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Health Technical Services Project

Discussion Papers on HIV/AIDS Care and Support

Responding to the Needs of Children Orphaned by HIV/AIDS

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UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

QUESTIONS THAT MAY ARISE DURING WORLD AIDS DAY EVENT AND PROPOSED ANSWERS

WHAT HAS USAID BEEN DOING TO RESPOND TO THE NEED OF ORPHANS OF AIDS?

Since 1989 USAID has administered the Displaced Children and Orphans Fund with funds that have been allocated annually by Congress (approximately $10 million per year). Children orphaned by AIDS are one of the three target groups assisted through this fund. (The other groups are children affected by armed conflict and street children.) Programs have been supported in countries that have been particularly hard hit: Uganda, Malawi, and Zambia, and we are anticipating expanding into other countries in the region. Initially, the activities supported to benefit children orphaned by AIDS included paying school fees, supporting vocational training, and other direct assistance. It soon became apparent, however, that the main things we needed to do were to strengthen the ongoing capacities of the affected families and communities to care for the most vulnerable children. Our efforts now emphasize community mobilization and training, and microcredit activities. The Displaced Children and Orphans Fund has directed $5.6 million to programs for children made vulnerable by AIDS. Of this total $2 million has gone to Uganda, $2 million to Zambia, and 1.6 million to Malawi. The Fund's emphasis on these problems is increasing along with the problems.

As the number of children affected by HIV and AIDS continues to increase in tbe developing world, the HIV/AIDS Division at USAID, is responding to the needs of orphans and others affected by the pandemic. As part of our objective to slow HIV transmission by preventing the spread of HIV and mitigating its effect on individuals and communities, USAID's HIV/AIDS program published a summary document, Children on the Brink, in 1997. Children on the Brink outlined the scope of this issue and presented the possible strategies to support the needs of children affected by HIV/AIDS. The cornerstone of USAID's approach in this area is to support community-based groups and build their capacity to implement activities which address the needs of these children. Finally, USAID is working together with other donor agencies, such as UNAIDS, UNICEF, and the World Bank to increase awareness of the needs of children affected by HIV/AIDS and to build a more coordinated and effective response to their needs.

What kinds of activities is USAID supporting to help orphans of AIDS?

The specific needs vary among situations. Problems in rural areas tend to be different from those in cities so responses also must differ. There are some basic principles, however, that

guide our action. Recognizing that the front line of response is the affected families and communities, we first try to strengthen their capacities to care for the most vulnerable children. We also recognize that problems start for a child long before a parent dies, so programs we support address the needs of children whose parents are ill as well as those who have died. Appropriate microenterprise activities are important to address economic needs. Structured recreation activities, respond to the isolation and the psychological and social needs of orphans. We're recognizing that we need to integrate HIV prevention, home-based care for people living with AIDS, with interventions to support widows and orphans. It is important to help orphans and other affected children to stay in school or obtain vocational skills. We have helped governments to develop appropriate policies to protect the most vulnerable children, those who lack family and community support.

With AIDS causing so many orphans, don't we need to build more orphanages?

The short answer is `'no.'` There are many reasons why institutional care should be a last resort. The numbers of orphaned children is simply too large and care in a decent institution tends to cost per child about twice a country's gross domestic product per capita. Much more can be achieved and children developmental needs are better served by using the resources available to strengthen family and community capacities to care for the most vulnerable children. This is the only really hop. At an early stage groups started setting up new orphanages in Uganda, and it became clear that families under economic stress would send to these institutions children who would otherwise stay in their care. Resources are much better used and go much further, supporting family and community care. We have been successful, for example in helping the Government of Uganda, even as the numbers of orphans increased, to reduce the number of children in orphanages by arranging family reunifications.

What about adoption as a solution?

Adoption within a child's home country is a very good, family-based solution. The overwhelming majority of orphans of AIDS are older children and adolescents. They have cultural and religious ties that must be respected and available resources go much further supporting foster care and adoption in children's home countries than they do with international adoption.

***How many orphans of AIDS are there* in the World?**

USAID has estimated that in 1995 in the 23 countries most

affected by HIV/AIDS there were a total of 30 million children who have lost one or both parents due to AIDS and other causes. By the year 2000 that figure is expected to reach 35 million. By 2010, it is expected to be over 41 million. I might add that, while AIDS is causing the majority of orphans in the countries most affected by AIDS, our estimates include all orphans because it is not appropriate, in providing services, to only provide them to those orphaned by AIDS. To do so could stigmatize children, and from a practical point of view, it is very difficult to determine a parent's actual cause of death. AIDS weakens the immune system and death is caused by an opportunistic infection.

Which countries have the largest number of orphans?

USAID has been estimated that by the year 2000 there will be 9 countries in which the percentage of children who have lost one or both parents will be 20% or more. The countries projected to have the largest proportions of orphans in 2000 are:

Zambia	34%
Zimbabwe	27%
Malawi	27%
Rwanda	27%
Uganda	26%
Botswana	23%
Tanzania	22%
Burkina Faso	21%
Central African Republic	20%

The countries projected to have the largest absolute numbers of orphans are:

Ethiopia	4.4 million
Nigeria	4.3 million
The Democratic Republic of Congo	3.9 million
Tanzania	3 million
Uganda	2.8 million
Brazil	2 million

How many orphans of AIDS are there in the US?

Current estimates are that in the United States about 100,000 children will have lost their mothers to AIDS by the year 2000.

What about orphans in regions other than Africa?

While currently the largest number of people affected by AIDS is in Africa, those infected and affected in Asia are increasing rapidly in several countries. Of the 23 harders-hit countries

discussed Children on the Brink, four (Brazil, Guyana, Haiti, Thailand) are outside of the Sub-Sahara Africa region. Nearly 3 million children are orphaned by AIDS in this group of four countries. In addition, India has more people infected with HIV than any other country in the world, therefore the needs of children affected by AIDS in India will also become a priority in the future.

With the advances that have been made in treating AIDS, aren't these projections about future orphans inflated?

Great strides have been made in recent years that have brought new hope and renewed health to people living with AIDS, especially in wealthier countries in North America and Europe, and in these countries the number of children being orphaned has begun to decline as parents live longer. However, in most of the world and most of the countries where the spread of HIV/AIDS is most advanced, very few people or governments can afford these expensive medications. In many developing countries the annual per capita national health budget is less than $10.00 so the annual per patient cost of $3,000 to $6,000 for antiretroviral medications is far beyond the reach of the vast majority of people. We are encouraged that some developing countries, like Uganda, have been successful in reducing the rate of HIV infection, but even there, because of the long period between infection with HIV and the death of a parent, the number of orphans can be expected to continue to rise for 7 to 10 years after the point at which HIV prevalence began to fall.

Hasn't the war against AIDS been won in the United States?

We are very pleased that the overall death rate has slowed in this country, but this varies among different segments of the population. The epidemic in the U.S. is changing. The region of the US with the largest number of AIDS cases is the South, with 34% of the cases in the U.S. The HIV is increasing among young Black and Hispanic women. It is spreading in rural areas where people haven't considered themselves to be at risk of contracting HIV. In some inner city communities HIV prevalence rates have reached very disturbing levels. The difficulties with the care of orphans are daunting where poverty, drugs, and violence have undermined families and communities and where foster care programs are finding themselves under-funded and overwhelmed. AZT treatment for pregnant women with HIV has significantly reduced the rate of mother-to-child transmission. As encouraging as this is, it also means that more children are likely to survive their mothers and be in need of care. Much remains to be done in the Untied States as well.

Why are USAID's estimates of orphans different from those of

UNAIDS?

We have included in our estimates children who have lost one or both parents because this is in keeping with the cultures in the most affected countries and because the loss of either a mother or a father has severe consequences for a child, especially in very poor families in developing countries. For statistical reasons UNAIDS has included in its estimates children who have lost their mothers or both parents, which does not include children who have lost only their fathers. There may also be some differences in the estimates that the two organizations have used regarding HIV prevalence or other factors. Also, our estimates sometimes differ from those of other organizations because we have included children below age 15, while some use figures for those under age 18.

Q: *Given that the theme of this year's World AIDS Day is Youth and AIDS, why is the focus of today's Presidential message about orphans and NOT about youth?*

A: Because of their risk of infection and their potential to stem the tide of the global pandemic, over a third of all USAID's HIV/AIDS intervention programs are targeted specifically for youth, who comprise almost a third of the world's population. Nearly half of the 333 million new cases of sexually transmitted infections each year are in people 24 years old or less, and it is estimated that one in 20 young people contract an STI each year. The President's message focuses on the sub-group of young people who have been orphaned by HIV/AIDS because these are most vulnerable of the vulnerable, and often the most neglected sector of the age group spotlighted by World AIDS Day this year. USAID's programs have developed program models and tools for involving young people in the fight against HIV/AIDS, and for meeting their special needs for reproductive health information and services. Youth who have lost one or both parents are harder to reach, and less able to access and benefit from these programs than are youth in intact families. Orphans are at increased risk due to economic pressures that keep them from attending school, and from lessened family supervision that safely channels the energies of young people. When children are orphaned due to HIV/AIDS, their problems are often compounded by stigma and discrimination. The United States government, through the work of USAID, is deeply involved in addressing the myriad issues that put youth at risk of contracting HIV in the developing countries where USAID works. Additional resources are needed to respond to the special difficulties of orphan care and support, due to the urgency and enormous scale of the HIV/AIDS orphan crisis. For all these reasons it is entirely appropriate, indeed necessary, that we take advantage of World AIDS Day to try to raise the consciousness of all Americans about the crisis of HIV/AIDS orphans in the developing world.

IMPACT

IMPACT, the *Implementing AIDS Prevention and Care Project*, is a new cooperative agreement between USAID and Family Health International (FHI) that supports USAID Mission and Bureau efforts to prevent transmission of HIV and other sexually transmitted infections (STIs) and to mitigate the impact of the HIV/AIDS pandemic on health and development.

IMPACT provides technical and management assistance in designing, implementing, and evaluating HIV/AIDS prevention and mitigation programs. Assistance is tailored to the needs of each mission and its clients, and can include community assessments, strategic planning, program design, capacity building, program management, technical support, socioeconomic impact studies, policy advocacy support, information dissemination, and evaluation.

Assistance from IMPACT can help USAID Missions and Bureaus achieve critical results, such as:

- Strengthened local capacity to respond to the epidemic.
- Effective behavior change interventions.
- Improved STI services and increased use of those services.
- Cost-effective models of care and support for those living with HIV/AIDS and their families.
- Greater involvement of diverse sectors in policy analysis and advocacy, leading to the adoption of laws, regulations, and other policies that support HIV/AIDS prevention.
- Increased private sector support for and involvement in prevention and care efforts.
- More gender-sensitive approaches to preventing HIV transmission among women and men.
- Improved systems for behavioral and epidemiological surveillance and better use of data for decision making.
- A safer blood supply.
- Effective outreach services to prevent HIV transmission through injecting drug use.

The advantages of working with IMPACT

The design of IMPACT has distinct benefits for USAID Missions and Bureaus interested in implementing HIV/AIDS activities:

- *Wide-ranging services* available from one source, which enables USAID Missions to choose a response tailored to the needs of their clients.

- *Cost-effectiveness of management* through a simplified results package mechanism that allows Missions to procure services more quickly, easily, and cost-effectively than previous buy-in mechanisms for HIV/AIDS programming.

- *Cost-effectiveness of programs* through FHI's experience in and commitment to identifying cost-sharing opportunities, leveraging private sector resources, and applying best practices.

- *Expert technical assistance* from professionals with more than ten years of experience in HIV/AIDS prevention and mitigation worldwide through the AIDSCAP and AIDSTECH projects.

- *Opportunities to leverage additional core resources* through participation in USAID's Global Bureau HIV/AIDS programs, which FHI has collaborated on for 11 years.

- *Worldwide support* from FHI and its partners through the resources at their headquarters and more than 60 field offices.

FHI's experience

Founded in 1971, Family Health International is a nonprofit organization dedicated to improving reproductive health worldwide. FHI works to strengthen the capacity of local organizations to prevent the spread of HIV and other STIs, care for those living with or affected by HIV/AIDS, improve the health of women, and expand access to safe, effective, acceptable, and affordable family planning technologies and services.

FHI was one of the first U.S. nongovernmental, private voluntary organizations (NGO/PVOs) to respond to the HIV/AIDS epidemic in Africa, beginning in 1987 with private foundation-supported pilot projects that reached marginalized populations in Ghana, Cameroon, and Mali. These pioneering behavior change interventions served as models for HIV/AIDS prevention on a larger scale in countries throughout the developing world. Since then, FHI has managed HIV/AIDS prevention and research projects in more than 50 countries.

USAID's flagship HIV/AIDS prevention program, the six-year, $200-million AIDS Control and Prevention (AIDSCAP) Project, and the AIDSTECH Project that preceded it were implemented

by FHI. The world's largest international HIV/AIDS prevention program to date, FHI/AIDSCAP strengthened the capacity of more than 500 local, national, and international organizations while managing over 750 prevention projects in 45 countries. Independent evaluators concluded that AIDSCAP was one of the "very best and most powerful STI/HIV/AIDS prevention programs funded by any official development agency."

