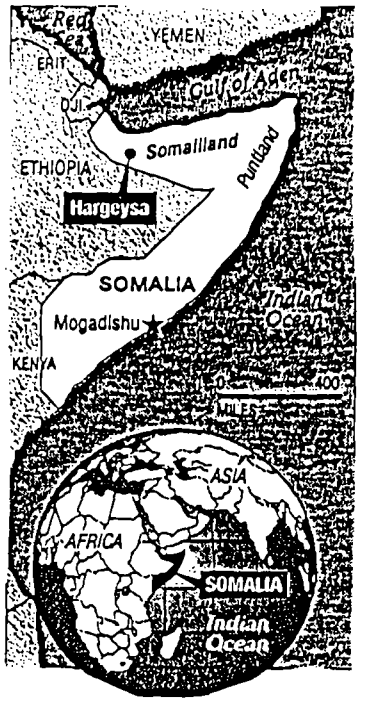
One of the entrepreneurs is Abdi Hakin Saeed, 38, who returned here with his family last year after 13 years in the United States.

"People really believe in this place," Saeed said. "I was at the point of deciding to stay in America for good, to become an American, buy a house, and be like everybody else."

Instead, Saeed and his wife, Deqa Arab Essa, 32, like him a U.S.-trained accountant whose family fled Somalia in the late 1980s, decided to come home and raise their American-born daughter in Somaliland. They have invested their savings in a furniture store and, on Hargeysa's main street, a "dollar store" selling U.S.-made sundries.

But the Saeeds, living in relative comfort behind heavy concrete walls, ask every day if they have made the right decision in returning to a place where their child cannot play outside and few have money to buy the goods they sell in their stores.

Little has been built here since the decades of war and much of what existed before lies in ruins. Mines blanket much of the countryside and roads and surround water sources, and unexploded bombs and grenades are scattered through virtually every town. Government regulation, taxation and banking systems are embryonic. Somalia was long ago written off by international lenders such as the World Bank or the IMF, and no foreign company wants to risk putting money in a place that appears on no international map.




Although there are small development projects and an incipient mine removal program funded through international or non-governmental organizations, no country has a bilateral aid relationship with Somaliland and U.N. programs are limited by the need to spend scarce resources on emergency programs in the south.

"We are very grateful for the crumbs we are given here," said Egal. But "nobody asks us what we need or how we want to be helped."

That is precisely what the United Nations is proposing that donors now do in Somaliland. Nearly $60 million of the U.N. 2000 request for Somalia is designated for economic and infrastructure development, much of it in the north, and reestablishing the refugee population.

But first, acknowledged David Stephen, the secretary general's representative for Somalia, "we have to convince them it's not money down the drain." Donors can continue to "write Somalia off," he said, "as long as it's a basket case."

**GIVING LESS** | *The Decline in Foreign Aid*

BY KAREN DEYOUNG—THE WASHINGTON POST

Thousands of people, including these children in the Sheikh Nur resettlement area near Hargeysa, have returned to Somaliland, most of them from Ethiopia.

The Washington Post

# Trade Policy Keeps AIDS Drug Costs Too High for Africa

BY KARL VICK—THE WASHINGTON POST

Josphat Nyakundi cannot afford $17 a day for the drug fluconazole.

## African AIDS Victims Losers of a Drug War

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By Karl Vick
*Washington Post Foreign Service*

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See AIDS, A18, Col 1

AIDS, From A1

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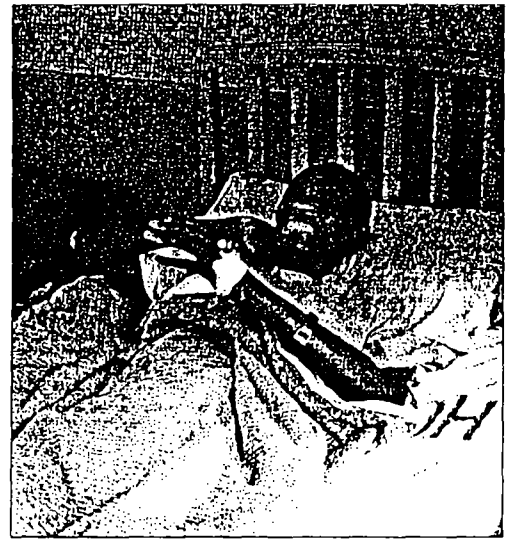

BY KARL VICK—THE WASHINGTON POST

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The U.S. policy has been attacked by humanitarian organizations, led by Doctors Without Borders, the Paris-based aid group that won the Nobel Peace Prize last month. Its campaign to broaden access to "essential medicines" recently gained a significant ally in the World Bank, which under President James D. Wolfensohn has put new emphasis on health care in the poor and emerging countries it is mandated to help.

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Even if the drugs were available, African medical professionals acknowledge that most African countries lack the expertise and facilities to monitor the most sophisticated drugs, such as protease inhibitors and other ingredients in the "cocktail" that has extended the lives of AIDS patients in the West. But they say that making the drugs affordable would provide a strong incentive.

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The therapy is proving roughly as effective as in the West, yet still remains beyond the financial reach of all but about 800 Ugandans. Even if the price fell to $100 a month, "cocktail therapy" would remain beyond the means of most people, said program coordinator Dorothy Ochola.

Subsidies from Western governments and aid groups might eventually make up the difference, she said. But for now, most patients focus instead on getting the drugs that help them manage the opportunistic infections that cause 80 percent of AIDS deaths.

Doctors say that is where high drug prices hit hardest in Africa. The meningitis that freezes Josphat Nyakundi to his bed is the third-leading cause of death in Kenya, behind two other AIDS-related ailments—tuberculosis and diarrhea. He took fluconazole until his family ran out of money, then landed back in the hospital while waiting for a friend who works for Kenya Airways to return from abroad, where many drugs are cheaper.

Christopher Ouma, the doctor who admitted him, said that at a public hospital where half the patients cannot pay the $2.60 daily bed charge, he usually does not even tell patients' families the drug exists.

"This is where the doctor's role goes from caregiver to undertaker," said Ouma. "You talk to them about the cheapest method of burial. Telling them about the drugs is always kind of a cruel joke."

*Staff writers David Brown and John Burgess in Washington contributed to this report.*

The Washington Post

FRIDAY, NOVEMBER 26, 1999

**GIVING LESS** | *The Decline in Foreign Aid*

# World Donors Ignore Signs of Promise in Sliver of Africa

*Second of two articles*

*By* KAREN DEYOUNG
*Washington Post Staff Writer*

HARGEYSA, Somaliland—Perched atop the Horn of Africa, the farthest outpost in a forgotten place, Somaliland is trying to get the world's attention.

