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U.S. Turns Spotlight On Africa

Gore to Chair U.N. Session on AIDS

By COLUM LYNCH
Special to The Washington Post

UNITED NATIONS, Jan. 5— Vice President Gore will chair a U.N. Security Council meeting Monday on the AIDS crisis in Africa as the Clinton administration begins a month-long effort to focus attention on African problems, U.S. Ambassador Richard C. Holbrooke said today.

The United States, which holds the rotating presidency of the 15-member Security Council, has designated January as the "month of Africa" to spotlight wars, epidemics and economic needs—and to try to convince skeptical Africans that wealthy Western nations really do care about them.

Gore is scheduled to preside over a debate on the impact of the AIDS epidemic, the first time that the council has ever focused on a health issue. The vice president also will make a statement on Washington's AIDS policy for Africa, Holbrooke said.

Later in the month, former South African president Nelson Mandela will speak about Burundi, a Central African nation plagued by ethnic violence between its Tutsi-led government and Hutu majority.

Holbrooke said he also has asked Secretary of State Madeleine K. Albright to chair a Jan. 24 meeting of African heads of state who are pressing for the United Nations to send peacekeepers to Congo. He said Albright, who is engaged in U.S.-sponsored talks between Syria and Israel, will come if her schedule permits.

Sen. Jesse Helms (R-N.C.), chairman of the Senate Foreign Relations Committee and an outspoken critic of the U.N. bureaucracy, also has agreed to meet with council members Jan. 20, Holbrooke said.

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UN Security Council Meeting on HIV/AIDS in Africa 10th January 2000

Briefing Pack

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UNAIDS: General briefing for the UN Security Council Meeting on AIDS in Africa 10.01 2000

Briefing Summary

1. Africa suffers disproportionately from poverty, conflict, social dislocation, food insecurity: these both fuel, and are fueled by an HIV/AIDS epidemic that is equally disproportionate. Of eleven million orphans created by the epidemic, 90 per cent are in Africa. Some 23.3 million Africans south of the Sahara are estimated to have HIV infection or AIDS. That is almost 70% of the world's total in a region that is home to just 10% of the world's population.
2. The pace of the epidemic in southern and eastern Africa has outpaced all original projections by two to three times, leading to rapid demographic changes, and their consequent social and economic impact. For example, life expectancy at birth in southern Africa, which rose from 44 years in the early 1950s to 59 in the early 1990s is set to drop to just 45 between 2005 and 2010.
3. The epidemic is now more devastating than war: In 1998 200,000 people in Africa died from conflict, but 2.2 million died from HIV/AIDS. The rapid loss of human capital, from every walk of society, reflects the decimation of a major conflict, with similar consequences.
4. HIV/AIDS is rapidly becoming the key human security issue of the sub-Continent. Its effects are felt in three interrelated ways:

Firstly in the rapidly destabilizing impact of the social and economic consequences of HIV/AIDS. These are felt in all sectors: health, education, industrial, agricultural, transport, as the skill base and other human capital is eroded. Macro-economic consequences through the gradual, but cumulative erosion of growth in GDP in heavily affected countries is becoming evident.

Secondly, in the impact of HIV/AIDS on the military and on military/civilian interactions. War is an instrument for the spread of HIV/AIDS. The armed forces (both military and police) constitute a major population block in African society, highly mobile and often called upon to serve at borders or to deploy outside of national boundaries. HIV infection poses a more serious threat to military populations than the inherently hazardous nature of their occupation. The impact of HIV on the *military* lies in the impact on human capital – compromising armed forces' readiness. The impact of HIV on civilian populations lies in the high rates of sexual interaction between military and civilian populations whether through commercial sex, or in rape as a weapon of war; and in the extreme vulnerability of displaced and refugee populations to HIV infection. People are six times more likely to contract HIV in a refugee camp than in the general

outside population. There are now 20 to 30 per cent more HIV infected women than men in Africa.

Thirdly, in the impact of an epidemic of this nature on already fragile and complex geo-political systems. Out of 27 conflicts in the world at the start of 2000, eleven are in Africa. Fifteen sub-Saharan countries are faced with food emergencies, while protracted drought in east Africa threatens further food shortages. A new, unprecedented generation of orphaned children in resource-poor environments may surely risk producing a generation of disaffected adolescents. Against this canvas, AIDS is a serious threat to the political stability of many countries.

5. The resource available to address HIV/AIDS are utterly disproportionate to the size of the problem. At present it is estimated that, outside of South Africa, the total spent on AIDS is approximately \$165 million a year. Current estimates suggest that between \$800 million and \$2.5 billion a year are needed to mount an adequate response to the epidemic. While better use can be made of the existing resources, the absolute shortage of financial and human resources to address the epidemic is critical.
6. We are not powerless against the epidemic, and large-scale successful responses have been documented. They are still too few in number. Nonetheless, we know that key elements of successful responses include strong political leadership, openness about the issues, and broad-based responses cutting across all sectors, and effective at the level of the community. African leaders are now driving the response in many countries.
7. Evidence of good practice in relation to training of police and military personnel, in the preparation of peacekeepers, military observers and humanitarian workers, and in the demobilisation of armed forces provide the basis for scaling up national and international efforts. Similarly, the integration of HIV/AIDS awareness should characterize all preparation for dealing with humanitarian crises, and in handling the aftermath of complex emergencies, to break the cycle of these acting as fuel for the epidemic.
8. The formation of an International Partnership Against AIDS in Africa is currently being undertaken. If we are to alter the course of the epidemic in Africa, we need to scale-up, significantly, our collective efforts in Africa. Only an urgent mobilisation of this kind can curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa. The International Partnership (IPAA) is intended to be such a mobilisation. The Secretary General has called on the international community to formulate, by next May, a response commensurate with the scale of the crisis, led by African governments, but with civil society, the private sector, the UN and donor governments playing a full role.

Epidemiological Summary

- Africa – especially south of the Sahara – is the area of the world worst affected by HIV and AIDS. Infection levels are highest, access to care is lowest, and social and economic safety nets that might help families cope with the impact of the epidemic are badly frayed, in part because of the epidemic itself.
- Some 23.3 million Africans south of the Sahara are estimated by UNAIDS/WHO to have HIV infection or AIDS. That is almost 70% of the world's total in a region that is home to just 10% of the world's population.
- The huge gap in HIV infection rates and AIDS deaths between rich and poor countries, and more particularly between Africa and the rest of the world, is likely to grow even larger in the next century.
- Many African nations were evaluated downwards in this year's Human Development Index, a ranking published by the United Nations Development Programme (UNDP) to reflect health, wealth and education. Almost all of the major downward changes in rank could be ascribed to declining life expectancy – the direct result of AIDS.
- AIDS is now the leading killer in Sub-Saharan Africa. In 1998 in Africa, where 200,000 people died as a result of conflict of war, AIDS killed 2.2 million people.
- Life expectancy at birth in southern Africa, which rose from 44 years in the early 1950s to 59 in the early 1990s, is set to drop to just 45 between 2005 and 2010 because of AIDS.
- New information suggests that between 12 and 13 African women are currently infected for every 10 African men. There are a number of reasons why female prevalence is higher than male in this region, including the greater efficiency of male-to-female HIV transmission through sex and the younger age at initial infection for women.
- According to recent studies in several African populations, girls aged 15-19 are around five or six times more likely to be HIV-positive than boys their own age. The infection rate in men eventually catches up, but not until after they reach their late 20s or early 30s. Clearly, older men – who often coerce girls into sex or buy their favours with gifts -- are the main source of HIV for the teenage girls.
- Due to high levels of fertility, populations will generally continue to grow, but critical deficits will affect the economically active age groups
- The situation is also highly unstable. Epidemics may suddenly explode, with rates of infection increasing several fold within only a few years, as has been observed recently in Botswana and South Africa. For example, in South Africa between 1993 and 1998, HIV prevalence in pregnant women increased from 4.3% to 22.8% in the province of Free State and from 9.6% to 32.5% in Kwazulu/Natal.

In Francistown Botswana, 47% of pregnant women aged 20-24 were living with HIV.

- The table below shows the estimated prevalence in adults (age 15-49) in the 10 most affected countries in Africa.

Country	Prevalence – Year	Level/Trend
Zimbabwe	25.8 – 97	High/Stable
Botswana	25.1 – 97	High/Growth
Namibia	19.9 – 97	High/Stable
Zambia	19.1 – 98	High/Stable
Swaiziland	18.5 – 97	High/Rapid growth
South Africa	16.7 – 98	High/Rapid growth
Mozambique	14.2 – 97	High/Stable
Kenya	13.4 – 98	High/Slow growth
Malawi	14.9 - 97	High/Uncertain
Rwanda	12.7 – 97	High/Uncertain

FACT SHEET ONE

The impact of HIV/AIDS on the military and on military/civilian interaction

- Armed forces (both military and police) constitute a major population block in African society – highly mobile, and frequently called upon to serve at borders or to deploy outside their national boundaries.
- Today, the international community is challenged by the changing face of threats to peace and security – low intensity conflicts, internal emergencies, massive displacement of populations and complex humanitarian crises. In Africa alone, some 17 countries have been in open conflict or have just emerged from open conflict in 1999.
- To a greater degree than in the past, peacekeeping forces and humanitarian relief missions are being deployed to address the human impact of these crises along with the already complex task of defusing smoldering internal or international conflict.
- Epidemic disease has presented a perennial problem for armed forces and for civilians with whom they come in contact. In many conflicts of the last 500 years, the impact of conflict-facilitated disease has been far, far more important than the direct impact of fighting.
- In most countries, infection rates of sexually transmitted diseases (STI) among the military are generally 2 to 5 times higher than STI rates in comparable civilian populations – even in peace times. In times of foreign deployment and in conflict situations, the risks go very much higher. This higher risk among the military also applies to the rate of infection with the HIV virus, which is, after all, one more STI.
- In Africa, HIV and AIDS pose a far more serious threat to military populations than the inherently hazardous nature of their occupation. This reflects the ***structural nature of the risk environment*** for such mobile personnel, as well as the importance of the behavioural aspects of HIV transmission. The armed forces recruit people precisely in the age group at greatest risk for HIV infection - the 15-24 year old age group in which more than half of all HIV infections occur. Military personnel are particularly vulnerable since they are often away from home for long periods, and they are often in search of recreation to relieve stress and loneliness, and alcohol and drug use are often responsible for a blunting of judgement in these times of leave and recreation. They may have feelings of invulnerability, at an age and in a profession that excuses or even encourages risk-taking. Military personnel, camps and installations are known to attract sex workers and those who deal in illicit drugs. And off-duty soldiers can be counted on to have cash - but not necessarily condoms - in their pockets.