FHI is also the international master contractor of the HIV Network for Prevention Trials (HIVNET), which is funded by the U.S. National Institutes of Health to evaluate HIV vaccine candidates and other prevention strategies. As the lead organization for this pivotal research effort and for the earlier AIDSCAP and AIDSTECH projects, FHI is uniquely positioned to apply cutting-edge research results and best practices from the field to improve HIV/AIDS prevention and mitigation programs around the world.

Family Health International's 26 years of experience in family planning and reproductive health also ensures a more integrated approach to HIV/STI prevention. FHI currently manages USAID's contraceptive technology cooperative agreement, which includes research on the safety and efficacy of male condoms and of barrier methods that women can use to protect themselves from STIs. Through USAID's Women's Studies Project, FHI is examining and documenting the effect of family planning on women's lives worldwide.

FHI's partners in IMPACT

FHI has enlisted five partners in implementing this cooperative agreement. Each of these organizations is recognized as a world leader in its field of expertise:

Institute of Tropical Medicine, STD/HIV Research and Intervention Unit, Antwerp, Belgium

Founded in 1995 to consolidate the Institute's diverse clinical and research expertise in HIV/AIDS, the STD/HIV Research and Intervention Unit conducts epidemiological and operational research, offers specialized training for health and laboratory workers, and provides technical assistance to STI/HIV/AIDS control programs in developing countries.

The Unit's research teams have investigated the role of STIs in transmission of HIV infection, the effectiveness of STI diagnosis and management in primary health care facilities, and the safety of vaginal microbicides. Other important research efforts include development and testing of new STI diagnostic methods and evaluation of clinical algorithms for STI syndromic management.

Unit staff have provided ongoing technical assistance to various national and international health organizations, including AIDSCAP/FHI, UNAIDS, the World Bank, DANIDA, and the Regional Centre for HIV and STD Diagnosis in Lubumbashi, Zaire.

Management Sciences for Health, Boston, Massachusetts

Management Sciences for Health (MSH), a private, nonprofit organization, provides multisectoral management training and technical assistance in HIV/AIDS prevention, family planning, primary and maternal and child health care, drug supply management and policy, systems development, financial management, and best practices identification and dissemination to health care leaders around the world.

A global leader in the development of drug logistics systems, MSH created the Rational Pharmaceutical Project (RPM) to improve pharmaceuticals management in the public and private sectors of developing countries. From 1992 to 1997, RPM developed state-of-the-art tools, techniques, methodologies, software, and training materials for establishing and automating drug registration systems, improving procurement and inventory management systems, expanding drug information resources, and promoting rational drug use.

MSH has worked with many indigenous NGOs, international organizations, and women's groups to enhance sustainability through strategic planning, management systems design, organizational change, and human resources development. MSH also designs training programs for senior and mid-level managers in managing health programs and services, including a multisectoral effort with the United Nations Development Program (UNDP) for training in HIV/AIDS and development.

Program for Appropriate Technology in Health (PATH), Seattle, Washington

The mission of the nonprofit Program for Appropriate Technology in Health (PATH) is to improve the quality of reproductive health services and to prevent and reduce the impact of communicable diseases through technology transfer, training and communication, and development of appropriate and innovative solutions to public health problems. With 800 health and family planning projects in 85 developing countries, PATH works in partnership with organizations and companies closely tied to the end users of health services, including health clinics, community-based groups, NGOs, ministries of health, private-sector companies, and funding agencies.

Since 1987, PATH has pioneered HIV/AIDS prevention education, behavior change communication, and skills building for decision-makers, the general public, and hard-to-reach groups, breaking new ground in the development of computer-based teaching and training tools for these purposes. PATH staff have assisted numerous international agencies and local governments with national and regional assessment of the HIV/AIDS and STI epidemics and development of cost-effective responses based on the regional evolution of these diseases.

PATH is well known for the development and transfer of appropriate and affordable health technologies, such as easy-to-use, inexpensive HIV and STI diagnostics and single-use injection methods that can prevent the spread of HIV and other viruses. PATH also works with pharmacists and clinicians to foster widespread use of STI syndromic management protocols and to integrate STI/HIV services into family planning and mother/child health services.

Population Services International (PSI), Washington, D.C.

Population Services International (PSI) is the world's largest nonprofit devoted to social marketing of products that enhance health and promote prevention of HIV/AIDS and STIs. Using commercial marketing, advertising, and distribution techniques, PSI programs have sold billions of condoms for HIV/STI prevention at affordable prices in more than 40 countries throughout the developing world, often in regions where condom use had been traditionally unpopular. In many countries, the prevention messages of PSI's innovative and culturally appropriate mass media campaigns have had a significant impact on behavior change for safer sex.

To ensure effectiveness and sustainability, PSI programs seek to strengthen the private sector's ability to expand marketing capabilities and distribution networks as demand for socially marketed products increases. Another important capacity-building effort is the training in communications, marketing, and use of new health technologies that PSI staff provide to in-country media professionals, retailers and entrepreneurs, public sector health programmers, and medical personnel.

PSI's social marketing activities also promote products for family planning, child survival, improved nutrition, and malaria prevention.

University of North Carolina (UNC) School of Medicine, Division of Infectious Diseases, Chapel Hill, N.C.

For more than 30 years, UNC has been a leader in STI research, prevention, and care. With exceptional laboratory and clinical capability for HIV/STI and retroviral research, UNC has been designated as a National Institutes of Health STD Research Center and a member of the NIH's STI Clinical Trials Unit, as well as an NIH AIDS Clinical Trials Unit. This rich concentration of resources supports vaccine development efforts, clinical drug trials for HIV-positive persons, and research in AIDS-related dementia.

Since 1983, UNC has conducted 28 operations research projects in the Caribbean, Africa, the Middle East, and East Asia. UNC teams have evaluated HIV/STI resources, developed surveillance and monitoring systems, and enhanced the quality of STI care.

UNC has played a leading role in the development and promotion of STI syndromic management guidelines, particularly in the creation of treatment algorithms and country-specific best practices based on antimicrobial susceptibility.

Selected AIDSCAP Publications: Lessons Learned and Best Practices from the AIDSCAP Project, which are available from IMPACT:

Making Prevention Work: Global Lessons from the AIDS Control and Prevention (AIDSCAP) Project, 1991-1997.

AIDS Control and Prevention Project Final Report, Volumes 1 and 2.

Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs (available in English, French, and Spanish) (325 pages).

Adopting the Female Condom in Kenya and Brazil: Perspectives of Women and Men.

Behavioral Surveillance Surveys (BSS): Issues and Recommendations for Monitoring HIV Risk Behaviors. Summary from the workshop "HIV Risk Behavioral Surveillance: Country Examples, Lessons Learned, and Recommendations for the Future," Bangkok, Thailand, 11-14 August 1997.

The Voluntary HIV Counseling and Testing Efficacy Study. CAPS/AIDSCAP: January 15, 1998.

The Cost-Effectiveness of HIV Counseling and Testing. January 15, 1998.

The Status and Trends of the HIV/AIDS/STI Epidemics in Sub-Saharan Africa MAP Symposium Final Report, Abidjan, 3-4 December 1997.

The Status and Trends of the HIV/AIDS/STI Epidemics in Latin America and the Caribbean MAP Symposium Final Report, Rio de Janeiro, 4-5 November 1997.

The Status and Trends of the HIV/AIDS Epidemics in Asia MAP Symposium Final Report, Manila, 21-23 October 1997.

The Status and Trends of the Global HIV/AIDS Pandemic MAP Symposium Final Report, Vancouver, 5-6 July 1996.

The Tanzania AIDS Project: Building Capacity, Saving Lives. The AIDSCAP Response, 1993-1997.

Meeting the Challenge of the HIV/AIDS Epidemic in the Dominican Republic: The AIDSCAP Response, 1992-1997.

Behavior Change Communication Handbooks

How to Create an Effective Communication Project: Using the AIDSCAP Strategy to Develop Successful Behavior Change Interventions (English, French, Spanish).

How to Conduct Effect Pretests: Ensuring Meaningful BCC Messages and Materials (English, French).

Behavior Change Through Mass Communication: Using Mass Media for AIDS Prevention (English, French).

How to Create an Effective Peer Education Project: Guidelines for AIDS Prevention Projects (English, French).

HIV/AIDS Care and Support Project: Using Behavior Change Communication Techniques to Design and Implement Care and Support Projects (English).

Assessment and Monitoring of BCC Interventions: Reviewing the Effectiveness of BCC Interventions (English, French).

Partnership with the Media: Working with the Media for HIV/AIDS Prevention (English).

Behavior Change Communication for the Prevention and Management of STDs: Community and Clinic-based Approaches (English).

Policy and Advocacy in HIV/AIDS Prevention (English).

AIDSCAP Evaluation Tools Modules

Module 1: Introduction to AIDSCAP Evaluation.

Module 2: Conducting Effective Focus Group Discussions.

Module 3: A Framework for Incorporating Evaluation into Project Design.

Module 4: Application of a Behavioral Surveillance Survey Tool.

Module 5: Qualitative Methods for Evaluation Research in HIV/AIDS Prevention.

***AIDScaptions*, a magazine about HIV/AIDS prevention**

AIDS and Adolescents: Protecting the Next Generation. *AIDScaptions* 1(1), December 1993.

Communities and AIDS Prevention. *AIDScaptions* 1(2), May 1994.

AIDS: The Global Challenge (with a special section on AIDS in Asia). *AIDScaptions* 1(3), August 1994.

HIV/AIDS Prevention: Mobilizing the Private Sector. *AIDScaptions* 2(1), March 1995.

Building Capacity in HIV/AIDS Prevention: Learning from Each Other. *AIDScaptions* 2(2), July 1995.

Women and AIDS: Empowerment and Prevention. *AIDScaptions* 2(3), November 1995.

STD Prevention: New Challenges, New Approaches. *AIDScaptions* 3(1), May 1996.

New Paths in HIV/AIDS Prevention. *AIDScaptions* 3(2), July 1996.

HIV/AIDS Prevention: Perspectives from the Field. *AIDScaptions* 3(3), November 1996.

Building on Success: The Next Generation of HIV/AIDS Programs. AIDScaptions 4(1) June 1997.

Prevención del VIH/SIDA: Nuevas Facetas, Nuevas Soluciones. *AIDScaptions* en Espanol, 1997.

SIDA: El Desafío Global. *AIDScaptions* en Espanol , 1995.

Prévention du VIH/sida: nouvelles perspectives, nouvelles solutions. *AIDScaptions* en français, 1996 annuaire.

Sida: défi global. *AIDScaptions* en français, 1994.

CARE Template for e-mail To USAID Missions

The Prevention to Care Continuum: Justifying a Care Agenda in the Context of Diminishing Resources:

First and foremost, any activities taken along the prevention to care continuum are primarily to enhance prevention. We are recommending that from 1-10% of the budget be used to implement operations research and/or direct implementation of "care"services, based on resources available and severity of the epidemic. Per the description below, our definition of care includes a wide range of activities which include counselling and HIV testing (which you are already doing), altering IEC and condom social marketing to include messages for HIV positives, policy reform on discrimination against HIV positives, establishing referral and support systems for HIV positives, as well as the more traditional, more biomedical interventions and interventions for survivors.

Enhancing prevention through interventions that focus on HIV positives occurs by increasing ownership and credibility of prevention programs, when large portions of the population are already infected. However, the most significant argument for implementing "care" interventions is that support and prevention activities that focus on HIV positives (some of whom are classic "core transmitters") are the most cost effective interventions available. A person carrying the virus, who has multiple sexual contacts, is the single most important target for prevention efforts. Similar to the epidemiologic arguments concerning the cost effectiveness of focussing STD treatment on STD core transmitters, this is where you get the most "bang for the buck." -far more than the traditional "vulnerable" groups like adolescents and married women.

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Other less significant reasons for undertaking "care" options are:

-humanitarian

-mitigate impact on the development agenda (this includes protecting fragile health care systems, dealing with other epidemics such as TB.

Just focusing on preventing infections without acknowledging the needs of those already infected seriously weakens our prevention strategies. USAID along with most other donors and National AIDS control programs are increasingly recognizing the "prevention to care continuum." As the epidemic evolves, with higher prevalence in the general population and increasing numbers of HIV related disease, then the response must expand to include additional interventions. Early in the epidemic, "protect yourself" messages and interventions deserve the most emphasis. However, when an increasing proportion of the population is infected, or even perceives itself as likely to be infected, then simple prevention messages begin to be ignored, even resented. In this situation, services for persons to safely and confidentially learn their HIV status become critical. Condom promotion messages must begin to include information for the HIV positive about the continued need to use condoms to prevent passing the infection along as well as decreasing the chance of adding to the viral burden already in the body. IEC activities can include advice about proper nutrition and health seeking behavior for the infected individual.