It has been nearly five years since civil war ended here and traditional clan leaders made good on their decision to declare independence from Somalia—the land to the south that has been synonymous this decade with wasted international aid, vicious warlords and dead American soldiers. Even as fighting in Somalia continues, peaceful Somaliland has a representative, functioning local government and an eager capitalist outlook.

Amid the dull brown rubble left by decades of war and neglect in this capital city are flashes of vitality as bright as the riotously colored scarves local women wrap themselves in. A downtown morning market thrives. A new restaurant, built by returning exiles, is surrounded by a carefully watered papaya grove. Microwave towers stretch above makeshift shacks, offering $1 a minute telephone calls to anywhere in the world.

In an earlier decade, Somaliland might have been welcomed as an up-by-its bootstraps place where Western governments were eager to provide money and expertise for the kind of help this arid land now needs most: for housing, for textbooks and medicine, and for training to harness its entrepreneurial energy for rebuilding. But today, both the funds and the will of First World development programs, international banks and multinational private investors are in short supply.

The plight of Somaliland, and

*See* AID, *A40, Col. 1*

BY KAREN DEYOUNG—THE WASHINGTON POST

**Money-changers in central Hargeysa accept dollars and other foreign currencies Somalis abroad have sent to their impoverished homeland.**

# Donors Ignore A Land of Hope

AID, From A1

the larger tragedy of Somalia, illustrate some of the realities of foreign aid, in the post-Cold War world. Even as the amount of money the world's richest countries are prepared to spend on aid has dropped precipitously, an ever-smaller share has gone to the world's poorest. And as many of those poor countries—particularly in Africa—remain sunken in seemingly senseless internal wars like Somalia's, fatigued and exasperated donors have gradually lost interest in funding programs of the kind that might help Somaliland.

Among the world's largest donor countries—the members of the Organization for Economic Cooperation and Development—aid to Africa fell by 22 percent between 1990 and 1996, decreasing by 18 percent to sub-Saharan countries between 1994 and 1996 alone. Contributors to United Nations aid and development programs have provided slightly more than half of the $800 million requested this year for African countries suffering from "complex emergencies"—the term applied when war and failed institutions, often combined with a natural disaster, leave vast numbers of people homeless and starving. Specific programs for some particularly problematic areas, such as the Great Lakes region of Central Africa including the two Congos, Rwanda and Burundi, have fared even less well.

Steven G. Wisecarver, the Nairobi-based deputy regional director of the U.S. Agency for International Development (AID), said after a visit to Somaliland in September that he would try to pitch Washington a development program to help consolidate Somaliland's "fragile process during a very critical time."

"They have a stable environment that it's important to support," Wisecarver said. "We have the good will of the people there, and have to realize that the government has no resources. Peace is their outstanding achievement, but it's not going to last forever."

Asked later whether a proposed development program for Somaliland was likely to fly, a senior AID official in Washington laughed ruefully and said, "Not any time soon."

The aid-averse Republican Congress in recent years has kept a tight lid on foreign assistance. But the United States long ago began moving away from all but emergency relief except in a handful of strategically significant countries. Nowhere is that decline more noticeable than in Africa, and nowhere are the reasons for it clearer than in Somalia.

## Somalia Unique

In some ways, Somalia is unique among Africa's problem countries, the extreme example of how bad things can be.

Cobbled together as a country by departing European colonialists in 1960, embroiled in war with Ethiopia through much of the 1970s and '80s, and ruled by a military despot who was overthrown in 1991, it has been at war with itself ever since. Somalia has no national government, no central bank, no representation in international institutions, no embassies.

Last spring, the U.N. Security Council expressed alarm over Somalia, largely out of concern that it was becoming a haven for arms and drug smugglers, a base of terrorist operations for Osama bin Laden and others, and a surrogate battlefield for combatants in other African wars. It ordered Secretary General Kofi Annan to investigate.

The lengthy document Annan delivered in August described a place convulsed by waves of violence, where life has regressed into an atavistic past in which "most children receive no health care . . . two generations have had no access to formal education," and life expectancy, at 43 years, is the lowest in the world.

"Virtually all the infrastructure of government—from buildings and communications facilities to furniture and office equipment—has been looted," Annan reported. "In most of the country, there are no police, judiciary or civil service. Communications . . . is nonexistent. Electricity is not available on a public basis . . . there is no postal service." At least a quarter-million Somalis live in refugee camps in neighboring countries.

In the southern two-thirds of the country, where the capital, Mogadishu, is located and nearly three-quarters of the population lives, little has changed since the departure in 1995 of UNOSOM, the multinational military force that for more than two years tried, and ultimately failed, to separate clan-based armies while it delivered food to their victims. Today, roving armed bands trade control over huge swaths of territory, answering to local warlords when they are paid, and resorting to banditry and kidnapping for ransom when they are not.

Although most aid agencies moved their Somali headquarters to neighboring Kenya after the departure of UNOSOM, aid programs continued. Twelve U.N. organizations with 170 foreign employees, the European Union, AID and its Danish equivalent, the Red Cross and Red Crescent and as many as 60 other non-governmental agencies such as CARE operate in Somalia, delivering food and medical care when security permits.

But as the situation has shown little improvement, money has become increasingly scarce. Continuing trends over the past several years, donors pledged this year to spend $70.1 million in Somalia, down from $95 million last year. The United Nations requested $64 million for emergency programs in fiscal 1999, but by late October only about 55 percent of the total had been funded by donor nations.

The United States, whose 1999 bilateral contribution was programmed at $22 million, initially responded to budget restraints this year by proposing to "zero out" Somalia as a hopeless case for all but emergency food relief in fiscal 2000. The European Union is at a similar crossroads in funding under the Lome Convention, its international aid and trade agreement with the developing world. The current 10-year convention was agreed to in 1990, when Somalia had a government. With negotiations underway for the next Lome agreement, there is no one in Mogadishu to talk to.

"We're an international organization, and we need at least a government," said Joao Duarte de Cavalho, the head of the European Commission's Nairobi-based Somalia Unit.

Yet even as the future seems bleakest, one player in the Somalia drama has stuck its head above the parapet and issued a challenge to itself and others. Rather than winding down, the United Nations has proposed more than doubling its efforts, with a fiscal 2000 appeal totaling $124 million.

