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South Africa, 7/7-7/14/00 [2]

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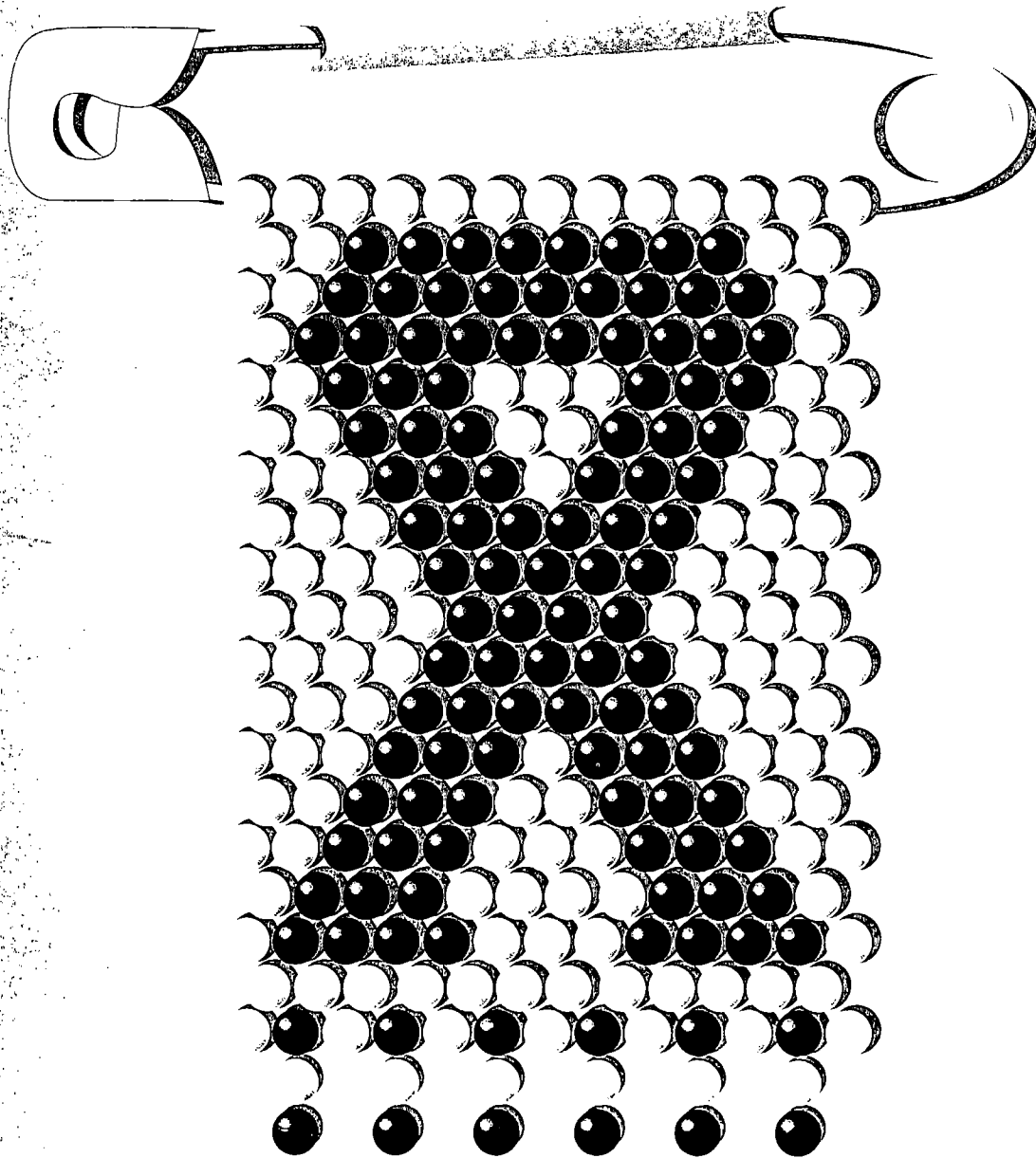
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3rd International HIV Prevention Works Symposium

The Royal Hotel, Durban, South Africa, 8 & 9 July, 2000

**Official Symposium of the
XIII International AIDS Conference**



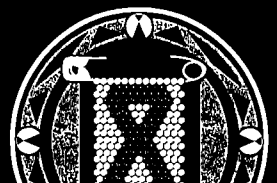
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Final Programme



DRAFT – DRAFT

Declaration of Partnership
Between
The Nelson Mandela Children's Fund
And
The United States Government

14 July 2000

Location: Hilton Hotel – Ballroom

8:00-8:30	Choir Arrives NMCF staff arrives USAID staff arrives Embassy staff arrives
8:40	USAID Staff and Security situated at the entrance to the ballroom
9:00-9:30	Guests /Media Arrive Choir will be singing as the guests arrive
9:35	Last guest/media seated
9:35	Ambassador Lewis, Sandra Thurman, Vivan Lowery Derryck and youth arrive to holding room Achmat Dangor and Caroline Connolly wait in lobby to greet Mr. Mandela at the service entrance and bring Mr. Mandela to holding room.
9:50	Ambassador Lewis, Sandra Thurman, Vivian Lowery Derryck and youth meet and greet each other.
10:00	Mr. Mandela, Ambassador Lewis, Sandra Thurman, Vivian Lowery Derryck, youth, Achmat Dangor and Caroline Connolly enter the ballroom and walk down to the podium
details of seating to be inserted	
10:05 Welcoming	Mr. Achmat Dangor Chief Executive Officer Nelson Mandela Children's Fund

10:08	
Welcoming	Ms. Vivian Lowery Derryck Assistant Administrator for the Africa Bureau USAID/Washington
Ms. Derryck introduces Ambassador Lewis	
10:11	
Remarks	Ambassador Delano Lewis US Ambassador to South Africa
10:14	Mr. Dangor introduces Ms. Thurman
10:15	
Remarks	Ms. Sandra Thurman White House Advisor on AIDS
10:18	Mr. Dangor introduces youth
10:19	
Remarks	Youth
10:22	Youth Introduces Mr. Mandela
10:23	
Remarks	Mr. Nelson Mandela Founder – Nelson Mandela Children’s Fund
10:33	Grant Signing Mr. Mandela, Ambassador Lewis, Ms. Thurman and Mr. Dangor will sign the document.
Details to be inserted	
10:43	Choir Closes Ceremony with National Anthem
10:45	Brief Question and Remarks Session
11:00	Event closes



PRESS BRIEFING BY MINISTER OF HEALTH - SA.

Yesterday, President Mbeki opened this Conference and reaffirmed our government's commitment to respond to the HIV/AIDS epidemic.

He also referred to our 5-year HIV/AIDS/STD Strategic Plan released on the 19th of June 2000 containing the key elements of our national response to the epidemic. It also represents the collective wisdom of many South Africans from across a wide range of sectors who participated in its formulation. It has the full endorsement of our government, as well as the South African National AIDS Council (SANAC) chaired by our Deputy President, Jacob Zuma. SANAC is the concrete manifestation of this country's partnership against AIDS and has representatives from an array of civil society structures.

This 5-year Strategic Plan is premised on the common understanding that there is a causal link between HIV and AIDS. **The President of this country has never denied either the existence of AIDS nor this causal connection between HIV and AIDS.** In this regard, we would like to quote the editorial of the Sunday Times of yesterday, 9 July 2000. "Neither he nor Tshabalala-Msimang have ever denied the link between HIV and AIDS, and nor have they ever denied that AIDS represents a public health crisis that demands a special response from the government. On the contrary, in a television insert that has been run repeatedly over the past year, Mbeki has pleaded with the youth to use condoms and take the Aids crisis seriously. He should not be begrudged this because he has overzealously demanded a re-examination of scientific orthodoxy."

It is precisely those who have decided to make this allegation and then cynically expect the President to respond to distortions of their own making, who should reflect on their own consciences.

In any event, the statement of President Mbeki during the opening ceremony was unequivocal on this matter.

A key element of our plan is the escalation of prevention efforts. This is focused particularly at the youth and includes the introduction of life skills programmes in schools as a compulsory part of our curriculum. It also includes peer education and broader social mobilisation.

This effort is linked to public awareness on the dominant heterosexual modality of transmission in our context and therefore puts emphasis on condom usage and adequate treatment of sexually transmitted infections. We are strengthening all of these programmes and the President is unequivocal about our commitment to escalate our response on these elements.

We reject the notion that simply defines the adequacy of national responses to the issue of provision of antiretroviral drugs. These simplistic applications that are insensitive to the North/South realities are ridiculous to say the least.

- ⌘ As a further commitment to the reality that millions of our citizens require care and support, our Strategic Plan outlines a series of interventions to address this challenge.

An element of this is an initiative that involves a response to the challenge of the growing number of AIDS orphans.

- ⌘ Having raised these issues, let me stress that our country continues to fight for an international dispensation that ensures greater access to ALL drugs for people in the developing world and the economically marginalised in the North. Our battles on this front against the pharmaceutical industry are well known. We remain firm in our resolve to support this international effort. This naturally includes the availability of all treatment of proven efficacy and benefit to deal with the epidemic of HIV and AIDS.

We are encouraged by the growing support for such interventions as parallel importing, compulsory licensing and local manufacturing, and we support these initiatives fully.

- ⌘ Our Strategic Plan also places a lot of emphasis on the need to prevent all forms of discrimination against those infected and affected. This is central to the realisation of the theme of this Conference, namely "Breaking the Silence".

- ⌘ We wish to reiterate our backing of this Conference and the robust debates it hosts.

KAROS EDWARD HOTEL
149 MARINE PARADE.



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

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Cheryl Baucle of Sandy Thurman's Office	Sarah
COMPANY:	DATE:
DHHS Main Office	July 10, 2000
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
27 31 336-2620	1
PHONE NUMBER:	
RE:	
Press Opportunity for Sandy	

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

NOTES/COMMENTS:

Yo! OK - strictly business for now (though I will be sending you a personal fax a bit later). I talked with Jeff Kamen about this and though it sounded to me like he said 'no' - it was not very clear whether he wanted to check it with sandy first. Would you mind taking the lead on getting an answer so I can call this nice man back...?

Jeff from WashingtonPost.com (also a friend of Brian Daly's) would like to have Sandy do a live text web discussion on the wp.com web site. This would basically mean that anyone who is on the website at the scheduled time would send in questions. Sandy (aka you) would sit at the computer and type in answers to whichever ones she felt like answering. They usually last an hour, but Jeff is willing to cut it down to only 20 minutes if that's all that she can do. He's trying to get it scheduled for Thursday evening - about 6 or 6:30 PM your time.

Kamen said that it was asking too much of Sandy at this time. Indeed, it might be a bit too intense for the atmosphere that ya'll are in right now - but I wanted to make sure that we were in fact *declining* and not just *thinking*!

!! Smile !!
LH 8A

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

BASICS

Airport You will be cleared through customs in Jo'burg. The Durban airport is currently under construction. You will be met by a SSS staff member and your driver (a close protection officer), escorted to baggage and then the car. 15 - 20 minutes to hotel.

Hotels The Royal Hotel
267 Smith Street
P.O. Box 1041
Durban 4000, South Africa
Tel: 27 31 304 0331
Fax: 27 31 305-3504

Check-in on Friday, July 5th.
Check out on Saturday, July 15th.

The OAR staff will meet you in the lobby and assist with check-in. Room and tax have been prepaid.

Hotel des Mille Collines
B.P. 1322
Kigali - Rwanda
Tel: 250-76530
Fax: 250-76541

Transport The car and driver will be available to you for the duration of the conference.

Registration You are registered and prepaid. Conference registration materials will be delivered to your hotel room upon your arrival.

Conference The International Conference Center (ICC) will house most official events. 5 - 10 minute walk from the Royal Hotel.

Staff Michael is staying in the Royal with you (checks in on the 7th after two nights at the Hilton). Jeff is staying at the Hilton. Cheryl is staying at the Holiday Inn Garden Court. Paul Gaist is staying at the Royal.

Cell phones You, Michael, Jeff and Cheryl will all be provided with cell phones. They will be available at.... All numbers are listed on the following pages.

Your Office Regus Business Centre
Old Mutual Centre Building
303 West Street, 26th Floor
Tel: 27 31 336 2534
Fax: 27 31 336 2620

5 - 10 minute from the Royal Hotel and the ICC.

Available to you from the 9th - the 14th.