- A 1995 estimate of HIV in Zimbabwe places the infection rate for the armed forces at 3 to 4 times higher than the level in the civilian population at that time.
- This is an important factor to be aware of when African military and police play a role in peacekeeping. But, HIV transmission is a two-way street, and peacekeepers may be at risk of bringing HIV home with them as well as at risk of transmission to others if they bring the infection with them on the mission.
- A study of Dutch sailors and marines on peacekeeping duty in Cambodia found that 45 percent reported having sexual contact with sex workers or other members of the local population during a five-month tour. Even humanitarian relief and aid workers have highly elevated HIV vulnerability due to boredom and stress, resorting to sex as a key coping mechanism.
- There have been documented instances in which AIDS has been used as an instrument of war. Cases are cited, relating to conflicts in the Great Lakes Region of Africa, in which soldiers have raped women of “the enemy side” with the stated intent of infecting them with HIV.
- Military leaders in a number of countries are concerned that HIV and other sexually transmitted infections can compromise military readiness. The loss of training input, the loss of experience and skills, the cost of replacement training – all have their impact on military readiness. When a given military unit is missing several key members, sick for increasingly long periods or deceased and not yet replaced, it cannot be considered fully functional, and hence not deployable. Readiness is further eroded when many of those sick or lost due to AIDS are among the leadership and senior officer category. Any suggestion of diminished readiness in the security and defence establishment is a threat to peace and security.

Imperatives for action

- **Training of police and military personnel** – The training of military and police forces must cover HIV prevention and behaviour change, the basic elements of training in how to protect themselves, those whom they care about, and those whom they contact, from HIV and other sexually transmitted infections. Model curricula and briefing materials have been developed by such countries as Ghana, Morocco, South Africa and Zambia.
- **Preparation of peacekeepers, military observers and humanitarian workers** Peacekeepers, international observers and relief/aid workers need to be well briefed, prior to arriving in the field, on HIV prevention and on the implications of the risk environment for their behaviour. Protecting themselves is important, but part of their mission is to provide and promote the restoration of security for the families and communities they serve – including protection from HIV. This kind of briefing needs to be regularly reinforced during each mission, and the means of protection (condoms) must be readily and consistently available. Briefing materials and training-of-trainer curricula for this purpose have been created and put into use by the U.N. Department of Peacekeeping Operations in collaboration with the Civil-Military Alliance to Combat HIV and AIDS.

- **Demobilisation of armed forces** – A military and police force, well trained in HIV prevention and behaviour change, can be a tremendous force for stabilisation and HIV prevention if these issues are placed high among their priorities. This can apply to their service within and outside their own countries, as well as when they return home for demobilisation. To render this a positive force in muting the threats to peace and security, preparatory training of those to be demobilised is indispensable.

Training for demobilising troops and police needs to address:

- ❑ the promotion of peace and security through an examination of the culture of violence and the use of force that have been fundamental elements in the crises that have faced their country in the past;
- ❑ an understanding of the behavioural issues that underlie the structural nature of the HIV risk environment; and
- ❑ the potential for demobilised men and women to further serve their country, but now as peer educators for HIV prevention in their own communities.

FACT SHEET TWO

The destabilizing impact of social and economic consequences of HIV/AIDS

- The AIDS epidemic has become a true development crisis, now threatening the social and economic fabric of society, and the political stability of whole nations. Its impact on societies is as bad or worse, as that caused by civil strife and warfare.
- For many countries in Africa HIV/AIDS has become a complex epidemic, building on and exacerbating the severe poverty crisis that grips most of the continent, and reversing decades of progress in social and economic development. As such, HIV infection has far-reaching consequences at all levels of society and its socio-economic repercussions stretch far beyond the domain of health. Yet the health sector continues to mount the front-line response.
- By killing large number of productive and reproductive adults AIDS:
 - erodes human, social, economic and infrastructure development
 - increases health and welfare demands, adding to the cost of providing services
 - increases the total number of children orphaned or living in families profoundly disrupted by AIDS
 - reduces formal and informal sector productivity
 - increases labour costs due to staff turnover, absenteeism, loss of skills and increased recruitment and training costs.
- Studies on the **impact of AIDS on households** carried out in Tanzania, Cote d'Ivoire, Uganda, and Ethiopia have documented the tremendous burden of loss of income, large health care expenditures, and consumption of savings to pay for funeral and mourning costs.

A decrease in income will lead to a decrease in consumption and savings. In a study in urban areas in Cote d'Ivoire, outlay on school education was halved; food consumption went down 41% per capita; and expenditures to health care went up by more than 400%.

- **The health systems** of the countries which are hardest hit by HIV/AIDS are overwhelmed and the burden can only become heavier as those infected several years ago become ill. AIDS affects the **health sector** for two reasons: (1) it increases the number of people seeking services and (2) health care for AIDS patients is more expensive than for many other conditions.

The number of AIDS patients seeking care is already overwhelming health care systems. In Cote d'Ivoire, Zambia and Zimbabwe HIV-infected patients occupy 50 to 80 percent of all beds in urban hospitals. This exacerbates problems of overcrowding and increases risks of infections such as TB and diarrhoea. Treatment facilities are often inadequate, diagnostics and drugs are in short supply and operational procedures have not been adjusted to the needs of people living

with HIV/AIDS. For example, staff are often inadequately trained to identify opportunistic infections early enough, and to therefore improve quality of life through appropriate treatment. Fear and stigma may result in poor attitudes towards HIV infected patients.

Problems of understaffing are acute. In highly affected countries, many staff are HIV infected themselves, some are seriously ill and many have died. Others are unable to continue work or are frequently absent because they are caring for their own sick relatives and, more and more often, attending funerals.

The overall result is a rise in the price of producing health care and an increased shortage of resources: beds, essential drugs, doctors, nurses, laboratory staff etc. Many health systems can no longer afford to deliver basic curative care for opportunistic infections.

- AIDS affects **the education sector** in at least three ways. The supply of experienced teachers is reduced by AIDS related illness and death. Over 30 percent of teachers in Malawi and Zambia are already infected. Children are kept out of school to care for sick family members or to work in the fields. AIDS affected families can not afford school fees due to reduced household income.
- The epidemic is undermining **private sector development** by increasing expenditures and reducing revenues. An assessment of several private sector firms in Botswana and Kenya demonstrated that the most significant factors in increase labour costs were HIV/AIDS related absenteeism and burial expenses. These expenses are expected to double by 2005 if the epidemic continues to spread at its current rate.
- The **mining sector** is a key source of foreign exchange for many countries. Most mining is conducted at sites far from population centres forcing workers to live apart from their families for extended periods of time. They often resort to commercial sex. Many become infected with HIV and spread that infection to their spouses and communities when they return home. Highly trained mining engineers can be very difficult to replace. As a result, a severe AIDS epidemic seriously threatens mine production.
- **Agriculture** is the largest sector in most African economies accounting for a large portion of production and a majority of employment. Studies done in Tanzania and other countries have shown that AIDS will have adverse effects on agriculture, including loss of labour supply and remittance income. The loss of a few workers at the crucial periods of planting and harvesting can significantly reduce the size of the harvest. In countries where food security has been a continuous issue because of drought, declines in household production can have serious consequences. A loss of agricultural labour causes farmers to switch to less labour-intensive crops. In many cases this may mean switching from export crops to food crops, affecting rural economies.
- **The transport sector** is especially vulnerable to AIDS and important to AIDS prevention. Building and maintaining transport infrastructure often involves sending teams of men away from their families for extended periods of time. A

survey of bus and truck drivers in Cameroon found that they spent an average of 14 days away from home on each trip and that 68 percent had sex during the most recent trip and 25 percent had sex every night they were away. Most transport managers are highly trained professionals who are hard to replace if they die. Governments face the dilemma of improving transport as an essential element of national development while protecting the health of the workers and their families.

- **Macroeconomic development:** In 1993 the World Bank developed a model to calculate the macro-economic impact of the HIV epidemic at country level. The model calculated the loss per capita GDP for countries with a high HIV prevalence. The result of this exercise was that, on average, the countries lost 0.5 - 1.0% of growth per year. These figures may not appear initially alarming, but over several years the continuous loss accumulates. For a developing country like Kenya, where loss over ten years was calculated as 14.5% (1995 - 2005), the consequences for the economy are bound to take effect and seriously set back the development process of the country.

In other countries in sub-Saharan Africa where a Human Development Report on HIV/AIDS has been published, the impact on the HDI (Human Development Index) has been measured in a situation with and without HIV/AIDS. In Namibia the HDI is predicted to decrease 10% due to AIDS in 2006 (UNDP and UNAIDS, 1997), and in South Africa the HDI is predicted to decrease 15% due to AIDS in 2010 (UNDP and UNAIDS, 1998). The main indicators driving the HDI score are life expectancy and literacy rates.