Singling out Somalia as a test case for whether the world has learned anything about how to deal with collapsing states, the new U.N. appeal proposes abandoning, for the moment at least, the idea of reestablishing Somalia as a functioning entity. Instead, it hopes to rebuild pieces of it one by one, with small, targeted projects and a lot of cooperation from local people. When there are enough places where aid has been used to build local schools and health clinics, help plant crops and vaccinate livestock, when local economies and governmental institutions are in place, then the Somalis may want to talk about putting their country back together again.

## Market Whirlwind

Saturday morning market in downtown Hargeysa is a whirlwind of dust, confusion and commerce. Thousands of people—many returned from years in refugee camps in Ethiopia, others more recently arrived on the run from fighting in southern Somalia—jostle along unpaved streets lined with tables piled high with second-hand shoes and T-shirts. Rows of money-changers sit on upturned boxes behind stacks of Somaliland currency offered for the dollars, marks and pounds sent to relatives by Somalis living abroad.

Goats and donkey-pulled water carts scramble out of the way of trucks and Land Rovers, and even the odd automobile, careening around potholes and people. Horns are honking, children are shouting, people are smiling.

In a drab, bullet-pocked building above the cacophony, an unarmed policeman stretches his leg across a narrow stairway, trying to keep out a horde of petitioners seeking entry to city hall. Behind a heavy door at the top of the stairs sits a former political prisoner and refugee, Abdiraham Ismail Hussein, 51, the mayor of Hargeysa.

"It's not easy to understand the real situation in my town," says Hussein, his gold teeth winking. "If you came here five years ago, you would have seen 10 percent of the town standing and the rest destroyed. There were no institutions, no police, no municipality. Nothing. We started from scratch, from zero."

Nearly all of what Somaliland's people have achieved thus far has been accomplished without much foreign help. Some residents believe that has been "a sort of a blessing," said Mohamed Fadal, a Somalilander and researcher for the War Torn Societies Project, a foreign-funded program helping to build Somaliland institutions. "Aid corrupts. People fight over it."

But now, Somaliland fears its stability is endangered unless it can show citizens that peace offers tangible benefits.

"My resources are very small, says Hussein. "Water is short, sani-

tation is poor—there is no garbage collection. But people are coming by the thousands." A good portion of those on the streets, he says, are beggars from the refugee camps.

Many of the estimated 350,000 residents of this capital—out of a population estimated between 1 million and 2 million people—live in stick and trash-bag huts strewn across the vast emptiness surrounding the city. Hundreds are camped in the bombed-out shell of the palatial British state house, once the seat of colonial rule, or in shacks scattered through its long-untended gardens.

In the city's 13 schools—about one-third of Hargeysa's children attend—students are packed 85 to 100 to a class. Health care is minimal. An estimated $500 million in annual remittances from Somalilanders living abroad and sales of nomad-raised livestock to the Arabian peninsula are the only outside sources of money. Somaliland's flat, semi-desert expanses grow little food, and most must be imported. Former militia fighters roam the streets or sit in demobilization camps, waiting for the life they have been promised in exchange for their guns.

"We need to start building the administration, the courts of law . . . and what we used to call in the old days the nomadic police force—which used to keep the peace among the tribes of the area," Somaliland President Mohamed Egal said in an interview last spring with Africa News Service. If the former militia members "who we promised we would put in vocational training schools . . . are disappointed and feel they should go back to . . . living by the Kalashnikov, well, then all the things we have built up here will go down the drain.

The road to a peaceful, functioning society has not always been smooth.

The Ogaden war with Ethiopia left Somalia's northern and western borders lined with mines. After he lost the war, Somali President Mohamed Siad Barre took out his frustration here, killing thousands and mining the interior of the country. In 1991, when Barre was overthrown, Somalilanders started fighting with each other, following the pattern that continues in the south.

Although clan elders declared independence that year, civil war among Somaliland's three main clans lasted until 1995. That was when the elders decided to try to make peace stick in their would-be country. So far, they have succeeded, and militias in the rest of Somalia fight their own wars.

Somaliland still disputes a border with Puntland, a Somali region just to the east. People there resent Somaliland's claim of independence—even though the claim is recognized by no country in the world.

Work on a new constitution and legal code by the Somaliland parliament is behind schedule, as are promised elections. Egal is under sporadic fire from the remnant militia leadership and public opinion for suspected flirtation with foreign proponents of a quickly reunited Somalia, who tempt him with the possibility that he could lead it all.

On the plus side, Somaliland has a long coastline, a good port and a belief that oil lies under the sea. There is a lively daily newspaper that freely criticizes the government and everyone else. Local entrepreneurs, most of them returning exiles, have brought a frontier vitality, investing money saved abroad in things like the five microwave telephone systems in Hargeysa.

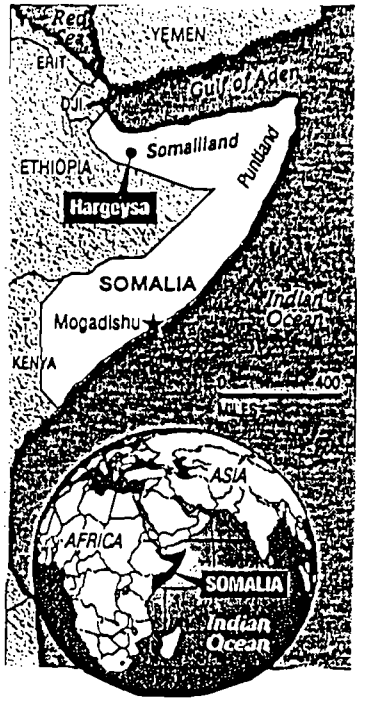
One of the entrepreneurs is Abdi Hakin Saeed, 38, who returned here with his family last year after 13 years in the United States.

"People really believe in this place," Saeed said. "I was at the point of deciding to stay in America for good, to become an American, buy a house, and be like everybody else."

Instead, Saeed and his wife, Deqa Arab Essa, 32, like him a U.S.-trained accountant whose family fled Somalia in the late 1980s, decided to come home and raise their American-born daughter in Somaliland. They have invested their savings in a furniture store and, on Hargeysa's main street, a "dollar store" selling U.S.-made sundries.

But the Saeeds, living in relative comfort behind heavy concrete walls, ask every day if they have made the right decision in returning to a place where their child cannot play outside and few have money to buy the goods they sell in their stores.