SUT'S Book

Contacts 

Contacts

The Royal Hotel	Tel: 27 31 304-0331 Fax: 27 31 305-3504
Thurman Office	Regus Business Centre Old Mutual Centre Building, 303 West St, 26 th Flr Tel: 27 31 336 2534 Fax: 27 31 336 2620
Hilton Hotel	Tel: 27 31 336-8100
Holiday Inn (Cheryl)	167 Marine Parade Tel: 27 31 337-3341 Fax: 27 31 332-9885
Thurman Cell Iskowitz Cell Bauerle Cell Kamen Cell	
Miguel Gomez	?
Caroline Connelly	Cell: 27 83 417 6860
Ron MacInnis	Cell: 27 82 858 6421
Nils Dulaire	Cell: 27 82 858 3464
Mary Partlow	Cell: 082 858 6422
Linda Jackson	Cell: 27 82 858 1162 Off: 27 31 336 2534
Sarah Holewinski	Office: (202) 456-2959 Cell: (202) 904-3682

Country Contacts

TAB #5
SA Specific

AIDS IN SOUTH AFRICA



Overview

- In sub-Saharan Africa, more than 11,000 additional people become HIV+ each and every day. In South Africa alone, 4.2 million people are already HIV+¹ and at least 1,600 people a day are newly infected.²
- UNAIDS reports that half of all HIV+ people in the 9 southern African countries hardest hit by the pandemic live in South Africa.
- The number of reported AIDS cases in South Africa has risen 33% since the end of 1997.³
- By 2010, 25% of South Africa's adult population is expected be HIV+⁴; AIDS deaths will peak about 5 years later at 256 AIDS deaths per 100 normal deaths.⁵
- According to the Actuarial Society of South Africa (ASSA), the country's total population by 2015 will be 23% lower than it would have been without AIDS.⁶
- UNAIDS reports that during the last 8 years, HIV prevalence in South African prenatal clinics has increased more than 21-fold, and that the 1998 national prevalence rate among pregnant women was 23%.
- By 2008, 1.6 million South African children will have been orphaned by AIDS.⁷
- A new UNAIDS Report estimates that in South Africa, AIDS is set to claim the lives of around half of all 15 year olds.⁸

Development

- In the next few years, AIDS will reduce life expectancy in South Africa by a third, from 68 to 45 years⁹. By 2010, infant mortality is expected increase by 40%.¹⁰
- AIDS as a security issue. Recent reports confirm that 40% of the South African military is already HIV positive. US military officials have raised this as a serious stability concern.¹¹
- A South African anti-crime institute has linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest. Without appropriate intervention, many of the almost 2 million children projected to be orphaned by AIDS in South Africa will raise themselves on the streets, often turning to crime, drugs, commercial sex, and gangs for survival. This not only effects social stability but also dramatically increases their risk of HIV.¹²

¹ New UNAIDS Report.

² Africa Facts 2, ONAP.

³ USAID Country Profile.

⁴ UCB.

⁵ Ing Barings. South African Research. Economic Impact... April 2000, Page 1.

⁶ Ing Barings. Page 6

⁷ UCB.

⁸ UNAIDS Press Release, 6/27/00

⁹ Africa Facts 2, ONAP.

¹⁰ UCB.

¹¹ Africa Facts 2, ONAP.

¹² Africa Facts, ONAP.

Economic Impact

- The economically active population (25 -50 years old) will be the worst affected, with infections rates expected to reach 26% in just a few years. South Africa's unskilled and semi-skilled workforce will be most heavily impacted, though skilled and professional workers follow close behind.¹³
- Between 2000-2015, The South African labor force is expected to average 10% lower due to AIDS.¹⁴
- In a country already battling a skills shortage, AIDS will only exacerbate the problem by decreasing the work force, lower labor productivity, lower labor income, and increase demand for health services both in the private sector and in government supports.¹⁵
- By 2010, the demand for health services could be over 11% higher than it would have been without AIDS.¹⁶ The cost of treating one AIDS case already exceeds the GNP per capita by more than \$1,000. In KwaZulu/Natal, the entire provincial health budget is spent on AIDS-related illnesses.¹⁷
- A recent report predicts that South Africa's Real GDP will be .4% lower by 2006 than it would have been without AIDS. As the country generates 45% of sub-Saharan Africa's total GDP, the lower growth and higher risk profile for South Africa will not bode well for financial markets and may deter foreign investors.¹⁸
- At a meeting with African trade and finance ministers, Professor Jeffrey Sachs, director of the Harvard Institute for International Development, stated that, "a frontal attack on AIDS in Africa may now be the single most important strategy for economic development."¹⁹

Response

- After a slow start, in 1994 South Africa became the first sub-Saharan country to develop and gain Cabinet approval for a comprehensive HIV/AIDS policy.²⁰
- Though the failure of past actions continue to challenge the South African government in their ability to respond successfully, renewed leadership has and will continue to help break the silence surrounding AIDS. Both Archbishop Desmond Tutu and Nelson Mandela have spoken out publicly on HIV/AIDS issues including condom use and safe sex.
- The private sector has begun to respond. Since 1993, the South African power company Eskom, has guaranteed full ill-health and pension benefits to employees with AIDS and their families. It also provides clinical services, counseling and therapy, supports educational programs, both in the workplace and in the public arena, and is engaged in funding vaccine research.
- USAID, UNAIDS (still working on donor involvement info...)

¹³ Ing Barings, Page 1.

¹⁴ Ing Barings, Page 10.

¹⁵ Ing Barings, Page 1.

¹⁶ Ing Barings, Page 15.

¹⁷ USAID Key Talking Points.

¹⁸ Ing Barings, Page 2.

¹⁹ Africa Facts 2, ONAP.

²⁰ UCB.

TAB ~~4~~ 4
Epidemic
Overview

Part in
of Back
TAB Behind,
Staneele
Regret

AIDS in Africa is a Serious Crisis

But Opportunities Exist for Helping to Save Millions of Lives

AIDS IN SUB-SAHARAN AFRICA IS SHATTERING FAMILIES AND COMMUNITIES.

- ❖ About 24 million Africans south of the Sahara are HIV infected -- almost 70% of the world's total number infected in a region that accounts for only 10% of the world's population.
- ❖ In seven countries in southern Africa, including South Africa, 20% of the adult population (ages 15 to 49) is already infected.
- ❖ UNAIDS has declared HIV/AIDS in Africa “the worst infectious disease catastrophe since the bubonic plague.”
- ❖ In sub-Saharan Africa, each and every day more than 11,000 additional people become HIV+. In South Africa alone, at least 1,600 people a day become HIV+.
- ❖ AIDS is now the leading killer in sub-Saharan Africa with 84% (13.7 million) of the 16.3 million AIDS deaths to date.
- ❖ There are over 5,500 AIDS related funerals a day in Africa. That number will rise to 13,000 a day by 2005.
- ❖ In 1998 in Africa, 200,000 people died as a result of war -- AIDS killed 2.2 million.
- ❖ By 2010, more than 40 million children in Africa will be orphaned by AIDS.

AIDS IS WIPING OUT DECADES OF PROGRESS ON A HOST OF DEVELOPMENT OBJECTIVES IN SUB-SAHARAN AFRICA.

- ❖ According to US Census Bureau, AIDS has already reduced life expectancy Zimbabwe from 65 to 39 years, in Uganda from 54 to 43 years, and in Zambia from 56 to 37 years. In the next few years, AIDS will reduce life expectancy in South Africa by a third, from 68 to 45 years.
- ❖ In the coming decade, AIDS will double infant mortality (infants under the age of 1) in many sub-Saharan Africa countries and triple child mortality (children ages 1 to 5).

AIDS IS NOT ONLY CAUSING UNFATHOMABLE HUMAN SUFFERING IT IS JEOPARDIZING THE ECONOMIES, THE STABILITY, AND CIVIL SOCIETY OF MANY SUB-SAHARAN AFRICAN NATIONS.

- ❖ AIDS is a trade and investment issue. At the recent meeting with African trade and finance ministers, Professor Jeffrey Sachs, director of the Harvard Institute for International Development, stated that, “a frontal attack on AIDS in Africa may now be the single most important strategy for economic development.”
- ❖ According to *The Economist*, a recent study in Namibia estimated that AIDS cost the country almost 8% of GNP in 1996. Another analysis predicts that Kenya's GNP will be 14.5% smaller in 2005 than it would have been without AIDS, and the per capita income will be 10% lower.

- ❖ A report released by the World Bank last week states: “The question is, will this pandemic destroy the developing nations’ hard earned economic gains or will governments get their act together in time? Clearly time is running out.”
- ❖ AIDS has hit professionals hard in sub-Saharan Africa, particularly civil servants, engineers, teachers, miners, and military personnel. According to one study in Kigali, Rwanda, 34% of people with post-secondary education were HIV positive, compared to 18% of those with primary education, and civil servants were more than three times more likely to be HIV positive than farmers. Increased benefits and training costs, and disruption due to sick and bereavement leave are seriously affecting both the private and public sectors. Companies like British Petroleum and Barclay Bank told us that they are now hiring two employees for every one skilled job, assuming that one will die of AIDS.
- ❖ AIDS is a security issue. According to the Economist, “the estimated HIV prevalence in the seven armies embroiled in the Congo range from 50% for the Angolans to 80% in Zimbabweans”. Recent reports confirm that 40% of the South African military is already HIV positive. US military officials have raised this as a serious stability concern.
- ❖ A South African anti-crime institute has linked the growing number of children orphaned by AIDS to future increases in crime and civil unrest. Without appropriate intervention, many of the 2 million children projected to be orphaned by AIDS in South Africa will raise themselves on the streets, often turning to crime, drugs, commercial sex, and gangs for survival. This not only effects social stability but also dramatically increases their risk of HIV.

DETERMINED LEADERSHIP AND PARTNERSHIPS HAVE MADE, AND ARE CONTINUING TO MAKE, AN EXTRAORDINARY DIFFERENCE, SAVING MILLIONS OF LIVES.

- ❖ Uganda has been the world leader in demonstrating that even a country with limited resources and low levels of literacy could turn the tide on a burgeoning epidemic. President Museveni demonstrated bold leadership early on, making every government ministry take the problem seriously, and develop and implement its own plan for reducing stigma and transmission, and caring for those who become sick.
- ❖ Uganda has created an enabling environment for donors, such as the US, to be active partners in the battle against AIDS. The US has invested \$46 million in HIV prevention and care in Uganda (26% of all donor AIDS funding), and as a result, HIV rates have been slashed by almost half to 8%.¹
- ❖ . Through stigma reduction, education, HIV counseling and testing, treatment of STDs, and community based HIV care and support, Uganda has begun to turn the tide.
- ❖ Countries such as Zambia, Malawi, Uganda, and Kenya have begun to develop initiatives to respond to the growing number of children orphaned by AIDS. In the longstanding African tradition, communities are finding creative ways to support the village in its efforts to raise its children, but the growing number of orphaned children already overwhelms many of these villages.
- ❖ Through micro-finance programs like FINCA (Foundation for International Community Assistance), women are receiving loans, starting small businesses, and with increased household incomes, taking in children orphaned by AIDS. With support of non-governmental organizations, communities are coming together to deal with school fees, nutritional assistance, immunization and oral hydration, counseling, and the range of other needs that arise for orphaned children. These efforts are low cost strategies designed to empower

women, protect children, and support extended families and communities in carrying for their own. For a small fraction of the cost of one orphanage bed an entire community of vulnerable children can receive care. The problem is that only a very small number of children receive even this modest level of support.

+AIDS in India

AN IMPENDING GLOBAL EMERGENCY

AIDS IN INDIA WILL SOON COME TO DOMINATE THE HIV PICTURE.

- ❖ At the beginning of the millennium, 3.7 million people in India were living with HIV/AIDS -- more than any country in the world except for South Africa.¹
- ❖ About 3 -5 million in India are HIV infected -- and while this is low in comparison to what we have seen in Africa, infection rates are increasingly rapidly and expected to double every 14 months.²
- ❖ Left unchecked, experts predict India to surpass Africa in total number of AIDS cases within the next 10 - 20 years.³
- ❖ India is the second most populous country accounting for nearly a billion people -- 16% of the world's population. A rise in infection rate of just 0.1% would add over half a million people to the total number living with HIV.⁴
- ❖ India also accounts for the highest concentration of poor in the world, with 300 million living in poverty and half of its children malnourished.⁵
- ❖ AIDS is moving from urban centers to rural villages, which account for 70% of the India's population. A recent survey of the countryside found that 2.1% of the adult population there was HIV infected compared with 0.7% of the urban population.⁶
- ❖ One in four cases of HIV in India is among women. Over 1 million women are living with HIV/AIDS -- and in 5 states, more than 1% of pregnant women were found HIV+. ⁷
- ❖ According to UNAIDS, 120,000 children in India have been orphaned by AIDS since the beginning of the epidemic -- and infant mortality is projected to increase nearly 2% by the year 2015.⁸
- ❖ Surveillance of the disease is particularly difficult in India as cultural norms, gender inequities, and stigma continue to drive the epidemic underground -- and keeping pace with the epidemic in a population of 1 billion poses an enormous challenge. As a result, AIDS cases are thought to be under-diagnosed, and therefore, poorly treated.⁹

1 2000 UNAIDS Fact Sheet -- HIV/AIDS in Asia

2 1999 UNAIDS Update

3 Ibid.

4 Ibid.

5 USAID Country Brief. October 99

6 Ibid.

7 Ibid.

8 UNAIDS Update 99.

9 ONAP Africa Report.

AIDS POSES ONE OF THE BIGGEST THREATS TO INDIA'S ABILITY TO SUSTAIN PROGRESS ON A HOST OF ECONOMIC, CIVIL, AND POLITICAL FRONTS, AND ON ITS PLACE AS AN EMERGING GLOBAL POWER.

- ❖ AIDS in India has reduced life expectancy. In the coming decade, it is projected to drop from about 69 to 66 years old due to AIDS. ¹⁰
- ❖ An estimated 90% of reported AIDS cases in India are among 20 -45 year olds, devastating the most economically productive segment of the population. As productivity falls and business costs rise, AIDS threatens India's progress in economic prosperity, foreign investment, and sustainable development.¹¹
- ❖ By 2000 (?), AIDS will cost India \$11 billion or 5% of GNP. ¹²

DETERMINED LEADERSHIP AND PARTNERSHIPS HAVE THE POTENTIAL TO MAKE AN EXTRAORDINARY DIFFERENCE, SAVING MILLIONS OF LIVES.