The more traditional concepts of care involving basic medical support is also an area where USAID must play an expanded role. When hospital beds are filled with persons with HIV

related disease, crowding out all other patients, then better, more effective HIV care and referral systems must be put into place, than combine realistic, facility based medical intereventions with compassionate, home based referral options. Tuberculosis, as the most significant opportunistic infection of HIV, must now be recognized as an exploding epidemic in its own right, and causes far more mortality than ARI, polio, and many other infectious diseases that currently gain our committment.

Survivors cannot be forgotten. The plight of widows, widowers, children, and orphans will exert significant impacts on families and communities. USAID has already begun operations research on community based interventions for orphans and psycho-social support for the ill and their care givers ussing innovative resources such as tradtional healers. Interventions for orphans are justified not only for compassionate reasons, but orphans are more vulnerable to HIV infection due to their socio-economic status, imposed lifestyle, and lack of parenteral monitoring and support.

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monitoring and evaluation. Improving policy dialogue, for example, through assisting community-based organizations and government officials to consult and work together, helps to shape policy and normative environments so that they facilitate rather than impede risk reduction. Behavioral research is essential for identifying and understanding risky behaviors and the populations who practice them, the characteristics and preferences of key audiences, the language and content of messages that will appeal and "speak" to particular audiences, and other site-specific details. Transferring skills in monitoring and evaluation enables USAID and our partners to track our programs, test assumptions, make mid-course corrections, and document the successes and shortcomings of our activities to inform future programming.

In nascent and concentrated epidemics, our programs prioritize work with so-called "high-frequency transmitters," such as sex workers and their clients, other men whose work takes them away from home for long periods (e.g., military, long-distance truckers), or women and men with large, open sexual networks.

USAID programs have developed an array of methods and innovative models for reaching and serving even hard-to-reach populations at risk of HIV, who often include poor, marginalized groups such as street children or people living with HIV/AIDS. Key to the success of the programs are procedures for defining specific audiences and tailoring interventions to fit the need, which have been shared among AIDS and reproductive health researchers worldwide. The AIDSCAP program alone supported over 800 projects in over 45 countries, reaching urban university students to rural traders, secondary school students to factory employees, legions of women attending antenatal care clinics to fledgling networks of people living with HIV, and private medical practitioners and pharmacists to traditional healers.

Whether focused services for localized groups or national programs reaching the general population, behavior change interventions strive for both consistency and dynamism. The most effective programs deliver not one but an array of consistent messages through multiple, mutually reinforcing channels (e.g., newspaper, radio, billboards, community theater). And while coherent, these messages need to move with the public ethos, the stage or readiness of the audience to change, and evolution of the epidemic itself. Thus, new to our programs in the second decade is a more balanced set of messages about HIV/STI prevention, HIV/AIDS care, and clarifying and defending the human rights of people already HIV positive. USAID and our partners across the globe have found that people living with HIV or AIDS are the most convincing educators and advocates in prevention programs, and in high-prevalence settings, communities need help in devising ways to care for families and orphans devastated by HIV/AIDS.

Creating environments where Persons Living with HIV and AIDS (PLWH) can come forward safely to serve as HIV/AIDS educators and community mobilizers requires confronting and overcoming HIV/AIDS stigma, and combating discrimination and oppression of people with or associated with HIV. This has become an important new focus in USAID's strategy for prevention. In addition, the sustainability of programs hinges upon local participation and ownership, and upon resources that require local private-sector and political support. Overcoming HIV/AIDS stigma both facilitates and follows community and policymaker support for HIV/AIDS prevention and care. In short, while carrying forward the successes of the three "pillars" (BCI, CSM, and STI interventions), plus policy dialogue, behavioral research, and monitoring and evaluation activities, USAID's HIV/AIDS prevention strategy has been expanded, based on a decade of field experience that shows the importance of preparing communities and service providers to respond to a range of individual, family, and community needs along the prevention-care continuum.

Care and Support

USAID supports care activities because they improve our efforts to achieve sustainable development, enhance overall public health, and support our efforts to prevent further spread of HIV. Rather than take a narrow biomedical view of care, USAID advocates care and support activities that are broad in nature and are critical to the continued efforts of communities, governments, and donors to promote sustainable development in the face of the HIV/AIDS epidemic. Care and support activities include:

- Protection of basic human rights;
- Psychosocial care of persons infected and affected by HIV/AIDS;
- Palliative care for persons with HIV-related symptoms such as pain, fever, or diarrhea;

- Prevention and treatment of common opportunistic infections;
- Programs that provide economic support to those communities hard hit by HIV/AIDS; and
- Support for foster and extended families for the millions of children who have been orphaned by AIDS.

HIV/AIDS care and support activities enhance sustainable development by shoring up fragile infrastructures. For example, community-based care and retraining of key personnel are essential to preserve the health and education sectors, where in some east African countries up to 40 percent of these workers are already infected with HIV.

HIV/AIDS care and support activities contribute to decreasing secondary epidemics, most notably tuberculosis. The global HIV pandemic is driving a secondary explosion of TB, which is responsible for 35 percent of the deaths of HIV-infected persons in the developing world.

HIV/AIDS care and support enhance all of our primary prevention efforts. Presenting information and education messages to include everyone in the community increases the acceptance, credibility, ownership, and ultimately the response to behavior-change messages. In addition, programs to protect the basic human rights of HIV-infected individuals and those most at risk for infection open the door for implementing far more effective behavior change campaigns. Prevention efforts, to be effective must mobilize those living with HIV/AIDS as spokespeople for change. Ultimately, the person who is carrying the virus, particularly one with multiple sexual contacts, is the single most important recruit for prevention programs promoting reduced risk behavior. If programs appear to abandon people living with HIV/AIDS and their families, or to ignore their needs and concerns, we cannot expect them to be of any help.

USAID is also supporting operational research to determine the most cost-effective ways to provide care and support to persons infected. USAID does not at this time support the large-scale procurement of antiretroviral drugs for developing countries. Using antiviral drugs in treatment regimens similar to those used in the United States would cost approximately $35 billion per year to treat those infected in the developing world. In addition to the enormous cost, these treatments require sophisticated health provider and laboratory infrastructures that do not exist in most of the developing world, where the average health expenditure per person per year is about $10.

AIDS Orphans

The number of children affected by AIDS, including those who are orphans or caring for sick parents, continues to escalate. There has been growing recognition and concern for these children. In a study funded by USAID, "Children on the Brink, Strategies to Support Children Isolated by HIV/AIDS," the U.S. Census Bureau estimated that 15.6 million children will have lost their mothers or both of their parents by 2000 in 23 countries heavily affected by HIV/AIDS. That number will increase to 22.9 million by 2010, largely as a result of the HIV/AIDS pandemic. During the Twelfth World AIDS Conference in Geneva, the problems posed by this issue were referred to as a "massive social time bomb." In 1996, USAID expanded its HIV/AIDS strategic objective to include issues related to care and support of those affected by the disease.

More recently, the Division has supported the development of a series of discussion papers focusing on issues related to care and support of persons affected by HIV/AIDS. Included among these papers is a document entitled "Responding to the Needs of Children Orphaned by HIV/AIDS," specifically focusing on the effect of the disease on youth. These papers provide background information that will be used to develop the HIV/AIDS strategy on care and support. The strategy will influence future related projects conducted by USAID cooperating agencies and missions. In addition, "HORIZONS," the HIV/AIDS operations research project, is currently exploring avenues for conducting research to develop "best practices" for setting up community-based methods of providing care and support to people affected by HIV/AIDS, including children. AIDSCAP supported care projects in Haiti, Tanzania, Nigeria, and India, and IMPACT has expanded the capacity of field projects to support community-based care services. Representatives of the HIV/AIDS division have been actively involved in meeting with other donors and organizations that are working with children and families affected by HIV/AIDS. They are also working on establishing an electronic network to exchange technical information among a wide variety of donors and other organizations. These activities contribute toward

identifying the scope of the problem, sharing information about how to address it, and coordinating activities to do so.

Women and Health

USAID recognizes that women and girls are at the epicenter of the HIV/AIDS epidemic in every community, both as positive agents of change and as individuals in need of services and support. Though not recognized as a key audience for HIV interventions until the early 1990s, in most regions women and girls represent the fastest-growing segment of the HIV+ population.

The impact of HIV/AIDS on women is not solely a function of their greater biological and social vulnerability to infection. It is also because, when family members become ill with HIV disease, the burden of care falls disproportionately on women and girls. Data from a wide range of studies on health and nutrition have confirmed the critical role women can play in improving the health of their families when they have access to information, skills, and some control over resources. USAID's HIV/AIDS programs aim to alert and mobilize communities to respond to the care needs of people living with HIV/AIDS (PLWH) without sacrificing the progress achieved in women's education and economic participation, because that progress is beneficial for all.

Finally, as noted previously, the ability of a relatively low-cost antiretroviral treatment regimen to decrease the risk of mother-to-child transmission (MTCT) has focused attention on another situation where a woman's own health and welfare may be given lower priority than the health of her children and family. By aiming to have all USAID programs examined through a gender lens, and by listening to and involving women at all stages of project identification, design, implementation, and evaluation, the USAID strategy acknowledges the complexity of women's lives and roles, and gives priority to programs and approaches that respond to their expressed concerns.

Vaccine Research

Although USAID lacks the resources to independently fund vaccine research, it has a strong interest in the vaccine development process, and it is uniquely positioned to facilitate the implementation of vaccine trials in developing countries. Because of the tremendous genetic diversity of HIV, one of the greatest challenges facing vaccine developers is to produce a vaccine that can protect against infection with diverse viral isolates. This avoids the need for many isolate-specific vaccines. However, because this type of vaccine may not be developed in the near future, there is concern that initial vaccines will be effective only against those strains of virus found predominantly in North America and Western Europe.

It is the U.S. Government view that vaccine candidates should have broad activity against the most common genetic subtypes of virus for two reasons. First is the issue of impact on the epidemic. Approximately 90 percent of all new HIV infections occur in sub-Saharan Africa and Asia, whereas about 1 percent occur in North America and Europe. In order to have an impact on the growth of the epidemic, candidate vaccines should be targeted to those strains responsible for the most new infections.

The second reason to advocate for vaccines with the broadest possible coverage is to prevent selective pressure for new epidemics. A vaccine that provides protection for only the viral subtypes currently prevalent in a community will reduce transmission of those types of virus while leaving the community vulnerable for a new epidemic caused by subtypes not covered by the vaccine.

USAID can assist the vaccine development processes in the following ways:

- Take the lead in educating stakeholders in developing countries. This task entails explaining the importance of clinical trials; making accurate information widely available; responding to questions; ensuring ethical designs; countering misinformation; and lining up high-level support from both host country and U.S. officials.
- Assist in developing the methodology of community-level interventions; fostering long-term, sustained relations with local communities; measuring indirect effects; and doing impact modeling. By working closely with local communities, USAID could ensure that they are ready to participate in clinical trials.
- Advocate for research on broad-activity vaccines.

Allocation of $7 Million (Africa Bureau component of $10 M) for AIDS and Children/Orphans

Method of Allocation: Pursuant to USAID operational *modus operandi*, we sent an email to all missions requesting their interest in and ability to manage these new funds, for proposals, and to make them aware of the expenditure requirement over three years.

Proposals: We received proposals from Cote d'Ivoire, Nigeria, Zambia, South Africa, Kenya, Zambia, Malawi, and Uganda. USAID/W added the need to address the issue in Zimbabwe and Rwanda and subsequently discussed the idea with the respective missions.

Allocations: Some of the allocations are more certain than others. We are waiting to hear back from the Zimbabwe and Rwanda missions regarding accepting allocations and to what extent. In addition, we have follow up questions for other missions as well.

Concerns:

1) We, USAID/W, need to be sure that at the end of the day, we have something to show for these funds. Whereas services will be delivered, we cannot miss this opportunity to learn from the various models being developed. There need to be a set of key questions that govern all of the proposals, as well as specific ones geared to each individual one.
2) There is a need to budget for M&E activities—otherwise we will never capture the data necessary. Hence, our interest is to add some money to each proposal and potentially reduce slightly the overall awards. Missions typically do not budget for M&E or dissemination as part of these proposals.
3) Need to track the expenditures for Congress.
4) Need to budget and plan now for dissemination of lessons learned.

Key Research Questions:

1) Has the activity contributed to a decline in HIV transmission in the immediate area in which it is operating?
   - Need for baseline data in the area in which the activity is operating.
2) How has the activity made a difference to children affected by AIDS?
   - More process data. But also requires baseline and post-activity documentation.
3) What were the critical inputs and conditions necessary for the activity to be a success?
   - Requires pre-determined data needs to look at organizational issues, social and cultural issues, political issues, broader national and local HIV control program interventions and issues, and so on.
4) How can the successes of the program be scaled up?
   - Assuming the activity will/could be a success, need to document (at the beginning of the project) what elements will be necessary to scale up.
5) What are the sustainability issues for each project? How can chances for sustainability be enhanced and planned for?
   - Need to document the costs, organizational issues, and opportunities for sustainability.