Little has been built here since the decades of war and much of what existed before lies in ruins. Mines blanket much of the countryside and roads and surround water sources, and unexploded bombs and grenades are scattered through virtually every town. Government regulation, taxation and banking systems are embryonic. Somalia was long ago written off by international lenders such as the World Bank or the IMF, and no foreign company wants to risk putting money in a place that appears on no international map.




Although there are small development projects and an incipient mine removal program funded through international or non-governmental organizations, no country has a bilateral aid relationship with Somaliland and U.N. programs are limited by the need to spend scarce resources on emergency programs in the south.

"We are very grateful for the crumbs we are given here," said Egal. But "nobody asks us what we need or how we want to be helped."

That is precisely what the United Nations is proposing that donors now do in Somaliland. Nearly $60 million of the U.N. 2000 request for Somalia is designated for economic and infrastructure development, much of it in the north, and reestablishing the refugee population.

But first, acknowledged David Stephen, the secretary general's representative for Somalia, "we have to convince them it's not money down the drain." Donors can continue to "write Somalia off," he said, "as long as it's a basket case."

**GIVING LESS** | *The Decline in Foreign Aid*

BY KAREN DEYOUNG—THE WASHINGTON POST

Thousands of people, including these children in the Sheikh Nur resettlement area near Hargeysa, have returned to Somaliland, most of them from Ethiopia.

The Washington Post

# Trade Policy Keeps AIDS Drug Costs Too High for Africa

BY KARL VICK—THE WASHINGTON POST

Josphat Nyakundi cannot afford $17 a day for the drug fluconazole.

## African AIDS Victims Losers of a Drug War

### *U.S. Policy Keeps Prices Prohibitive*

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The therapy is proving roughly as effective as in the West, yet still remains beyond the financial reach of all but about 800 Ugandans. Even if the price fell to $100 a month, "cocktail therapy" would remain beyond the means of most people, said program coordinator Dorothy Ochola.

Subsidies from Western governments and aid groups might eventually make up the difference, she said. But for now, most patients focus instead on getting the drugs that help them manage the opportunistic infections that cause 80 percent of AIDS deaths.

Doctors say that is where high drug prices hit hardest in Africa. The meningitis that freezes Josphat Nyakundi to his bed is the third-leading cause of death in Kenya, behind two other AIDS-related ailments—tuberculosis and diarrhea. He took fluconazole until his family ran out of money, then landed back in the hospital while waiting for a friend who works for Kenya Airways to return from abroad, where many drugs are cheaper.

Christopher Ouma, the doctor who admitted him, said that at a public hospital where half the patients cannot pay the $2.60 daily bed charge, he usually does not even tell patients' families the drug exists.

"This is where the doctor's role goes from caregiver to undertaker," said Ouma. "You talk to them about the cheapest method of burial. Telling them about the drugs is always kind of a cruel joke."

*Staff writers David Brown and John Burgess in Washington contributed to this report.*

The Washington Post

FRIDAY, NOVEMBER 26, 1999

**GIVING LESS** | *The Decline in Foreign Aid*

# World Donors Ignore Signs of Promise in Sliver of Africa

*Second of two articles*

*By* KAREN DEYOUNG
*Washington Post Staff Writer*

HARGEYSA, Somaliland—Perched atop the Horn of Africa, the farthest outpost in a forgotten place, Somaliland is trying to get the world's attention.

It has been nearly five years since civil war ended here and traditional clan leaders made good on their decision to declare independence from Somalia—the land to the south that has been synonymous this decade with wasted international aid, vicious warlords and dead American soldiers. Even as fighting in Somalia continues, peaceful Somaliland has a representative, functioning local government and an eager capitalist outlook.

Amid the dull brown rubble left by decades of war and neglect in this capital city are flashes of vitality as bright as the riotously colored scarves local women wrap themselves in. A downtown morning market thrives. A new restaurant, built by returning exiles, is surrounded by a carefully watered papaya grove. Microwave towers stretch above makeshift shacks, offering $1 a minute telephone calls to anywhere in the world.

In an earlier decade, Somaliland might have been welcomed as an up-by-its bootstraps place where Western governments were eager to provide money and expertise for the kind of help this arid land now needs most: for housing, for textbooks and medicine, and for training to harness its entrepreneurial energy for rebuilding. But today, both the funds and the will of First World development programs, international banks and multinational private investors are in short supply.

The plight of Somaliland, and

*See* AID, *A40, Col. 1*

BY KAREN DEYOUNG—THE WASHINGTON POST

**Money-changers in central Hargeysa accept dollars and other foreign currencies Somalis abroad have sent to their impoverished homeland.**

# Donors grow A Land of Hope

AID, *From A1*

the larger tragedy of Somalia, illustrate some of the realities of foreign aid in the post-Cold War world. Even as the amount of money the world's richest countries are prepared to spend on aid has dropped precipitously, an ever-smaller share has gone to the world's poorest. And as many of those poor countries—particularly in Africa—remain sunken in seemingly senseless internal wars like Somalia's, fatigued and exasperated donors have gradually lost interest in funding programs of the kind that might help Somaliland.

Among the world's largest donor countries—the members of the Organization for Economic Cooperation and Development—aid to Africa fell by 22 percent between 1990 and 1996, decreasing by 18 percent to sub-Saharan countries between 1994 and 1996 alone. Contributors to United Nations aid and development programs have provided slightly more than half of the $800 million requested this year for African countries suffering from "complex emergencies"—the term applied when war and failed institutions, often combined with a natural disaster, leave vast numbers of people homeless and starving. Specific programs for some particularly problematic areas, such as the Great Lakes region of Central Africa including the two Congos, Rwanda and Burundi, have fared even less well.

Steven G. Wisecarver, the Nairobi-based deputy regional director of the U.S. Agency for International Development (AID), said after a visit to Somaliland in September that he would try to pitch Washington a development program to help consolidate Somaliland's "fragile process during a very critical time."

"They have a stable environment that it's important to support," Wisecarver said. "We have the good will of the people there, and have to realize that the government has no resources. Peace is their outstanding achievement, but it's not going to last forever."

Asked later whether a proposed development program for Somaliland was likely to fly, a senior AID official in Washington laughed ruefully and said, "Not any time soon."

The aid-averse Republican Congress in recent years has kept a tight lid on foreign assistance. But the United States long ago began moving away from all but emergency relief except in a handful of strategically significant countries. Nowhere is that decline more noticeable than in Africa, and nowhere are the reasons for it clearer than in Somalia.

## Somalia Unique

In some ways, Somalia is unique among Africa's problem countries, the extreme example of how bad things can be.