- ❖ Without a successful intervention, India will be faced with the same devastation that many countries in Africa face today. However, a well-managed prevention program at the state and territorial level could keep HIV infection below 2% of the adult population in India. ¹³
- ❖ Success has been shown at the community level. At least one progressive state government, in the southern state of Tamil Nadu, has taken the initiative to respond to AIDS through its State AIDS Society -- and similar societies now exist in all Indian states. Together with a multinational advertising agency, the SAS launched campaigns that address prevention and include stigma messages. Recent reports show that casual sex fell by half over two years, and condom use with casual partners rose to 50% in 1998 from just 17% in 1996, before the five wave of the campaign was launched.¹⁴
- ❖ Both President Clinton and Prime Minister Vajpayee have sounded the alarm on the AIDS crisis in India. The two countries released a "Joint Leadership Statement on HIV/AIDS", thereby pledging to work together through research, prevention and care to bolster the fight against AIDS. The statement calls for the highest levels of each government to work with the private sector to raise awareness and lessen the stigma faced by those living with HIV and AIDS.¹⁵

10 USAID Country Brief.

11 USAID Sentence 1. UNAIDS Sentence 2.

12 ONAP Africa Report.

13 USAID Country Brief.

14 UNAIDS Update 99.

15 India Op-Ed.

C- Put behind July 8th
appointment page, in Sandy's
briefing book



ATTENTION : CHERYL BAVERLE
SARAH HOLEWINSKI
COMPANY : WHONAP
FAX : 2064882 091202 456 2438
FROM : KAREN FEUILHERADE
COMPANY : APPLEBERRY CONFERENCES, SOUTH AFRICA
CONTACT NO. : TELEPHONE- +27 31 208 2578, 208 2588
FAX - +27 31 208 0324
DATE : 5/4/2000
PAGES : INCLUDING THIS PAGE 2

3RD INTERNATIONAL HIV PREVENTION WORKS SYMPOSIUM

Please find attached a page that Dr Paul Gaist has requested that we send through to you both. The page details the Opening Ceremony speakers of the above mentioned conference.

Many thanks

With kind regards

KAREN FEUILHERADE
APPLEBERRY CONFERENCES

PROGRAMME

Saturday, 8th July

08:30 – 10:00

Opening Ceremony

The Playhouse

Welcome

- Dr Quarraisha Abdool Karim, Chairperson,
3rd International HIV Prevention Works Symposium

Opening Plenary

Session Chair

- Dr Malegapuru Makgoba, President,
South African Medical Research Council, South Africa

Introductory Comments

- Mayor Obed Mlaba, The Mayor of Durban
- Dr Zweli Mhhize, Provincial Minister of Health,
Kwazulu-Natal
- Dr Manto Tshabalala-Msimang, National Minister of Health,
South Africa
- Dr Rudolf Schaller, Ambassador of Switzerland to South
Africa, Embassy of Switzerland
- The Honourable Maria Minna, Minister for International
Cooperation, Canadian Government

Keynote Address

- Ms Sandy Thurman, Director, The White House Office of
National AIDS Policy, United States of America
- Mr Callisto Madavo, Vice President, The World Bank Africa-
region, United States of America

Cultural Event

- McCord Hospital Sinkithemba Centre Choir

10:00 – 10:30

Tea/Coffee break

COMBINED SCHEDULE

- ❖ SANDY THURMAN,
HIV/AIDS Advisor to the White House
- ❖ VIVIAN LOWERY DERRYCK,
Assistant Administrator, Africa Bureau
- ❖ JOE CRAPA,
Assistant Administrator, Legislative & Public Affairs

WEDNESDAY, JULY 5, 2000

DURBAN

Sandy Thurman

Control Officer: Caroline Connolly 083 417 6860

Accommodation: Royal Hotel, 267 Smith Street, Durban, T: (031) 304 0331

F: (031) 307 6884

Transport: NIH

Arrive Durban and met NIH

Taken to Royal Hotel, 267 Smith Street, Durban by NIH

22:00

Caroline to meet with Sandy Thurman at Royal Hotel.

THURSDAY, JULY 6, 2000

DURBAN

Sandy Thurman

Control Officer: Caroline Connolly 083 417 6860

Transport: HIH

TBD

PRETORIA

Joe Crapa

Control Officer: Bill Brands 083 417 6855

Accommodation: Sheraton Hotel, 643 Wessels St., Arcadia, Pretoria

T: (012) 429 9999

Transport: USAID

20:00

Arrive Swissair Flight 282 – Brands will accompany USAID driver to airport and take to Sheraton Hotel

FRIDAY, JULY 7, 2000

DURBAN

Sandy Thurman

Control Officer: Caroline Connolly 083 417 6860

Transport: NIH

TBD

PRETORIA

Joe Crapa

Control Officer: Bill Brands 083 417 6855

Transport: USAID

08:15	USAID driver from Sheraton to USAID Mission
08:30-09:30	Team Leaders meet with Mr Crapa to brief on respective sector activities
09:30-10:15	Briefing by Education Team – Don Foster-Gross, Team Leader
11:15-13:00	Lunch at Wandies
13:00-14:30	Site visits to micro-enterprise sites. Simon Aphone and Jaime Reibel will meet us at Wandies and escort us to BP Petrol Station and Lucky's Tuck Shop
14:30-15:30	Site visits to eco-housing project. Sergio Guzman has arranged project manager to meet us at Wandies for lunch
15:30-16:30	Visit Hector Peterson Memorial
16:30-17:30	Return to Sheraton Hotel in Pretoria
18:45	USAID driver to collect from Sheraton and take to Chagall's Restaurant
19:00-22:00	Dinner at Chagall's Restaurant with Eilene, Don Foster-Gross, Karl, Peter Hubbard and Ken.

SATURDAY, JULY 8, 2000

DURBAN

Sandy Thurman

Control Officer: Caroline Connolly 083 417 6860

Transport: NIH

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

CAPE TOWN

Joe Crapa

Control Officer; Bill Brands 083 417 6855

Accommodation: V&A Hotel, Waterfront, Cape Town

T: (021) 419 6677

06:15 USAID transport for Crapa and Brands (Brands pick-up 06:00) to airport

08:00 Crapa and Brands fly to Cape Town via SA 307

Site Officer: Russell Hawkins 083 380 1786

10:10-17:00 Russell Hawkins meets at airport and escorts group to Amy Biehl Foundation and Gugulethu Housing Project

Evening Free

DURBAN

Vivian Lowery Derryck

Buck Buckingham: Accommodation T: Cell No.

Control Officer: Reverie Zurba 083 417 6861

Accommodation: Mount Edgecombe, 107 Marshall Drive, Mount Edgecombe, 4300. T: (031) 539-2052 F: (031) 502-3222

10:55 International Chauffeur Drive (ICD) available to 7/14

Contact: Surprise on 082 777 3458

10:55 Arrive Durban flight BA6309. Reverie Zurba to meet. Can pick up confirmed cell phone from MTN Fone for Hire at Durban Airport. Must present credit card when picking up.

17:00-19:00 Opening of the Living Together Project Exhibit, Alhambra Room at the Durban Playhouse. Buck Buckingham to accompany.

*Saturday
→ Press people*

SUNDAY, JULY 9, 2000

DURBAN***Sandy Thurman*****Control Officer: Caroline Connolly 083 417 6860****Transport: NIH**

08:00 Site visit with Press to be arranged with Press
13:00-14:15 Federal Press Conference (Sandy, Fauci, O'Neill, Gayle, Goosby)
Post Press Conference (10 minutes)
15:00-17:00 The Future of the Epidemic, Hall 1 ICC (optional)
18:00-19:00 Welcome reception at ICC, Walnut road (optional)

DURBAN***Vivian Lowery Derryck*****Control Officer: Eilene Oldwine 083 306 9553**

[09:15 Eilene arrives Durban CE404, will be met by USAID driver and taken to
Mount Edgecombe Hotel]
Time TBD Site visit to orphanage with Sandra Thurman *et al.* Durban
15:00-17:00 The Future of the Epidemic, Hall 1 ICC (optional)
18:00-19:00 Welcome reception at ICC, Walnut Road (optional)

Joe Crapa**CAPE TOWN****Control Officer: Bill Brands 083 417 6855 to 17:30**

08:00-15:30 Visits arranged to Robben Island and/or Table Mountain
17:30 Brands departs Cape Town for Jo'burg via SA 334
19:00 Crapa departs Cape Town for Durban via SA 610

DURBAN**Control Officer: Ken Yamashita 083 417 6857 from 20:55****Accommodation: Kapenta Bay, The Waterfront, Promenade, Port Shepstone****T: (013) 682 5528**

20:55 International Chauffeur Drive (ICD) available to 7/14
Contact: Surprise 082 777 3458
20:55 Crapa arrives Durban via SA 610. Ken Yamashita to meet at airport
21:00-22:00 ICD to transport Ken and Mr Crapa to Kapenta Bay in Port Shepstone

MONDAY, JULY 10, 2000

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

DURBAN

Sandy Thurman

Control Officer: Caroline Connolly 083 417 6860

09:45-10:45 USAID Press Conference: Demographic Impact in Developing Countries,
Ground Level ICC
11:00 Depart ICC for Royal Hotel, Ulundi Street entrance.
Site Officer: Nelly Gqwaru 082 338 2014
11:30 Depart Royal Hotel, Ulundi Street entrance, for site visit in Pietermaritzburg
Vehicles: Barlow Kombi w/Driver
Passengers: Sandy Thurman, Vivian Lowery-Derryck, Joe Crapa, Eilene Oldwine,
Paul Delay, Ken Yamashita, Caroline Connolly, Nellie Gqwaru
12:30 Arrive at Edendale Hospital, Pietermaritzburg
Briefing on the hospital and tour of the Pediatrics Ward with Drs Mabaso
and McKerrow
** Contact Person: Dr Mabaso (033) 395 4911
** Contact Person: Dr McKerrow (033) 897 3000
14:00 Depart Pietermaritzburg
15:00 Arrive at Lily of the Valley Children's Hospital, Farm Killarney, Eston
** Contact Person: Anita Keyser (031) 781 1063
Tour of the Children's Centre with Ms Anita Keyser
16:00 Depart Lily of the Valley Children's Centre
16:30 Arrive at Royal Hotel, Ulundi Street, Durban
17:30 (10 minutes) Web MD Daily Update: Access to Care

DURBAN

Joe Crapa

Control Officer: Ken Yamashita 083 417 6857

08:00 Joe and Ken leave Port Shepstone for ICC in Durban
09:45-16:30 Schedule for site visits same as Sandy Thurman (optional)

DURBAN

Vivian Lowery Derryck

Control Officer: Eilene Oldwine 083 306 9553

[Packed luncheons for site visit to be arranged with Mount Edgecombe Hotel]

08:45 USAID driver, Benjamin, to pick up Vivian and Eilene and take to ICC Press
Conference
09:45-16:30 Schedule for site visits same as Sandy Thurman

TUESDAY, JULY 11, 2000

DURBAN

Sandy Thurman

Control Officer: Caroline Connolly 083 417 6860

08:30 Caroline to collect Sandy
09:15-10:15 USAID Press Conference on Ground Level of ICC: LIFE One Year Later
Speakers: Sandy Thurman, The White House; Vivian Lowery Derryck, USAID
and Dr Helene Gayle, CDC
11:00-12:00 Attending Conference at ICC
12:00-14:00 African and American NGO Twinning Luncheon
15:00-17:00 PLWA Round-table discussion (SLT, Satchel, Goosby)
17:30 Daily Update: Living with HIV/AIDS

DURBAN

Vivian Lowery Derryck

Control Officer: Eilene Oldwine 083 306 9553

08:15 USAID driver, Benjamin, to call for Vivian and Eilene
09:15-10:15 USAID Press Conference on Ground Level of ICC: LIFE One Year Later
Speakers: Sandy Thurman, The White House; Vivian Lowery Derryck, USAID
and Dr Helene Gayle, CDC
Site Officer: Anita Sampson 082 579 4788
11:00 Arrival Royal Hotel, Ulundi Street entrance, of USAID group and media
11:30 Depart Royal for site visit: Medical Care Development International, Ndwedwe
Vehicles: Barlow Kombi with driver and USAID Mini Van with driver
Passengers: Vivian Lowery-Derryck, (Joe Crapa), Eilene Oldwine, Ken Yamashita,
Anita Sampson, Reverie Zurba, Liz Lasser, Gabriella Bushman, Pamela
Wyville-Staples, Nellie Gqwaru, David Patterson, plus some AID/W people plus
5-9 media
12:30-14:30 Ndwedwe, Tafamasi Clinic. Introductions to nurse in charge of the clinic and
community leader
Tour the clinic
Everyone seated, introduction to the Ndwedwe Child Survival Project
- David Patterson and Sibusiso
Choir
Talk by Community Leader
Talk by nurse
Talk by District health System Representatives
Choir
Refreshment
14:30-15:30 Depart from Ndwedwe for Mount Edgecombe
17:00 Depart from Mount Edgecombe for USAID OVC discussion
18:00-20:00 Orphans and Vulnerable Children discussion at Balmoral Hotel, 125 Marine Parade,
Durban (5 minutes from ICC)
20:30 Dinner (18:00) hosted by Betsi Pendry, HIV/AIDS consultant, for US attendees and
people working on HIV/AIDS in South Africa, 3 Sylvan Close, Umhlanga.
Contact number 082 263 6896

DURBAN

Joe Crapa

Control Officer: Ken Yamashita 083 417 6857 to 17:00

07:30 Ken and Joe to Press Conference
09:15-10:15 USAID Press Conference on Ground Level of ICC: LIFE One Year Later
Speakers: Sandy Thurman, The White House; Vivian Lowery Derryck, USAID
and Dr Helene Gayle, CDC
10:30 Depart ICC by shuttle bus for Royal Hotel
11:00-15:30 Ndwedwe Site Visit
17:00 Scheduled departure from Durban to Johannesburg via SA 7032. ICD to provide
transport for Mr Crapa to Durban airport.