Draft by Alex Ross, AFR/SD, 2/16/99

SUPPLEMENTAL AND DCOF FUNDING FOR CHILDREN AFFECTED BY HIV

COUNTRY	SF	DCOF
Cote d'Ivoire	$200,000	
Global	$1,000,000	
Kenya	$1,137,500	
Malawi	$200,000	$500,000
Nigeria	$500,000	
Rwanda	$500,000	
South Africa	$1,350,000	
Uganda	$800,000	
Zambia	$1,000,000	$2,000,000
Zimbabwe	$600,000	
TOTAL	$7,287,500	$2,500,000

COUNTRY	MTCT	ORPHANS	TRAFFICKING/IMCI	COMMENTS
SOUTH AFRICA	$600,000 (SF)-to Baragwanath Hospital and Hope Worldwide	$300,000 (SF)-to Amy Biehl Foundation $450,000 (SF)-to MCDI $50,000 (DCOF) for situation assessments-possibly use IMPACT		
UGANDA		$800,000 (SF)-to TASO, NCWLA, PLAN ?DCOF funding available?		
ZAMBIA	$ 1,000,000 (SF)-probably through IMPACT to PCI (?UNICEF)	$1,000,000 (DCOF) –to PCI $1,000,000 unexpended FY98 (DCOF) funding-to PCI		
ZIMBABWE		$14,000 (? Source of funding) -to FACT $600,000 (SF) is on hold awaiting further clarification		

TOTALS: $7,287, 000 --SUPPLEMENTAL FUNDS (SF)
$1,550, 000 --DISPLACED CHILDREN AND ORPHANS FUND (DCOF)

Statement by Assistant Secretary Susan E. Rice
Bureau of African Affairs

Overview

As the 21st century approaches, the United States is working to develop a new partnership with sub-Saharan Africa founded on mutual interest and mutual respect. We seek stable, democratic, economically dynamic African countries with which we can trade, in which we can invest profitably and with which we can work to advance U.S. interests globally. We are pursuing two overarching policy goals in Africa to which I have devoted intensified attention since becoming Assistant Secretary of State for African Affairs last October. These policy goals are 1) integrating Africa into the global economy by promoting economic development, democracy and respect for human rights, and conflict resolution, and 2) defending the United States against transnational security threats emanating from Africa – principally, state-sponsored terrorism, crime, drug trafficking, weapons proliferation, environmental degradation and disease. These two overarching national interests and their sub-points correspond closely to the16 strategic goals contained in the Department of States' Strategic Plan.

For strategic planning purposes, the Africa Bureau has attempted to conform to the framework of national interests and strategic objectives set down by the Office of Resources, Plans and Policy (S/RPP). However, I must object to S/RPP's assessment that our programs in Africa are currently structured to make their contribution to United States national interests primarily in the areas of Humanitarian Assistance and Democracy. I believe this view of our interests in Africa is too narrow and formulaic and dangerously distorts our larger, long-term interests in the sub-Saharan region.

The terrorist bombings of our embassies in Nairobi and Dar es Salaam on August 7 vividly demonstrate that our national interest in fighting terrorism is clearly at stake in Africa. We must remedy the long neglect of anti-terrorism policy in sub-Saharan Africa. The United States has numerous other vital national interests at stake in Africa. Any cursory examination of the world map reveals Africa's strategic importance. The Cape controls sea traffic between the Atlantic and Indian Oceans. The Horn is a potential choke point for traffic flows between the Suez Canal/ Red Sea and the Indian Ocean. Base access agreements in Kenya and Gabon are vital to our ability to project power in the Middle East and Persian Gulf. Add to this security mix, the new "oil coast" extending from Nigeria to Angola -- from which the U.S. will soon receive upward of one-fifth of its petroleum and the 700-million-member emerging consumer market in Africa -- and the sub-Sahara's importance to the economic health and national security of the U.S. becomes evident. I am concerned that in concentrating on narrowly defined national interests in Africa, such as Humanitarian Assistance, we may miss the bigger picture of our long-term economic and national security interests.

New Initiatives

To support our national interests, President Clinton launched his Partnership for Economic Growth and Opportunity in Africa in June 1997, followed in 1998 by the announcement of five major new initiatives during his historic March 1998 11-day, six nation trip to Africa. These initiatives are in the areas of education, justice and the rule of law, civil aviation safety and security, democracy promotion (Radio Democracy for Africa) and conflict resolution (the planned Center for Security Studies in Africa is modeled after the Marshall Center in Germany).

The Secretary's travel to Africa in December 1997, along with the President's trip to the region in March 1998, demonstrated to the American people that there is emerging in Africa a new generation of citizens who are committed to progress and a new future for Africa in the 21st century. In support of their efforts, the President has pledged to work with Congress to pass the Africa Growth and Opportunity Act and to restore U.S. assistance to Africa from $725 million in FY 1998 to at least its historic high level of approximately $863 million.

Diplomatic Readiness

Moving forward with this ambitious plan of engagement and partnership requires adequate representation as well as safe and secure working environments. AF is already struggling with too few positions and a seriously deteriorating infrastructure that substantially impede our ability to keep up with our current agenda. Over the years, the Department reprogrammed positions and funding to meet high priority needs. During this time, AF lost 70 positions - almost exclusively overseas. Given the ambitious Presidential and Departmental agenda for this bureau, we must now re-staff a portion of this loss to build a platform which can support this historic and vibrant plan.

Our people work in the most challenging hardship posts in the world. Many AF posts are without basic infrastructure needs: potable water, electricity, sturdy habitat. The majority of our posts are physically insecure and suffer from a lack of reliable and efficient communications, education facilities for our dependent children, medical care, and appropriate housing. Many of our office buildings – hurriedly obtained in the sixties during our rush to open posts – are too small and in seriously degraded condition. We are pleased that the Department is moving forward to build new chanceries in Abuja, Kampala, and Luanda. However, we have sustained substantial damages to our facilities in Sierra Leone, Guinea-Bissau and Brazzaville, which will require further commitments and funding if we are to maintain diplomatic relations overseas. We must also – as a matter of highest priority – fortify and relocate vulnerable embassies and other U.S. government facilities in Africa.

Guaranteeing diplomatic readiness for the USG in Africa is costly. The intensive policy program that the President and the Department have defined for this bureau requires additional resources, especially in our operational account. AF's portion of the FY 99 Congressional budget request for this account is gravely insufficient and must be revisited. Substantial reallocations to AF's FY 99 budget are required. Specifically, we request that the Secretary allocate nineteen additional positions and $8,343,000 dollars for AF's FY 99 operating budget as well as commit to an additional twenty-two positions and 13,526,500 for our FY2000 operating plan.

I. Integrating Africa into the Global Economy

As the world's last major potential emerging market, Africa will become increasingly important to overall U.S. economic prosperity. Economic reform across Africa has fostered impressive new economic growth: 5.6 percent in 1996 and 4.5 percent for 1997, despite global repercussions from the financial crisis in Asia. Growth in U.S. trade with sub-Saharan Africa has outpaced growth in U.S. trade worldwide, averaging 17 percent annually since 1994. U.S. exports to Africa totaled $6.2 billion in 1997 and now exceed U.S. exports to all of the former Soviet Union combined by more than 20 percent. Nearly 13 percent of U.S. crude oil imports comes from sub-Saharan Africa today; this percentage is projected to reach 20 percent within a decade, providing an important source of petroleum outside the volatile Middle East. At the end of 1996, U.S. investment in sub-Saharan Africa, predominantly in petroleum and mining, totaled $4.9

billion. In recent years, return-on-investment in Africa has exceeded average worldwide returns by nearly 20 percent, and the $1.4 billion U.S. investment in South Africa alone exceeds the book value of U.S. investments in other major emerging markets such as Turkey and India.

Economic Growth

To promote U.S. economic prosperity through Africa's integration into the global economy, the United States will pursue the three strategic goals of 1) opening African markets, 2) increasing U.S. exports to Africa, and 3) boosting broad-based growth in Africa. Our intermediate objective is, by the year 2002, to increase the United States' average market share in Africa to ten percent from the current seven percent and to increase U.S. direct investment in African to $10 billion from the current $4.9 billion. The United States will press for the opening of markets by working to expand the accession of greater numbers of African states to the WTO and by advocating the elimination of barriers to trade and investment. The President's Partnership for Economic Growth and Opportunity is our primary program vehicle for attaining these economic goals. The Administration is working with the Senate to secure passage of the Africa Growth and Opportunity Act, which has already passed the House. The Act will advance broad-based growth and African integration into the global economy by enhancing African access to U.S. markets.

In FY 99, we requested $65 million for the President's Partnership for Economic Growth an Opportunity ($30 million in Development Assistance and $35 million in Debt Relief) and we seek an additional $30 million in Development Assistance and $5 million in ESF in FY 2000. We will also seek to sustain the upward trend in U.S. exports to Africa through support from OPIC, EXIM and TDA. Close to $300 million was requested in FY 99 for bilateral and multilateral development programs which focus on agriculture, economic development and education, and which will contribute to broad-based economic growth on the continent. These programs will be complemented by two Presidential Initiatives: 1) the Safe Skies for Africa Initiative, for which we seek $2 million of ESF in FY 2000 and which will strengthen Africa's transportation infrastructure; and 2) the Education for Development and Democracy Initiative to provide technology and build human capacity by improving the quality of African education, for which $66 million was requested in FY 99 (in addition to approximately $50 million in education programs funded by various U.S. agencies) and for which we seek $35 million in DA and $10 million in ESF in FY 2000 to sustain implementation. The Education Initiative will help strengthen the foundation for other U.S. policy objectives, including economic growth and democracy. To fully implement this education initiative, the bureau's front office needs two new positions in FY 99 – one for an initiative coordinator and one for an administrative assistant to the coordinator.

Democracy

The United States pursues the strategic goal of promoting democracy in Africa, not only for its own sake as a reflection of American values, but also in support of U.S. economic and political interests in Africa. Accountable democratic governance and the rule of law will advance U.S. economic interests by reducing corruption and economic risks, thereby creating an environment conducive to U.S. trade and investment. U.S. security and humanitarian interests are served by this strategic goal as well. Over the long term, democratic participation and inclusiveness will foster stability as previously excluded groups, including women, gain avenues to political participation and can peacefully compete for power, thus reducing humanitarian costs of conflict to the U.S. and other donors as well as to Africa, and allowing for the consolidation of economic progress. Stable democratic governments in Africa are also important because these

governments are prone to be more reliable partners with which the United States can work to promote collective interests and values, such as stemming refugee flows, fighting weapons proliferation and combating transnational threats such as terrorism, drug trafficking, trafficking in women and children, and crime.

Africa's accession to the world community of democracies is well underway. Approximately 25 of 48 states have adopted a democratic form of governance, and over 20 more have allowed greater political rights and freedoms which will boost the demand for further reform. However, dramatic post-Cold War progress has slowed to incremental change. Fragile democratic governments in Burundi, Niger, and Congo (Brazzaville) have been toppled by military coups. While the pace of political reform is shaped by history and other circumstances unique to each country, the United States must continuously and vigorously apply universal democratic principles and human rights standards when measuring progress, noting that the African people demand no less.

To advance the strategic goal of democracy, U.S. diplomacy, assistance programs, and occasionally "aid conditionality" will serve to encourage progress in countries that have yet to make a credible transition to democracy, such as Nigeria, Angola and the Democratic Republic of the Congo. In these countries, U.S. efforts focus on assuring respect for basic human rights, including the rights of women, encouraging development of an independent civil society able to channel demands for reform, and promoting a free press. We also pursue electoral reforms, such as creation of independent electoral commissions and the repeal of old security laws, in order to provide "political space" for dissenting political views. Elections are only a first step, however. The United States will continue working to consolidate emerging democracies by promoting the implementation of just laws, government institutions and practices that uphold accountable, transparent and inclusive governance. To bolster accountability and transparency in emerging democracies, the U.S. will continue to assist civil society groups, the independent media and development of a democratic culture through civic education.

Bilateral and regional U.S. democracy programs, for which we requested over $100 million overall in FY 99, include USAID programs and the Africa Regional Democracy Fund. These programs are coordinated with those of other donors and are managed by the State Department, USAID and USIA. These programs will be augmented by Education for Development and Democracy Initiative activities which support the development of democracy and policy networks and civic education in International Military Education and Training (IMET) programs ($8 million requested in FY 99 and $9.8 million requested in 2000) which build military-to-military partnerships and promote a professional military subordinate to civilian rule and respectful of human rights.