Cobbled together as a country by departing European colonialists in 1960, embroiled in war with Ethiopia through much of the 1970s and '80s, and ruled by a military despot who was overthrown in 1991, it has been at war with itself ever since. Somalia has no national government, no central bank, no representation in international institutions, no embassies.

Last spring, the U.N. Security Council expressed alarm over Somalia, largely out of concern that it was becoming a haven for arms and drug smugglers, a base of terrorist operations for Osama bin Laden and others, and a surrogate battlefield for combatants in other African wars. It ordered Secretary General Kofi Annan to investigate.

The lengthy document Annan delivered in August described a place convulsed by waves of violence, where life has regressed into an atavistic past in which "most children receive no health care . . . two generations have had no access to formal education," and life expectancy, at 43 years, is the lowest in the world.

"Virtually all the infrastructure of government—from buildings and communications facilities to furniture and office equipment—has been looted," Annan reported. "In most of the country, there are no police, judiciary or civil service. Communications . . . is nonexistent. Electricity is not available on a public basis . . . there is no postal service." At least a quarter-million Somalis live in refugee camps in neighboring countries.

In the southern two-thirds of the country, where the capital, Mogadishu, is located and nearly three-quarters of the population lives, little has changed since the departure in 1995 of UNOSOM, the multinational military force that for more than two years tried, and ultimately failed, to separate clan-based armies while it delivered food to their victims. Today, roving armed bands trade control over huge swaths of territory, answering to local warlords when they are paid, and resorting to banditry and kidnapping for ransom when they are not.

Although most aid agencies moved their Somali headquarters to neighboring Kenya after the departure of UNOSOM, aid programs continued. Twelve U.N. organizations with 170 foreign employees, the European Union, AID and its Danish equivalent, the Red Cross and Red Crescent and as many as 60 other non-governmental agencies such as CARE operate in Somalia, delivering food and medical care when security permits.

But as the situation has shown little improvement, money has become increasingly scarce. Continuing trends over the past several years, donors pledged this year to spend $70.1 million in Somalia, down from $95 million last year. The United Nations requested $64 million for emergency programs in fiscal 1999, but by late October only about 55 percent of the total had been funded by donor nations.

The United States, whose 1999 bilateral contribution was programmed at $22 million, initially responded to budget restraints this year by proposing to "zero out" Somalia as a hopeless case for all but emergency food relief in fiscal 2000. The European Union is at a similar crossroads in funding under the Lome Convention, its international aid and trade agreement with the developing world. The current 10-year convention was agreed to in 1990, when Somalia had a government. With negotiations underway for the next Lome agreement, there is no one in Mogadishu to talk to.

"We're an international organization, and we need at least a government," said Joao Duarte de Cavalho, the head of the European Commission's Nairobi-based Somalia Unit.

Yet even as the future seems bleakest, one player in the Somalia drama has stuck its head above the parapet and issued a challenge to itself and others. Rather than winding down, the United Nations has proposed more than doubling its efforts, with a fiscal 2000 appeal totaling $124 million.

Singling out Somalia as a test case for whether the world has learned anything about how to deal with collapsing states, the new U.N. appeal proposes abandoning, for the moment at least, the idea of reestablishing Somalia as a functioning entity. Instead, it hopes to rebuild pieces of it one by one, with small, targeted projects and a lot of cooperation from local people. When there are enough places where aid has been used to build local schools and health clinics, help plant crops and vaccinate livestock, when local economies and governmental institutions are in place, then the Somalis may want to talk about putting their country back together again.

## Market Whirlwind

Saturday morning market in downtown Hargeysa is a whirlwind of dust, confusion and commerce. Thousands of people—many returned from years in refugee camps in Ethiopia, others more recently arrived on the run from fighting in southern Somalia—jostle along unpaved streets lined with tables piled high with second-hand shoes and T-shirts. Rows of money-changers sit on upturned boxes behind stacks of Somaliland currency offered for the dollars, marks and pounds sent to relatives by Somalis living abroad.

Goats and donkey-pulled water carts scramble out of the way of trucks and Land Rovers, and even the odd automobile, careening around potholes and people. Horns are honking, children are shouting, people are smiling.

In a drab, bullet-pocked building above the cacophony, an unarmed policeman stretches his leg across a narrow stairway, trying to keep out a horde of petitioners seeking entry to city hall. Behind a heavy door at the top of the stairs sits a former political prisoner and refugee, Abdiraham Ismail Hussein, 51, the mayor of Hargeysa.

"It's not easy to understand the real situation in my town," says Hussein, his gold teeth winking. "If you came here five years ago, you would have seen 10 percent of the town standing and the rest destroyed. There were no institutions, no police, no municipality. Nothing. We started from scratch, from zero."

Nearly all of what Somaliland's people have achieved thus far has been accomplished without much foreign help. Some residents believe that has been "a sort of a blessing," said Mohamed Fadal, a Somalilander and researcher for the War Torn Societies Project, a foreign-funded program helping to build Somaliland institutions. "Aid corrupts. People fight over it."

But now, Somaliland fears its stability is endangered unless it can show citizens that peace offers tangible benefits.

"My resources are very small, says Hussein. "Water is short, sani-

tation is poor—there is no garbage collection. But people are coming by the thousands." A good portion of those on the streets, he says, are beggars from the refugee camps.

Many of the estimated 350,000 residents of this capital—out of a population estimated between 1 million and 2 million people—live in stick and trash-bag huts strewn across the vast emptiness surrounding the city. Hundreds are camped in the bombed-out shell of the palatial British state house, once the seat of colonial rule, or in shacks scattered through its long-untended gardens.

In the city's 13 schools—about one-third of Hargeysa's children attend—students are packed 85 to 100 to a class. Health care is minimal. An estimated $500 million in annual remittances from Somalilanders living abroad and sales of nomad-raised livestock to the Arabian peninsula are the only outside sources of money. Somaliland's flat, semi-desert expanses grow little food, and most must be imported. Former militia fighters roam the streets or sit in demobilization camps, waiting for the life they have been promised in exchange for their guns.

"We need to start building the administration, the courts of law . . . and what we used to call in the old days the nomadic police force—which used to keep the peace among the tribes of the area," Somaliland President Mohamed Egal said in an interview last spring with Africa News Service. If the former militia members "who we promised we would put in vocational training schools . . . are disappointed and feel they should go back to . . . living by the Kalashnikov, well, then all the things we have built up here will go down the drain.

The road to a peaceful, functioning society has not always been smooth.