PRETORIA

Control Officer: Peter Natiello 083 417 6866 from 18:00

Accommodation: Sheraton Hotel, 643 Wessels St., arcadia, Pretoria

T: (012) 429 9999

Transport: USAID

18:00

Scheduled arrival in Johannesburg of Mr Crapa via SA 7032. USAID to provide transport for Mr Crapa from airport to Sheraton Hotel. Peter Natiello to accompany Mr Crapa and serve as control officer.

Evening free

WEDNESDAY, JULY 12, 2000

DURBAN

Sandy Thurman

Control Officer: Caroline Connolly 083 417 6860

08:00 Leave Royal for ICC
09:00-11:00 Chair Plenary Session "Prevention of HIV"
13:00 Meet at Royal Hotel for Ntinga visit. USAID has made arrangements for van and driver **ICD Contact: Surprise 082-777-3458**
13:30-14:30 Ntinga Micro-enterprise Support Project at the Thekweni Business Development Centre, 127 Alice Street, Durban
17:30 US delegation reception at Holiday Inn, Durban, 63 Snell Parade
19:00 Harvard reception at the Royal Hotel

DURBAN

Vivian Lowery Derryck

Control Officer: Eilene Oldwine 083 306 9553

09:15 Depart Mount Edgecombe Hotel for ICC
10:15-11:15 USAID Press Conference on Ground Level of ICC – Confronting Stigma and Denial: The Demand for Voluntary Counseling and Testing
11:15-12:30 ICC
12:30 Shuttle from ICC to Royal Hotel, Ulundi Street entrance
Site Officer: Bill Brands 083 417 6855
13:00 Meet at Royal Hotel for Ntinga visit. USAID has made arrangements for van and driver **ICD Contact: Surprise 082 777 3458**
13:30-14:30 Ntinga Micro-enterprise Support Project at the Thekweni Business Development Centre, 127 Alice Street, Durban
Site Officer; Rebecca Black 083 381 5195
14:30-15:00 Travel to site visit at Cato Manor
15:00-16:40 Cato Manor Housing, Durban
17:30-19:30 Ambassador *et al* Reception, Holiday Inn, 63 Snell Parade, Durban
20:00 Bill & Melinda Gates Foundation Reception (more information coming from Buck Buckingham, AFR/SD)

PRETORIA

Joe Crapa

Control Officer: Peter Natiello 083 417 6866

Transport: USAID

08:00-12:00 Mr Crapa to visit community law programs. Meetings arranged with NIPILAR, Pretoria, and NIPILAR's Advice Centre in Soweto
12:00-16:00 Urban Futures Conference, Inner City Workshop at Igoli Room, Civic Theatre, Braamfontein, Johannesburg (including luncheon)
14:30 USAID to provide transport for Mr Crapa to airport for scheduled departure to Atlanta via SA 7007 at 17:20

THURSDAY, JULY 13, 2000

DURBAN

Sandy Thurman

Control Officer: Caroline Connolly 083 417 6860

08:30	Sandy leaves Royal for Press Conference at ICC
09:00-10:00	USAID Press Conference on Ground Level of ICC: Children on the Brink
10:00-14:00	ICC
14:00-16:00	Ambassador's speech at ICC
17:30	Web MD Daily Update: Vaccines
18:15	"The Cost of Non-Intervention" in Hall 1, ICC

DURBAN

Vivian Lowery Derryck

Control Officer: Eilene Oldwine 083 306 9553

08:00	Depart Mount Edgecombe Hotel for ICC
09:00-10:00	USAID Press conference on Ground Level of ICC: Children on the Brink
10:00-14:00	ICC
14:00-16:00	Ambassador's speech at ICC
16:15	ICC or Mount Edgecombe Hotel
18:15	"The Cost of Non-Intervention" in Hall 1, ICC (optional)

FRIDAY, JULY 14, 2000

DURBAN

Sandy Thurman

Control Officer: Caroline Connolly 083 417 6860

07:00	Depart Royal Hotel for site visit
07:30	Site Visit to Children's Home/Hospital/School – with Media, Ambassador Lewis, Sandra Thurman, Eilene Oldwine, Achmat Dangor, Vivian Lowery Derryck, USAID/W
	AT ROYAL HOTEL – Nelson Mandela Children's Fund SIGNING CEREMONY
08:40	USAID/South Africa at door to greet guests Anita Sampson, Nellie Gqwaru and Pamela Wyville-Staples
09:25	Choir and Dancers start performing. Guests arrive
09:45	Ambassador Lewis, Sandra Thurman, Achmat Dangor, Vivian Lowery Derryck arrive. Choir sings in the background
09:55	Mr Nelson Mandela arrives
10:00	Welcome by Mr Achmat Dangor – Chief Executive Officer of Nelson Mandela Children's Fund
10:05	Welcome by Ms Vivian Lowery Derryck, Assistant Administrator for the Africa Bureau, USAID/Washington Ms Derryck introduced Ambassador Lewis
10:10	Remarks by Ambassador Delano E. Lewis, US Ambassador to South Africa * Mr Dangor introduces Ms Thurman
10:15	Remarks by Ms Thurman, White House Advisor on AIDS * Mr Dangor introduces Mr Mandela
10:20	Remarks by Mr Nelson Mandela, Founder, Nelson Mandela Children's Fund
10:30	Grant signing
10:35	Choir closes ceremony
10:40	Brief remarks to the Press
11:00	Leave Royal Hotel for ICC (via USAID vehicles)
12:00	Closing ceremony.

Vivian Lowery Derryck

Control Officer: Eilene Oldwine 083 306 9553

06:00	Eilene and Vivian depart Mount Edgecombe with USAID driver, Benjamin, for The Royal Hotel, Ulundi Street entrance
07:00-12:00	Same schedule as that of Sandy Thurman's, set out above
[14:45	Eilene Oldwine departs Royal Hotel for Durban Airport]

SATURDAY, JULY 15, 2000

DURBAN

Sandy Thurman

18:00 Depart South Africa on SA 524 DBN/JHB

DURBAN

Vivian Lowery Derryck

Control Officer: Pamela Wyville-Staples 082 858 2423

12:00 Depart Mount Edgecombe Hotel en route to Durban Airport

12:45 Collect Pamela Wyville-Staples at 583 Marine Drive, The Bluff, Durban and proceed to Airport

15:30 Depart Durban for Washington DC, Flight BA 6218



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Others, however, gave more charitable assessments.

"Mbeki's speech, I think, is very truthful, linking poverty to so many of these diseases," said Abraham Alabi, a 40-year-old Nigerian microbiologist working in Gambia. He said that he, too, believes all pregnant women should be offered antiviral medicines to lower the risk of transmitting infection to their newborns – a policy the South African Health Ministry currently opposes.

This afternoon, before the conference opened, about 5,000 people gathered outside the Durban city hall to hear more than a dozen speakers call for free medicines for poor countries. Not a single person questioned the connection between HIV and AIDS, and unlike occasional hecklers during the opening ceremony, none uttered harsh words for the South African president.

"Viva Thabo Mbeki!" said Winnie Madikizela-Mandela, former wife of Nelson Mandela, South Africa's first post-apartheid president. "Let me start by asserting what appears to have become less obvious in Africa in recent months. AIDS exists. HIV causes AIDS."

The crowd eventually marched to the cricket ground. One of the people who stopped to watch it pass was Thembaka Ngubane, 32, an unemployed teacher who was with her small son and niece.

Until a few months ago "AIDS was something that was far away from me. Now there are ads on TV. Now we realize it's really existing," she said.

Still, her most personal contact with the disease was cloaked in the denial and euphemism that marks much discussion here. Her 28-year-old cousin spent three weeks in a hospital in Durban last month. He was treated for tuberculosis but the relatives who visited whispered he had AIDS. She does not know if he was told he has AIDS, or if, in fact, he does.

"TB and AIDS – they are different but they are similar," she said.

At a visit to the same hospital this morning, Sandra Thurman, director of the White House Office of National AIDS Policy, was told by Umesh G. Laloo, a professor of medicine, that most of the adults now admitted have AIDS.

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SYMPOSIUM TOPIC: HIV/AIDS - Families and Communities
13 July 2000 - Keynote Address - "HIV and the Family"

Good afternoon ladies and gentlemen. It is indeed a pleasure to be here today. I thank you for your warm welcome and extend my thanks as well to the thirteenth International AIDS Conference Committee for inviting me to share my thoughts with you about HIV/AIDS and the profound effect it has on the family. It is always a special pleasure for me to visit the city of Durban and to be reminded of the rich history and extraordinary beauty of this very special corner of South Africa. I have had the opportunity to visit this city on numerous occasions and have been tremendously impressed by the rich culture in Durban and the will of the people here and throughout South Africa to participate actively in positive change.

As President Clinton's personal representative to South Africa, I would like to comment briefly on my own understanding of development and the importance I place on the issue of HIV/AIDS. I first wish to salute those here who have devoted their lives to working to respond to the HIV/AIDS epidemic – as care-givers, community

mobilizers, program developers, fund raisers, human rights advocates, researchers and otherwise. I would also like to recognize those children, families and communities throughout the world who have responded to this epidemic by developing creative ways to support people infected and affected by this disease. I applaud your efforts and pledge our commitment at this conference to help you find solutions.

As I stated to President Mbeki when I presented my credentials, I am new to South Africa but I am not new to the Continent of Africa, nor to the issues of development. As the US Peace Corps Associate Director in Nigeria and Country Director in Uganda in the late 1960s, I first came to know Africa during a time when much of the continent was trying to cope with the enormous challenges of national independence.

Although optimism abounded then, the years have proven difficult, and the struggles of the following decades are not over.

Today, in South Africa, the spirit of the miraculous political transformation of the post-apartheid era abounds. Yet so much remains to be done in the social and economic transformation and the AIDS epidemic in South Africa, and around the world, threatens both the growth of individuals and prosperity of nations. While many issues confront South Africa today, I have placed providing support to addressing the HIV/AIDS epidemic here as a top priority during my tenure as Ambassador.

The US government has committed significant resources globally and locally to combat this epidemic. For more than a decade, the US government – primarily through the United States Agency for International Development and Centers for Disease Control – has made a major obligation of resources, staff, and funding – more than \$1 billion – to counter the spread of HIV/AIDS in the developing world. This crucial investment in HIV/AIDS prevention and support is critical to the development process and has put the US Government at the forefront of the global response to the epidemic. But it has not

been sufficient to meet the task, and I want to assure all of you, that my government will do still more in the future. This commitment will continue through the new Leadership and Investment in Fighting the Epidemic – or ‘LIFE’ – initiative, which will increase US government funding considerably in the coming years to assist in combating this disease.

We are committed to ending this pandemic, because AIDS represents an enormous threat to our world, one that demands an effective and coordinated response from all sectors of society. It cannot be seen or dealt with only as a "health issue," and indeed it touches all of our lives and increasingly casts a shadow over the world's future. As Vice President Al Gore stated as head of the U.S delegation at the opening of the United Nation's Security Council in January this year:

"We must discuss AIDS not in whispers, in private meetings, in tones of secrecy and shame, but right here in one of the great forums of the world, loudly and boldly, with a sense of urgency

and concern and compassion. Until we end the stigma, we will never end the disease."

The theme for this conference is "Breaking the Silence," and our focus today is on the family and community. What symbolizes family more graphically than the bond between mother and child, that absolute drawing towards each other that has nourished, protected and defined families since time immemorial? So it is shocking to hear that, in this province – KwaZulu Natal – approximately 33% of pregnant women attending public antenatal clinics, tested positive for HIV. Thirty-three percent – one-third of all pregnant women. And it is likely to get worse before it gets better.

Let us think about the implications of this piece of information, about these women, their families. How many of these babies will be HIV positive and not treated because of lack of resources? How many of these mothers will not live to see their children grow and develop? Who will care for the orphans? Who will pay for their

care? How will fathers respond? How will the communities where these women live react when they find out their secret?

I have asked myself these questions as I have traveled throughout South Africa. I have seen new family structures developing that were once unfamiliar: a grandmother surrounded by her grandchildren after burying her own children; children looking after children in adolescent headed households; dying adults tended to by their children. Unfortunately, these images are now becoming more and more familiar.

While I am not an HIV/AIDS expert, I understand the development process and realize that the family and the community are the first line of response to this devastating disease. They are the principal safety-nets for children and the future of the family unit. Whether donors, governments or NGOs intervene or not, families and communities deal with the devastating impact of HIV/AIDS, often with great difficulty, and often with little outside support.

Consequently, while interventions by governments, international organizations, NGOs, religious bodies and others, can have significant impact – it is still the family and the community in the end that provide the basis for prevention and care.

Yet, the impact of HIV/AIDS is too large for the family to deal with alone. Indeed, this epidemic is too large and devastating for any one government, donor or multilateral institution to address alone. To make a real difference, an effective response must mobilize and coordinate the commitment and resources of all of these, and in the process provide support at the community and family level.

This response must be expedited. Almost 13-million adults and more than three-and-a-half million children have died of AIDS worldwide since the beginning of the epidemic. In Africa, AIDS is now the leading cause of death. And as goes Africa, so will India, South East Asia and the Newly Independent States of the former Soviet Union. This is not a "regional" issue or a problem with

geographic limits. People in Asia, Africa, Latin America and Europe must deal with AIDS, and so must we in America. In this coming decade, 40 million children around the world will become orphans, losing one parent or both parents to AIDS.

AIDS is already dramatically eroding infant and child mortality gains, particularly in Africa where infection levels are the highest, access to care lowest and economic safety nets are rare. Further, adult life expectancy is dropping in many countries in sub-Saharan Africa to levels that we haven't seen since the 1960s. The US Census Bureau predicts that a child born today in South Africa will live to be only 35 by the year 2010. This is a staggering decline of the current life expectancy level of 51 years. And while we have seen many diseases in our lifetime, AIDS is like no other contemporary disease. It has brought with it an unprecedented stigma that has made it far more difficult to respond to effectively. Difficult to even talk about in many places. Overcoming this stigma – and the virtual "epidemic of denial" that accompanies this disease – is a pre-condition to

addressing it and saving lives.

We must further develop and scale up our interventions. Learn from successes in neighboring countries. Certainly, we must be aware that the nature and intensity of problems that families face vary from continent to continent, country to country, community to community and family to family. Any strategy that is developed to benefit families and communities must be based on a full and realistic understanding of their particular situation. The fundamental challenge for all of us is to develop interventions that make a real difference to families affected by HIV/AIDS over the long haul of the epidemic. While broad-based public awareness and prevention campaigns are important measures, we must work at local levels to help communities and families find the best way to respond to the epidemic which has hit them, in ways which are consistent with their culture.

To develop interventions, additional funds are desperately needed at the local level. Yet, we have to be very careful in walking

the fine line between being helpful and harmful. Too often large influxes of outside assistance destroy local efforts and incentives. We must complement community efforts and make sure of their sustainability after outside assistance has ended. To ensure that new funds add to the development process, all aspects of the implementation of funding should be consistently assessed and, must involve active participation of communities and families.

This won't be easy. For although the scale of the HIV/AIDS epidemic is now immense, the final impacts are difficult to observe and document, because they occur slowly, one person at a time, one family at a time, often taking years to reveal themselves. Further, the stigma associated with AIDS persuades many HIV-positive individuals and their families to keep a low profile or to deny their status. Even in communities that have been severely affected by AIDS for years, people are frequently unwilling to talk openly – neighbor to neighbor, family member to family member – about AIDS.

Remaining silent is often an understandable course. Not far from this conference center, in December, 1998 Gugu Dlamini, a volunteer for an AIDS organization in South Africa, announced that she was HIV-positive at a rally. She hoped to dispel some of the prejudice against people living with the virus. Eleven days later, Gugu was beaten to death by her neighbors, in her community. Her brave voice helped many to start to understand the issues surrounding the stigma of HIV. However, the continuing reluctance of many national leaders, worldwide, to speak out and break the silence about this pandemic continues to contribute to the devastating impact of HIV/AIDS on the family, community and the nation. Leadership and commitment at every level of society is needed to deal with this issue, to encourage people to speak openly about the disease and to ultimately turn the tide against it.

There is hope. In some countries the tide against AIDS has started to turn. In Uganda, for example, the rate of new infections is

declining as the result of families and communities openly confronting the issue and mobilizing to prevent new infections. In Thailand and Senegal, the epidemic has been rolled back significantly with new infections averted due to concerted efforts to educate their people.

We look to countries such as Uganda, Thailand and Senegal, where they have learned that the crucial factor in preventing and stopping the impact of this disease, is the open, unwavering political commitment by governments, at every level, to confront the epidemic forthrightly. They have learned to shatter the silence and the stigma associated with AIDS. In Uganda, when President Museveni took office in 1986, he recognized the serious nature of the epidemic and mounted a vigorous campaign that encouraged open frank, public debate and discussion of the issue. Aware of the potential for catastrophic losses in their country, Thai officials have attacked the epidemic at an early stage and openly targeted their young population with public, open and honest prevention campaigns. Similarly in Senegal. This West African country has worked hard, openly and

successfully to prevent HIV from spreading.

We are starting to see other political leaders worldwide commit to a more vocal role in speaking out about HIV/AIDS. In 1999, African Heads of State pledged themselves to action through the new International Partnership against AIDS in Africa.

However, the political commitment that must drive the effort to destigmatize and address this disease is still not sufficient or visible enough. After years of denial and avoidance on the part of political leaders, it is now imperative to build widespread recognition of the impact of HIV on all of us. Yet, awareness alone is not enough. Awareness must be linked with major efforts to change the behaviors, which transmit the disease, and to create a broadly shared sense of responsibility to support and protect those affected by it. Leaders must convey a clear vision of a fully mobilized society – a vision backed by a practical reality-based strategy developed to prevent and mitigate the impact of HIV/AIDS on all.

No single intervention and no single individual will make a substantial impact on the full range of problems that HIV/AIDS is causing for families and communities worldwide. Political leaders, at every level of society, must understand the type of collaborative, broad-based, response needed to combat and prevent HIV/AIDS. The effects of HIV/AIDS are pervasive, and the impact of this epidemic can no longer be considered solely a health issue. Countries around the world are recognizing that HIV/AIDS is best understood as a multi-faceted issue – a social and economic issue – because the epidemic poses a significant and complex threat to the health of society as a whole. The epidemic will have an enormous impact on national productivity; earnings, labor and educational benefits will be lost; resources for investment will be diverted to health care. HIV/AIDS poses a severe threat to the economic future of countries. The economist Jeffrey Sachs at Harvard University said, "A frontal attack on AIDS in Africa may now be the single most important strategy for economic development."

Many here in this room have experiences of what works. We must all learn the lessons – positive and negative – of those who have been dealing with this epidemic. And we must act on them now, in a variety of ways from national-level commitments and campaigns to community-based efforts to support communities and families. The cost of inaction is devastating. We can bring hope and even futures for millions of people who may have none if we do not act. Our commitment in South Africa is both to its government and to its civil society; we will do what we can to support efforts at the national and local levels. Indeed, I'm pleased to announce that the US government through the United States Agency for International Development, will sign a grant agreement tomorrow with former President Nelson Mandela to work with his Children's Fund, in an effort to focus greater attention and support on community- and family-based efforts at the local level. We need to prevent and mitigate the impacts of HIV/AIDS on the communities, the families and especially the children – who constitute the future of our countries.

Opportunities for assisting the families and communities to confront HIV/AIDS are there, but it is a difficult task. However, future generations will not look kindly on us if we do seize the day, today, and act to the best of our abilities to address this scourge. We can all stay silent, passive, seeking excuses, avoiding the truth, until those with AIDS everywhere cry out in the words of Dr. Martin Luther King, Jr. "In the end we died not at the hands of our enemies but in the silence of our friends." Break that silence. Thank you.

Clearances:

Drafted:CFCConnolly

R Zurba_____

Date_____

B Brands_____

Date_____

S Rhodes_____

Date_____

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THE PRESIDENCY: REPUBLIC OF SOUTH AFRICA
Private Bag X1000, Pretoria, 0001

(Embargoed till 20h00 – check against delivery)
**SPEECH OF THE PRESIDENT OF SOUTH AFRICA, THABO MBEKI, AT THE
OPENING SESSION OF THE 13TH INTERNATIONAL AIDS CONFERENCE:
DURBAN, JULY 9, 2000.**

Chairperson,
Participants at the 13th International AIDS Conference;
Comrades, ladies and gentlemen:

On behalf of our government and the people of South Africa, I am happy to welcome you to Durban and to our country.

You are in Africa for the first time in the history of the International AIDS Conferences.

We are pleased that you are here because we count you as a critical component part of the global forces mobilised to engage in struggle against the AIDS epidemic confronting our Continent.

The peoples of our Continent will therefore be closely interested in your work. They expect that out of this extraordinary gathering will come a message and a programme of action that will assist them to disperse the menacing and frightening clouds that hang over all of us as a result of the AIDS epidemic.

You meet in a country to whose citizens freedom and democracy are but very new gifts. For us, freedom and democracy are only six years old.

The certainty that we will achieve a better life for all our people, whatever the difficulties, is only half-a-dozen years old.

Because the possibility to determine our own future together, both black and white, is such a fresh and vibrant reality, perhaps we often overestimate what can be achieved within each passing day.

Perhaps, in thinking that your Conference will help us to overcome our problems as Africans, we overestimate what the 13th International AIDS Conference can do.

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I am certain that there are many among you who joined in the international struggle for the destruction of the anti-human apartheid system.

You are therefore as much midwives of the new, democratic, non-racial and non-sexist South Africa as are the millions of our people who fought for the emancipation of all humanity from the racist yoke of the apartheid crime against humanity.

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"The world's biggest killer and the greatest cause of ill-health and suffering across the globe is listed almost at the end of the International Classification of Diseases. It is given the code Z59.5 – extreme poverty.

"Poverty is the main reason why babies are not vaccinated, why clean water and sanitation are not provided, why curative drugs and other treatments are unavailable and why mothers die in childbirth. It is the underlying cause of reduced life expectancy, handicap, disability and starvation. Poverty is a major contributor to mental illness, stress, suicide, family disintegration and substance abuse. Every year in the developing world 12.2 million children under 5 years die, most of them from causes which could be prevented for just a few US cents per

child. They die largely because of world indifference, but most of all they die because they are poor...

"Beneath the heartening facts about decreased mortality and increasing life expectancy, and many other undoubted health advances, lie unacceptable disparities in wealth. The gaps between rich and poor, between one population group and another, between ages and between sexes, are widening. For most people in the world today every step of life, from infancy to old age, is taken under the twin shadows of poverty and inequity, and under the double burden of suffering and disease.

"For many, the prospect of longer life may seem more like a punishment than a gift. Yet by the end of the century we could be living in a world without poliomyelitis, a world without new cases of leprosy, a world without deaths from neonatal tetanus and measles. But today the money that some developing countries have to spend per person on health care over an entire year is just US \$4 – less than the amount of small change carried in the pockets and purses of many people in the developed countries.

"A person in one of the least developed countries in the world has a life expectancy of 43 years according to 1993 calculations. A person in one of the most developed countries has a life expectancy of 78 – a difference of more than a third of a century. This means a rich, healthy man can live twice as long as a poor, sick man.

"That inequity alone should stir the conscience of the world – but in some of the poorest countries the life expectancy picture is getting worse. In five countries life expectancy at birth is expected to decrease by the year 2000, whereas everywhere else it is increasing. In the richest countries life expectancy in the year 2000 will reach 79 years. In some of the poorest it will go backwards to 42 years. Thus the gap continues to widen between rich and poor, and by the year 2000 at least 45 countries are expected to have a life expectancy at birth of under 60 years.

"In the space of a day passengers flying from Japan to Uganda leave the country with the world's highest life expectancy – almost 79 years – and land in one with the world's lowest – barely 42 years. A day away by plane, but half a lifetime's difference on the ground. A flight between France and Cote d'Ivoire takes only a few hours, but it spans almost 26 years of life expectancy. A short air trip between Florida in the USA and Haiti represents a life expectancy gap of over 19 years...

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As an African, speaking at a Conference such as this, convened to discuss a grave human problem such as the acquired human deficiency syndrome, I believe that we should speak to one another honestly and frankly, with sufficient tolerance to respect everybody's point of view, with sufficient tolerance to allow all voices to be heard.

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As I listened even longer to this tale of human woe, I heard the name recur with frightening frequency – Africa, Africa, Africa!

And so, in the end, I came to the conclusion that as Africans we are confronted by a health crisis of enormous proportions.

One of the consequences of this crisis is the deeply disturbing phenomenon of the collapse of immune systems among millions of our people, such that their bodies have no natural defence against attack by many viruses and bacteria.

Clearly, if we, as African countries, had the level of development to enable us to gather accurate statistics about our own countries, our morbidity and mortality figures would tell a story that would truly be too frightening to contemplate.

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It seemed to me also that every living African, whether in good or ill health, is prey to many enemies of health that would interact one upon the other in many ways, within one human body.

And thus I came to conclude that we have a desperate and pressing need to wage a war on all fronts to guarantee and realise the human right of all our people to good health.

And so, being insufficiently educated, and therefore ill prepared to answer this question, I started to ask the question, expecting an answer from others – what is to be done, particularly about HIV-AIDS!

One of the questions I have asked is – are safe sex, condoms and anti-retroviral drugs a sufficient response to the health catastrophe we face!

I am pleased to inform you that some eminent scientists decided to respond to our humble request to use their expertise to provide us with answers to certain questions.

Some of these have specialised on the issue of HIV-AIDS for many years and differed bitterly among themselves about various matters. Yet, they graciously agreed to join together to help us find answers to some outstanding questions.

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They have agreed to report back by the end of this year having worked together, among other things, on the reliability of and the information communicated by our current HIV tests and the improvement of our disease surveillance system.

We look forward to the results of this important work, which will help us to ensure that we achieve better results in terms of saving the lives of our people and improving the lives of millions.

In the meantime, we will continue to intensify our own campaign against AIDS, including:

- a sustained public awareness campaign encouraging safe sex and the use of condoms;
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However, we remain convinced of the need for us better to understand the essence of what would constitute a comprehensive response in a context such as ours which is characterised by the high levels of poverty and disease to which I have referred.