For FY 2000, the Bureau requests $40 million in Economic Support funds (ESF) to create a new "Countries in Transition Fund." Africa, as experience shows, is often unpredictable. It was impossible to forsee at the outset of FY 98 that General Abacha would die or at the outset of FY 97 that Mobutu's rule would not survive the fiscal year. Changes occur unexpectedly and must be met with timely and appropriate responses. The purpose of this fund is to enable the United States to respond flexibly and quickly when situations arise where timely funding of a peace or democracy program can make an important difference in a country's progress toward democratization. For instance, when Liberia was preparing for elections not long ago, there was an opportunity to disarm and demobilize a large number of warring militiamen, if funds could be found to finance a program of weapons surrender and repatriation. Unfortunately, funding could not be found quickly and fighting resumed thus delaying the peace that eventually was the foundation for Liberia's transition to an elected civilian government. We need to assist

Rwanda when the post-genocide era arrives, as well as the transition, if successful, in Nigeria. We need to take advantage of these opportunities when they come our way. This fund for Countries in Transition would give the United States the flexibility of response we sorely need. In addition, to pursue our democracy goals more directly we are seeking a new reporting officer positions in Nigeria, Angola, Kinshasa and Lubumbashi.

Finally, the Great Lakes Justice Initiative, for which we requested $25 million in FY 99, aims to help bring an end to the cycle of violence in central Africa through strengthening justice and human rights institutions in cooperation with civil society. It is still unclear how much of this sum will be available from Congress. For FY 2000 we are requesting $10 million in ESF for the Great lakes Justice initiative. We will also establish an African Center for Security Studies in order to foster development of African initiatives to professionalize the role of the military and enhance conflict resolution and crisis prevention capability. Funding for the ACSS will come from the Department of Defense budget. Finally, to mitigate the devastating human and economic costs of conflict, the United States will continue to provide humanitarian assistance at the level of about $260 million directly and through the UNHCR and humanitarian NGOs.

Conflict Resolution

Democratic governance and sustained economic development cannot thrive in an environment plagued by recurring armed conflict. Helping Africa resolve its many conflicts is key to promoting U.S. economic and political interests in the region. The United States has been instrumental, and relatively successful, in helping resolve African conflicts. From Mozambique to Burundi, and from Liberia to Angola, the U.S. has been a key facilitator as Africa seeks to resolve its conflicts. We will continue to pursue the strategic goal of regional stability in support of U.S. economic interests and as essential to upholding American political and humanitarian values as well. In support of these strategic goals, we will continue to pursue conflict resolution and consolidation of peace in the Great Lakes region, Angola, Sierra Leone, Liberia, Sudan and the Horn of Africa.

In particular, we are recommending $25 million in additional Foreign Military Financing (FMF) for FY 2000. Of this $25 million, $10 million would go to Rwanda to implement the Deputies' decision to assist that nation to counter continued insurgency, $5 million to restore the FMF program in Nigeria once a successful transition to democracy has occurred, $5 million for the so-called Front Line States that are contending against Sudan-inspired insurgencies, and $5 million for direct assistance to the peacekeeping activities in Sierra Leone of the Economic Community of West African States.

Other U.S. programs in support of our strategic goal of regional stability are aimed at building peacekeeping and conflict resolution capacity and at demobilizing African militaries and paramilitaries and integrating ex-combatants back into civil society. We are building cooperative relationships with African militaries through joint exercises and conflict resolution training under the Africa Crisis Response Initiative, for which we sought $20 million in FY 99 and for which we again seek $20 million in FY 2000. We will also continue diplomatic and program support for further development of new OAU (for which we requested $2 million in FY 99), IGAD, ECOWAS and SADC conflict management components, and will work to reduce illegal weapons trade through the Mali Small Arms Moratorium. While the ACRI, OAU and other initiatives prepare Africans to participate in peacekeeping and conflict resolution efforts , Africa Regional Peacekeeping funds, requested at a level of $8 million in FY 99 and $15 million in FY 2000, support African forces as they actually participate in sub-regional, regional and UN peacekeeping operations, promoting continued stability in countries emerging from conflict.

II. Defending the United States Against Transnational Threats

Protecting the United States and its citizens from transnational security threats – including terrorism, drug trafficking, weapons proliferation, crime, environmental degradation and disease – that emanate from Africa is manifestly in our national security interest. Countering these threats also serves our national interests in law enforcement, protecting American citizens, and helps build an environment where economies can grow and develop.

Terrorism

The terrorist bombings of our embassies in Nairobi and Dar es Salaam shattered the conventional wisdom in many quarters that terrorism was not a major concern in Africa. Of the $21 million allocated in 1998 for anti-terrorist training programs worldwide, sub-Saharan African received $816,000 -- or less than four percent. In the 1999 anti-terrorism budget, AF received an even smaller share of the pie. AF insists that it is essential that we reverse this pattern of neglect. Starting with this year's emergency supplemental budget request in which we requested $20 million to fight terrorism in Africa, we are requesting $10 million a year beginning in FY 2000 to sustain vigorous anti-terrorism training programs for police forces, customs and immigration officers and civil aviation authorities in sub-Saharan Africa. The Safe Skies for Africa Initiative, for which we seek $2 million of ESF in FY 2000 will strengthen Africa's transportation infrastructure.

Libya and Sudan are the only two nations in Africa that openly harbor and support international terrorist organizations. We will seek to minimize their political and economic influence on the continent. We will also work to contain the ability of terrorist groups to operate in areas of Africa that have no strong central government authority such as Somalia or eastern Congo. For FY 99 we have requested $5 million in FY 99 for the East Africa Regional Assistance Fund which supports front-line states fighting Sudan-based incursions and are requesting an additional $5 million in FY 2000. Support for the international sanctions regime against Libya is eroding in Africa, and the United States needs to redouble our efforts to isolate the Tripoli regime.

Narcotics and Crime

Thirty percent of all heroin intercepted by U.S. Customs at stateside ports of entry is traceable to African, primarily Nigerian, drug smuggling organizations. U.S. citizens are victimized to the tune of $100 million annually by advance fee fraud schemes run by Nigerian organized crime groups. Together with bank fraud, insurance fraud, and entitlement fraud, organized crime groups in Africa cost American citizens and American companies over one billion dollars annually. Our major tool in fighting these threats is training and technical assistance to police and judiciaries. The International Criminal Investigative Training Assistance Program (ICITAP) has been very successful in training a police cadre in three countries: Liberia, Rwanda and South Africa. We wish to expand ICITAP programs especially to other states in transition, such as Sierra Leone, Mozambique, and Angola. Current funding for these types of programs in Africa is clearly insufficient to meet the crime and drug challenge emanating from Africa. The Bureau seeks to have INL place greater priority on Africa and will urge the FBI to establish an International Law Enforcement Academy (ILEA) in Africa similar to the regional schools run by the FBI and DEA in Hungary, Panama and Thailand. We also need to collect better crime- and drug-related intelligence and help our African partner countries develop an effective multilateral anti-crime strategy which will include modernizing legal codes, signing of criminal extradition treaties, and establishing international cooperation and information sharing agreements. We

want to significantly increase spending on counter narcotics and crime programs by $10 million in FY 2000. This would include $3 million to inaugurate an International Law Enforcement Academy in Africa that would train police cadre from throughout the continent and $3 million for specialized ICITAP programs, $3 million in special anti-crime assistance to South Africa and $1 million to augment our anti-crime and anti-drug program in Nigeria.

Disease

Poverty, overcrowding, ignorance, inadequate sanitation facilities and periodic natural and man-made disasters combine to make Africa a hotbed for the spread of infectious diseases ranging from malaria and HIV/AIDS to Ebola and River Blindness. Modern transportation systems that make it possible to travel to any city in the world within 24 hours also mean that disease can spread to any corner of the globe in any equally short period of time. The United States fights disease in Africa through a diverse array of programs. The U.S. funds over 20 percent of the highly regarded UNAIDS program in Africa. The U.S. Army and NIH's Centers for Disease Control have epidemic monitoring and control programs in place in Africa. The United States also supports education for the eradication of the harmful health practice of female genital mutilation (FGM). This practice is carried out in over half the countries in Africa and USAID funds many grassroots projects and surveys to help eradicate FGM. Total U.S. spending on health-related services including disease control and eradication programs in Africa totaled $177 million dollars in FY 99. A promising program to "kick polio out of Africa" and control malaria deserve greater U.S. support and we are asking for an additional $5 million in FY 2000 for these programs.

Environment and Population

The Africa Bureau supports initiatives of the OES Bureau in Africa, especially those related to climate change, biosafety, deforestation, and emerging and infectious diseases. In particular, the environmental issues of greatest concern in Africa are the Nile Basin, desertification, sustainable agriculture, and biodiversity/wildlife protection. U.S. and African economic and security interests will also be served by promoting strategic global goals such as reducing population growth rates, which have held at an average of 2.4 percent in recent years; promoting improvements in health services and protecting and conserving the environment. These so-called "global issues" will be increasingly critical to the economic fortunes and quality of life for Africans, Americans and the rest of the world community. U.S. program assistance for these global issues is provided principally through USAID bilateral and regional programs. These USAID programs include family planning projects in fifteen sub-Saharan countries, child survival and disease prevention projects and programs which prevent deforestation, desertification, the loss of wildlife habitats, and climate change. To increase the effectiveness of these programs, the United States will continue to advocate the importance of global issues with African partners, working through multinational fora such as UNFPA, UNICEF and UNAID, to which the United States contributes $20 million each for population reduction support, and the UN Convention to Combat Desertification and the Convention on International Trade in Endangered Species. We will also work to implement joint credits between U.S. and African partners abiding by the Kyoto Protocol's "Clean Development Mechanism," and will coordinate with other donors and encourage greater multilateral support in these areas.

III. Universal Representation and Diplomatic Readiness

A continued near universal U.S. presence in African countries is critical to our ability to represent and advance U.S. interests there. Given the President's recent visit, commitments

made and friendships forged, we are now projecting even greater demands on U.S. diplomacy in Africa. Partnership in trade and economic growth, education initiatives, political engagement and conflict prevention have all vastly increased over the past year and this trend will continue. We seek to open new branch offices in the economic center of Lubumbashi, Congo and the emerging petroleum center of Malabo, Equatorial Guinea.

A core function remains provision of efficient and prompt consular assistance to American citizens residing or traveling abroad. To bolster our ability to provide this service, the bureau requests for FY 2000 new consular officer positions for Freetown and Addis Ababa and four new consular assistant positions – two in Pretoria and one each in Asmara and Kampala.

Maintaining a diplomatic presence presents unique challenges in the African context, with many of our posts staffed at only a bare minimum and located in countries where communication and other infrastructure are lacking. To support USG interests it is critical that our posts are adequately staffed, information management programs are in place for efficient, often life-saving communications and all USG agencies work together through International Cooperative Administrative Support Services (ICASS).

Guaranteeing diplomatic readiness for the USG in Africa is exceptionally expensive because of political instability and the lack of local infrastructures. As a result, we must aggressively deploy monies to counter the deterioration of infrastructure and thus assure that those who serve in Africa do so in safe environments. Generators, water delivery trucks, INMARSATs, building maintenance – although not headline-makers – are the essential life support systems which must be maintained in order to carry out diplomacy in Africa.

AF Press Guidance
December 10, 1998

Q: WHAT IS U.S. POLICY IN AFRICA?

A: THE END OF THE COLD WAR HAS CALLED FOR A NEW PARADIGM FOR U.S. POLICY IN AFRICA. WE MUST RESIST THE TEMPTATION TO DISSIPATE OUR ENERGIES IN RESPONDING SOLELY TO THE CRISES OF THE DAY. OUR HORIZONS MUST BE LONGER TERM. IF WE SEEK QUICK RETURNS OVER LONG-TERM GAINS, WE WILL NEVER BE WELL-POSITIONED TO ADVANCE IMPORTANT U.S. ECONOMIC AND POLITICAL INTERESTS IN AFRICA.

ACCORDINGLY, WE HAVE TWO MAIN POLICY GOALS IN AFRICA.

- FIRST, WE MUST WORK IN CONCERT WITH AFRICANS TO COMBAT THE MANY TRANSNATIONAL SECURITY THREATS THAT EMANATE FROM AFRICA JUST AS THEY DO FROM THE REST OF THE WORLD. THESE INCLUDE NOT ONLY TERRORISM, BUT WEAPONS PROLIFERATION, NARCOTICS FLOWS, THE GROWING INFLUENCE OF ROGUE STATES, INTERNATIONAL CRIME, ENVIRONMENTAL DEGRADATION AND DISEASE.

- SECOND, WE MUST WORK TO ACCELERATE AFRICA'S FULL INTEGRATION INTO THE GLOBAL ECONOMY. INCREASINGLY, THE U.S. ECONOMY IS FUELED BY EXPORTS. AS WE GRAPPLE WITH THE CONSEQUENCES OF TURMOIL IN BOTH OUR TRADITIONAL AND EMERGING MARKETS FROM ASIA TO BRAZIL TO RUSSIA, THE UNITED STATES CANNOT AFFORD TO WRITE OFF ANY POTENTIAL NEW EXPORT MARKET. A VAST AND GROWING MARKET OF 700 MILLION POTENTIAL CONSUMERS, AFRICA IS IN MANY WAYS THE LAST FRONTIER FOR U.S. EXPORTERS AND INVESTORS.