The Ogaden war with Ethiopia left Somalia's northern and western borders lined with mines. After he lost the war, Somali President Mohamed Siad Barre took out his frustration here, killing thousands and mining the interior of the country. In 1991, when Barre was overthrown, Somalilanders started fighting with each other, following the pattern that continues in the south.

Although clan elders declared independence that year, civil war among Somaliland's three main clans lasted until 1995. That was when the elders decided to try to make peace stick in their would-be country. So far, they have succeeded, and militias in the rest of Somalia fight their own wars.

Somaliland still disputes a border with Puntland, a Somali region just to the east. People there resent Somaliland's claim of independence—even though the claim is recognized by no country in the world.

Work on a new constitution and legal code by the Somaliland parliament is behind schedule, as are promised elections. Egal is under sporadic fire from the remnant militia leadership and public opinion for suspected flirtation with foreign proponents of a quickly reunited Somalia, who tempt him with the possibility that he could lead it all.

On the plus side, Somaliland has a long coastline, a good port and a belief that oil lies under the sea. There is a lively daily newspaper that freely criticizes the government and everyone else. Local entrepreneurs, most of them returning exiles, have brought a frontier vitality, investing money saved abroad in things like the five microwave telephone systems in Hargeysa.

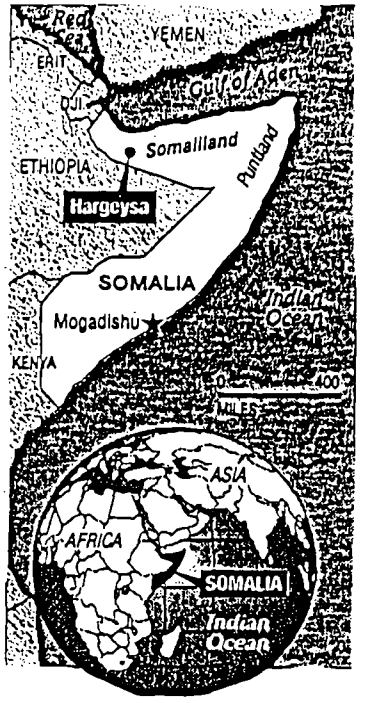
One of the entrepreneurs is Abdi Hakin Saeed, 38, who returned here with his family last year after 13 years in the United States.

"People really believe in this place," Saeed said. "I was at the point of deciding to stay in America for good, to become an American, buy a house, and be like everybody else."

Instead, Saeed and his wife, Deqa Arab Essa, 32, like him a U.S.-trained accountant whose family fled Somalia in the late 1980s, decided to come home and raise their American-born daughter in Somaliland. They have invested their savings in a furniture store and, on Hargeysa's main street, a "dollar store" selling U.S.-made sundries.

But the Saeeds, living in relative comfort behind heavy concrete walls, ask every day if they have made the right decision in returning to a place where their child cannot play outside and few have money to buy the goods they sell in their stores.

Little has been built here since the decades of war and much of what existed before lies in ruins. Mines blanket much of the countryside and roads and surround water sources, and unexploded bombs and grenades are scattered through virtually every town. Government regulation, taxation and banking systems are embryonic. Somalia was long ago written off by international lenders such as the World Bank or the IMF, and no foreign company wants to risk putting money in a place that appears on no international map.




Although there are small development projects and an incipient mine removal program funded through international or non-governmental organizations, no country has a bilateral aid relationship with Somaliland and U.N. programs are limited by the need to spend scarce resources on emergency programs in the south.

"We are very grateful for the crumbs we are given here," said Egal. But "nobody asks us what we need or how we want to be helped."

That is precisely what the United Nations is proposing that donors now do in Somaliland. Nearly $60 million of the U.N. 2000 request for Somalia is designated for economic and infrastructure development, much of it in the north, and reestablishing the refugee population.

But first, acknowledged David Stephen, the secretary general's representative for Somalia, "we have to convince them it's not money down the drain." Donors can continue to "write Somalia off," he said, "as long as it's a basket case."

**GIVING LESS** | *The Decline in Foreign Aid*

BY KAREN DEYOUNG—THE WASHINGTON POST

Thousands of people, including these children in the Sheikh Nur resettlement area near Hargeysa, have returned to Somaliland, most of them from Ethiopia.

The Washington Post

# Trade Policy Keeps AIDS Drug Costs Too High for Africa

BY KARL VICK—THE WASHINGTON POST

Josphat Nyakundi cannot afford $17 a day for the drug fluconazole.

## African AIDS Victims Losers of a Drug War

### *U.S. Policy Keeps Prices Prohibitive*

By Karl Vick
*Washington Post Foreign Service*

NAIROBI—The body of Josphat Nyakundi features a concise history of the century's three great plagues and the world's responses to them.

Just below his left shoulder is the faint circle left by a smallpox inoculation. In the recesses of his memory lingers the taste of the sugar cube placed on his tongue with the drops that would protect him against polio.

And swimming in Nyakundi's spinal fluid—inflaming the lining of his brain, keeping him braced in his Nairobi hospital bed against the flashing pain that comes with the slightest movement—are rampaging cells of cryptococcal meningitis, an opportunistic infection that means he has AIDS.

But neither Nyakundi nor the other 22 million Africans infected with HIV, the virus that causes AIDS, can get the medicine they need. Medical advances that stalled the AIDS epidemic in the West are not reaching Africa largely because these countries and their citizens face a stark choice: buy drugs at their market price, far beyond the means of all but a few Africans, or risk trade sanctions by the United States for buying or developing generic drugs at lower prices.

Critics have accused U.S. trade policy of placing the profits of drug companies above public health, moving to block

*See AIDS, A18, Col. 1*

AIDS, *From A1*

poor countries from manufacturing the drugs themselves, despite international laws that permit countries to do so when facing a public health emergency.

Responding to this criticism, President Clinton, speaking to members of the World Trade Organization on Wednesday, announced that the government would show "flexibility" in granting countries the right on a case-by-case basis to obtain cheaper drugs during a health emergency.

But the government has yet to draw up the criteria for judging a country's claim, and it is not clear what impact the change may have. For now, even palliative treatments like fluconazole, which would give Nyakundi the strength to make his way home to die, remain out of reach.

"Developing countries say: 'You're asking us to comply with rules and regulations. These are our obligations. But what are our rights under globalization?' " said Joseph Saba, who headed the U.N. program testing advanced HIV treatments in Africa.