FACT SHEET THREE

The impact of HIV/AIDS on already complex and fragile geo-political systems

- Factors that pose a serious threat to social and economic development pose a very real threat to social and political stability. Current projections indicate a major public health and social development emergency continuing to unfold in the Sub Saharan region. The emergency is affecting all sectors of society, including the military, in much the same way as other complex emergencies do. Social disruption, poverty, hunger and the crumbling infrastructure of social services lead to a growing sense of helplessness and anger among disaffected populations. Governments are weakened by this kind of development impact, and they are perceived as less and less able to meet the needs of their people. This in itself is a threat to security.
- Climatic vagaries, particularly drought, may contribute to a collapse in food security in parts of the region, further affecting populations already weakened by HIV/AIDS. Just such a crisis in food production is foreseen in 2000 in drought-affected East Africa. History has shown how much failed harvests and widespread hunger can compound the risks of social and political destabilisation. Some analysts have cited these as critical precipitating factors in the recent civil wars of the Great Lakes Region. Reconstruction after drought is more difficult in HIV-affected regions, where up to 25 percent of adults may be affected by AIDS.
- Changes in the population profile in heavily HIV/AIDS-affected countries mean that there are fewer adults and larger numbers of poor young people, children begin working at an earlier age (and for lower wages), and more young sex workers enter that marketplace. This leads to increasing numbers of disaffected children and adolescents in the streets, and rapid migration may act as a tinderbox to further violence and armed conflict.
- A rising middle class with high rates of HIV infection is also part of this new profile. They are people who know that drugs exist but are still too expensive to be offered by their own government: demand for expensive therapies may add to mounting political instability.
- There are currently three geopolitical systems in Africa that regularly swirl around and around in turmoil:
 - (a) the far north-east, with conflicts flaring among Eritrea, Ethiopia, Sudan and other Horn of Africa states,
 - (b) the Great Lakes region, where conflicts seem to be drawing the rest of Central, Eastern and Southern Africa into never-ending crises, and
 - (c) West Africa, with its recurring civil wars and the international “peace”-keeping forces drawn from the region fighting right along with the rest.

- There is growing awareness of the “reciprocity of HIV and emergencies”. Conflict in Africa is virtually systemic – inter-ethnic, intrastate, interstate and international in nature. And the impact of this *culture of violence* on the communities and families of the countries concerned contributes greatly to the *structural nature of the risk environment* faced by both civilians and armed forces.
- Systemic conflict means refugees and displaced families are on the move all over Africa, people living in extremely vulnerable conditions, sharing the same space and vulnerability to HIV and other diseases with combatants and peacekeepers alike.
- The aftermath of complex humanitarian crises is consistently characterized by features which accentuate the HIV/AIDS risk climate:
 - Social disruption resulting in sudden, widespread and profound poverty. One of the first consequences of this is acute and often severe food insecurity suffered by the displaced family units.
 - The lack of income leads to the sale of sex by women – but also by children and men – as a last resource that can be resorted to for income to meet basic needs.
 - Increasing child labour, and many children living in the streets.
 - Active migration to find work, further disrupting family integrity.
 - Lives characterised by a desperation that fosters increases in sexual and domestic violence and abuse, rape, and gender inequality. Women are six times more likely to get HIV in refugee camps than in the outside general population. (In one study in Rwanda, aid workers documented the fact that 17% of raped women, previously HIV-negative, got HIV. In another study in Bosnia, an estimated 30-40,000 refugee women were raped.)
 - Decimated health infrastructure, along with a failure to maintain sexual and reproductive health services, blood safety, sterile equipment, counselling services, and facilities for care for those who are ill with HIV and TB.
 - Limited access to education, and the HIV prevention education offered may not be in tune with the people’s beliefs or capacity to act.

Imperatives for action

- The aim is to mitigate the further human and social impact of HIV/AIDS as a result of these complex emergencies, and to enhance national capacities to deal with them.
- The starting point must be advocacy and awareness-raising for a more consistent and effective inclusion of HIV/AIDS prevention and care in any emergency response. This needs to address national leaders and decision-makers, as well as the administrators of aid agencies and their aid and relief workers.
- Addressing HIV-related human rights issues, and responding to violations of human rights is critical. This is an added and compelling reason to include concern for HIV prevention in these settings, with particular attention to the rights and needs of children.

- Disaster preparedness at national and international levels must include prevention of accelerated transmission of HIV/AIDS and the care of heavily infected populations as key elements of any strategy.
- All reconstruction and rehabilitation development projects must have HIV prevention components that address behaviour issues and that meet the needs of persons living with HIV and AIDS. Reconstruction and rehabilitation must draw on the experience and insight of persons living with HIV and AIDS.
- In relief and rehabilitation, it is essential to consider the special risks of women and children, their vulnerability in crisis and civil disruption, their reproductive health needs, and their need for protection (to counter the risks of bodily, sexual and psychological violence against them).
- Addressing the needs of men will also be critical, especially those whose lives have been deeply affected by the crisis, unemployed, dislocated and increasingly vulnerable to victimisation and HIV infection.
- Dealing creatively with health and social issues such as the risks of HIV transmission, and the sexual violence so often seen in humanitarian emergencies, offers a bridge for peace and conflict resolution. This needs to address:
 - **An understanding of the violence culture** that underlies the crisis being faced. This understanding will offer openings to facilitate the emergence of a **peace culture** for the populations involved, including military, police and the community. The beginnings of this type of transformation are emerging in Mozambique, and these steps need to be supported.
 - **An emphasis on behavioural issues that underlie the structural nature of the risk environment** is essential if progress in prevention is to be realised. The new models of training in HIV prevention and behaviour change for the uniformed services in use by the U.N. Department of Peacekeeping Operations, and in Ghana, Morocco, South Africa and Zambia have built on just this approach.

FACT SHEET FOUR

Positive responses

We are not powerless against this epidemic, and large-scale successful responses have been well documented. Key elements of successful responses include strong leadership, openness about the issue, and broad-based “multi-sectoral” programmes at all levels in the community. African leaders are now driving the response in many countries.

- Most African governments have now understood that the first battle to be won in the war against AIDS is to break the silence and remove the stigma surrounding it—and that official recognition of the problem is the first step towards dealing with it. Many African leaders have also spoken out strongly about the seriousness of the epidemic.
- In September 1999 during the launching of the National Strategic Plan to Combat STDs/HIV/AIDS, President Joachim Chissano stated that HIV/AIDS was an emergency for Mozambique and it needed to be faced as the priority among priorities across all sectors.
- In February 1999 the King of Swaziland during the official opening of Parliament described HIV/AIDS as a “national disaster” and urged the launching of a nationwide campaign to change attitudes. A National HIV/AIDS Crisis Management Committee has been established in Swaziland.
- On December 1, 1999 while addressing youth to mark the World AIDS day, President Mugabe declared HIV/AIDS a National Disaster. He revealed that he himself had lost members of his family to AIDS.
- In Botswana, a nationwide plan for combating AIDS was launched by the President last year, with 80% of the funding coming from within the country. The National AIDS Programme has been reorganized, empowered to facilitate the multisectoral mobilization. The National AIDS council is now chaired by the President himself.
- In Namibia, the Cabinet has approved a new national AIDS programme structure, focusing on the decentralization of the response. AIDS is now included in the agenda of the National Planning Commission, which is currently planning the use of country resources for the next decade.
- In Ghana, the Government has committed itself in an official communiqué, following a joint country mission of the International Partnership against AIDS in Africa, for the mobilization of resources within all the important sectors, the empowerment of the National AIDS Programme, and the reinforcement of the social mobilization to respond to the AIDS pandemic

- In Uganda and Senegal, the battle against AIDS has been given top priority, in the early stages of the epidemic. From the highest political level, every possible medium has been used to get the message out. As a result, Uganda has seen the levels of infection, which were climbing very fast, stabilized and in some instances, decline. Senegal has managed to maintain keep its low level infection rates.
- In Burkina Faso, the social mobilization is now lead by the Head of State himself. The leaders at all levels in the country are also committed and emphasizing the importance of the decentralization of the response.
- In South Africa a new partnership, involving all branches of Government and civil society, including the private sector, was launched last October.
- Community groups and non-governmental organizations in Africa are fully involved in the work to limit the spread of AIDS and to alleviate the suffering it causes. One such is the Women and AIDS Support Network in Zimbabwe who are educating, counseling, and organizing women and girls to make informed choices about their own health; to communicate with sexual partners about HIV and safer sex; and to lobby policy-makers for better protection of women's health. They also provide care for women affected by HIV/AIDS. The Network helped demonstrate that unequal gender relations fuel the epidemic and organized a successful petition drive to persuade the Government to make female condoms widely available.
- Private corporations, too, can play a critical role in this battle—for instance by providing premises for HIV education, by giving protection and support to their employees, and by taking a lead within the wider community.
- In Nigeria, the Chevron oil company has taken an imaginative and tenacious approach to HIV prevention, working to protect the wider community as well as its own workforce.
- In South Africa, the electricity-generating company Eskom, which has over 37,000 employees, has for the last six years made HIV/AIDS one of its strategic priorities. As a result, it can now guarantee benefits to employees with AIDS and their families, and has funded clinics which offer tests, immune-system monitoring, and medical support.
- In Zimbabwe, Rio Tinto has taken steps to protect its skilled workforce. It has formed AIDS action groups, led by volunteer employees, to act as counselors and lead education campaigns among their colleagues. And it is providing condoms to the largely male staff in its mining camps, many of whom face long periods of separation from their wives.
- Throughout southern Africa medical research projects, education efforts and social support mechanisms are being backed by the new public-private partnership "Secure the Future", to which Bristol-Myers Squibb has donated \$100 million for the next five years.

The International Partnership against HIV/AIDS in Africa

Introduction

The 1999 World AIDS Day figures spell out the stark reality of the epidemic for Africa. In Zimbabwe, one in four of the population now lives with HIV/AIDS. Eastern and southern Africa are home to 4.8 per cent of the world's population, yet have over 50 per cent of the world's HIV positive people.

By 1992 the OAU had recognised the growing seriousness of the epidemic and in the 1998 OAU Summit of Heads of State, called on the international community for the global resource necessary to address the epidemic. In late 1998, the UNAIDS Secretariat began a broad process of consultation – with African governments, with donors, the UN, civil society and the private sector, in order to facilitate the formation of a truly international partnership against AIDS in Africa. In December 1999, representatives from these five pillars met together under the auspices of the UN Secretary-General to map out the process for agreeing a framework for action by May 2000.

Why intensify action on AIDS in Africa now?

The full dimensions of the AIDS crisis are now well documented. The progression of the disease has outpaced all projections, by two to three times. The need to mount an extraordinary response is inescapable. While in the past, AIDS has been viewed as an intractable problem, it has been shown that it is possible to make substantial impact on the course of the epidemic. In 1999, African leaders demonstrated leadership in fighting the epidemic to an unprecedented extent and the time is ripe for an extraordinary effort to change the face of the epidemic.

In June 1999, the international community recognised the need to respond to the AIDS epidemic by negotiating a new international development target. While not exclusive to Africa, this valuable goal focuses world attention and commitment to address the epidemic in the 25 most affected countries, 24 of which are in Africa. Governments, UNAIDS and donors have been called upon – and have agreed – to take the steps necessary to ensure that in the most affected countries by 2005: at least 90 percent of young men and women aged 15-24 have access to information and skills needed to reduce their vulnerability to HIV infection, and HIV incidence in 15-24 year olds is reduced by 25 percent.

While reducing transmission is one critically important aspect of addressing the epidemic, this will not be achieved in isolation of concomitant efforts to:

- reduce suffering and mitigate the impact of the epidemic;
- decentralise the response through local government and community action;
- expand the response in the education, health and communication sectors, among others, through significant social and economic policy adjustments, including the strengthening of social safety nets for the most vulnerable;
- substantially increase the investment of financial, technical and political resources in HIV/AIDS focused efforts.

The goal of the Africa Partnership has therefore been formulated as:

To curtail the spread of HIV, and to reduce sharply the impact of AIDS on human suffering and on the development of human, social and economic capital in Africa

To know if we have achieved this goal, indicators are being developed to address (i) prevention of transmission; (ii) reduction of suffering and impact mitigation, (iii) expansion and decentralisation of the response to the epidemic, and (iv) increase of financial, technical and political resource investments.

What is the Partnership?

The Partnership is a *coalition* of actors who have chosen to work together to achieve

- a shared vision
- common goals and objectives
- *based on* a set of mutually agreed principles, and
- a set of key milestones.

It *builds* on existing efforts, and seeks to enhance, expand and replicate successful actions, and address the political and institutional challenges involved in doing so. It creates no new structures. The actors of the Partnership are African Governments; African and international civil society; the United Nations; donors; and the private and corporate sector, and foundations. As such, the Partnership can be understood as a series of overlapping partnerships at different levels, and between different actors, working from a shared strategic agenda. The actors of the Partnership believe that by acting in synergy with others, the impact of individual actions can be dramatically enhanced.

At present, impact on the epidemic at all levels is compromised by fragmentation; different actors pursue agendas in isolation from others. Instead of working within *nationally* negotiated and agreed strategic agendas, actors, whether government or non-government, UN, or private sector, have tended to address HIV/AIDS as an area for designing and implementing multiple, often small-scale projects, with their own objectives, management, monitoring and evaluation systems. While it is clear that projects will continue to be an important vehicle of both financial and technical resource transfer, the International Partnership recognises that many traditional patterns of donor assistance are inadequate vehicles for addressing HIV/AIDS in Africa. On the contrary, the AIDS epidemic makes painfully visible many of the current shortcomings of development practice. The actors in the Partnership therefore will seek to build on best development practice at every level of the Partnership.

At country level, this will mean that members of the Partnership undertake to work under the leadership of national governments and in co-ordination with other external investors within a common, strategic framework. This framework will identify core strategic and programmatic areas for intervention, and the role of different actors.

At regional and sub-regional level, members of the Partnership will identify mechanisms for collaboration in the strengthening and development of regional resources, such as technical resource networks, available for rapid draw-down by national programmes seeking technical advice and training. Sub-regional actions by partners will be valuable in sharing information, successes and failures among individuals and institutions in different countries, and in finding ways to give effective support to regional institutions engaged in the response to the epidemic.

At global level, the Partnership will identify processes and products in which to collectively invest. These will range from intensifying action on international public goods, to political processes, which are likely to result in greater resources and visibility for the epidemic, and where intensified and coordinated action is likely to have an impact.

Proposed Vision for the Partnership

The vision of the International Partnership Against AIDS in Africa is that within the next decade African nations will be implementing larger-scale, sustained and more effective national responses to HIV/AIDS. Through collective efforts, promotion and protection of human rights, countries will substantially reduce new HIV infections, provide a continuum of care for those infected and affected by HIV/AIDS, and mobilise communities, NGOs and the private sector, and individuals to counteract the negative impact of the HIV/AIDS epidemic in Africa.

Proposed Principles

African ownership of the Partnership at all levels: country and community priorities to drive the action, and implementation plans will be based on local priorities and contexts;
Active involvement of people living with AIDS in setting the parameters of the Partnership;
Respect, protection and fulfillment of human rights, compassion and active opposition to all forms of stigma and exclusion of people living with HIV/AIDS;
Promotion of public awareness both within and outside Africa of the AIDS epidemic as a development crisis that requires an urgent and sustained response on an unprecedented scale;
Support for the development and implementation of joint national strategic action plans involving all relevant sectors;
Partners fully committed to joint working.

Proposed Purpose

To mobilize and challenge governments, civil society and the private sector to redirect and expand national and international political, programme and financial policies and resources to address HIV/AIDS in Africa.

Outputs of the Partnership:

Agreed goals and indicators; Advocacy and political mobilisation; Intensified country-level action; Increased financial resources; Technical resource strengthening; Effective partnership mechanisms
Milestones for each of these outputs are being developed.

What value will the Partnership add?

At country level:

- *A coordinated response:* Coordinated action and negotiation around a single, nationally owned strategy will be a significant step forward in many countries, identifying gaps and overlaps, and adding to efficiency.
- *A scaled-up response:* Current estimates suggest that between \$800 million and \$2.5 billion a year are needed to mount an adequate response to the epidemic. While a key impact of coordinated effort is better use of *existing* resources, the IPAA signals a clear message that *more resources* need to be made available from national governments and from traditional and non-traditional sources. Resources are more likely to flow towards well-designed, clearly costed and well-implemented programmes.
- *A linked response:* The Partnership will ensure that countries are properly linked to sub-regional, regional and international resources and initiatives and are thus able to benefit from other international and regional investments in addressing the epidemic, including in best practice development, information, commodities, or technical expertise.
- *A response based on best practice:* experience from two decades of the epidemic has generated a considerable body of good practice.

Mechanisms for building partnerships will include Partnership Missions, National Partnership Plans, and further efforts to improve partnership coordination.

At regional and sub-regional levels:

The key function of the Partnership at regional and sub-regional level is to ensure maximum impact at country level through support for national programmes and for local initiatives within countries. Specific regional functions include the following:

- Co-ordination and strengthening of sub-regional technical resources and improved mechanisms for rapid draw-down by national programmes.

- Support to leading regional/subregional institutions for training, policy analysis, programme design and information exchange.
- More effective use of *existing* co-ordination mechanisms and initiatives to act as a platform for advocacy and improved co-ordination for national programmes. These include mechanisms such as SADC and ECOWAS.
- Identification of cross-border issues which require a sub-regional perspectives, and the development of mechanisms for addressing them.
- Negotiations over the procurement of commodities, where regional/sub-regional levels have advantage over the national level.
- The regional or sub-regional pieces of the Partnership will emphasize expanding functions, not bureaucratic structures. Light-weight, flexible coordination mechanisms are envisaged that help to provide coherence and clarity to existing resources, and to identify gaps where further actions are required.

At international level:

At international level the Partnership's key function will be to support country and regional initiatives and to take forward international actions that will further enable effective local responses. Functions include:

- Advocacy for and monitoring of the progress of the IPAA
- More effective use of existing co-ordination mechanisms and initiatives to act as a platform for advocacy and improved co-ordination for national programmes. These include mechanisms such as the EU; G7/8; OECD; United Nations Special Initiative for Africa; UNDG; OAU and ECA
- Identification of areas, issues and mechanisms where international action, brokering, or co-ordination will add value to sub-regional and country-level actions: these may include negotiations over commodities (for example: male and female condoms; test kits; drugs; breast-milk substitutes); advocacy for the development of new international public goods (particularly drugs and vaccines and other forms of knowledge); improved co-ordination of international processes relevant to HIV/AIDS in Africa e.g. HIPC
- Provision of secretariat functions performed by UNAIDS to ensure maximum communication, co-ordination, facilitation, standard setting and impartial information and advice to all actors within the Partnership.

The roles, responsibilities and membership of the Partnership

Members of the Partnership are those who state that they wish to work jointly with others in pursuit of an intensified response to AIDS in Africa. They will be those who are in agreement with the objectives, and milestones of the Partnership, and will be willing to act transparently, and to make information available to members of the Partnership. While it is not envisioned that there will be any *formal* mechanisms in place for joining the Partnership, an internationally agreed upon Partnership document, internationally, of which this is the summary of the forerunner, will provide the basis for discussions and participation. At national level, the joint Partnership Plan provides the vehicle for negotiating participation. It is clear that at each level of the Partnership, different partners will coalesce around different issues and instruments for taking forward action.

References:

1. CMA/Henry M. Jackson Foundation for the Advancement of Military Medicine. ***HIV Prevention and Behavior Change in International Military Populations***. Training Course for UN Peace-Keeping Forces and National Military Forces. Hanover, NH: Civil-Military Alliance to Combat HIV and AIDS, October 1999.
2. Neije S: "Interpersonal IEC [Information, Education, Communication] as a Long-Term Strategy for the Prevention of STD/HIV/AIDS in the Moroccan Royal Armed Forces." ***12th World AIDS Conference***. Geneva, June/July 1998 [abstract 43398].
3. Olmedo-Drouguett S: "The Armed Forces of Latin America Confront an Expanding Epidemic." ***12th World AIDS Conference***. Geneva, June/July 1998 [abstract 43384].
4. Puta JC: "Enhancing Training Capacities through Regional Military Networking in Countries of Eastern and Southern Africa." ***12th World AIDS Conference***. Geneva, June/July 1998 [abstract 359/43391].
5. Schneider SJ, *et al.*: "**Sexual Risk Behavior Among Rapid Deployment Personnel.**" ***XI International Conference on AIDS***. Vancouver, July 1996 [abstract MO-D-1708].
6. Upadhyay P: "HIV/AIDS/STD Education and Prevention for Military Personnel in Nepal." ***12th World AIDS Conference***. Geneva, June/July 1998 [abstract 60003].
7. Adeniran O, Adeoye FA, Osibogun AO, Shabi TA: "Occupational Vulnerability to HIV Infection: Implications for Effective Condom Promotion." ***12th World AIDS Conference***. Geneva, June/July 1998 [abstract 43396].
8. Ekong E: "Comparison of Knowledge, Attitudes and Practices on HIV/AIDS among the Medical and Infantry Corps of the Nigerian Army." ***12th World AIDS Conference***. Geneva, June/July 1998 [abstract 43388].
9. Ella ABM: "STDS/AIDS Prevention among Military and Police Personnel in Cameroon." ***12th World AIDS Conference***. Geneva, June/July 1998 [abstract 43394].
10. Olanrewaju AFA, Adeoye AO, Osibogun TA, Shabi: "Occupational Vulnerability of Soldiers to HIV Infection: Implications for Effective Condom Promotion." ***12th World AIDS Conference***. Geneva, June/July 1998 [abstract 43396].
11. Sundbaum B: "Military Units - A Male Arena for the Prevention of HIV/STD." ***12th World AIDS Conference***. Geneva, June/July 1998 [abstract 43389].
12. Tchupo JP, *et al.*: "The Evaluation of a AIDSCAP (AIDS Control and Prevention) Project of Sexually Transmitted Diseases (STD) and AIDS Prevention among Cameroonian Armed Forces." ***12th World AIDS Conference***. Geneva, June/July 1998 [abstract 43386].
13. Allen S, Serufilira A, *et al.*: "Confidential HIV Testing and Condom Promotion in Africa: Impact on HIV and Gonorrhea Rates." ***JAMA*** 1992, 268: 3338-42.
14. De Zoysa I, *et al.* "Role of HIV Counseling and Testing in Changing Risk Behavior in Developing Countries." ***AIDS 1995*** 1995, 9 (suppl A): S95-S101.
15. Wolitski RJ, MacGowan RJ, Higgins DL, Jorgensen CM: "The Effects of HIV Counseling and Testing on Risk-Related Practices and Help-Seeking Behavior." ***AIDS Educ. Prev.*** 1997, 9 (suppl 3): 52-67.

16. UNAIDS. **UNAIDS Policy on HIV Testing and Counselling**. Geneva: Joint United Nations Programme on HIV/AIDS, August 1997.
17. UNAIDS. **AIDS and the Military – Point of View, Best Practice Collection**. Geneva: Joint United Nations Programme on HIV/AIDS, May 1998.
18. WHO Global Programme on AIDS. **HIV/AIDS: Human Rights, Ethics and Law**. Aide-Memoire for AIDS/STD Programmes, Version 1.6. Geneva: World Health Organization, December 1995.
19. WHO Global Programme on AIDS. **Prevention and Control of STDs: A Public Health Approach**. Aide-Memoire for AIDS/STD Programmes, Version 1.6. Geneva: World Health Organization, December 1995.
20. WHO Global Programme on AIDS. **Women and AIDS**. Aide-Memoire for AIDS/STD Programmes, Version 1.6. Geneva: World Health Organization, December 1995.
21. WHO Global Programme on AIDS. **Prevention and Control of STDs: A Public Health Approach**. Aide-Memoire for AIDS/STD Programmes, Version 1.6. Geneva: World Health Organization, December 1995.
22. CMA. **Winning the War Against HIV and AIDS: A Handbook on Planning, Monitoring and Evaluation of HIV Prevention and Care Programmes in the Uniformed Services**. Hanover, NH: Civil-Military Alliance to Combat HIV and AIDS, 1999.
23. CMA. **Technical Reference Library 1999** to accompany **Winning the War Against HIV and AIDS**, CD-ROM. Rolle, Switzerland: Civil-Military Alliance to Combat HIV and AIDS, 1999.
24. UNAIDS, WHO and UNHCR. **Guidelines for HIV Interventions in Emergency Settings**. Geneva: Joint United Nations Programme on HIV/AIDS; World Health Organization; and United Nations High Commission for Refugees, 1996.

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Message: AS DISCUSSED!

UNAIDS: General briefing for the UN Security Council Meeting on AIDS in Africa 10.01 2000

Briefing Summary

1. Africa suffers disproportionately from poverty, conflict, social dislocation, food insecurity: these both fuel, and are fueled by an HIV/AIDS epidemic that is equally disproportionate. Of eleven million orphans created by the epidemic, 90 per cent are in Africa. Some 23.3 million Africans south of the Sahara are estimated to have HIV infection or AIDS. That is almost 70% of the world's total in a region that is home to just 10% of the world's population.
2. The pace of the epidemic in southern and eastern Africa has outpaced all original projections by two to three times, leading to rapid demographic changes, and their consequent social and economic impact. For example, life expectancy at birth in southern Africa, which rose from 44 years in the early 1950s to 59 in the early 1990s is set to drop to just 45 between 2005 and 2010.
3. The epidemic is now more devastating than war: In 1998 200,000 people in Africa died from conflict, but 2.2 *million* died from HIV/AIDS. The rapid loss of human capital, from every walk of society, reflects the decimation of a major conflict, with similar consequences.
4. HIV/AIDS is rapidly becoming the key human security issue of the sub-Continent. Its effects are felt in three interrelated ways:

Firstly in the rapidly destabilizing impact of the social and economic consequences of HIV/AIDS. These are felt in all sectors: health, education, industrial, agricultural, transport, as the skill base and other human capital is eroded. Macro-economic consequences through the gradual, but cumulative erosion of growth in GDP in heavily affected countries is becoming evident.

Secondly, in the impact of HIV/AIDS on the military and on military/civilian interactions. War is an instrument for the spread of HIV/AIDS. The armed forces (both military and police) constitute a major population block in African society, highly mobile and often called upon to serve at borders or to deploy outside of national boundaries. HIV infection poses a more serious threat to military populations than the inherently hazardous nature of their occupation. The impact of HIV on the *military* lies in the impact on human capital – compromising armed forces' readiness. The impact of HIV on civilian populations lies in the high rates of sexual interaction between military and civilian populations whether through commercial sex, or in rape as a weapon of war; and in the extreme vulnerability of displaced and refugee populations to HIV infection. People are six times more likely to contract HIV in a refugee camp than in the general

outside population. There are now 20 to 30 per cent more HIV infected women than men in Africa.

Thirdly, in the impact of an epidemic of this nature on already fragile and complex geo-political systems. Out of 27 conflicts in the world at the start of 2000, eleven are in Africa. Fifteen sub-Saharan countries are faced with food emergencies, while protracted drought in east Africa threatens further food shortages. A new, unprecedented generation of orphaned children in resource-poor environments may surely risk producing a generation of disaffected adolescents. Against this canvas, AIDS is a serious threat to the political stability of many countries.

5. The resource available to address HIV/AIDS are utterly disproportionate to the size of the problem. At present it is estimated that, outside of South Africa, the total spent on AIDS is approximately \$165 million a year. Current estimates suggest that between \$800 million and \$2.5 billion a year are needed to mount an adequate response to the epidemic. While better use can be made of the existing resources, the absolute shortage of financial and human resources to address the epidemic is critical.
6. We are not powerless against the epidemic, and large-scale successful responses have been documented. They are still too few in number. Nonetheless, we know that key elements of successful responses include strong political leadership, openness about the issues, and broad-based responses cutting across all sectors, and effective at the level of the community. African leaders are now driving the response in many countries.
7. Evidence of good practice in relation to training of police and military personnel, in the preparation of peacekeepers, military observers and humanitarian workers, and in the demobilisation of armed forces provide the basis for scaling up national and international efforts. Similarly, the integration of HIV/AIDS awareness should characterize all preparation for dealing with humanitarian crises, and in handling the aftermath of complex emergencies, to break the cycle of these acting as fuel for the epidemic.
8. The formation of an International Partnership Against AIDS in Africa is currently being undertaken. If we are to alter the course of the epidemic in Africa, we need to scale-up, significantly, our collective efforts in Africa. Only an urgent mobilisation of this kind can curtail the spread of HIV, sharply reduce its impact on human suffering, and halt the further reversal of human, social and economic development in Africa. The International Partnership (IPAA) is intended to be such a mobilisation. The Secretary General has called on the international community to formulate, by next May, a response commensurate with the scale of the crisis, led by African governments, but with civil society, the private sector, the UN and donor governments playing a full role.

Gore to Preside at Security Council Session on AIDS Crisis

By KATHARINE Q. SEELYE

WASHINGTON, Jan. 9 — For the first time, the United Nations Security Council will convene on Monday to take up a health issue — the spread of AIDS, especially in sub-Saharan Africa, where the United Nations calls it “the worst infectious disease catastrophe since the bubonic plague.”

In an election-year bonus for Vice President Al Gore, the Clinton administration has designated him to preside over the session, where he plans to announce that the administration is seeking \$100 million from Congress in next year's budget to combat AIDS abroad. Most of it would go to sub-Saharan Africa, where, American officials say, 10 people are infected with the virus every minute. A portion of the money would go to India, which is expected to become the crisis's next epicenter. The money would go toward education and prevention programs, home care, testing, blood screening and care for the millions of children orphaned by AIDS.

One focal point would be increasing money for a relatively inexpensive drug that can help block transmission of the virus from pregnant women to their children. The United States now supplies \$3 million worth of such drugs overseas. The Administration wants to triple that amount, although the children who are saved usually become orphans because the treatment does not save the mothers.

In opening the session, Mr. Gore plans to say that the human immunodeficiency virus, which leads to AIDS, has grown beyond a health epidemic to become a threat to global security and stability.

“There can be no doubt that H.I.V./AIDS is a security threat,” his draft remarks say.

Mr. Gore's remarks note that ex-

perts predict that more people will die of AIDS in the next decade than have died in all the wars of the 20th century. “For the nations of sub-Saharan Africa, AIDS has crossed beyond the borders of a humanitarian crisis to become a security crisis,” the remarks say, “because it threatens not just the citizens of those nations — it threatens the very institutions that define and defend those nations” an apparent reference to its major impact on business and professional people.

Mr. Gore is also to announce that the administration is seeking \$50 million for vaccines against other diseases that are ravaging poor countries. And he plans to call for more involvement by foundations, private corporations and other countries to help provide basic health care in the developing world. Only 2 percent of all global public and private biomedical research is devoted to the diseases that are the major killers in the developing world.

Officials estimate that vaccines that exist for some of these diseases, including hepatitis B, influenza and yellow fever, already save about three million lives a year and that the additional money could save four million more. The idea, officials said, is to establish a health network so that if an AIDS vaccine is ever available, it can reach those who need it.

Mr. Gore is overseeing the security council meeting in his capacity as vice president, but his presence is not without its political component.

Mr. Gore and his sole rival for the Democratic presidential nomination, former Senator Bill Bradley, have both been courting the gay vote, which makes up more than 9 percent of the primary electorate in the important states of New York and California.

AIDS transmission in Africa has

been primarily heterosexual, while in the United States it has disproportionately affected gay men and, more recently, members of minority groups. So the chance for Mr. Gore to preside at an international forum to emphasize the vast global consequences of the disease could help him secure his standing among gay and African-American voters, two heavily influential voting groups in the Democratic primary.

There is another political element to Mr. Gore's visit to the United Nations. The man who made Mr.

The vice president gets exposure on a key issue for black and gay voters.

Gore's appearance possible was Richard Holbrooke, the new chief United States delegate. By providing this opportunity to the candidate, Mr. Holbrooke could increase his own chances to be named secretary of state in a Gore administration.

Since H.I.V. was identified in 1981, some 50 million people around the world have been infected with it and 16.3 million have died. In sub-Saharan Africa, where 80 percent of cases are believed to be transmitted through heterosexual activity, the virus has killed vast numbers of teachers, members of the military and employees in business enterprises from mining to banking, leading to marked declines in gross domestic production in many countries.

“Development in these countries has been set back 40 years,” said

Paul De Lay, chief of the H.I.V./AIDS division at the United States Agency for International Development.

Sandy Thurman, director of the Administration's Office of National Aids Policy, said that American corporations doing business overseas are starting education programs for their employees, and many local businesses are now training two workers for every one they need because one is likely to die of AIDS.

AIDS is the fourth-leading cause of death in the world and the leading cause of death in Africa. By the end of 2010, it is expected to create 40 million orphans, many of whom wind up on the streets, increasing their nations' rates of crime, drug use and prostitution and straining social services budgets.

If Congress approves the money, the United States would devote \$342 million to combatting AIDS overseas, including \$100 million it approved last year. By contrast, the United States spends \$800 million a year on AIDS at home, where 40,000 new cases are diagnosed every year; in Africa, 5.6 million new cases appear annually.

The draft of Mr. Gore's speech cites the success of a few countries, like Uganda, in reducing its AIDS cases — primarily through education — and calls for the world to discuss AIDS more openly.

“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,” the draft reads. “Until we end the stigma, we will never end the disease.”

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From staff and wire reports

UNITED NATIONS (CNN) -- The United States is expected Monday to propose a substantial spending commitment to combat the global spread of AIDS, especially in Africa where, according to the United Nations, it is the leading cause of death and threatens security in the region.

"I'm going to be announcing significant new resources and a lot of new initiatives," Vice President Al Gore told CNN prior to addressing the United Nations Security Council which, for the first time, plans to debate a health issue.

"We hope that the other developed countries will ... join with us, and we have some preliminary indications that they will," Gore said.

The vice president did not reveal the specifics of the U.S. proposal, but the Clinton administration is expected to seek \$100 million from Congress in next year's budget to combat AIDS around the world.

"AIDS is going to kill more people in the



AIDS in Africa:

- 23.3 million Africans infected with HIV or AIDS; 70 percent of the world's total

- 11 million African orphans created by AIDS epidemic; 90 percent of Africa's total of orphans

- In 1998, 200,000 Africans died from wars; 2.2 million died of AIDS

- Life expectancy in Africa, which had reached 59, will drop to 45 between 2005 and 2010 because of AIDS

Source:
<http://www.unaids.org/>

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"AIDS is going to kill more people in the first decade of this century than all the soldiers who were killed of all the wars of the 20th century," Gore said.

"This tragedy has outstripped all of the efforts to stop it, and that's why we're now asking the rest of the world community to join with us as we redouble our efforts," he said.

"The (AIDS) activists are right that this was ignored for far too long," Gore said.

Gore also is expected to announce that the administration is seeking \$50 million for vaccines against other diseases ravaging poor countries, including hepatitis B and influenza.

The vice president also is expected to say that HIV (the human immuno-deficiency virus, which leads to AIDS) has grown beyond a health epidemic to become a threat to global security and stability.

Sub-Saharan Africa devastated

U.S. Ambassador Richard Holbrooke says the goal of the Security Council meeting is to highlight the toll AIDS has taken on Africa, attempt to reduce the disease's stigma and to "begin to redefine security as broader in the post-Cold War era than it used to be."

As council president for the month of January, Holbrooke scheduled the open session and invited Gore to deliver a major policy address on the impact of AIDS.

AIDS has devastated the economic and social fabric of Africa, taxing already poverty-stricken health systems, robbing countries of their most productive members and leaving about 11 million AIDS orphans on the continent.



The AIDS epidemic killed 2.2 million people in Africa in 1998

Eastern and southern Africa have been particularly hard hit.

Home to just 4.8 percent of the world's population, sub-Saharan Africa, as the region also is called, has more than 50 percent of the world's HIV-positive people.

It also accounts for 60 percent of the 16.3 million lives lost to AIDS since the epidemic began, U.N. figures show.

Political instability feared

In his own remarks to the council, U.N. Secretary-General Kofi Annan is expected to say that high AIDS death rates among Africa's elite, including public servants, threaten the ability of some countries to govern effectively.

AUDIO

Listen to Medical Correspondent Dr. Steve Salvatore as he describes the perils of the AIDS epidemic

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High infection rates among police and armed forces also have left African countries ill-equipped to face security threats, Annan said in his prepared remarks.

"In already unstable societies, this cocktail of disasters is a sure recipe for more conflict," Annan said. "And conflict in turn provides fertile ground for further infections.

"The breakdown of health and education services, the obstruction of humanitarian assistance, the displacement of whole populations and a high infection rate among soldiers -- as in other groups which move back and forth across the continent: all these ensure that the epidemic spreads ever further and faster."

Opposition to U.N. plan

Last month, Annan invited dozens of representatives from Africa, U.N. agencies, donor governments, voluntary organizations and businesses to draw up a plan to reduce infection rates in Africans aged 15-24 by 25 percent before 2005.

He called for more information and prevention campaigns, the speedy development of a vaccine, affordable treatment for Africans and a commitment by wealthier countries to put up more money to fight the epidemic in Africa.

Annan invited the council to become a partner in that effort by working to ensure that armed conflict doesn't spread AIDS or prevent U.N. agencies and other groups from trying to control it.

Not all council members approved of the meeting.

Western diplomats said Russia told Holbrooke it wouldn't make a speech, arguing that other U.N. bodies such as the World Health Organization and the U.N. Economic and Social Council were more appropriate venues to debate the problem of AIDS in Africa.

China also voiced reservations about Holbrooke's agenda, diplomats said. Both countries generally try to focus the Security Council's attention on strict matters of international peace and security to prevent issues such as human rights from arising.

Political purpose in Gore's appearance

The speech by Gore is one of several appearances the White House has reserved for the vice president in hopes of boosting his presidential campaign.

It could help Gore counter criticism from liberal and other activist



Al Gore

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groups who say the Clinton administration has not dedicated enough attention to Africa generally and AIDS in particular.

White House Correspondent John King, Senior U.N. Correspondent [Richard Roth](#), Medical Correspondent [Steve Salvatore](#), The [Associated Press](#) and [Reuters](#) contributed to this report.

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COVER STORY

A Newsweek Poll: Americans Are Divided About the Role They Should Play

By Yuval Rosenberg

Thursday, January 13, 2000

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International Edition

Special Issues

The United Nations' General Assembly session on the AIDS crisis in Africa on Monday might have been eye-opening for the average American. According to a Newsweek poll conducted late last week, more than half of American adults had not heard, seen or read about the AIDS crisis in Africa and a vast majority did not understand the full scope of the problem. Only 18 percent of poll respondents correctly estimated that more than 30 million people in sub-Saharan Africa are infected with HIV or have died of AIDS.

Americans are divided on the role the United States should play in dealing with the crisis and on what specific measures to take. By the end of the year, more than 10 million African children under 15 will have lost their mothers or both parents to AIDS. But while 59 percent of Americans favor U.S. involvement in dealing with the growing numbers of African orphans, only 4 percent say the United States should bear primary responsibility for helping these children. Instead, Americans feel African countries (34%), international charities (25%) or the United Nations (21%) should take the lead in tackling the crisis. Similarly, 63 percent of Americans think African men and women are not doing enough to combat the problem, and 72 percent say the governments of the affected countries have failed to do their fair share. In addition, 57 percent say the United Nations should be doing more.

Half of the poll respondents say the United States is not doing enough, but 33 percent feel the country has done its part and 17 percent are unsure. Moreover, 50 percent favor changing immigration laws to allow more African AIDS orphans to enter the country, but 42 percent oppose such changes. Opinion is even more closely split on the idea of spending additional tax dollars to help care for the orphans, with 46 percent of respondents coming down on each side of the question. Opinions about the epidemic are also divided along racial lines. Non-whites are much more likely than whites to fault the US and the United Nations for not doing enough (62% versus 48% for the United States, 70% versus 56% for the U.N.). Non-whites are also more likely to approve of spending measures, with 73 percent in favor of using more tax money to help African AIDS orphans, 72 percent for spending more on Africa in general, and 59% supportive of changing immigration laws to help AIDS orphans.

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For this Newsweek Poll, Princeton Research Associates interviewed 753 adults, 18 years and older on January 6-7, 2000. The margin of sampling error is plus or minus 4 percentage points, larger for smaller subgroups.

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TRANSMITTAL

of pages ▸

Y THURMAN *11/11/2000*
NAME: *AL Gore* Phone # *6-9513*
6-2498 Fax # *6-9500*

President Al Gore
Security Council
AIDS in Africa
July 10, 2000

Mr. Secretary General, Members of the Security Council, Distinguished Guests, and, in particular, honored delegates from the nations of Africa:

I am honored to be here to address you today, but I am grieved by the cause. The scale of human suffering now unfolding in Africa is beyond anything seen in our lifetimes; it threatens to rage beyond anything seen in human history.

As I noted earlier this morning, more than twelve million Africans have already died – one quarter of them children. Twenty million more men, women, and children are now infected. *as a result of HIV/AIDS*

Each day, 11,000 more ~~people~~ mothers, fathers, and children become HIV positive – more than half of them under the age of 25. Each day, more than 5,000 Africans die. Over the next ten years in Africa, AIDS is expected to kill more Africans than all the wars of the 20th century combined – leaving forty million children without one or both parents.

Still, these statistics are a cold, heartless, substitute for understanding the suffering. The tragedy is beyond endurance for those who experience it, beyond description for those who witness it. Young lives are being lost; families torn apart; societies stressed to the breaking point ~~businesses failing~~, economies strained and, and yet the epidemic is galloping onward, and gaining speed.

This disease strikes at the workforce, undercutting the financial strength nations need to meet the crisis. It strikes at parents – undercutting the unifying force of family. It strikes at health care workers, undercutting the infrastructure of an already overburdened health care system. It strikes at teachers, undercutting efforts to educate the younger generation and help them lift themselves out of poverty. It strikes at government workers, undercutting a vital network for meeting national needs. It strikes at the military, undercutting the means of maintaining order and keeping peace.

AIDS has crossed beyond the borders of a humanitarian crisis to become a security crisis for nations of sub-Saharan Africa – because it threatens not just the citizens of those nations, it threatens the very institutions that define and defend those nations.

The United States is profoundly concerned by the threat AIDS poses to Africa. Indeed, the United States is deeply committed to the broad cause of peace, prosperity, and democracy in Africa. President Clinton last year made the longest most extended trip to Africa in Presidential history ~~to Africa~~. The Secretary of State has made three trips to Africa during her tenure. Our dynamic Ambassador to the United Nations has

our White House AIDS czar has made
five trips to Africa,

just returned from an extensive trip to the region, and I have made four separate trips to sub-Saharan Africa as Vice President.

Clearly, we understand the critical importance of Africa, and we are committed to working to help the nations of Africa take their rightful place of power-influence and prominence in the world. Over the past several years, I have met with African leaders and heard their ideas, their concerns, and their difficulties in facing the raging crisis of AIDS. I have taken top U.S. Health officials with me to Africa, to share America's best ideas on fighting this disease.

The United States has contributed more than a billion dollars to the global fight against AIDS – more than half of the money earmarked for sub-Saharan Africa. The United States commits more than half of all funding devoted to HIV care and prevention in the developing world, and supplies-provides more than a quarter of the UN AIDS budget.

Right now, from Kampala to Cape Town, from Durban to Dakar, U.S. funds and U.S. citizens are working to stem the rising tide of HIV infection, to prolong the lives of those who are sick, and to stitch together a network of family support systems for the growing number of orphans. But the crisis is still growing, and so must our commitment.

Last year, I was privileged to announce a broad new initiative to increase the U.S. commitment to international AIDS programs by \$100 million. This largest-ever increase in U.S. resources doubled our commitment in Africa for AIDS awareness and prevention; for home and community-based care; for the care of children orphaned by AIDS; and for development of the infrastructure necessary to assist all three efforts.

but we are not looking for a quick fix – but are pledging a long term, sustained, escalating commitment.
Today, I am honored to announce an American effort to take the fight further. The budget we will send to Congress next month will seek an additional second successive annual increase of \$100 million to further expand our worldwide fight against AIDS.

This funding will work to:

- finance programs to prevent the spread, and reduce the stigma of AIDS;
- reduce mother and child transmission;
- support home and community based care
- provide care for children orphaned by AIDS
- and to strengthen prevention and treatment infrastructure

I would also like to announce today an second initiative to promote an expanded public private partnership in the battle against AIDS. In the next few months, I will convene a meeting of US business leaders active in Africa and seek committed to developing a set of voluntary principles for corporate conduct in the age of AIDS. These This efforts will have the potential to use establish the workplace as a way of venue to promote ing education programs and the prevention of AIDS. I will also challenge corporate America to accept greater social responsibility, in partnership with national

programs, to combat AIDS. I firmly believe that ~~it can wed~~ the economic interests of the private sector and the public health interests of the government sector are mutual. Clearly the corporate sector has immense interests in fighting the spread of AIDS within their own workforces and the markets for their goods and services. I look forward to working closely with them to forge the partnership that is so vital to effectively combat this disease. ~~develop a private sector companion to our public global AIDS program.~~

In our own struggle to address the AIDS crisis, we identified that confronting it head-on within the rank and file of our uniformed forces was essential. I'm pleased that Secretary of Defense Cohen and General Shelton are looking to share our own experience and join in the fight to turn back this foe through the course of our military to military contacts with their African counterparts.

~~[Ken Bernard's attempt below — could be easily trumped by USTR. Very sensitive and political issue, this]~~

And we are working to help poor countries gain access to affordable medicines, including those for HIV/AIDS treatment. During the World Trade Organization in Seattle, the President announced a new cooperative approach between the U.S. Trade Representative and the Department of Health and Human Services to ensure that trade law is sufficiently flexible to respond to public health crises. But drugs alone are not the solution. We must help countries develop the health infrastructures necessary to allow treatments to be used effectively — a primary focus of our increasing financial commitment to Africa.

These initiatives are part of America's ongoing effort to intensify our global battle against AIDS, but no nation can win this war on its own. Last June, in Cologne, we joined our G-7 partners in endorsing the Cologne Debt Initiative a landmark decision, dedicating faster and deeper debt relief for heavily indebted poor countries, with the savings tied to poverty reduction — specifically including fighting AIDS and preventing it. ~~The United States We will challenge~~ continue to work with our G-8 partners to assure focused attention and resources are brought to bear in this war. ~~and other donors to match our increasing commitment.~~ And we will step up our work with foreign governments, the international financial institutions, corporate leaders, NGOs, faith communities, our African partners, and our own community of AIDS organizations in the United States to leverage much needed funds, and maximize their impact in the global battle against AIDS.

In July of this year, the global community will gather together in Durban, South Africa, to participate in the XIII International AIDS Conference, the first of this century. I commit to you that, in the interim between now and that occasion, we in the United States will look to what we can bring to that conference to assure that it serves to advance the cause of the human family in its struggle to overcome the devastation now being wrought by AIDS.

NOTE: what to be sure not to be promoting the US mandatory testing scheme.

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Above all, this Council can come to play a pivotal role. For decades the Security Council has come together to provide leadership in times of crisis. Again and again, the world has witnessed what we can do together if we act as a global community. Tragically, in the case of the AIDS crisis, we have responded to slowly, and millions of men, women, and children have died.

The United States is committed to being a leading partner in a ~~shared common~~ battle against HIV/AIDS, and I challenge all of the members of the United Nations to join with us. Let us not leave unmourned and unremembered the 14 million people around the world who have died of AIDS. Let us instead build upon their memory a foundation of hope, and commitment to action, and a legacy a compassion.

Archbishop Desmond Tutu -- who joined us in Washington last summer as we announced our AIDS funding increase -- has called this a holy war. For all our friends here and around the world willing to wage and to win this war -- let us take heart from the words of South African poet, Mongane Wally Serote:

*"remember
the passion of our hearts
the blinding ache and pain
when we heard the hysterical sobs
of our little children crying against fate*

*we heard these, we knew them, we absorbed them
but we surged forward
knowing that life is a promise, and that that promise is us"*

That promise is us. We here in this room -- representing billions around the world -- we are the promise of hope and of change. We have the knowledge, the compassion, the means, and the moral duty to make a difference.

We must make the promise and keep the promise to wage a wider war against this disease -- so that when the story of the AIDS crisis is told to future generations, the moral of that story will be the power of the human spirit to unite behind a common cause, defeat a common foe, and advance the health, the happiness, and the harmony of all humankind.

May God bless all those who have suffered from this disease. May God bless our united efforts to end it.

January 7, 2000
1:30 p.m.

TO:

Ambassador Dick Holbrooke - USUN
Gene Sperling - White House
Steve Riccetti - White House
Jim Steinberg - NSC
Linda Ricci - OMB Communications
John Hamre/Jim Bodner - OSD
Tim Geithener - Treasury
→ White House AIDS Policy Office
Ken Bernard - NSC
Gayle Smith - NSC
Joe Papovich - USTR
Susan Rice - DOS/AF
Dave Beier - OVP

FROM: RICK SAUNDERS, OVP/NSA

SUBJECT: Draft of the Vice President's Remarks to the UNSC
On HIV/AIDS in Africa

The Vice President will be making two sets of remarks at the UN Security Council on Monday, January 10. The first will be an overview of emerging security challenges confronting the world community in the new century. The second will address the particular problem of HIV/AIDS in Africa.

Attached is a draft of the second speech. Please review it for substance and relay any comments you may have to the Office of the Vice President by 5:00 p.m. today. Phone comments to Jim Babbitt (456-9513) or send written comments via fax to 456-9500.

The first speech is still being written. It will be coordinated separately.

Attachment:

Draft speech text

DRAFT
As of 1:00 p.m.
January 7, 2000

Vice President Al Gore
U.N. Security Council
Statement on AIDS in Africa
January 10, 2000

Mr. Secretary General, Members of the Security Council, Distinguished Guests, and, in particular, Honored Delegates from the Nations of Africa:

“HIV/AIDS is not someone else's problem. It is my problem. It is your problem. By allowing it to spread, we face the danger that ... our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the healthy will not be able to maintain.”

Mr. Secretary and Members of the Council: These are not my words. They were not uttered in the United States or the United Nations. They were spoken by my friend, President Thabo Mbeki of South Africa, as he declared South Africa's Partnership Against AIDS more than a year ago.

Mr. Secretary: those are President Mbeki's words; but they could be mine, yours or any of ours. Indeed they should be. And they should be spoken not only in South Africa, not only in Africa, but all across the earth. In Africa, the scale of the crisis may be greater, the infrastructure weaker, and the people poorer than in countries like my own, but the threat is real for all of us. AIDS cuts across the lines that divide us, and we owe each other the commitment to join together and intensify our battle all around the world – especially where the scourge is greatest.

More than twelve million Africans have already died – one quarter of them children. Twenty million more men, women, and children are now infected. Each day, 11,000 more mothers, fathers, and children become HIV positive – more than half of them under the age of 25.

AIDS has crossed beyond the borders of a humanitarian crisis to become a security crisis for nations of sub-Saharan Africa – because it threatens not just the citizens of those nations, it threatens the very institutions that define and defend those nations.

This disease strikes at the workforce, undercutting the economic strength nations need to fight the crisis. It strikes at parents – undercutting the unifying force of family. It strikes at teachers, undercutting efforts to educate the younger generation and help them lift themselves out of poverty. It strikes at the military, undercutting the means of maintaining order and keeping peace.

The United States is profoundly concerned by the threat AIDS poses to Africa. Of course, I must painfully admit that we have not progressed as much as we would like fighting our own battle against AIDS in the United States. Our most recent Surgeon General's report tells us we have not overcome the ignorance and indifference that lead to

the spread of AIDS. So we continue to study the success of others to add to our experience, just as we seek to share our own knowledge with others.

As Vice President, I have traveled four times to sub-Saharan Africa. I have taken with me top U.S. Health officials, AIDS specialists, corporate leaders, physicians – to help share America's best ideas on fighting this disease. We have met with African leaders and heard their ideas, their concerns, and their difficulties in facing the raging crisis of AIDS.

I have found it inspiring to see so many leaders, health care workers, mothers and fathers bringing fresh energy and attention to this fight. The scale of the crisis is great, but so is Africa's determination. All across the continent there are people in high places and low taking the initiative to fight for the lives of people they love. Ten years ago, Uganda suffered what was believed to be the world's highest infection rates. Today – because the whole society has mobilized to end the stigma, urge prevention, and change behavior -- they are now recording dramatic drops in infection rates. Here is the proof. Working together, we can save millions of lives and turn back the tide of this disease.

We know that the most powerful line of defense against this disease is prevention. That is why the United States commits a substantial share of our AIDS funding to education and prevention efforts worldwide – to help break down the barriers against discussing this disease. And that is why this Security Council meeting is so important: because today we are putting the AIDS crisis at the very top of the world's agenda. Addressing the disease here, before the eyes and ears of the world, sends an unmistakable message that we must end the stigma of AIDS. 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, our efforts to end the disease are doomed at the start.

We also need to do more to provide effective treatment when prevention is no longer an option. This means not only medicine; it means better health care delivery systems to monitor and manage treatment. The United States is especially committed to breaking the cycle of infection at one critical point – perhaps its most heartbreaking point -- at the moment of mother and child transmission.

Our ultimate hope is to prevent this disease by vaccination, and we continue to invest billions in research. But we need to do more to harness the power of the private sector. Last September, in his speech to the UN General Assembly, President Clinton noted that only two percent of all biomedical research is devoted to the major killers in the developing world. He committed America to an effort to accelerate the development and delivery of vaccines for malaria, TB, AIDS and other diseases disproportionately affecting the developing world. I will have more to say about that in a moment.

We believe this three-part strategy of prevention, treatment, and search for a vaccine is the right approach to take against this disease, and we have contributed more

than a billion dollars to fund these initiatives worldwide – more than half earmarked for sub-Saharan Africa. But the crisis is growing, and so must our commitment.

Last year, I was privileged to announce a broad new initiative to increase the U.S. commitment to international AIDS programs by \$100 million. This largest-ever increase in U.S. resources doubled our commitment to fight AIDS in Africa. Today, I am honored to announce an American effort to take the fight further. The budget we will send to Congress next month will include an additional increase of \$100 million for an annual total of \$325 million to fund our worldwide fight against AIDS.

This new funding will:

- finance programs to reduce the stigma and prevent the spread of AIDS;
- reduce mother and child transmission;
- support home and community based care for people with AIDS;
- provide community-based care for children orphaned by AIDS;
- and strengthen prevention and treatment infrastructure

[At the same time, I would also like to announce that the budget we will send to Congress next month will also include \$50 million as a U.S. contribution to the Purchase Fund of the Global Alliance for Vaccines and Immunizations. This contribution – a fulfillment of President Clinton’s promise last September – will help fund research, production, and distribution of vaccines for the whole range of diseases that especially afflict developing nations.]

I would also like to announce today an initiative to promote an expanded public private partnership in the battle against AIDS. In the next few months, I will convene a meeting of US business leaders active in Africa to develop a set of voluntary principles for corporate conduct in the age of AIDS. This effort has the potential to establish the workplace as a venue for promoting the education and prevention of AIDS. Clearly the corporate sector has an economic interest in fighting the spread of AIDS in their own workforces and in the markets for their goods and services. I look forward to working with them to forge the public-private partnership so vital for fighting this disease.

I would also like to add that in America’s effort to address the AIDS crisis, we found it was essential to confront it in the rank and file of our Armed Forces. Secretary of Defense Cohen and General Shelton are eager to share our experience and join in the fight against AIDS in America’s military contacts with our African counterparts.

We are also working to help poor countries gain access to affordable medicines, including those for HIV/AIDS treatment. Last month, the President announced a new approach that will ensure that we take public health crises into account when applying U.S. trade policy. [placeholder for USTR language].

These initiatives are part of America’s ongoing effort to intensify our global battle against AIDS, but no nation can win this war on its own. Last June, in Cologne, we

joined our G-7 partners in endorsing the Cologne Debt Initiative, a landmark decision dedicating faster and deeper debt relief for heavily indebted poor countries, with the savings to be tied to poverty reduction – specifically including the battle against AIDS.

Any serious effort to fight AIDS must also help fight the poverty that speeds the spread of AIDS. The United States will continue to work with our G-7 partners to make sure greater attention and resources are brought to bear in this fight. I challenge all those nations who enjoy wealth and health in the world to match America's increasing commitment to those nations in greater need of both – particularly those nations struggling under a staggering AIDS burden.

As we work to increase the funds available to fight AIDS, we also have to work to increase the impact of those funds. In July of this year, the global community will gather in Durban, South Africa to participate in the XIII International AIDS Conference. We know hundreds of examples of inspiring efforts to fight AIDS all around the world. But right now, they amount to isolated efforts, not a focused assault. We need every separate initiative by local, national, regional, and global organizations, to be knitted together in a way that takes maximum advantage of their synergy and success. The mission of the Durban Conference is every bit as vital as increasing funding, because it will decide how many lives we can save with our funding. [Before the conference, the United States will conduct a senior internal review of our own worldwide response to AIDS, and engage in discussions with Africa's leaders, to ensure that our approach makes the greatest possible impact in advancing our common efforts to overcome the scourge of AIDS.]

The AIDS crisis is one of the most devastating challenges ever to confront the world community. Archbishop Desmond Tutu -- who joined us in Washington last summer as we announced our AIDS funding increase -- has called this a holy war. For all our friends here and around the world willing to wage and to win this war -- let us take heart from the words of South African poet, Mongane Wally Serote:

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That promise is us. We here in this room – representing billions around the world -- we are the promise of hope and of change. We have the knowledge, the compassion, the means, and the moral duty to make a difference.

We must make the promise and keep the promise to wage a wider war against this disease -- so that when the story of the AIDS crisis is told to future generations, the moral

of that story will be the power of the human spirit to unite behind a common cause, defeat a common foe, and advance the health, the happiness, and the harmony of all humankind.

May God bless all the families who have suffered from this disease. May God bless our united efforts to end it forever.