- DEMOCRATIC GOVERNANCE AND RESPECT FOR HUMAN RIGHTS ARE ALSO CRUCIAL TO THE GOAL OF INTEGRATING AFRICA INTO THE GLOBAL ECONOMY. RECENT HISTORY HAS TAUGHT US THAT GOVERNMENTS WHICH SAFEGUARD HUMAN RIGHTS AS WELL AS POLITICAL AND ECONOMIC FREEDOMS CAN MORE EFFECTIVELY ESTABLISH THE CONDITIONS FOR SUSTAINABLE ECONOMIC GROWTH.

- THEREFORE, THE ADMINISTRATION IS ACTIVELY SUPPORTING EMERGENT DEMOCRACIES IN AFRICA. WE DO SO IN FULL RECOGNITION THAT ELECTIONS - ALTHOUGH NECESSARY -- ARE

NOT SUFFICIENT TO SUSTAIN DEMOCRATIC CHANGE. AS A RESULT, WE ARE INVESTING ALSO IN THE INSTITUTIONAL FOUNDATIONS UPON WHICH LASTING DEMOCRACY THRIVES. WE ARE HELPING TO TRAIN LEGISLATORS, FOSTER INDEPENDENT JUDICIARIES, ENCOURAGE CONSTITUTIONAL REFORMS AND ESTABLISH GENUINE RESPECT FOR HUMAN RIGHTS. WE ARE ACTIVE IN NEWSROOMS, UNIVERSITIES, CHURCHES, COMMUNITY CENTERS, AND ARMY BARRACKS TO BOLSTER PRESS FREEDOM, BUILD STRONG CIVIL SOCIETIES, AND TEACH AFRICAN MILITARIES THE VIRTUES OF SUBORDINATION TO CIVILIAN LEADERSHIP.

- EQUALLY IMPORTANT, THE UNITED STATES CONTINUES TO PLAY AN ACTIVE ROLE - DIPLOMATICALLY AND OPERATIONALLY -- TO HELP PREVENT AND RESOLVE AFRICAN CONFLICTS. PEACE AND STABILITY ARE ESSENTIAL TO NURTURING A CIVIL SOCIETY THAT PROTECTS DEMOCRACY AND HUMAN RIGHTS AND FOSTERS AN ENABLING ENVIRONMENT FOR ECONOMIC GROWTH AND INVESTMENT. TODAY, TOO MANY OF SUB-SAHARAN AFRICA'S 48 COUNTRIES ARE INVOLVED IN REGIONAL OR CIVIL WARS, CAUSING SERIOUS HUMANITARIAN SUFFERING AND DESTROYING THE DAILY LIVES OF MILLIONS OF INNOCENT CIVILIANS.

- WE ARE WORKING TO ENCOURAGE A PEACEFUL SOLUTION TO THE STAND-OFF BETWEEN ETHIOPIA AND ERITREA AND TO AVERT THE RESUMPTION OF WIDESPREAD CONFLICT IN ANGOLA AND BURUNDI. WE ARE ALSO PURSUING AN IMMEDIATE CEASE-FIRE AND A LASTING SOLUTION TO BOTH THE INTERNAL AND EXTERNAL CAUSES OF THE WIDENING CONFLICT IN THE CONGO.

Q: COULD YOU GIVE US A READOUT OF WHAT YOU ARE DOING TO BRING PEACE TO THE CONGO?

- ON NOVEMBER 6, ASSISTANT SECRETARY RICE RETURNED FROM AN ELEVEN-DAY TRIP TO SOUTH AFRICA, ANGOLA, THE DEMOCRATIC REPUBLIC OF CONGO (DROC), ZAMBIA, ZIMBABWE, RWANDA, AND UGANDA ACCOMPANIED BY NSC SENIOR DIRECTOR FOR AFRICAN AFFAIRS GAYLE SMITH. THE PURPOSE OF THIS TRIP WAS TO CONSULT WITH REGIONAL LEADERS ON A BROAD RANGE OF ISSUES AND TO CONVEY THE UNITED STATES' DEEP CONCERN ABOUT THE WIDENING CONFLICT IN THE CONGO AND ITS HUMAN AND ECONOMIC COSTS.

- SHE DID NOT GO TO TABLE A PRE-COOKED U.S. PLAN ON HOW TO END THIS CONFLICT. SHE WENT TO LISTEN, TO LEARN, AND TO SHARE IDEAS ON HOW TO RESTORE PEACE IN THE CONGO AND THE GREAT LAKES REGION. SHE EXPLORED WAYS IN WHICH WE COULD HELP REGIONAL LEADERS FIND A PEACEFUL SOLUTION TO THE CRISIS IN THE CONGO AND TO MAKE IT CLEAR TO ALL THAT FURTHER MILITARY ACTION THERE REPRESENTS NO SOLUTION; THAT ONLY A NEGOTIATED POLITICAL SOLUTION CAN BRING LASTING PEACE TO THE REGION; AND THAT CONTINUED CONFLICT WILL RESULT IN NO WINNERS, ONLY LOSERS.

- THE AIM OF A/S RICE WAS TO MOVE THE PEACE PROCESS FORWARD AND TO ENCOURAGE THE REGIONAL EFFORTS ALREADY UNDERWAY. TO THAT END, SHE MET TWICE WITH PRESIDENT CHILUBA OF ZAMBIA, THE CHAIRMAN OF THE REGIONAL NEGOTIATING EFFORT, WITH WHOM SHE SHARED IDEAS GLEANED FROM HER VARIOUS CONSULTATIONS. SHE REITERATED OUR FULL SUPPORT FOR HIS EFFORTS TO ACHIEVE A CEASE-FIRE AND NEGOTIATED SETTLEMENT.

- AT ALL HER STOPS, SHE EXPRESSED UNEQUIVOCAL U.S. SUPPORT FOR THE SOVEREIGNTY AND TERRITORIAL INTEGRITY OF THE CONGO AND A PEACEFUL, DIPLOMATIC SOLUTION TO THE CONFLICT TO PERMIT THE CONGO'S ECONOMIC AND POLITICAL RECONSTRUCTION. SHE URGED AN IMMEDIATE CEASE-FIRE AND PRESSED THE PARTIES TO THE CONFLICT TO ENTER INTO GOOD-FAITH DIALOGUE TO ADDRESS THE UNDERLYING INTERNAL AND EXTERNAL CAUSES OF THE WAR AND RECOGNIZE THE LEGITIMATE SECURITY CONCERNS OF THE COUNTRIES BORDERING THE CONGO.

- SHE UNDERLINED THE IMPORTANCE OF ADDRESSING HUMAN RIGHTS ISSUES AND THE IMPERATIVE OF PREVENTING FURTHER ETHNIC VIOLENCE AND ANOTHER GENOCIDE IN THE REGION. EVERYWHERE, SHE STRESSED OUR DEEP CONCERN OVER ETHNIC-BASED VIOLENCE BY ANY PARTY. SHE EMPHASIZED THAT THERE ARE THOSE OPERATING IN THE REGION COMMITTED TO GENOCIDAL POLICIES, AND THAT THOSE IMPLICATED IN GENOCIDE ARE GUILTY OF CRIMES AGAINST HUMANITY. COMPLICITY WITH THESE PEOPLE IS UNACCEPTABLE TO US AND TO THE INTERNATIONAL COMMUNITY IN GENERAL. ALL THOSE INVOLVED IN THE CONFLICT IN THE CONGO HAVE AN OBLIGATION TO PREVENT GENOCIDE AND ETHNIC VIOLENCE, AND THOSE WHO DO NOT MUST BE HELD ACCOUNTABLE BY THE INTERNATIONAL COMMUNITY.

- IN HER MEETING WITH PRESIDENT KABILA AND HIS MINISTERS, SHE REITERATED OUR BELIEF THAT AN OPEN AND FREE TRANSITION TO A DEMOCRATIC STATE WITH THE FULL PARTICIPATION OF ALL CONGOLESE IS ESSENTIAL TO THE CONGO'S LONG-TERM STABILITY AND ECONOMIC DEVELOPMENT. IN HER TALKS WITH REPRESENTATIVES OF CONGOLESE CIVIL SOCIETY AND POLITICAL PARTIES, SHE DISCUSSED THE IMPORTANCE OF STRONG AND VIABLE CIVIC INSTITUTIONS AND THE NECESSITY THAT GENUINE POLITICAL AND ECONOMIC REFORMS BE IMPLEMENTED EFFECTIVELY IN THE CONTEXT OF A LEGITIMATE, FULLY INCLUSIVE TRANSITION TO DEMOCRACY.

- ONE ENCOURAGING DEVELOPMENT WAS THE GOVERNMENT OF RWANDA'S ACKNOWLEDGEMENT OF ITS PARTICIPATION IN THE WAR IN THE CONGO SHORTLY AFTER HER STOP IN KIGALI, WHERE SHE PRESSED THIS ISSUE IN MEETINGS WITH PRESIDENT BIZIMUNGU AND VICE-PRESIDENT KAGAME. THE RWANDAN GOVERNMENT'S REFUSAL TO ACKNOWLEDGE ITS INVOLVEMENT HAD BEEN CITED AT A NUMBER OF HER STOPS AS AN OBSTACLE TO A CEASE-FIRE AND SETTLEMENT. WE NOW HOPE THAT THE REGIONAL EFFORTS TO FIND PEACE CAN MAKE SWIFT AND LASTING PROGRESS IN THE COMING WEEKS. WE WILL CONTINUE TO DO ALL WE CAN TO HELP THE PROCESS MOVE FORWARD.

Economic Cooperation Forum

Q. IS THE POSTPONEMENT OF THE ECF EMBLEMATIC OF SETBACKS IN POTUS INITIATIVES AND AFRICA POLICY IN GENERAL?

- NO. THE POSTPONEMENT IS NOT INDICATIVE OF ANY PROBLEMS IN OUR RELATIONS WITH AFRICAN STATES. TO THE CONTRARY, IT DEMONSTRATES THE INCREASINGLY CONSTRUCTIVE AND MATURE PARTNERSHIP BETWEEN US. THERE WERE BOTH SUBSTANTIVE AND PROCEDURAL REASONS FOR NOT PROCEEDING AT THIS TIME.

- THE ECF ORIGINALLY STEMMED FROM THE PRESIDENT'S PARTNERSHIP FOR ECONOMIC GROWTH AND OPPORTUNITY AND IS CONTAINED IN THE AFRICA GROWTH AND OPPORTUNITY ACT THAT PASSED THE HOUSE BUT FAILED IN THE SENATE THIS YEAR, AND REMAINS A LEGISLATIVE PRIORITY OF THIS ADMINISTRATION. SOUNDINGS ON THE HILL INDICATED THAT THE ACT'S CHANCES OF PASSAGE COULD BE DIMINISHED IF WE BROKE IT OUT AND PROCEEDED WITH THE ECF WITHOUT WAITING FOR PASSAGE OF THE

ACT. IN ADDITION, AFRICAN AMBASSADORS EXPRESSED CONCERNS ABOUT THE CRITERIA BY WHICH THE 17 COUNTRIES WERE SELECTED FOR PARTICIPATION IN THE ECF. SOME AFRICAN AMBASSADORS WERE CONCERNED THAT WE HAD INFORMED THEIR GOVERNMENTS ABOUT THE ECF VIA OUR EMBASSIES WITHOUT SIMULTANEOUSLY INFORMING THE AMBASSADORS. FINALLY, THE TERMS OF THE WYE ACCORDS CONCLUDED IN OCTOBER MADE THE SECRETARY'S PARTICIPATION IN THE ECF IMPOSSIBLE TO CONFIRM. IN SHORT, THIS IS A CASE OF OUR RHETORIC (NEW PARTNERSHIP) BEING MATCHED BY OUR ACTIONS.

- FOR THESE REASONS, WE DECIDED TO POSTPONE THE ECF UNTIL Q4 CY99. PRIOR TO THE ECF, WE WILL HOLD A MUCH MORE INCLUSIVE CONFERENCE AT THE MINISTERIAL LEVEL DURING Q1 CY99 TO DISCUSS WAYS TO ADVANCE THE U.S.-AFRICA PARTNERSHIP, ECONOMIC COOPERATION AND OTHER ISSUES.

Q. WHY DID THE ECF HAVE TO BE POSTPONED AT THE LAST MINUTE WHEN IT WAS FIRST ANNOUNCED 18 MONTHS AGO?

A. WE DID NOT WANT TO PLAN ACTIVELY FOR A MINISTERIAL AT A TIME WHEN THOSE DISCUSSIONS COULD HAVE HAD AN ADVERSE IMPACT ON THE PROSPECTS FOR PASSAGE OF THE TRADE BILL IN CONGRESS.

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Susan E. Rice
Assistant Secretary for African Affairs
Address at the School of International and Public Affairs,
Institute of African Studies, Columbia University
New York City, October 20, 1998

Released by the Bureau of African Affairs, October 21, 1998

(Text as delivered)

U.S. Interests in Africa: Today's Perspective

Thank you, Professor Bond, for the kind introduction. Dean Anderson, members of the faculty and Columbia community, students, Your Excellencies: It is a pleasure to be with you this afternoon. I thank Columbia's School of International and Public Affairs and especially the Institute of African Studies for the invitation to be with you today.