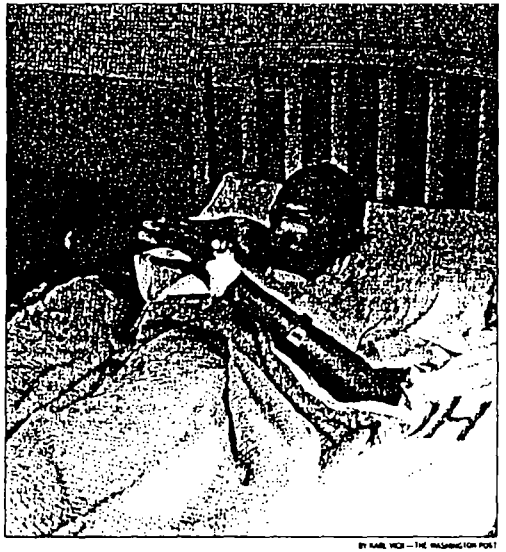
Access to drugs is more than a life-and-death issue on the continent that accounts for two-thirds of the world's HIV infections. With AIDS in Africa transmitted primarily through heterosexual sex, the disease already has hurt economic development. Some countries stand to lose a quarter of their populations to AIDS, which one observer noted "is wiping out the middle class as quickly as it's created."

In Nairobi, where an estimated 14 percent of the Kenyan capital's 3 million inhabitants are infected, the leading public hospital refuses to admit patients with AIDS-related meningitis unless they show up with the drug to treat it. The hospital has no supply of its own.

Clinton administration officials, in defense of the policy, have emphasized the importance of protecting patent rights in a pharmaceutical industry that invests heavily in research.

It costs about $500 million to bring a drug from idea to market, said Shannon S.S. Herzfeld, senior vice president of international affairs at Pharmaceutical Research and Manufacturers of America, a drug-industry trade group. "For every 15,000 compounds that you look at, three become medicines," said Herzfeld. "Of those three, one makes a profit."

But in the name of protecting patents overseas, he said, the drug companies may have pushed so hard that they risk looking like bullies.



BY KARL VICK—THE WASHINGTON POST

Josphat Nyakundi braces against the pain caused by cryptococcal meningitis, a common infection among African AIDS patients that is usually untreated.

Developing countries say they are only beginning to appreciate the public health consequences of joining the World Trade Organization, which many have done in the 1990s. Before joining the WTO, they could avoid the high retail prices charged by pharmaceutical companies, which historically have viewed their primary market as the Western nations where the price of drugs is typically covered by insurance.

If those prices were beyond the means of places like Africa, which accounts for just 1 percent of drug industry sales, poor countries were free to shop for generic equivalents sold for a fraction of the price by nations that did not observe international patent laws.

India, for example, makes a $2 version of fluconazole, the drug that the 42-year-old Nyakundi would take every day for his meningitis if his family could afford the $17 retail price charged by Pfizer Inc., which holds the patent.

But in joining the WTO, a country agrees to honor foreign patents and acknowledges it would face sanctions for dealing in generics produced before a patent expires. The thrust of the patent agreement, known by the acronym TRIPS, requires every country to pay full retail price. However, to countries facing a health emergency, the agreement held out a loophole: A desperate country could make (or commission) the drugs itself, provided it paid a negotiated royalty to the patent holder.

This do-it-yourself alternative, called "compulsory licensing," was intended as a lifeline. But in practice, any country reaching for it has been handcuffed by U.S. trade negotiators.

U.S. officials have explained that, although the United States signed the TRIPS agreement, they have regarded its provisions as a minimum standard, and the office of the U.S. Trade Representative has urged that countries follow a higher standard—payment of full licensing fees. In negotiations with individual countries, the trade representative can threaten the loss of U.S. trade if the nation goes forward with compulsory licensing.

The threat worked against Thailand last year: It dropped plans to produce the anti-AIDS drug ddI after U.S. officials threatened sanctions on key Thai exports.

And last year when South Africa, where one in 10 people is HIV positive, passed a law permitting the government to make drugs it deemed too expensive, U.S. Trade Representative Charlene Barshefsky reacted swiftly. At the urging of the U.S. pharmaceutical lobby, South Africa was placed on the "301 watch list," which is seen as a prelude to trade sanctions.

South Africa's case was buttressed when activists from the advocacy group ACT-UP began pushing the cause and found a target in the presidential campaign of Vice President Gore. After protesters repeatedly disrupted campaign appearances, Gore met privately with South African President Thabo Mbeki. On Sept. 17, the United States removed South Africa from the sanction watch list.

"My understanding is that any country can do what we said we're going to do," said Ian Roberts, an adviser to the South African health minister.

The U.S. policy has been attacked by humanitarian organizations, led by Doctors Without Borders, the Paris-based aid group that won the Nobel Peace Prize last month. Its campaign to broaden access to "essential medicines" recently gained a significant ally in the World Bank, which under President James D. Wolfensohn has put new emphasis on health care in the poor and emerging countries it is mandated to help.

Ok Pannenborg, the World Bank official who oversees health investments in Africa and the bank's purchase of up to $800 million a year in pharmaceuticals, said the drug-price structure "shows an increasing disconnect with the needs of the majority of the people in the world."

Calling the South Africa outcome "a symptom that times are changing," Pannenborg said the World Bank "is comfortable" with compulsory licensing and a second practice permitted under TRIPS, known as "parallel importing," or shopping abroad for the best retail price on patented drugs.

By supporting cheaper alternatives, Pannenborg said the pharmaceutical industry might be nudged toward a "tiered pricing" arrangement in which the West would pay one price for a drug, and developing countries another.

"I believe with all my heart that a way can be found to make money through numbers," said Kahama Rogo, president of the Kenya Medical Association. "It will not be a big margin, but it will be a profit."

Even if the drugs were available, African medical professionals acknowledge that most African countries lack the expertise and facilities to monitor the most sophisticated drugs, such as protease inhibitors and other ingredients in the "cocktail" that has extended the lives of AIDS patients in the West. But they say that making the drugs affordable would provide a strong incentive.

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*Staff writers David Brown and John Burgess in Washington contributed to this report.*

# FACSIMILE TRANSMISSION
## 80 Trowbridge Street

**Attention:** Michael Iskowitz

**Company:** White House Office on National AIDS Policy

**Telephone #:** 202 456 2437

**Fax #:** 202 456-2439

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**Date:** 12/8/99

**Sender:** William W. Harris

**Sender Telephone #:** 617/492-2229

**Sender Fax #:** 617/354-7831

You should receive 3 page(s), *including this cover sheet.*. If you do not receive all the pages, please call the number above.