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Is there more that all of us should do together, assuming that in a world driven by a value system based on financial profit and individual material reward, the notion of human solidarity remains a valid precept governing human behaviour!

On behalf of our government and people, I wish the 13th International AIDS Conference success, confident that you have come to these African shores as messengers of hope and hopeful that when you conclude your important work, we, as Africans, will be able to say that you who came to this city, which occupies a fond place in our hearts, came here because you care. Thank you for your attention.



THE PRESIDENCY: REPUBLIC OF SOUTH AFRICA
Private Bag X1000, Pretoria, 0001

(Embargoed till 20h00 – check against delivery)
**SPEECH OF THE PRESIDENT OF SOUTH AFRICA, THABO MBEKI, AT THE
OPENING SESSION OF THE 13TH INTERNATIONAL AIDS CONFERENCE:
DURBAN, JULY 9, 2000.**

Chairperson,
Participants at the 13th International AIDS Conference;
Comrades, ladies and gentlemen:

On behalf of our government and the people of South Africa, I am happy to welcome you to Durban and to our country.

You are in Africa for the first time in the history of the International AIDS Conferences.

We are pleased that you are here because we count you as a critical component part of the global forces mobilised to engage in struggle against the AIDS epidemic confronting our Continent.

The peoples of our Continent will therefore be closely interested in your work. They expect that out of this extraordinary gathering will come a message and a programme of action that will assist them to disperse the menacing and frightening clouds that hang over all of us as a result of the AIDS epidemic.

You meet in a country to whose citizens freedom and democracy are but very new gifts. For us, freedom and democracy are only six years old.

The certainty that we will achieve a better life for all our people, whatever the difficulties, is only half-a-dozen years old.

Because the possibility to determine our own future together, both black and white, is such a fresh and vibrant reality, perhaps we often overestimate what can be achieved within each passing day.

Perhaps, in thinking that your Conference will help us to overcome our problems as Africans, we overestimate what the 13th International AIDS Conference can do.

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-----Original Message-----

From: Andrea Tomasini [SMTP:tomasini_andrea@hotmail.com]
Sent: Wednesday, July 05, 2000 6:50 AM
To: publisher@thomasland.com; joanstephenson@nasw.org; ssternberg@usatoday.com;
jdaniel@criany.org; seans@poz.com; 70317.410@compuserve.com; madreya@medivision.com;
gszekeres@php_ucsf.edu; lilliant@prescript.com; torassa@examiner.com; testpos@aol.com;
rvitillo@compuserve.com; mailbox@aumag.org; ww5n@nih.gov
Subject: IAS PRESS ALERT No.1

Please find enclosed the first issue of the INTERNATIONAL AIDS SOCIETY (IAS) press alert.

King Regards.

Umberto di Luzio Paparatti
Andrea Tomasini

INTERNATIONAL AIDS SOCIETY (IAS)
XIII International AIDS Conference
Durban, South Africa, 9-14 July 2000

PRESS ALERT - No. 1, 3 July 2000

This alert is issued to provide International journalist who will cover the World AIDS Conference with useful information and reminders on key IAS media events during the conference.

IAS at Durban

As custodian of the series of biennial International AIDS Conferences, the International AIDS Society decided to organize the XIII International AIDS Conference in Africa, that is at the very epicenter of the epidemic, about four years ago. When we chose Durban, our main purpose was to focus scientific and lay attention on the HIV/AIDS epidemic worst affected countries. That means that we need to concentrate our efforts on needs which are common not just to such countries but to the world as a whole.

The recent events already confirmed the rightfulness of our decision. A strong International mobilization (like the Durban Declaration) together with the renewed media attention to the HIV/AIDS epidemic, is providing one of the most potent tool to fight AIDS: information. This is the first time in the history of medicine for a scientific conference to produce, before the event take place, so massive and positive effects in the fight against a disease.

Stefano Vella, M.D.
IAS President-elect

IAS event during the Durban Conference

Sunday, July 9th 2000

Time

3.00-5.00 PM

Where

Conference Venue, ICC, Hall I

What

IAS Satellite Symposium: "Our Commitment to the Next Generation"

Who

Kevin de Cock - "Predictions on Future Course of the Global HIV Epidemics"

Director, Division of HIV/AIDS Prevention, Surveillance and Epidemiology,

National Center for HIV STD & TB Prevention, CDC, Kenya.

Larry Corey - "Vaccine Development"

Director, Program in Infectious Diseases, Fred Hutchinson Cancer Center,

University of Washington, Virology Division, Washington, Seattle, USA.

Stefano Vella - "Patient Care in Developing Countries"

Chair, National HIV/AIDS Clinical Research Program, Istituto Superiore di

Sanità, Rome, Italy and IAS President-elect.

Ruth Nduati - "Mother to Child Transmission Prevention: Opportunities and Obstacles"

Department of Pediatrics, University of Nairobi, Kenya.

Mark Wainberg - "Are We Closer to a Successful Microbicides?"

McGill AIDS Centre, Jewish General Hospital, Montreal, Canada.

IAS Press Conferences

SAVE THE DATE - REMINDER

The IAS has arranged 3 main meetings with journalists in order to provide a comprehensive briefing on IAS activities and its own interpretation of selected scientific advances presented during the Conference.

Sunday, July 9h 2000

Time

1.00-1.30 PM

Where

The ICC, Media Center, room 1

Wednesday, July 12h 2000

Time

3.00-3.30 PM

Where

The ICC, Media Center, room 1

Friday, July 14h 2000

Time

10.00-10.30 AM

Where

The ICC, Media Center, room 1

BACKGROUND INFORMATION ON IAS

What is IAS

The International AIDS Society (IAS) is a no profit organization which has been established during the IV International AIDS Conference in 1988, in order to act as a real network of people working in the field of HIV infection.

Since then, IAS has grown to include more than 10.000 members from more than 132 countries.

The main IAS role is to represent the International scientific community. Its mission is to unite all parties in order to address the problems pertaining to the HIV/AIDS situation worldwide. Science is the key password to understand and control the HIV/AIDS epidemic, as various progresses have been shown: early identification of modes of transmission, identification of HIV as the causative agent of AIDS, introduction of diagnostic tests, better understanding of principal pathogenetic mechanisms, highly active antiretroviral therapy (HAART) introduction, and the reduction of mother to child transmission rates.

Some of recent IAS activities are: organizational responsibility for International AIDS Conference, that is held every second year; organizational responsibility for a new series of conferences to be held in years between the International AIDS Conferences, the first of which will take place in Buenos Aires in July 2001; co-organizational responsibility for conferences that are organized on a semi-regular basis and that try to break new ground in important areas and in areas that have been neglected; SHARE program of continuing medical education (CME), that targets developing and middle level countries; co-sponsorship with WHO and UNAIDS of a conference on drug access and treatment guidelines in developing countries.

Who's who in IAS

Members from five geographic regions of the world elect five members every second and fourth year who are the component of the IAS Governing Council. The IAS President is elected among the members of the Governing Council which included some of the most distinguished scientists in the field of HIV infection like A. Fauci, R. Gallo, D. Ho, J. Mann, and L. Montagner.

The current IAS President is Mark A. Wainberg whilst Stefano Vella is President-elect and David D. Cooper is Past President. Lars O. Kallings is the IAS Secretary-General.

For more information please contact

Andrea Tomasini +39 0348 3709256

e-mail: tomasini_andrea@hotmail.com

Umberto di Luzio Paparatti +39 0348 4152239

e-mail: umberto_paparatti@hotmail.com

From: Wertheimer, Wendy (OD)
Sent: Sunday, July 09, 2000 10:11 AM
Subject: FW: Phil Inquirer: AIDS fighters plot new strategy

-----Original Message-----

From: Greg Folkers [SMTP:GFOLKERS@niaid.nih.gov]
Sent: Sunday, July 09, 2000 7:07 AM
Subject: Phil Inquirer: AIDS fighters plot new strategy

http://web.philly.com/content/inquirer/2000/07/09/front_page/AIDS09.htm

AIDS fighters plot new strategy

While protesters demand cheaper drugs, researchers say the limits of medicine are increasingly apparent.

By Huntly Collins
INQUIRER STAFF WRITER

As the 13th International AIDS Conference opens today in Durban, South Africa, more than 5,000 activists plan to protest the high prices that have put powerful AIDS medicines out of reach for the vast majority of the estimated 34.3 million people - most of them in Africa - who are infected with the AIDS virus.

The activists, led by South Africa's Treatment Action Campaign and the Nobel Peace Prize-winning humanitarian group Doctors Without Borders, will argue that the life-extending medicines are unaffordable in the Third World because Western pharmaceutical companies want to exploit their patent rights.

"It is often said South Africa cannot afford antiretrovirals," said Toby Kasper, coordinator of the drug-access campaign at Doctors Without Borders in Cape Town. "This formulation must be reversed: Can this country afford to stand by and watch as its

citizens

die of a disease for which there is a treatment?"

The treatment activists contend that price cuts of up to

90 percent on AIDS drugs for Africa, announced in May by five pharmaceutical companies, are not enough to make the drugs affordable for many African governments, which spend under \$5 a year per person on health. They want more cuts, and they want countries to have the ability to get generic versions of

the drugs at bargain prices.

But just as the activists are poised to take to the streets in Durban, a new report from the U.S. Centers for Disease Control and Prevention indicates that the potent AIDS drugs, widely available in the United States since 1996, have not turned out to be the panacea they were once thought to be.

AIDS deaths in the United States, which had fallen by more than 70 percent since 1996, have now leveled off at about 16,000 a year. New cases of full-blown AIDS have stabilized at around 40,000 a year, the CDC reported yesterday.

Federal officials said it was not that the AIDS drugs themselves were no longer effective. Rather, patients are having trouble taking the medicines because of their side-effects, mostly diarrhea and nausea but sometimes life-threatening illness such as liver disease,

and because the drugs must be taken religiously at certain times of the day, some with food and others without.

As a result, the CDC has found that a minority of American HIV patients tracked in one large study were able to stay on the same triple-combination of AIDS drugs for more than a year before having to switch to other AIDS drugs. And with each switch, the treatment typically becomes less effective.

"Despite the dramatic benefits new treatments have had in extending the lives of individuals with HIV, the overall shortfalls of AIDS treatments are becoming increasingly apparent," said Dr. Helen D. Gayle, who oversees HIV prevention programs at the CDC.

She said there were also other reasons that the decline in AIDS deaths had leveled off, including lack of early testing and treatment for some HIV patients and the potent AIDS drugs having already reached most people who are infected.

"This is clearly not to say we are down on treatment, but to make it clear that the treatments are not a panacea," Gayle said.

The AIDS conference - which has drawn more than 11,000 scientists, doctors, social workers and others from more than 150 countries to Durban - will present encouraging findings about several new AIDS medicines in the drug-development pipeline, as well as simplified versions of existing medicines. But there will be no major medical breakthroughs reported by scientists.

Instead, the spotlight at the meeting, the first to be held in a developing country, will be on a major policy issue: how to get AIDS medicines to the poor countries, especially those in Africa, the epicenter of the AIDS pandemic.

The new CDC findings, however, underscore that, for Africa, the life-prolonging medicines are only part of the solution.

Besides drugs, experts say that what's needed are massive HIV testing and counseling programs in every country of sub-Saharan Africa, greatly expanded prevention programs to push the use of condoms and other safer-sex practices, effective treatment programs for tuberculosis, national plans to improve access to

medical care, and progress toward large-scale human trials of an AIDS vaccine, which scientists say is at least five to seven years away.

"In the medium and long term, the only hope we have for seriously controlling the epidemic is a vaccine," said Dr. Richard Feachem, a former World Bank official who now directs the Institute for Global Health at Berkeley and the University of California at San Francisco. "Everything else is working at the margins."

That may be, but for the 25 million Africans who are now infected with HIV, access to AIDS medicines would go a long way toward alleviating the suffering.

"I don't believe we should have to do [clinical] trials to provide access to treatment," said James McIntyre, an obstetrician at Chris Hani Baragwanath Hospital in the black township of Soweto outside Johannesburg during an interview in May.

There, as almost everywhere else in South Africa, the only way doctors can get antiretroviral drugs to the poor is by enrolling them in a clinical trial.

By contrast, more affluent Africans can afford to buy their own AIDS medicines, which cost between \$10,000 and \$15,000 a year. It's a privilege that rankles those among them who have long struggled for equality.

"It's a matter of moral intolerability," said South African Constitutional Court Judge Edwin Cameron, 47, a gay white man who spoke about his HIV diagnosis earlier this year. "It seems outrageous to me that because I can afford these drugs . . . that I should be alive and well . . . when people around me are dying."

The pharmaceutical industry says the high prices of

AIDS drugs reflect the decades of research needed to develop them, including the cost of failed efforts along the way.

Nonetheless, several companies, led by Bristol-Myers Squibb, have pumped millions of corporate dollars into sub-Saharan Africa to promote HIV testing, prevention and care programs, including support for the growing number of AIDS orphans, who now total 12.1 million in Africa.

The offer last May by Bristol-Myers and four other big drug firms - Merck & Co., Boehringer Ingelheim, Glaxo Wellcome and F. Hoffmann-LaRoche - took another major step: Under a UNAIDS-brokered deal, they offered to sell their AIDS medicines to sub-Saharan Africa for prices well below what Americans pay for them.

The offer came amid growing international concern about the expanding AIDS crisis in Africa and one day after the Clinton administration announced it would not impede efforts by African governments to import or manufacture generic versions of AIDS medicines.

In effect, continued high prices in the United States and other industrialized countries will subsidize the discounts offered in Africa.

On Friday, Boehringer, a German-based firm, took its offer further: It said it would provide free nevirapine, a powerful anti-AIDS drug, to developing countries for the next five years to prevent the spread of HIV from pregnant women to newborns.

Studies have shown that just one nevirapine pill taken by a pregnant mother during labor, followed by one drop of liquid nevirapine to the newborn baby, can cut HIV transmission rates by half. "We'll be working with any country that requests it," a Boehringer spokesman

said Friday.

The new attack on AIDS in Africa is to be a public-private partnership, with the pharmaceutical giants working with the World Health Organization, UNAIDS, UNICEF, the United Nations Population Fund, and the World Bank.

"It's the first time major international organizations, working together, have met with major drug companies," said Jeffrey L. Sturchio, a Merck public affairs director.

By all accounts, the pharmaceutical firms will not be offering discounted or free antiretroviral drugs across the board. "It would be irresponsible to just dump drugs into a country," said Ben Plumley, a spokesman for Glaxo Wellcome.

Rather, they will sponsor specific programs in specific areas, typically where there are sufficient medical facilities and personnel to monitor patients. In order for the drugs to be effective, it is critical that they be taken as prescribed.

No firm deals with individual countries have been announced, although Glaxo Wellcome has offered to cut the price of its AIDS drug, Combivir, from \$16 to \$2 a day.

The newfound corporate concern about AIDS in sub-Saharan Africa has drawn skepticism from treatment activists and some governments, such as South Africa. They say details of corporate largesse are still vague, and they worry that the firms may impose restrictions on how medicines may be used.

Doctors Without Borders called last May's offer of discounted drugs "a victory, but a small one, much like an elephant giving birth to a mouse."

Two UNAIDS pilot projects - one in Uganda and

another in Ivory Coast - have already demonstrated that triple combination therapy can work for HIV patients in Africa, but the projects also found high levels of resistant virus developing in patients. Those studies, to be presented at Durban on Tuesday, lend credence to concerns voiced by pharmaceutical companies.

The activists, who planned to issue their recommendations for AIDS drug access at a news conference today in Durban, point to Brazil.

There, death rates have been cut in half since 1996, when the government decided to provide antiretroviral drugs to its citizens. By year's end, the government, using less-costly generic versions of the drugs, plans to offer triple combination therapy for about \$1,000 per patient per year - one-tenth the going rate in the United States.

"Pricing is certainly not the only problem in access to medicine for people with HIV/AIDS, but it is the critical first issue to be faced," said Kasper.

From: Wertheimer, Wendy (OD)
Sent: Sunday, July 09, 2000 10:22 AM
Subject: FW: W. Post: Africans Fear Costs Of Free AIDS Drug German Firm's Offer Requires Infrastructure

-----Original Message-----

From: Greg Folkers [SMTP:GFOLKERS@niaid.nih.gov]
Sent: Sunday, July 09, 2000 6:45 AM
Subject: W. Post: Africans Fear Costs Of Free AIDS Drug German Firm's Offer Requires Infrastructure

<http://search.washingtonpost.com/wp-srv/WPlate/2000-07/09/1651-070900-idx.html>

Africans Fear Costs Of Free AIDS Drug German Firm's Offer Requires Infrastructure

By David Brown
Washington Post Staff Writer
Sunday, July 9, 2000; Page A18

DURBAN, South Africa, July 8--Public health officials greeted with optimism--and some skepticism--a German pharmaceutical firm's offer to provide poor countries free doses of an antiviral drug shown to dramatically decrease mother-to-child transmission of the AIDS virus.

The offer, made by Boehringer Ingelheim, is the first concrete outcome of a commitment made by five drug companies in May to improve AIDS care in the developing world. At the same time, however, the announcement was overshadowed by twin worries that many countries may not be in a position to accept the donations, and that even if they do, the benefit may not be as great as expected.

"What it does is remove a not-insignificant obstacle--and a very big excuse--which has been used for not doing anything about

mother-to-child
transmission," Peter Piot, head of UNAIDS, the joint U.N.
program on
AIDS, said of Boehringer's offer to provide the drug
nevirapine for five
years. "It's not just symbolic. . . . It's quite an
effort."

Piot's comment came the day before the opening of the 13th
International

AIDS Conference, which will be held in this port city.
Durban is the largest
city in KwaZulu-Natal, whose population of 7.7 million
people is believed
to have the highest prevalence of human immunodeficiency
virus (HIV)
infection of South Africa's nine provinces. In some public
prenatal clinics,
one-third of pregnant women are infected, compared with
about one-fifth
in clinics countrywide.

"One would not envision a sudden implementation," Zweli
Mkhize, the
province's chief public health officer, said of the offer.
"That has huge
financial implications. . . . The cost of counseling and
testing [pregnant
women] is more than the cost of the medicine."

South African Health Minister Manto Tshabalala-Msimang
said on national
television that she was somewhat suspicious of the timing
and method of
the announcement, made Friday at Boehringer's German
headquarters.

"What's very strange is that we met with them last Friday
and they did not
[for] even one minute indicate they were going to make
such an
announcement," she said.

Tshabalala-Msimang's department has refused to supply the antiviral drug

AZT, which also can be used to reduce transmission of the virus from

pregnant women to newborns, because she is worried about its toxicity

and is not convinced of its efficacy, according to previous statements.

In April, the Medicines Control Council, which licenses drugs here,

stopped a trial in which five women died while taking nevirapine in

combination with another drug for prevention of mother-to-child

transmission. The health minister questioned the drug's safety in a speech to

South Africa's Parliament.

Nevirapine is seen as an especially promising tool in stopping perinatal

infection, which is responsible for about 700,000 new cases worldwide

each year. In a study in Uganda reported last year, it performed better than

AZT, cutting transmission to 12 percent at eight weeks after birth. A single

dose of the drug was given to the mother and a single dose to the child--a

regimen far less elaborate than employing AZT or other antivirals.

The head of Boehringer's HIV-drug business, Carl Pommer, said the

company expected it might provide the drug to between 600,000 and 2

million mother-child pairs a year. Even at the upper range, the total would

be less than 5 percent of the firm's current annual sales of nevirapine.

At roughly \$4 a dose, nevirapine is within the budget of many developing

countries. However, those who might find its cost a burden are likely to be those without sufficient clinical laboratories and other medical infrastructure to make full use of the offer to get it free.

"At the present, we are not in a position to give that support," Pommer said. The search for a way to finance long-range capital and organizational improvements is one of the efforts UNAIDS will try to address with pharmaceutical companies, the World Bank and other agencies as part of the "global drug initiative" announced in May.

Mkhize, the provincial health official, noted that if antiviral drugs used for chronic treatment of HIV infection were reduced to 10 percent of their current cost, they would still be unaffordable for the 4.2 million South Africans infected with HIV. Furthermore, creating the necessary medical infrastructure would cost five times as much, he said.

At the least, the World Health Organization would have to recommend the use of nevirapine, and the country's Medicines Control Council would have to approve its use by pregnant women, before the drug company's offer could be addressed, Mkhize said.

James McIntyre, a Johannesburg obstetrician and leading South African AIDS researcher, said his country is well-suited for such an intervention in that about 90 percent of women have at least one prenatal visit--at which they could presumably be offered HIV testing. However, only 50 percent deliver their infants in a hospital setting, which would

make actual delivery
of the drug difficult.

An equally vexing problem is the suggestion of some new research that many of the infants saved from infection at birth ultimately acquire it through breast milk. A study of an AZT-based regimen found that at one year after delivery, there was no significant difference in infection rates between treated and untreated African children. That finding was mentioned in a pre-conference symposium earlier in the week and reported today in the New York Times.

AIDS experts questioned here were unsure what to make of the report and are awaiting details that will be provided later this week.

In a separate presentation here today, Helene Gayle, head of AIDS programs for the U.S. Centers for Disease Control and Prevention, said that AIDS cases and AIDS deaths in the United States continue to remain level, as they have for more than a year. There are about 40,000 new AIDS cases a year, down from a peak of 70,000. AIDS deaths number about 18,000 a year, down from 50,000 in 1995.

Not all states report new HIV infections--as opposed to new cases of

AIDS, which is the advanced state of the disease that occurs much later.

Consequently, it is difficult to determine the trend in the rate of new infections nationwide. Nevertheless, she said there are ominous data.

Last week, the San Francisco Department of Public Health said that after six years of stable HIV incidence, the rate of new cases had risen significantly between 1997 and 1999. Most new infections were in young gay men, Gayle said.

From: Wertheimer, Wendy (OD)
Sent: Sunday, July 09, 2000 10:10 AM
Subject: FW: W. Post: A Plague of Denial

<http://search.washingtonpost.com/wp-srv/WPlate/2000-07/09/1281-070900-idx.html>

A Plague of Denial

Sunday, July 9, 2000; Page B06

LAST WEEK'S Post series on AIDS inspires rage and fear in equal measure. Rage, because governments and development agencies were negligently slow in responding to the crisis, even though its scope was widely predicted as far back as the 1980s. Fear, because the world's response to AIDS remains inadequate. As Barton Gellman wrote on Wednesday, AIDS is set to kill more people than World War I, World War II and the Korean and Vietnam wars combined. And, unlike the Black Death in 14th-century Europe, the means of controlling AIDS are known; they're just not being applied.

For much of the 1990s, the reason for inaction was denial. In the U.S. government, it took a CIA official three years to get approval to study AIDS, and even then her report was ignored by other agencies. In the international aid community, experts preferred to fight familiar wars for clean water, education and so on, failing to acknowledge that AIDS would wipe out developmental gains in those other areas. Most scandalous of all, the World Health Organization's director general crippled his agency's AIDS effort because he was jealous of its leader.

In the past year or so, the United States and other donor countries have started to allocate more money for AIDS. But as Jon Jeter reported Thursday, denial persists in places such as South Africa, which hosts this week's international AIDS conference. Faced with reports that one in five of its adult citizens is infected with the HIV virus, South Africa's government has promoted a useless drug called Virodene; it has questioned the link between HIV and AIDS; it has lashed out at Western drug companies. In 1990 South Africa and Thailand had similar HIV infection rates. Ten years later, South Africa's is nearly 10 times higher.

This lethal denial is likely to persist so long as people believe that poor countries can't do anything about AIDS. The pessimists point out that antiretroviral drugs cost thousands of dollars per patient per year; that it takes an infrastructure of clinics and health workers to administer them properly; and that any money spent on AIDS could be better spent on other diseases for which cures are cheap and proven. But this line of argument ignores the many affordable things that can be done to fight AIDS, as well as the fact that poor countries such as Uganda and Senegal have resisted the disease successfully.

The most powerful and economical weapon against AIDS is public education. As The Post's Karl Vick reported Friday, HIV has raced through rural Africa largely because information about it was so scarce. In one case in Kenya, useful knowledge of the disease took four years to travel from a rural health center to a villager three miles away, because the local medical workers lacked the transport or staff to get the word out. In urban settings, rudimentary understanding of AIDS is widely shared; but few governments have dedicated themselves to the kind of education campaign necessary to change sexual behavior.

The claim that scarce dollars are better spent on rival health priorities is less persuasive than it sounds, because often measures to fight AIDS also serve other medical objectives. Better post-maternity counseling can cut mother-child HIV transmission; it also reduces infant mortality more generally. Treatment of venereal diseases such as syphilis slows the spread of HIV; it is also good in itself. In the end, a determined effort against AIDS is likely to advance other health objectives as much as it diverts resources from them.

The last word should go to Sandra Thurman, the director of the Clinton administration's anti-AIDS effort. "We are at the beginning of a pandemic," she told The Post, "not the middle, not the end." Unless the world can overcome its denial, tens of millions more will die; and, a decade or so hence, the chronicle of these deaths foretold will be the subject of more rage-inspiring articles.

From: Wertheimer, Wendy (OD)
Sent: Sunday, July 09, 2000 10:21 AM
Subject: FW: AIDS Declines Leveling Off in United States

-----Original Message-----

From: Greg Folkers [SMTP:GFOLKERS@niaid.nih.gov]
Sent: Sunday, July 09, 2000 7:19 AM
Subject: AIDS Declines Leveling Off in United States

AIDS Declines Leveling Off in United States

> Story Filed: Saturday, July 08, 2000 1:11 PM EST
>
> DURBAN, South Africa (Reuters) - Dramatic declines in the rates of HIV
> infection and AIDS are leveling off in the United States, a clear sign
> that people are becoming complacent and that prevention measures need to
> be stepped up, the Centers for Disease Control and Prevention (CDC) said
> Saturday.
>
> The U.S. government needs to spend much more on AIDS programs and also
> probably needs to change its tack, Dr. Helene Gayle, director of AIDS,
> sexually transmitted disease and tuberculosis prevention at the CDC, said.
>
> "The level of infection that we continue to allow in our country is
> unacceptable given what we know and what is at our disposal to use,"
> Gayle told a news briefing ahead of the 13th International AIDS
> Conference.
>
> "I am scared by the trends that we are beginning to see. I am scared by
> increased risk behavior in populations that we know had changed their
> behavior."
>
> Gayle said it was shameful that the United States had the tools and the
> money to fight HIV but had not done so properly.
>
> "What we have now is mounting evidence that HIV continues to occur at
> high levels and is affecting a more diverse population than ever before,"
> she said.
>
> She released the latest data from the CDC, which shows that since July of

> 1998, the number of AIDS cases and deaths has remained stable. In the
> first half of 1999, 8,000 people died of AIDS in the United States and
> 20,000 were diagnosed with AIDS.

>

> SURPRISING FIGURES

>

> These figures are surprising, she said, since the rates plummeted when
> strong drug cocktails known as highly active antiretroviral therapy
> (HAART) first became available.

>

> "Since the implementation and widespread use of HAART, AIDS deaths have
> dropped dramatically from 50,000 in 1995 to under 18,000 in 1998," she
> said. "AIDS cases were reduced from 70,000 a year to just over 40,000."

>

> But now the numbers are not improving any more. And people are still
> engaging in risky behavior, she said.

>

> She said two to four percent of the population, or four to five million
> people, are having sex with six or more partners a year, having sex with
> people they know are HIV-positive, selling sex for cash or drugs, using
> crack cocaine, injecting drugs or are men having sex with men.

>

> "We are seeing troubling signs over the past year that could signal a
> real resurgence in the epidemic among gay men," Gayle said.

>

> She said a CDC study in the most recent issue of the Journal of the
> American Medical Association found eight percent of young homosexual men
> visiting STD clinics were infected -- up to 11 percent of such men if they
> were African-American.

>

> Only 40 percent of unmarried people use condoms, the CDC found, and only
> 23 percent of drug users do. "We estimate there are 100,000 people with
> HIV who acquired their infection through heterosexual transmission,"
> Gayle said.

>

> The AIDS conference being held in Durban is meant to focus on AIDS in
> developing nations but Gayle said the United States was providing a poor
> example of what to do.

>

> "We are faced with an ever-growing epidemic globally that we are not
> doing enough about. We have got to show that we are at least committed to
> doing all that we can do at home in addition to working with the global
> epidemic," she said.

- >
- > People need to be jolted into action, she said.
- >
- > "It appears that some at-risk people have not been successfully reached
- > ... and some have just gotten bored with HIV prevention," she said.
- >
- > "Most of the population seem to believe that we have beaten HIV disease.
- > I think we, as a nation, have grown increasingly silent in the face of
- > this ever-present threat."
- >

From: Wertheimer, Wendy (OD)
Sent: Sunday, July 09, 2000 10:26 AM
To: Jackson, Linda (OD)
Subject: FW: US Officials fear AIDS increases

-----Original Message-----

From: Greg Folkers [SMTP:GFOLKERS@niaid.nih.gov]
Sent: Saturday, July 08, 2000 6:54 PM
Subject: UPI: US Officials fear AIDS increases

> Saturday, 8 July 2000 15:28 (ET)
>
> US Officials fear AIDS increases
> By ED SUSMAN, UPI Science News
>
> DURBAN, South Africa, July 8, 2000 (UPI) -- US Government officials said
> Saturday they are concerned about trends that indicate AIDS rates could
> rise
> again after years of steady decline or stability -- especially due to
> risky
> behavior among young men and women.
>
> The report from the Center for Disease Control and Prevention (CDC),
> Atlanta, was presented at a special press briefing of the American
> Medical
> Association in conjunction with the XII International AIDS Conference in
> Durban, South Africa.
>
> "We (may) have another generation of gay men suffer though HIV infection
> as a right of passage," said Dr. Helene Gayle, director of the National
> Center for HIV, STD (sexually transmitted disease) and TB (tuberculosis)
> Prevention at CDC. "These new figures do paint a picture of a real
> potential
> for resurgence."
>
> Gayle said increases seen in high-risk activity -- unprotected sex and
> injecting drug abuse -- lead to increased sexually transmitted diseases
> and
> then to AIDS.
>

> "Despite the dramatic benefits new treatments have had in extending the
 > lives of individuals with HIV, the overall shortfalls of AIDS treatments
 > are
 > becoming increasingly apparent, and HIV infection and risk behavior
 > continue
 > at levels far too high," said Gayle. "Now more than ever, it is critical
 > that we expand successful HIV prevention programs to bring infection
 > rates
 > down."
 >
 > Gayle said that since July 1998, the number of AIDS deaths and new cases
 > of the disease have remained steady at about 12,000 deaths and 40,000 new
 > cases a year. Before then, deaths had steadily declined since 1993; and
 > cases of AIDS had been declining since 1995 as combination therapy for
 > HIV
 > infection became the standard of treatment for the disease.
 >
 > She said the lack of progress in further reducing AIDS statistics is
 > likely caused by: treatment failures, the fact that most people who would
 > benefit from treatment are already being served, the lack of early
 > testing
 > and treatment for some infected individuals and difficulty in adhering to
 > new treatment regimens.
 >
 > In addition, Gayle said, "I am scared by the trends we are seeing. I'm
 > scared when we see increases in rates of sexually transmitted diseases;
 > I'm
 > scared when I see rates for gonorrhea among gay men increasing; I'm
 > scared
 > when I see the rates of AIDS cases in San Francisco -- which have been
 > declining for six years -- rise again."
 >
 > Gayle said that even the stable rates are troublesome.
 >
 > "Stable means that some rates are going up and others are decreasing.
 > I'm
 > concerned that the AIDS cases among young women are increasing," she
 > said.
 >
 > "We estimate that we need \$300 million a year more in AIDS prevention
 > programs in order to reduce new cases of AIDS by 2005, our new national
 > goal," Gayle said. "In the scheme of things that is not a lot of money
 > and

> the cost of inaction is great."
>
> By contrast, Dr. Peter Piot, executive director of UNAIDS, said that in
> order to get a handle on the out-of-control epidemic in Africa -- where
> 25
> million people live with AIDS -- would cost \$3 billion. "That's what is
> needed for basic care and prevention," Piot said at the AMA briefing,
> "before we even consider the issue of combination therapy." He said
> African
> nations spend just one-tenth of that amount.
>
> In the United States, an estimated 850,000 people are living with
> HIV/AIDS. However, Gayle said that as many as 5 million Americans are at
> risk of AIDS due to risky behavior.
>

From: Wertheimer, Wendy (OD)
Sent: Sunday, July 09, 2000 10:44 AM
Subject: FW: Study: Immune System Chemical Helps HIV Patients (reuters))

-----Original Message-----

From: Greg Folkers [SMTP:GFOLKERS@niaid.nih.gov]
Sent: Sunday, July 09, 2000 7:43 AM
Subject: Study: Immune System Chemical Helps HIV Patients (reuters))

> Story Filed: Saturday, July 08, 2000 11:40 AM EST
>
> DURBAN, South Africa (Reuters) - A natural immune system compound can
> help boost the immune systems of HIV patients, adding to the effect of
> drug cocktails, U.S. researchers said Saturday.
>
> They said patients who got regular injections of the compound,
> interleukin-2 (IL-2), saw a rebound in the immune cells destroyed by HIV.
>
> Now they are watching the patients to see if they live any longer without
> developing full-blown AIDS. They hope IL-2 will add another weapon to the
> arsenal used to control AIDS.
>
> "The ultimate role of IL-2, if it is found to benefit patients already
> on antiretroviral therapy, would be to offer yet another means of
> maintaining quality of life..." Dr Richard Davey of the National
> Institute of Allergy and Infectious Diseases (NIAID), who led the study,
> said in a statement.
>
> "That is the goal. That is the hope. At the present time, it remains
> unproven. But there's considerable optimism for further development of
> this drug."
>
> The researchers tested 78 HIV patients. About half got IL-2 along with
> the drug cocktails known as highly active antiretroviral therapy (HAART),
> and half got HAART alone.
>
> Dr Clifford Lane, NIAID'S clinical director, said the IL-2 boosted the
> number of CD4 cells, which are key immune system cells destroyed by HIV
> infection. Measuring CD4 cells is one way that doctors assess how bad a
> patient's infection is.

>
> ``After one year there was a very substantial increase in CD4 counts in
> the IL-2 treated group," Lane told a news briefing held ahead of an
> international AIDS meeting in Durban.
>
> This compared to an 18 percent rise in the group that got HAART alone. In
> addition, the IL-2 group had a slightly lower average level of virus,
> which is usually taken as an indication of the infection's severity.
>
> Lane said the fear had been that stimulating production of CD4 cells
> would activate more virus as these are the very cells that HIV attacks.
> But this did not happen.
>
> The National Institutes of Health has patented the technology and
> licensed it to Chiron Corp, a California-based biotechnology company.
>

From: Greg Folkers [GFOLKERS@niaid.nih.gov]

Sent: Saturday, July 08, 2000 9:24 PM

Subject: AIDS2000--day one

> AIDS2000 - Day One
> By Ed Susman, Special to Aegis News
> -----

>
> DURBAN, South Africa -- Even before the XIII International AIDS
> Conference officially opened here in the third largest city in the nation
> with more AIDS cases -- 4.3 million -- than any other nation on earth,
> controversy swirled.
>
> The pharmaceutical company Boehringer Ingelheim has announced it
> will give an anti-AIDS medication free to pregnant AIDS-infected women in
> developing countries to prevent transmission of the virus to the woman's
> newborn child.
>
> The announcement came as an expected 10,000 delegates to the
> conference gathered and made plans to march in protest against
> pharmaceutical companies' pricing and governments inaction against the
> disease that now infects 34.5 million people worldwide. Pharmaceutical
> companies have come under attack for charging more than developing
> countries can afford. More than 90 percent of those people live in the
> developing world.
>
> In a statement, Rolf Krebs, vice chairman of the board of

- > managing
- > directors at Boehringer Ingelheim, Ingelheim, Germany, Boehringer
- > Ingelheim, said that nevirapine (marketed as Viramune) will be offered
- > free
- > of charge for a period of five years for the prevention of mother-to-child
- > transmission of HIV in developing economies.
- >
- > Dr. Peter Piot, executive director of UNAIDS, said, "Boehringer
- > Ingelheim's offer is a significant development in helping to make the
- > prevention of mother-to-child transmission of HIV a reality in the
- > developing world."
- >
- > But Philadelphia-based Kate Krauss, a spokesperson for ACT UP,
- > said
- > the offer by the drug company was "a half measure." She said women also
- > new
- > education and treatment so they can have the opportunity to raise the
- > child. Children also need care as well, Krauss said.
- >
- > Krebs said the initiative is part of Boehringer Ingelheim's
- > commitment to the collaborative effort with five companies -- also
- > Bristol-Myers Squibb, F. Hoffman-La Roche, Glaxo Wellcome and Merck & Co.,
- > Inc., international organizations such as the World Health Organization,,
- > World Bank, UNICEF and UNAIDS and committed governments to explore
- > practical ways of working together to make HIV/AIDS care available.
- >
- > In other news arising from an American Medical Association
- > satellite news briefing, US government officials said they are concerned
- > over about trends that indicate AIDS rates could rise again after years of
- >
- > steady decline or stability -- especially due to risky behavior among
- > young
- > men and women.
- >
- > "We should not have to have another generation of gay men suffer
- > though HIV infection as a right of passage,' said Dr. Helene Gayle,
- > director of the National Center for HIV, STD and TB Prevention at CDC.
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- > "These new figures do paint a picture of a real potential for
- > resurgence." Gayle said increases seen in high risk activity --
- > unprotected
- > sex and injecting drug abuse -- lead to increased sexually transmitted
- > diseases and then to AIDS. "Despite the dramatic benefits new treatment

> have had in extending the lives of individuals with HIV, the overall
> shortfalls of AIDS treatments are becoming increasingly apparent, and HIV
> infection and risk behavior continue at levels far too high," said Gayle.
>
> "Now more than ever, it is critical that we expand successful HIV
> prevention programs to bring infection rates down." Gayle said that since
> July 1998, the number of AIDS deaths and new cases of the disease have
> remained steady at about 12,000 deaths and 40,000 new cases a year. Before
> then, deaths had steadily declined since 1993; and cases of AIDS had been
> declining since 1995 as combination therapy for HIV infection became the
> standard of treatment for the disease.
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> In another report at the AMA session, researchers said a drug
> that
> helps the body fight infections apparently improves a key marker of the
> status of the immune systems of people living with HIV.
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> Researchers said laboratory-engineered Interleukin-2 (IL-2) more
> than doubled the CD4 cell counts of patients getting standard treatment
> for
> HIV. Clifford Lane, MD, clinical director of the National Institute of
> Allergy and Infectious Diseases (NIAID), Bethesda, Md., found that after
> one year of treatment with IL-2, CD4 counts increased by an average of 112
> percent for these patients compared to an average increase of 18 percent
> for the patients who were receiving only the regular highly active
> antiretroviral therapy (HAART).
>
> CD4 cell counts can indicate the strength of a person's immune
> system CD4 T cell levels can indicate a person's susceptibility to
> infection by measuring the concentration in the blood of a type of white
> blood cell known as a T helper cell. These cells are depleted when a
> person is infected with HIV permitting dangerous and deadly opportunistic
> infections to ravage a patient.
>
> IL-2 is modeled after a substance the body makes that promotes
> T-cell growth. The study was supported by Chiron Corp., which manufactures
> IL-2. The substance is currently approved in the United States for
> treating
> metastatic melanoma and kidney cell carcinoma.
>
> In addition to finding that CD4 cells increase, doctors
> determined
> that use of IL-2 apparently decreased levels of virus circulation in the

> blood. That decrease was small, but was considered statistically
> significant. "However, larger trials need to confirm this preliminary
> finding," Lane said.