I understand Columbia's Institute--with its distinguished faculty--has been designated a National Resource Center in African studies by the Department of Education. Moreover, Columbia students come from over 30 African countries. I hope we can have a lively exchange on a range of important issues.

I'm sure many of you would agree that this has been a momentous year in U.S.-African relations. It is the year we heralded Africa's substantial progress during the first-ever comprehensive visit to the continent by a sitting American president. But, more recently, it has also been a year tinged with skepticism, regression, and even by mourning.

The bombings of our East African embassies just 2 months ago were a sobering reminder of the real and continuous threat Americans and Africans face from international terror. The blasts in Nairobi and Dar es Salaam left over 200 dead, 51 of whom--Africans and Americans--were working on behalf of American interests in the region.

Some may point to these cowardly terrorist attacks as evidence of Africa's fragility. When viewed in light of recent conflict in the Horn of Africa, Congo, and Angola, cynics argue that the U.S. ought to give up on Africa or, rather, never give it a chance. Recurrent instability has led a number of commentators to conclude rather hastily that the so-called "African Renaissance" has been a hallucination. Others maintain we are witnessing the "birth-pains" of a new Africa.

Time will tell, but it may be relevant to recall that the European Renaissance lasted over two centuries. Bloody, protracted war--and often plague--dominated at least half that period.

But, analogies aside, Africa's future is, in fact, uncertain. Still, our stake in Africa's success has never been clearer. I believe the logic of the defeatists--the so-called Afro-pessimists--is both flawed and shortsighted. Dismissing Africa's promise as well as its problems is detrimental not only to Africa but to fundamental U.S. national interests.

Today, Africa stands at a crossroads--a decisive time when its future hangs in the balance. The challenges and opportunities facing the African people stand in stark relief. Africa can overcome its troubled past or lunge back into self-destructive conflict. The United States can stand on the sidelines, or we can recognize and act upon our growing interest in a thriving Africa that can take its rightful place on the world stage.

Despite today's headlines, there is considerable reason for optimism about Africa's future. Economies that were growing at less than 2% at the beginning of the decade are registering growth at more than twice that level. Some countries are recording double-digit growth rates. The citizens of over half of all Sub-Saharan African nations are choosing their own governments freely and holding their leaders accountable. Indeed, the number of democracies has more than quadrupled in less than a decade.

Regional organizations such as ECOWAS and the Organization of African Unity are intensifying their efforts to prevent and resolve conflicts. Others, such as the Southern African Development Community and the revitalized East African Community, are moving toward the establishment of regional common markets that can become economic engines for the future. From the resurgence of war-torn Mozambique to the demise of apartheid in South Africa; from the budding democracies in Benin, Mali, and Namibia to a fresh start for the great people of Nigeria, there is reason for real hope for the people of Africa.

Indeed, a politically reconciled, economically strong Nigeria would pay huge dividends for the entire African Continent. We thus hope Nigerians will stay the course. Let 1999 mark not only new South Africa's second democratic election but the true beginning of a lasting democracy in Nigeria.

Yet, clearly, in Nigeria as elsewhere, Africa's progress has been neither linear nor universal. In recent months, we have witnessed significant setbacks in several regions. Some countries which were beginning to recover from conflict have picked up arms again; some societies which were rebuilding are tearing down; and some governments which had taken fragile steps toward democracy and reconciliation are drifting back toward tyranny and repression.

At least eight African nations are involved in a bitter war in the Congo--potentially one of the most serious conflicts in the world today. Humanitarian crises in Sierra Leone, Somalia, and Sudan; resumed fighting in Guinea-Bissau, the face-off in the Horn of Africa; and the faltering Angolan peace process all must be of significant concern to the United States.

Indeed, whether the challenge is adversity or opportunity, the reality is that the end of the Cold War calls for a new paradigm for U.S. policymakers in Africa. We must resist the temptation to dissipate our energies in responding solely to the crisis of the day. Our horizons must be longer term.

First, as one of our two major policy goals, we must work in concert with Africans to combat the many transnational security threats that emanate from Africa just as they do from the rest of the world. These include not only terrorism but weapons proliferation, narcotics flows, the growing influence of rogue states, international crime, environmental degradation, and disease. Continued and closer collaboration with Africans to counter these threats to our mutual security should be an important priority for U.S. policymakers. Therefore, we must invest in new strategies in partnership with African countries, the G-8, and others to combat global threats effectively before they become more pernicious and pervasive.

We have made a start along this path but, in truth, we have a long way to go. Two years ago, the U.S. signed the Africa Nuclear Weapons-Free Zone Treaty to eliminate nuclear weapons now and forever in Africa, but too few African countries have ratified the agreement. We have cleared thousands of acres of land mines in Africa, but thousands more acres remain. We have provided modest amounts of anti-terrorism training to African countries as well as information on the activities of terrorist groups, but we need congressional support to do much more.

We have been working with law enforcement authorities from Nigeria to South Africa to interdict illicit drugs before they hit American streets. But the U.S. must go further to craft, fund, and implement a continent-wide counter-narcotics strategy. We have urged concerted international action to stem the flow of arms, ammunition, and explosives into Africa's conflict zones. But weapons sales, including from the United States, continue unabated.

Finally, the Administration has recognized the risk to U.S. citizens and soil from inadequate aviation safety and security systems in Africa. Thus, we are launching an innovative "Safe Skies for Africa" initiative to increase the number of Sub-Saharan nations that meet international aviation standards. The initiative seeks to make air travel safer for Africans and Americans and to strengthen airport security to help interdict would-be criminals and their contraband. The United States also is sharing our medical expertise through our Centers for Disease Control (CDC) to combat deadly diseases, like malaria and AIDS, that know no borders. For the protection of people everywhere, we cannot allow Africa to remain the world's soft and most accessible underbelly for terrorists and others determined to do evil.

At the same time, we must press ahead to achieve our second principal policy goal in Africa; that is, accelerating Africa's full integration into the global economy. Increasingly, the U.S. economy is fueled by exports. As we grapple with the consequences of turmoil in both our traditional and emerging markets from Asia to Brazil to Russia, the United States cannot afford to write off any potential new export market. A vast and growing market of 700 million potential consumers, Africa is in many ways the last frontier for U.S. exporters and investors.

For, despite areas of instability, Africa's economic trends remain positive. Two-thirds of African nations--roughly 3 dozen countries--have implemented economic reforms to open markets, stabilize currencies, and reduce inflation. African governments have privatized over 2,000 state enterprises in the past few years, raising over $2.3 billion in government revenue to invest in infrastructure, education, and healthcare. The U.S. relies heavily on the African Continent for petroleum and strategic minerals. In volume terms, nearly 14% of U.S. crude oil imports come from the continent, as compared to almost 18% from the Middle East. Within a decade, Africa is projected to be the source of well over 20% of our imported oil.

America's commercial interests in Africa will deepen as U.S. companies continue to tap this nascent market. American businesses exported over $6 billion worth of goods last year to Africa and imported more than $16 billion. The U.S. is now Africa's second-largest industrial supplier. U.S. companies have edged out European and Asian competition to complete major deals in the region. Examples abound: Coca-Cola recently made a $35 million investment in a production and distribution facility in Angola; a consortium comprised of Enron and the Industrial Development Corporation signed a $2 billion agreement to construct a steel plant in Mozambique; and, in West Africa, Ghana's stock exchange--although tiny--is one of the top performers in the world.

A visionary economic policy toward Africa is in our own long-term interest. Thus, we must continue and intensify our efforts to pass the African Growth and Opportunity Act. This landmark legislation remains key to establishing a mature trade and investment relationship with Africa just as we have with trading partners in other emerging markets.

At the same time, we are implementing the President's own Partnership for Economic Growth and Opportunity in Africa. We are providing technical assistance to help liberalize trade and investment regimes, launching an anti-corruption initiative, extinguishing bilateral concessional debt, and organizing the first-ever U.S.-Africa Economic Cooperation Forum. This ministerial level consultative group is scheduled to meet for the first time late this year. These various steps are important because sustained economic growth is key to eradicating Africa's endemic poverty--and the civil unrest which often accompanies it--and thus key to moving Africa toward lasting peace and prosperity.

Democratic governance and respect for human rights are also crucial to the goal of integrating Africa into the global economy. Recent history has taught us that governments which safeguard human rights as well as political and economic freedoms can more effectively establish the conditions for sustainable economic growth.

Therefore, the Administration is actively supporting emergent democracies in Africa. We do so in full recognition that elections--although necessary--are not sufficient to sustain democratic change. As a result, we are investing also in the institutional foundations upon which lasting democracy thrives. We are helping to train legislators, foster independent judiciaries, encourage constitutional reforms, and establish genuine respect for human rights. We are active in newsrooms, universities, churches, community centers, and even army barracks to bolster press freedom, build strong civil societies, and teach African militaries the virtues of subordination to civilian leadership.

Equally important, the United States continues to play an active role--diplomatically and operationally--to help prevent and resolve African conflicts. Peace and stability are essential to nurturing a civil society that protects democracy and human rights and fosters an enabling environment for economic growth and investment. Today, too many of Sub-Saharan Africa's 48 countries are involved in regional or civil wars, causing serious humanitarian suffering and destroying the daily lives of millions of innocent civilians.

U.S. leadership and resources were instrumental in bringing to an end the protracted conflicts in Mozambique and Liberia. We continue to work to encourage a peaceful solution to the standoff between Ethiopia and Eritrea and to avert the resumption of widespread conflict in Angola and Burundi. We are also pursuing an immediate cease-fire and a lasting solution to both the internal and external causes of the widening conflict in the Congo.

As we work to address the crises of the day, we remain committed to helping Africans over the long-term to build their own capacity for peacekeeping and conflict resolution. President Clinton's African Crisis Response Initiative is designed specifically to train rapidly deployable, interoperable peacekeeping battalions across the continent.

Indeed, African nations have already made important progress in safeguarding their own citizens and maintaining peace in their own backyards. West African ECOMOG peacekeepers, for example, helped restore the legitimate government in Sierra Leone in March and supported democratic elections in Liberia last summer. Peacekeeping units from West and Central Africa helped to secure the fragile peace in the Central African Republic. These are important efforts that we must help to continue.

For in Africa, as elsewhere, there can be no progress where conflict is pervasive. There can be no freedom and respect for human rights where neighbor is pitted against neighbor. There can be no honest trade nor honest day's work where government budgets are diverted from development to destruction, and no serious investment in the future where children are torn from schoolyards and forced to march in armies.

Ultimately, Africans themselves must determine if their dreams for a better future will become a reality. We cannot make that choice for them. Africa is not--and has never been--the United States' own to "win" or to "lose." But the United States must continue to work in concert with Africans to help secure the continent's future if we are to be smart about securing our own. If Africa succeeds, we all--Africans and Americans--stand to benefit. If Africa fails, we will all pay the price.

Still, we would be foolish to measure Africa's progress in months or even a few short years. It would be naive to assume that deep-rooted problems that have plagued parts of Africa for decades will disappear with the quick wave of a diplomatic wand. Future progress, as in the present and the past, will be uneven and fitful. There will be rough patches and occasional reverses. In this regard, Africa's experience will be no different than that of Europe, Latin America, or Asia. The difference is: America has never debated whether our interests lie in remaining actively engaged, even in difficult times, in these other regions of the world.

The dangers of taking a short-term approach to Africa policy--crisis by crisis, leader by leader,

election by election--are akin to trying to make a fast buck in today's troubled stock market. If we seek quick returns over long-term gain, we will never be well-positioned to advance important U.S. economic and political interests in Africa.

We cannot stand idly by waiting for Africa to achieve perfection before we engage actively in helping to shape its future. If we temper our engagement, or hold back until the whole of Africa is on even footing, we will concede important opportunities to our competitors and worse still, leave doors open to our adversaries.

Let me conclude with a short story about the problems of taking a passive approach. A good and faithful man fell upon financially hard times. Every time he turned around, it seemed another demand was placed upon him until finally, he owed more and more to his creditors. One night in his distress, he dropped to his knees, lifted his eyes to heaven, and prayed, "Dear God, I am in trouble. Please let me win the lottery---and soon."

The next week he was optimistic his condition would change. After three months, his faith began to waver, and by the end of the year, he became angry. "Are you there God?" He pleaded, "I believed you would help me yet another year has passed and you refuse to answer my prayer." Suddenly, a dark cloud appeared in the sky, lightning flashed, and a voice boomed, "I hear you . . .I hear you. In fact, I've heard your every prayer, but give me a break. The least you could do is buy a lottery ticket."

The United States and each of you must do your part. We must invest the United States' commitment, talent, resources, and energy in Africa in order to promote lasting peace, security, and prosperity here at home.

We all--especially students of African studies--have a role to play. You are the next generation of U.S. policymakers, business leaders, journalists, development experts, and international lawyers. U.S. interests in Africa will grow deeper still in the next decade--your decade.