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**COMMENTS:**

Hi Michael,

Bill asked me to FAX you a copy.

Marie

The Boston Globe

WEDNESDAY, DECEMBER 8, 1999

front page

# Rivers urges black action on AIDS in Africa

By Wil Haygood
GLOBE STAFF

In a strongly-worded open letter set to be released in Washington tomorrow, Boston minister Eugene Rivers will call on black American leaders to draw on their religious, intellectual, and political resources to confront the AIDS epidemic that has been raging across sub-Saharan Africa.

Believing that efforts by black officials in America to confront the crisis have been "woefully inadequate," Rivers is urging a broad-based response. His ideas range from forgiving the debt of countries hardest hit by the virus to galvanizing students, ministers, and the activist wing of America's black entertainment community to try to force the crisis high onto the US political agenda.

Beginning the letter with a "Brothers and Sisters" greeting, Rivers immediately lays out his challenge. "When a future generation of black scholars conduct their historical research on the moral and political life of

RIVERS, Page A21

# ..aying out an AIDS challenge

RIVERS
Continued from Page A1

US black leadership in the final decade of the twentieth century, how shall they judge our performance regarding the AIDS holocaust in sub-Saharan Africa?" Rivers writes. "How shall our inaction – especially the inaction of black men – withstand the judgment of history?"

Rivers notes other international calamities that were followed by inaction, and says the political failure of others "will not be a sufficient explanation for why the most powerful and influential black leadership class in the world failed to act decisively in defense of their women and children."

Rivers heads the 21st Century Group – a think tank composed of young blacks whom he refers to as the "intellectual arm" of his Boston-based 10-Point Coalition, which has long grappled with urban crises.

Twelve million Africans have already died of AIDS, and it is estimated that more than 22 million others in sub-Saharan Africa are infected with HIV, which causes the disease. By 2001, it is projected that there will be 13 million AIDS orphans in sub-Saharan Africa.

Rivers has gathered more than a dozen ministers from various denominations, along with intellectuals and activists around the country, who will appear with him tomorrow in Washington at a press conference at the National Press Club, where he will release his open letter.

"Why have black churches, especially the seven major black denominations, not used their unique position to serve as more effective advocates for the needs and interests of millions of orphans in Africa?" Rivers asks in his letter.

He outlines a three-pronged strategy based on public education, political advocacy, and humanitarian assistance. Specifically, Rivers calls on the World Bank, the International Monetary Fund, and other international lending agencies to forgive the debt of African countries devastated by AIDS so they can free up money to cope with the epidemic. He urges the Clinton administration to demand that Western pharmaceutical companies permit African companies to lower the cost of AIDS-fighting drugs, and asks that all elements of US black leadership mobilize to supply food, clothing, medicine, and other humanitarian aid to AIDS orphans in Africa.

Rivers also appeals in the letter to a variety of prominent black journalists and entertainers to focus attention on the AIDS crisis in Africa. And he asks the US special envoy to Africa, the Rev. Jesse Jackson, "to bring his gifts for publicity and his powerful rhetoric to mount a grassroots campaign for morally responsible sexual behavior on the part of men of African descent."

Much of Rivers's interest, outlined as part of a four-part Globe series in October about the AIDS crisis in Africa, has focused on the role that male promiscuity is playing in fueling the epidemic on the continent. In his letter, he chides black American leaders about their reticence to criticize African leaders who refuse to bring up the topic of sexual behavior.

**EUGENE RIVERS**
**Sees "inaction" on crisis**

"Black leaders must challenge African leadership to be more accountable to the needs of their own women and children," Rivers writes in his letter. "We must . . . challenge African leaders to mobilize their societies to exact a high price for the rape of all women, especially of innocent girls."

Implicit in the Rivers approach is the realpolitik assumption that given the historic indifference to the plight of Africa on the part of white-dominated governments in America and the West, it is up to American black leaders to take the lead on the AIDS crisis.

"The black community will have to be at the vanguard of addressing the AIDS isssue in Africa because no other community in the world will care as much about the deaths of other black people as we will," says Marcia Coleman-Adebayo, a former foreign policy researcher for the Congressional Black Caucus Foundation who has worked with Africans struggling with the AIDS crisis. "It's just one of those truths we don't want to accept."

The Rev. Ronald Clifton Potter, a minister based in Jackson, Miss., is one of the signatories of the open letter who will appear in Washington alongside Rivers. He believes black churches must recast their outlook and philosophies to deal with AIDS in Africa. "I think black churches – and black leadership – in this country must begin to engage in prophetic discourse and activism," says Potter, who also teaches history at the mostly black Jackson State University.

Potter says his main concern is the gnawing silence that he sees deepening in the US black community when it comes to AIDS. "There exists a kind of code of silence," Potter said. "My fear is that black churches might not wake up to what's happening until the AIDS crisis is placed at our doorstep."

The Rev. A.G. Miller, an associate professor of religion at Oberlin College who also signed the Rivers letter, thinks US blacks have come late to the AIDS in Africa crisis because of resentment toward early stories about the African origins of the epidemic.

"There was a general anger and suspicion by black folk, feeling they were being blamed for something negative," Miller said. "Underneath that, there was a sense of denial – or a desire not to identify with the disease. And in some ways maybe even attempt to ignore it."

Rivers has been greeted skeptically by some veteran civil rights figures as he proceeds with his AIDS plan.

"He has some of what it takes: a big mouth and a sharp tongue," says Julian Bond, chairman of the board of directors of the NAACP and a longtime civil rights activist. "That's part of building a movement."

Bond cautions, however, that Rivers must bring other gifts to such a challenge. "The power of shame and embarrassment are great," Bond says, "but it takes more than that. It takes a level of organization I'm not sure Rev. Rivers or any organization has."

Never shy about pricking the conscience of the black establishment, Rivers says he expects grumbling about his foray into international affairs. "That will be unavoidable," he said in an interview. "They will say, 'Who does that Negro think he is, grumbling?' That comes regardless of who you are. You can be Martin Luther King – they grumble. You can be Desmond Tutu – they grumble."

Following the unveiling of his letter, Rivers and his contingent are scheduled to deliver copies to members of Congress and the South African Embassy.

"Given that the future holds much worse than the past has brought in this onslaught of AIDS deaths, we call upon all people of African descent, here and abroad, to rise to the challenge and use all the resources at their disposal to attack this problem," Rivers concl in his letter. "We owe no than this