Thus, I hope you will remember the words of President Nelson Mandela spoken just a month ago during his last visit to the United States as President of the new South Africa. He said, "Though the challenges of the present time for our country, our continent and the world are greater than those we have already overcome, we face the future with confidence. We do so because despite the difficulties and the tensions that confront us, there is in all of us the capacity to touch one another's hearts across oceans and continents."

Working with our African partners, we must continue to support democracy, economic reform, and political stability. Together, we can and must achieve the great promise of our common future and fashion a brighter next century for all our peoples. Thank you.

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Return to Africa Home Page
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HIV/AIDS epidemic around the world. The President also will announce that NIH will invest $164 million in FY1999, a $38 million increase over last year, in critical research projects aimed at reducing the number of AIDS orphans by preventing and treating HIV/AIDS internationally. These projects will include: a new prevention trials network to reduce adult and perinatal transmission of HIV/AIDS; new strategies to prevent and treat HIV infection in children; funding to train more foreign scientists to collaborate on this epidemic; research on the prevention and treatment of the opportunistic infections, such as tuberculosis, that commonly kill people with HIV/AIDS; and research on topical microbicides and other female-controlled barrier methods of HIV prevention.

$10 million in USAID emergency relief funding to provide support for AIDS orphans. USAID will make available $10 million in emergency funding to support community-based efforts for orphans in the countries most affected by this problem. These efforts will include training and support for foster families, initiatives to keep children in school, vocational training, and nutritional enhancements. In addition, USAID will take steps to help prevent the spread of HIV from mothers to children and to improve medical care for children already infected with HIV.

AIDS Policy Advisor Sandra Thurman to lead fact-finding delegation to raise awareness and make recommendations to address growing problem of AIDS orphans. President Clinton will ask Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding delegation early next year to Sub-Saharan Africa, where 90 percent of AIDS orphans reside. The delegation will include representatives from key Congressional offices. Its goal will be to raise awareness of this emerging problem and to develop recommendations for action.

New steps to address the continued needs of those living with HIV/AIDS in the United States. While the problem of HIV/AIDS is particularly acute internationally, the President will underscore the impact of HIV/AIDS on families in this country as well. The President will highlight an announcement today by Vice President Gore of more than $200 million in funds this year for the Housing Opportunities for People With AIDS (HOPWA) program to prevent individuals affected by HIV/AIDS and their families from becoming homeless. The Vice President will announce these grants at a meeting with local community leaders who provide housing and other support services for people living with HIV/AIDS and with several individuals and families who have benefited from these services.

A solid record of achievement in HIV/AIDS. Today's announcements build on a deep and ongoing commitment by the Clinton Administration to respond to the AIDS crisis both in the United States and across the world. The Administration has fought for other critical investments in HIV/AIDS. This year alone, the President:

Declared HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis and unveiled a new $156 million initiative to address this problem. This initiative included crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies.

U.S. Agency for International Development

Bureau for Africa
Office of Sustainable Development
1325 G St., NW Suite 400
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Date: Sandy Thurman

To: _____

Phone: _____

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From: Alex Ross

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Number of Pages Including Cover Sheet _____

Message

Sandy, This is the draft of the mtg report/statement from the UNAIDS + Africa partnership mtg in London. Of peripheral interest - but may contain some language or ideas. Just to let you know, we have problems with the

FINAL DRAFT (26.5.1999)

MEETING STATEMENT ON THE AFRICA PARTNERSHIP AGAINST HIV/AIDS 23/24th April 1999

1. Preamble

On the basis of new evidence it is now apparent that the impact of the HIV/AIDS epidemic has reached far beyond that initially recognised. The response of the past decade has not been commensurate with the scale of the problem and falls far short of current needs. Transmission of HIV and its devastating personal and social consequences, are preventable with tools available today. HIV/AIDS can no longer be seen as a health issue alone, but must be recognised as a critical development problem threatening the economic and social development of African nations and communities.

For many countries in Africa HIV/AIDS 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. More than 23 million people are currently living with HIV and AIDS and UNAIDS estimates that 150 million Africans are directly or indirectly affected by the epidemic. AIDS has now become the number one killer in Africa with 2 million deaths in 1998. Four million new HIV infections occurred in Africa last year. In the most severely affected countries, a quarter of the adult population is infected.

By killing large numbers 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

As the epidemic unfolds, it places new burdens on countries, peoples and their development partners. The consequences of these burdens are felt today and will be present for years to come. Yet the ultimate human, societal, and economic toll of this epidemic depends on actions taken or not taken over the next two to five years. In order to meet this challenge, there is a need for an improved, broader, intensified and more substantial response from all actors and at all levels.

At a meeting held in Annapolis in January 1999, the UNAIDS Cosponsoring agencies and Secretariat resolved to martial local and international forces to develop an Africa Partnership Against HIV/AIDS. As the next step eleven donor countries, UNAIDS and six cosponsors met informally in London, from 23rd-24th April 1999 and expressed a commitment to actively participate in the further development of the Africa Partnership. Subject to endorsement by all actors involved, the Partnership will endeavour to pursue the vision, principles and next steps described in this document.

2. Partnership Vision and Goal

The overarching goal of the Partnership is to save the lives of millions by halting the spread of HIV/AIDS and sharply reducing its devastating impact on human suffering and social and economic development. The vision of the Partnership is that within the next decade African nations will be implementing larger and more effective national responses to HIV and AIDS that will: substantially reduce new HIV infections; provide a continuum of care and support to people living with and affected by HIV and AIDS; counteract the negative effects of HIV/AIDS on individuals, communities and societies; and support the human rights of all those affected.

The Partnership will enable national governments, international development agencies, civil society, and the private sector to work together effectively, within common strategic frameworks to support sustained national responses.

At the international and regional level the Partnership will work together to create a policy and social environment conducive to successful action with national and regional leadership, and to mobilise the additional human and financial resources necessary for impact on a bigger scale and in a more strategic and focused manner. The Partnership will provide relevant, accessible and high quality technical and logistical support to national level responses. It will also support networking, joint advocacy and sharing of lessons learned.

3. Principles

The following core principles of the Partnership were identified:

- placing HIV/AIDS high on the political agenda
- recognising that HIV/AIDS is a development problem not just a health issue
- national commitment and ownership
- implementation plans based on local contexts and priorities
- supporting the development and implementation of joint national strategic action plans involving all relevant sectors
- intensifying and expanding efforts and improving quality and effectiveness of responses while not creating new structures
- improving co-ordination among all partners
- building on the comparative advantages of actors in the Partnership
- utilising and reinforcing existing mechanisms and structures
- UNAIDS (secretariat and co-sponsors) taking the leading role in moving the Partnership forward in collaboration with international development agencies, NGOs, private sector and national government partners

4. What's different about the Partnership?

In responding to HIV/AIDS in Africa the Partnership:

- provides a common framework for re-vitalised action by all partners at national, regional and global levels
- validates the need for an expanded, multi-sectoral and multi-partner effort in order to make significant gains
- galvanises the political support required to commit increased resources
- sets common targets for which partners at all levels are accountable, and establishes monitoring systems to measure progress and resources
- facilitates new partnerships such as with religious leaders, military and the private sector
- offers each partner feasible opportunities for concrete actions to advance toward the goals
- enables better and more timely exchange of information among and between partners
- links regional resources and networks to national efforts in a more concerted manner
- develops the Partnership in an interactive manner consulting all partners

5. Mechanisms for sustaining partnership

We agree :

That the Africa Partnership will be sustained over five to ten years through both short-term and long term actions which will be developed over the course of 1999 and beyond, and will be characterised by :

At the international/regional level:

An international coalition which sets out our intentions to achieve the goal and vision of the Partnership including:

- 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; G8; OECD; UNAIDS and its co-sponsors; UNDAF; UNDG, the Pan African org, OUA and ECA . Existing sub-regional mechanisms should also be explored.

- A consultative mechanism for UNAIDS to draw on and interact with in the evolution of the Partnership, through an informal and inclusive contact group of partners.

- Mechanisms to maximise the existing technical resource platform coupled with improved systems and to build additional technical and institutional capacity to make this expertise available to national programmes.

- Mechanisms to co-ordinate, and build upon existing regional initiatives and fora to act as platforms for advocacy, and improved co-ordination for country programmes.

At country level:

A partnership between external stakeholders and national governments and key national stakeholders (including people living with HIV/AIDS, civil society, private sector, military, religious groups) characterised by

- statement of intent
- shared analysis, including priorities for action
- nationally negotiated, costed, joint action plans
- agreed milestones and indicators of achievement
- agreed working arrangements and responsibilities such as national co-ordination mechanisms; common design and appraisal; implementation; monitoring and evaluation; use of technical collaboration; and mechanisms for resource transfer; communications
- mechanisms for expanding the Partnership to include diverse and non-traditional partners
- commitment to additional resources from host country governments

At all levels:

Secretariat functions, performed by UNAIDS, to ensure maximum communication, co-ordination, facilitation, standard setting and impartial information and advice to all actors with the Africa Partnership.

Mechanisms for channelling resources at regional and country level

6. Targets and resources

Targets:

The meeting agreed on the need for measurable targets/indicators for the Africa Partnership. It was recognised that measurable targets will need to be defined and agreed in the process of consultation with all actors in the Partnership. However some initial targets for participating countries were suggested, including:

- the incidence of HIV among those 15-24 years old should be reduced by 25% by 2005

- at least 75% of all HIV-positive persons will have access to basic care at home and community levels and drugs for common opportunistic infections (TB, pneumonia, diarrhoea etc.)

- orphans will have access to education and food on a equal basis with their non-orphan peers

- by 2002,domestic and external resources available for HIV/AIDS responses in Africa will have increased significantly

- existing initiatives, (such as the 20/20 Initiative) be used as tools to involve donors and countries to commit themselves to the Partnership

Resources

Current spending on AIDS in Africa, estimated at about $150 million a year, needs to be increased substantially. Reliable estimates of the funding requirements for an intensified effort need to be developed as soon as possible. Current estimates range from between $500 to $800 million, into the billions of dollars.

To meet the current challenges in Africa, the meeting recognises the need to

(i) identify and use existing resources more effectively; including such resources not primarily earmarked for specific HIV and AIDS activities but which contribute to achieving the goals of the Partnership
(ii) eliminate duplication
(iii) increase synergy
(iv) aim for consistent funding over a long period of time
(v) increase the volume of aid, inter alia by non-traditional partners such as the business community, foundations and local communities
(vi) increase the predictability of aid, and flexibility in the allocation of aid

7. Next Steps

1. The meeting participants agreed that the issue of HIV/AIDS should be recognised as having catastrophic social and economic implications for Africa, and as a human rights issue requiring a complex strategic response. HIV/AIDS in Africa should therefore be made one of the highest priorities of the UN and all governments of the members of the General Assembly.

2. The meeting agreed that all participants (bilaterals, multilaterals and UNAIDS) would pursue contact with national governments committed to placing HIV/AIDS high on the development agenda, and to communicate the outcomes of the meeting to country governments, and to donor headquarters and regional and country offices by the June PCB meeting.

3. UNAIDS is tasked to share the outcome of the meeting with other bilateral partners, the EU, and other interested partners to enlist their participation in the Africa Partnership Against HIV/AIDS.

4. UNAIDS is tasked to facilitate a further series of consultations to broaden commitment to and participation in the Partnership by governments, African governments, international donors, other regional and multilateral partners (e.g. FAO, ILO, ADB, UNHCR), civil society and the private sector.

In co-ordination with UNAIDS, international development agencies should actively take opportunities to discuss with government representatives, civil society, regional project teams, private sector and other representatives how to rapidly expand the response to AIDS at country or sub-regional level. The Africa Partnership will continue to be developed through such initiatives.

5. During the meeting each participant was asked to consider a matrix of specific actionable items to which they will contribute in furthering the Partnership's development. The following categories requiring bilateral inputs were identified: partnership design; regional technical platform; advocacy strategy; resource mobilisation; and technical gaps.

   In the evolution of the Partnership UNAIDS will have the following tasks, and in the process of developing the Partnership will draw upon an informal and inclusive consultative group of partners who wish to contribute to:

- Drawing up clear and transparent Terms of Reference for, and setting up the consultation mechanisms
- Developing a draft concept paper elaborating on the design of the partnership to be used in up-coming consultations
- Elaboration of regional technical platform
- Advocacy strategy
- Resource mobilisation (and streamline procurement procedures)
- Identify and develop strategy for addressing gaps (costing, cost- effectiveness, national programme management, training and basic care).
- Social and economic analyses

6) The UN Theme Group on HIV/AIDS should be expanded immediately to include broader participation at the country level, including people living with HIV and AIDS; NGOs, host country governments, and bilateral donors.

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Health Technical Services Project

Discussion Papers on HIV/AIDS Care and Support

Community-Based Economic Support for Households Affected by HIV/AIDS

Prepared by
Jill Donahue

Discussion Paper Number 6

June 1998

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT