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LOOKING INTO THE FUTURE: SETTING PRIORITIES FOR HIV/AIDS IN AFRICA

CONFERENCE HIGHLIGHTS

XIth International Conference on AIDS and STDs in Africa

September 12–16, 1999
Lusaka, Zambia

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The tireless efforts of the session rapporteurs and the track rapporteurs general as well as the logistical and technical contributions of USAID/Zambia were especially appreciated.

This report reflects firsthand conference experiences, a comprehensive review of the rapporteur notes, and postconference consultations with more than 200 participants. The conference covered many critical issues in HIV/AIDS prevention, care, and support. Time and space constraints preclude review of all of these, but the report reflects a consensus of individuals interviewed on major conference highlights and views on future efforts. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.

ACRONYMS AND ABBREVIATIONS

ANC	Antenatal care
ART	Antiretroviral therapy
CRHCS	Commonwealth Regional Health Community Secretariat
FP	Family planning
GIPA	Greater involvement of people living with AIDS
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
IAVI	The International AIDS Vaccine Initiative
ICASA	XIth International Conference on AIDS and STDs in Africa
IEC	Information, education and communication
IPAA	International Partnership against AIDS in Africa
LIFE	Leadership and Investment in Fighting an Epidemic
MCH	Maternal and child health
MTCT	Mother-to-child transmission
NGO	Nongovernmental organization
OI	Opportunistic infection
PLHA	Persons living with HIV/AIDS
PTCT	Parent-to-child transmission
STD	Sexually transmitted disease
STI	Sexually transmitted infection
SWAA	Society for Women and AIDS in Africa
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

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INTRODUCTION

From September 12 to 15, 1999, the city of Lusaka, Zambia, hosted the XIth International Conference on AIDS and STDs in Africa (ICASA), "Looking into the Future: Setting Priorities for HIV/AIDS in Africa." Dr. Moses Sichone, Zambia Ministry of Health, Central Board of Health, and chair of the national organizing committee, and the Honorable Professor Nkandu Luo, Zambia's Minister of Health and conference organizing chair, opened the conference on a stirring note that carried throughout the week. Professor Luo challenged participants to use the conference to work with unity of purpose toward concrete plans for the fight against HIV/AIDS—plans that integrate "the wise ideas of the common people, women, and youth, as well as those with academic degrees." The call for unity was echoed by 8–year–old Tsepo Sitali, who recounted her anguish in comforting a young friend orphaned by HIV/AIDS. The profound personal meanings of the AIDS epidemic and its impact on individual hearts, families, and communities, were never far from focus at the Lusaka conference.

Over ***6,000 participants*** attended from 77 countries, including high government officials from 10 African countries (Burkina Faso, Lesotho, Malawi, Mozambique, Republic of Congo, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe), 349 persons living openly with HIV and AIDS (PLHAs), 878 youth, and 253 journalists and media representatives. While over double the size of the 1997 ICASA in Côte d'Ivoire, registration procedure, accommodations, transportation systems, amenities at the conference center, and other logistics were comfortable and well organized, reflecting an impressive effort by the organizing committee and the people of Zambia.

The three conference objectives were to

- review, discuss, and provide updates on the major advances in understanding the HIV/AIDS/STD epidemic from community, socioeconomic, cultural, political, epidemiological, clinical, and basic science standpoints;
- provide a forum for critical analysis of the range and effectiveness of responses to the HIV/AIDS epidemic; and
- suggest new (or strengthen old) strategies and priorities for dealing with the epidemic from an African perspective and resource context.

As the conference began, the heads of state and government leaders in attendance completed a "Declaration on the HIV/AIDS Epidemic at the XIth ICASA Conference." This document (annex A) acknowledges the impact of HIV/AIDS on all aspects of Africa's social and economic future. With over 23 million HIV–positive Africans and millions of children orphaned by the disease as of 1999, it stresses that the epidemic is a continent-wide threat with profound significance for Africa's development. The government representatives pledged political leadership and called for both emergency action and long-term planning to address HIV/AIDS as a national disaster with a multisectoral approach.

CONFERENCE STRUCTURE

The conference consisted of four concurrent and mutually reinforcing components: the scientific program, the village program, the community forum, and the cultural programs. Within the scientific program, there were five tracks:

Track I: HIV/AIDS/STDs and the Community,
Track II: HIV/AIDS and Socioeconomic Consequences,
Track III: Determinants of the Spread of HIV/STDs and Prevention Interventions,
Track IV: Care and Support, and
Track V: Basic Sciences and Clinical Care.

By placing community and socioeconomic issues at the top of the agenda, the ICASA organizers overturned the model followed by the global AIDS conferences to highlight the salience of these areas in and for African responses to HIV/AIDS. The daily program was organized in sequence around four unifying themes—the African perspective, HIV/AIDS and development, interventions, and toward a new millennium.

The village program focused primarily on community-based, nongovernmental organizations (NGOs) and was also organized around four themes—NGOs, youth, persons living openly with HIV/AIDS (PLHAs), and women. The objective of the community forum was to bring frontline community workers and PLHAs together to develop strategies as part of the multisectoral response to AIDS in Africa. The cultural program stressed the role of diverse visual and performance arts in bringing communities and conference participants together. Individual exhibits and performances highlighted the contribution of artists to AIDS education and sensitization efforts. A one-page synopsis of the day-by-day program and a list of the preconference satellite meetings are attached as annexes B and C.

RAPPORTEUR PROCESS

For the first time, the ICASA organizing committee instituted a rapporteur process to increase the reach and impact of the conference by capturing key points from each plenary and scientific track session for later dissemination. At least one local rapporteur, drawn from the biomedical or social sciences, joined an international rapporteur in each session. Rapporteurs attended the session, took notes, and collected presentation outlines and handouts from each presenter in each session. Immediately following each session, the rapporteurs met to synthesize and record the results, issues, and highlights of each session. These syntheses were aggregated by track each evening and reviewed overall by the track rapporteur, Dr. Connie Osborne, the national scientific coordinator for the conference, and the rapporteurs general. The result was a daily record of the proceedings to inform the track reports for the final plenary session and to enrich the ICASA final report.

OVERALL CONFERENCE HIGHLIGHTS

Several themes were woven through the conference, emerging in numerous sessions as part of the scientific track, village activities, poster sessions, plenary sessions, and roundtable discussions. While it is impossible to do justice to the richness of the presentations and discussions in this résumé, the following highlights capture the main emphasis and spirit of the conference.

Youth: Placing them at the Top of the Agenda

The evidence of high HIV incidence in youth ages 12–19 confirms that young people should be a major target for prevention interventions. Many speakers advocated placing top priority on prevention among youth, as they are Africa's future. A spotlight was shined on the plight of orphans, childheaded households, child soldiers, and street children, and on the need to combat child prostitution and child abuse. Policy and economic obstacles were seen to increase the difficulty of reaching youth with prevention messages. Speakers advocated programs to save or protect young people from the economic and social pressures that make them vulnerable to sexual risks.

The voices of young people were heard in unprecedented number, in many venues of the conference, including plenary sessions, the village program, and oral and roundtable sessions. They proposed practical responses to the epidemic and confirmed their readiness to contribute. They boldly identified common contradictions between adults' advice (e.g., sexual responsibility) and actual behavior, and called on adults, especially parents, to overcome their fears and talk with their children about sex and other life concerns. One of the first speakers, 8–year–old Tsepo Sitali, begged conference participants to "listen to the children." She reminded adults that HIV is a matter of life and death for their own sons and daughters, who want the opportunity to fulfill their hopes and dreams.

The energy and hope of young people are themes in a new regional communications initiative, *Africa Alive!,* which was launched by Professor Luo, M.P., and Vivian Derryck, assistant administrator of the U.S. Agency for International Development's (USAID) Bureau for Africa, at a televised ceremony attended by youth leaders and several African heads of state and government. *Africa Alive!* sponsored a televised open-air concert that illustrated the power of combining education and sensitization about HIV/AIDS with high-quality entertainment.

Focus on the Community

Although community-based services have been an integral component of past conferences, the Lusaka conference devoted particular attention to bringing community expertise to bear on both technical and policy issues. Sessions on community-based care described a broad spectrum of activities, from improving household management and primary care for opportunistic infections, to social support and services for families struggling to care for orphans, nurse sick relatives, or deal with grief. The traditional role of extended families in African society was highlighted, as was a cultural preference for

holistic approaches that integrate medical care with responses to people's emotional, spiritual, and economic needs. Successful strategies were forwarded to reinforce the stretched community capacities to provide care both for PLHA, family caregivers, and surviving widows and orphans. However, so far these models have been implemented by isolated projects on a small scale, and usually through outside support. Mechanisms have not yet been identified to fund, implement, and manage these strategies on a national scale.

Need for Resources and Action on a Greater Scale

Throughout the ICASA conference, there was discussion about the lack of sufficient resources to effectively combat the catastrophic impact of HIV/AIDS. Peter Piot, executive director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) stated, "the time is now to declare AIDS in Africa a state of emergency, requiring emergency-type efforts and emergency-type resources." Carol Bellamy, executive director of the United Nations Children's Fund (UNICEF), noted that "the United States spends $880 million a year fighting HIV/AIDS in the face of 40,000 new cases annually. But all of Africa, which must deal with 4 million new cases a year, spends only between $149 million and $160 million. This is simply unacceptable." At the same time, translating vastly increased resources into vastly expanded intervention programs is itself a challenge. Most successful programs to date have been small in scale and limited in reach. Skilled personnel are in short supply, both for technical service and management roles, and as yet there has been no substantial effort to assess manpower needs and to scale up training and supervisory structures accordingly. Enhanced and expanded responses need to be built on existing efforts and on empirical reviews of the resources and intervention gaps in particular places. Presentations from the Commonwealth Regional Health Community Secretariat (CRHCS) in East and Southern Africa, and the Santé Familial et Prévention du Sida project in West Africa, described approaches that have succeeded in strengthening training and service institutions on a regional level. The emerging UNAIDS–led International Partnership against AIDS in Africa (IPAA) is building an innovative coordinating framework for mobilizing resources and using them effectively at the country, regional, and international levels.

Need for Increased Political Commitment of Governments

One of the four lines of action of the IPAA is mobilizing political commitment across all levels of society, in Africa as well as abroad. Many ICASA speakers—men, women, and youth—called forthrightly for greater commitment from African governments, asking why there were funds for crossborder wars and not for HIV/AIDS prevention and care. Some even called on leaders to return African funds that are now in European banks to apply to fighting the HIV epidemic. They also asked why no African heads of state, including the president of Zambia, were in attendance at the conference. Absence of concern and leadership from the top dampens and restricts commitment and action at all other levels, they noted. The Uganda and Senegal experiences show how high-level commitment opens doors and energizes action in all sectors.

Presenters in several sessions shared strategies to promote political commitment, with suggestions such as tying donor funding and debt relief to full government support for prevention and care programs. A second approach was for governments to declare HIV/AIDS a national disaster, and then respond with funds, support, commitment, and multisectoral focus, as one would to an earthquake or other natural disaster. Commitment from the whole government, not just the Ministry of Health, was seen to be crucial to creating sustained, comprehensive, effective action against HIV/AIDS. So too is involvement at the periphery as well as the center. Government has a coordinating and leadership role to play at all levels, and projects such as Save the Children's COPE project in Malawi and the United Nations Development Programme's (UNDP) AMICAAL Initiative are pioneering additional strategies for getting government effectively involved at the district level.

Greater Involvement of People Living with HIV/AIDS (GIPA)

The conference was distinguished by the number and quality of sessions focusing on this topic, and by the effort made by the ICASA scientific and organizing committees to increase PLHAs' access to and participation in the conference. The village program and scientific program took stock of progress since the 1994 Greater Involvement of People Living with HIV/AIDS conference in Paris. They noted the diversity of climates for PLHA—from tolerance and support to hostility and stigma—which is not related simply to the background HIV prevalence or to length of time coping with a serious epidemic. Sessions explored rights and responsibilities of PLHA and their communities, holistic care approaches, and political strategies for gaining representation and mobilizing resources to meet community needs. The crucial role that PLHAs can play in HIV/AIDS prevention, care, and support was a key theme. The point was underscored by the informed and moving presentations contributed by PLHA throughout the conference. Although there were challenges involved in catering to the needs of PLHAs—particularly in the village program—their active participation helped conference participants focus on practical realities, priorities, and options available to those who know the HIV/AIDS epidemic best.

Men's Responsibility and Need for Access to Services

Men were a major focus of the conference, as shown by the number and variety of sessions pertaining to this group, including a satellite symposium on men, sex, and HIV, and specific sessions on enhancing men's participation in HIV and sexually transmitted infection (STI) prevention. A plenary session called for broader gender dialogue and noted that antenatal care (ANC), maternal and child health (MCH), and family planning (FP) services have largely left out men and their concerns, as well as their responsibilities. Male genital hygiene and male circumcision are rarely covered in reproductive health programs, and ANC, MCH, and FP services rarely reach out to men or make them feel welcome. More and more programs are, however, breaking the silence about violence against women and girls—including sexual violence—that ignores their human rights and also undermines efforts at HIV/AIDS prevention. In the closing session, Dr. Eka Williams, president of the Society for Women and AIDS in Africa (SWAA), summarized a range of comments that called on men to use their power in public and private

relationships to protect their partners and communities. She called for new forms of partnership between men and women to meet the challenges of HIV/AIDS.

Mother-to-Child Transmission (MTCT)

Although only 10 percent of HIV infections in Africa are transmitted from mother to child, both the scientific and community programs gave much attention to this theme, and the contentious issues that have emerged around the feasibility, safety, and cost of pre- and postnatal regimens of antiretroviral drugs and alternative infant feeding that can dramatically reduce the rate of MTCT. A preconference symposium brought together community workers, policymakers, and service providers to discuss these issues, beginning with an analytic review of the state of knowledge about MTCT by Dr. Chewe Luo of Zambia. Track V presented a range of biomedical strategies for the pre- and immediate postnatal treatment of mother and child, from vaginal cleansing to antiretroviral therapies (ART). AZT clinical trials in Côte d'Ivoire, Thailand, and Burkina Faso have investigated personal, social and economic barriers to women's participation, especially HIV/AIDS stigma. UNICEF and the Population Council's HORIZONS project are conducting operations research to define and cost a best practice model for clinical services. There were also presentations of data on HIV transmission via breastfeeding and on monitoring and evaluation at the district level. The session summary concluded that there is a need

- to improve access and quality of basic antenatal and perinatal care throughout the continent,
- for more interactive approaches that focus on the couple, and
- for additional study of the obstacles in HIV prevention—individual, situational, cultural, or organizational—that can be overcome by interventions.

It was noted that the best way to prevent MTCT is to prevent HIV infection in women. Dr. Ibrahim Ndoye of Senegal received thunderous applause in a plenary session when he proposed that mother-to-child transmission (MTCT) be renamed parent-to-child transmission (PTCT) so as not to obscure men's responsibility in passing the infection to the mothers.

HIV/AIDS–related Stigma and Discrimination

From the opening plenary to the closing session, most key speeches addressed the need to break the conspiracy of silence that has surrounded HIV/AIDS. There was a repeated call to cease prejudicial treatment of people known to have or suspected of having HIV infection, for this not only adds unnecessarily to the pain of individuals and families, it also undermines prevention of further HIV spread. In the keynote address, UNAIDS' executive director stated, "all of the hopeful developments are still severely hampered by our old enemy—stigma...we too often forget that stigma remains our most significant challenge in AIDS." Abstract sessions in all tracks provided examples of stigma's negative effect on all affected people, including caregivers. "Internalized stigma" or self-

stigmatization, whereby people disqualify themselves from services or support out of shame or fear of ill-treatment, was a new concept to many. Mutual support and solidarity strategies have been found to help with this, underscoring the importance of PLHA support groups and networks. Still, overall, it was clear that intervention development and testing to combat stigma and discrimination have barely begun. Reported challenges facing information, education and communication (IEC) approaches include the long latency period of HIV, denial of the problem, high illiteracy rates which make conventional IEC methods ineffective, and a pervasive inability of voluntary peer education programs to scale up.

Importance of Collaboration and Integration of Programs

This was a recurrent theme of the conference, with many sessions highlighting the synergistic partnerships among constituencies and organizations working in HIV prevention and care. Particularly useful were sessions that offered strategies on bringing together groups that do not ordinarily collaborate. Churches and NGOs working in social marketing, traditional healers collaborating with medical practitioners, and programs centered on youth and adults are some examples. As community and political mobilization succeeds, there are more partners involved in the response and a greater need for coordination to avoid overlap and wasted effort. Coordination and standard setting through technically sound, national HIV/AIDS program leadership (a key principle of the IPAA) is the optimal approach at the national level. This could be reinforced by greater involvement of professional associations that set guidelines and monitor service quality on a national and regional basis.

Need for Strengthened Clinical Services

Aside from breakthroughs in PTCT, progress on the biomedical front has been incremental. The Mwanza and Rakai studies both confirmed that a combination of STD treatment and behavior changes, including condom use, do indeed reduce HIV transmission. There is an ongoing need to refine our understanding of how best to implement STD control programs, reach adolescents, promote confidential partner referral and treatment, and involve staff at the local level in STD surveillance through training and rapid feedback of information about local STI rates. None of the progress in strengthening STI screening and treatment systems will last or bear results, however, unless access to appropriate drugs can be secured.

Aggressive **treatment of opportunistic infections** (OI) remains important for the survival and welfare of PLHAs. The resurgence of tuberculosis (TB), gastrointestinal disease, meningitis, and fungal infections, among others, associated with HIV/AIDS, has increased the need for greater investment in treatment and delivery systems. In addition, there is a need to link the public health care system with home care with referral to strengthened public and private health care systems.

Increasing access to **antiretroviral drug therapy (ART)** was another recurring theme. Although ART prolongs and improves the quality of life, few in Africa have access to ART unless they are enrolled in a formal study. There was clear recognition of the many

health system challenges of ART beyond prohibitive drug prices, from intensive and continuous patient education and monitoring, to special training for clinical staff, to extensive laboratory equipment, and ability to track drug resistance—all of which are rarely available outside major research and teaching hospitals. Gender-specific regimens of ART are needed since women tend to have a higher viral load. Dr. Mark Weinberg, president of the International AIDS Society, voiced the commitment of the international AIDS community to ensure that ART drugs prices come down, and that African countries receive preferential access to vaccines, if and when they become available.

Development of an HIV Vaccine

There is great promise in the **development of an HIV vaccine**, but the international investment in this long-term response to HIV has not been adequate. Dr. Seth Berkeley of The International AIDS Vaccine Initiative (IAVI) stressed that multiple efficacy trials should be under way, testing vaccine candidates that explore different avenues of prevention (e.g., preventing infection, preventing progression from infection to disease) and that are effective against diverse strains of the HIV virus. African countries need to develop national strategic plans for HIV vaccine research and development in order to attract more attention and investment and to ensure that the results of vaccine testing benefit the country's people.

Call for a New African Paradigm

Dr. Marvellous Mhloyi of Zimbabwe argued that the current Western-based public health paradigm for prevention is failing because it does not resonate with the cultural heritage and socioeconomic conditions on the continent that affect HIV transmission. She called for a new paradigm that relates more directly to the African context. While HIV/AIDS programs have tended to focus on cities and towns and other special settings where risky behavior is most common, there was a high degree of sensitivity throughout the conference to the needs and perspectives of rural communities, where the majority of Africans live. Participants remarked that traditional ways include both health-promoting and health-impairing elements, and recognized the challenge of building on the former while revising or abandoning the latter.

Looking into the Future

The overall theme of the conference, "Looking into the Future," was an apt one. The successes of Uganda, Senegal, and Thailand, and emerging evidence of reduced incidence from Zambia, were held out as beacons of hope that HIV epidemics can be reversed or curtailed. To replicate these achievements throughout the continent, however, the future of HIV prevention will require an ongoing, multisectoral response on an entirely new scale. Some sessions produced suggestions for the near future, in particular, for framing the XIII International AIDS Conference in July 2000 in Durban, South Africa, in terms of African priorities. Increasing African government commitment, a strong role for PLHAs, balancing prevention with investments in care and support, reaching out to young people (including orphans and vulnerable children), involving men, continuing and intensifying the dialogue between traditional and allopathic healers, and exploring expanded and

innovative funding strategies, such as increased national government investment and debt relief linked to investments in health—all were raised as immediate needs.

Longer term priorities included expanding the dialogue on gender roles and male sexual responsibility, building institutional and individual capacities to design and deliver effective HIV services, and creating healthier environments through economic development. On the biomedical side, priorities included a call for more vigorous vaccine and microbicide development and trials, research into the distribution and significance of HIV subtypes, and the impact of co-morbidity on virus transmission and virulence. The need for long-term behavioral and epidemiological surveillance to track a dynamic epidemic and for replacement and supplementing of skilled personnel in all sectors affected by HIV were also key themes. Intensified donor commitments were also highlighted, including the overarching International Partnership against AIDS in Africa (IPAA), managed by UNAIDS, and contributing initiatives by the World Bank, United Nations Development Program, UNICEF, and several bilateral donors, including Sweden (Investing for Future Generations) and the United States (Leadership and Investment in Fighting an Epidemic [LIFE]).

The delayed and subdued nature of African political support for HIV prevention and care programs was decried by participants from across the continent. While international donors were called upon to step up their commitments, Africa's very future was seen to be dependent on its own leaders making a full commitment of financial, educational, infrastructure, political, and human resources to combat this epidemic.

CONCLUSION

African Perspectives and Priorities

The HIV/AIDS epidemic has had a profound effect on all aspects of African society. Likened to the slave trade in its negative force across the continent, the epidemic has caused some age-old cultural beliefs and practices to be challenged and changed. It has strained the community networks of care for the sick, which have been a source of strength and pride for families and villages throughout history. It has created new political and economic instabilities, called into question the resolve and capacity of governments to respond, and challenged donors to think of new ways to offer support. The nature of the disaster has, in the words of Peter Piot, called for a new commitment to "bring the power of science to the service of the people." It has also called for new dialogues and innovative alliances (traditional and conventional medical practitioners, members of religious organizations and family planning and social marketing NGOs, youth and their elders, women and men, and North and South). Dr. Pierre Mpele, chair of the 2001 ICASA in Burkina Faso, challenged African leaders to use all resources available to them, share resources, and support human dignity. The scope of the epidemic calls for such radical responses and commitment to honest reexamination of the past and development of healthier strategies for the future.

As noted above, the dominant HIV paradigm itself was called into question. Stressing its Western orientation, Dr. Marvellous Mhloyi articulated the points at which this paradigm

has fallen short. By focusing on specific risk groups, the old paradigm missed the fact that those with multiple sexual partners are not confined to or defined by such categories. It stressed condom use without adequate understanding of the cultural reasons why this form of protection is problematic and difficult to teach. It has promoted puritanical messages to youth, failing to understand the reasons why young people start sex early and find it hard to protect themselves. It stressed prevention, without realizing that prevention to care comprises a continuum of services that need to be linked together. Indeed, in poverty-stricken, resource-poor communities across the continent, prevention itself needs to go beyond a strict focus on HIV. Prevention should include a broad public health agenda, including access to clean water, sanitation, food, and care for opportunistic infections and STDs, and this integrated message can be delivered by a variety of community and health care providers. Ultimately, the dominant, biomedical paradigm for HIV/AIDS has failed to recognize that health care in the African context is, and has always been, holistic, attending to the body, spirit, soul, family, and village context.

The XIth ICASA began with a challenge to listen to the wisdom of the people and concluded with challenges from local and international advocates and leaders to study and use the ideas that were brought forward. The Minister of Foreign Affairs of Cuba offered a challenge to African governments, pointing to Cuba's success in providing education and health care to all its citizens, despite being a very low-income country. The ideas and reports shared from throughout the continent were always inspiring and grounded in experience. Some echoed themes heard in the global conference and in other regions, such as the urgent need to bring effective interventions to scale, to combat stigma and discrimination, and to build local capacity to implement and manage effective programs over time. Some, on the other hand, were new, or were given a new cast in the ICASA environment, such as the persistent call for a more serious effort to integrate traditional and biomedical healing systems, acknowledgment of the crucial role of community, and the call to engage men in the struggle against HIV/AIDS. ICASA gave concerned Africans and their international partners a chance to see the HIV/AIDS epidemic through an African lens. This preparation has placed African priorities more clearly in view. This clarity should help to keep African priorities and insights in focus in the XIII International AIDS Conference in Durban in July 2000.

ANNEXES

A: DECLARATION ON THE HIV/AIDS EPIDEMIC AT THE XI-ICASA CONFERENCE

B: XIth ICASA: ALL SESSIONS AT A GLANCE

C: ROUND TABLES AND SYMPOSIA

D: DECLARATION OF THE PARIS AIDS SUMMIT

ANNEX A

DECLARATION ON THE HIV/AIDS EPIDEMIC AT THE XI-ICASA CONFERENCE

ANNEX A

DECLARATION ON THE HIV/AIDS EPIDEMIC AT THE XI-ICASA CONFERENCE

We, the heads of state and government attending the XI International Conference on AIDS and STDs in Africa held in Lusaka from 12th to 16th September 1999:

RECOGNIZING

- That the HIV/AIDS crisis has become a fundamental factor in Africa affecting Africa's economic and social prospects for the future;
- That the HIV epidemic follows human migratory patterns and therefore has no respect for national boundaries;
- That the HIV/AIDS crisis exerts undue pressure on limited infrastructure, resources, and impacts negatively on productivity thereby affecting developmental programmes and economic growth;
- That millions of Africans in their reproductive and productive age are HIV positive;
- That HIV is a serious threat to human development, depleting the most educated, energetic and productive segment of our population, thus draining human capital development;
- That millions of children are orphaned as a result of HIV/AIDS;
- That in many countries HIV–infected individuals are still stigmatized and discriminated against;
- That the HIV/AIDS crisis requires emergency action and long-term planning;
- That there has been a gap between Declarations and their implementation.

DECLARE

- HIV/AIDS is a national disaster in our countries requiring an emergency response;
- That HIV/AIDS is a multidimensional problem requiring a multisectoral approach;

COMMIT OURSELVES

1) To providing political leadership by increasing resources made available to the response and providing an appropriate policy and legal environment;
2) To making HIV/AIDS a priority in all development programmes at regional, national, and community levels;
3) To supporting the introduction of policies and programmes that will raise awareness of the impact of HIV/AIDS that will culminate in behavior change;
4) To encourage dialogue, at all levels on issues related to HIV/AIDS that will facilitate an open and supportive environment for people affected or infected by HIV/AIDS;

TO THIS END AND "LOOKING INTO THE FUTURE" WE UNDERTAKE:

1) To call upon regional and subregional structures, such as: OAU, ECA, SADC, ECOWAS, COMESA, and the East Africa Community to put in place institutional frameworks that will bridge the gap between Declarations and the implementation of the Declarations;
2) To facilitate the development of health policies that will build on the vast indigenous knowledge and practice and that will strengthen collaboration between medical practitioners and practitioners of traditional medicine;
3) To encourage technical experts to undertake relevant research on HIV/AIDS and implement their findings;
4) To encourage direct regional and bilateral sharing of experiences on lessons learnt in responding on HIV/AIDS;
5) To call on bilateral and multilateral partners to support the intensified action to curtail the spread of HIV by augmenting the level of their support commensurate with the scale of the disaster;
6) To support the multinational partnership agenda for AIDS in Africa.

ANNEX B

XIth ICASA: ALL SESSIONS AT A GLANCE

ANNEX B

11th ICASA ALL SESSIONS AT A GLANCE

	MONDAY, 13 Sept 1999	TUESDAY, 14 Sept 1999	WEDNESDAY, 15 Sept 1999	THURSDAY, 16 Sept 1999
08.00 – 10.00 PLENARY	- The face of the HIV/AIDS epidemic in Africa - Safeguarding the gains: socioeconomic perspectives of HIV/AIDS - Dealing with HIV/AIDS for an African woman - Enhancing men's participation and responsibilities for HIV in Africa - STDs and HIV: prospects and challenges in Africa	- Responding to the double crisis: HIV and development in Africa - Public sector reform and HIV in Africa - HIV/AIDS and health systems: impact, response and future perspectives - The political imperative of HIV/AIDS in Africa: will, leadership, responses - HIV, children and development: debt has a child's face	- Strategies to reduce HIV transmission - The challenge of the current HIV paradigm: why has it not worked? - Care for HIV/AIDS in Africa, including traditional medicine - Interventions for the youths: what next? - HIV and therapies for developing countries	- Strategies for behaviour formation and change - Living with HIV/AIDS—rights and responsibilities of PLWHA - Strategies for better access to care and treatment in the new millennium - Vaccine initiatives in and for Africa - Challenges for HIV/STD research in Africa
10.30 – 12.00 ORAL SESSIONS	T1: Community responses T2: Social impact of HIV/AIDS T3: Sexual behaviour dynamics T4: NGOs/CBOs T5: Molecular epidemiology of HIV	T1: Youth and adolescents T2: National responses to HIV T3: Women and HIV/AIDS T4: Challenges of positive living T5: Virology of HIV-1 and HIV-2	T1: Violence and violations T2: HIV and ethical/legal issues T3: Behaviour change issues II T4: Models of care and social support T5: Treatment of HIV/TB/STDs	T1: Culture, norms and practices T2: HIV and human rights T3: Setting priorities and strategies for HIV/AIDS and STD interventions T4: Counselling: issues and challenges T5: Diagnostic/clinical algorithms
12.15 – 13.45 SATELLITES SBW	**SATELLITES AND SKILLS BUILDING WORKSHOPS**	**SATELLITES AND SKILLS BUILDING WORKSHOPS**	**SATELLITES AND SKILLS BUILDING WORKSHOPS**	**LATE BREAKER SESSIONS**
14.00 – 15.30 ROUND TABLES, SYMPOSIA	T1: Young people's perspectives on HIV/AIDS programmes T2: Economic impact of HIV T3: Innovative communication for behaviour change T4: Care and support for children affected by HIV/AIDS T5: Incidence and interactions	T1: Strengthening HIV/AIDS responses through religion T2: Gender, culture and HIV T3: Mother-to-child HIV transmission T4 (T3): Challenges in voluntary HIV counselling and testing in the African context T5: How to prioritize the enhancement of HIV clinical care in Africa	T1: Community initiatives—what works? T2: District-level initiatives in the context of HIV T3. STDs/HIV/AIDS in various settings T4: Palliative and terminal care T5: Antiretroviral therapy and access (cont'd 16.00)	T1 (T5): Blood safety T2: International partnership on HIV/AIDS in Africa T3 (T5): STDs: prevalence and management T4: The role of caregivers in care and social support T5: HIV/AIDS vaccine in Africa
16.00 – 17.30 ORAL SESSIONS	T1: HIV and religion T2: HIV and the informal sector/small businesses T3: Behaviour change issues I T4: Coping strategies for orphans T5: Maternal and pediatric AIDS	T1: Traditional medicine T2: HIV response—multidonor debt swap T3: HIV surveillance: what's best? T4: Counselling, testing, and psychosocial support I T5: Kaposi sarcomas, herpes viruses and STDs	T1: Stigma and discrimination T2: HIV/AIDS and workplace interventions T3: Mother-to-child HIV transmission T4: Challenges for caregivers T5: Antiretroviral therapy and access (cont'd from 14.00)	**CLOSING CEREMONY**
17.45 – 19.15 SATELLITES	**SATELLITES AND SKILLS BUILDING WORKSHOPS**	**SATELLITES AND SKILLS BUILDING WORKSHOPS**	**SATELLITES AND SKILLS BUILDING WORKSHOPS**	

11th ICASA PLENARY SESSIONS

	MONDAY, 13 Sept 1999 AFRICAN PERSPECTIVE	TUESDAY, 14 Sept 1999 HIV/AIDS AND DEVELOPMENT	WEDNESDAY, 15 Sept 1999 INTERVENTIONS	THURSDAY, 16 Sept 1999 FOCUS ON THE NEW MILLENNIUM
Session 1 **08.00 – 08.20**	*The face of the HIV/AIDS epidemic in Africa* ➢ Speaker: George **TEMBO**, UNAIDS **C**	*Responding to the double crisis: HIV and development in Africa* ➢ Speaker: Constantinos **BERTHE TERFU C**	*Strategies to reduce HIV transmission* ➢ Speaker: Carol **BELLAMY C**	*Strategies for behaviour formation and change* ➢ Speaker: Eustache **MUHUNDWA**
Session 2 **08.25 – 08.45**	*Safeguarding the gains: Socioeconomic perspectives of HIV/AIDS in Africa* ➢ Speaker: Thelma **AWORI**, UNDP **C**	*Public sector reform and HIV in Africa* ➢ Speaker: O. **SAASA C**	*The challenge for the current HIV paradigm: Why has it not worked? Searching for alternatives* ➢ Speaker: Marvellous **MHLOYI C**	*Living with HIV/AIDS – rights and responsibilities of PLWHA* ➢ Speaker: Beatrice **WERE C**
Session 3 **08.50 – 09.10**	*HIV and human rights dilemma in Africa* ➢ Speaker: Justice Edwin **CAMERON**	*HIV/AIDS and health systems: Impact, response and future perspectives* ➢ Speaker: Sam **OKWARE**, Uganda **C**	*Models of care for HIV/AIDS in Africa: Lessons learned from the past and priorities for the next millennium* ➢ Speaker: Roland **MSISKA C**	*Strategies for better access to care and treatment in the new millennium* ➢ Speaker: Awa **COLL-SECK C**
Session 4 **09.15 – 09.35**	*Dealing with HIV/AIDS for an African woman* ➢ Speaker: Brigitte **SIAMALEVWE**, Zambia **C**	*The political imperative of HIV/AIDS in Africa: Will, leadership, responses and obligations* ➢ Speaker: Ransom KUTI (or Oliver **SAASA**) **C**	*Interventions for the youths: What next?* ➢ Speaker: Felistas **MWITWA**, Zambia **C**	*Vaccine initiatives in and for Africa* ➢ Speaker: Max **ESSEX C**
Session 5 **09.40 – 10.00**	*STDs and HIV: Prospects and challenges in Africa* ➢ Speaker: Ibrahim **NDOYE C**	*HIV and children* ➢ Speaker: Catherine **WILFERT** US	*HIV and therapies for developing countries* ➢ Speaker: Helene **GAYLE**, US	*Challenges for HIV/STD research in Africa* ➢ Speaker: Ron **BALLART**, SA
CHAIRS	➢ Sheila **TLOU C** ➢ Abdellah **BENSLIMANE C**	➢ Souleymane **MBOUP C** ➢ Ibrahim **SAMBA**, WHO Regional Director **C**	➢ Gerry **BODEKER**, Commonwealth, UK **C** ➢ Debrework **ZEWDIE**, World Bank **C**	➢ Mark **WAINBERG C** ➢ Moustapha **GUEYE**, AfriCASO, Senegal **C**

ORAL PRESENTATIONS AT A GLANCE
MONDAY, 13 SEPTEMBER 1999

	TRACK 1	TRACK 2	TRACK 3	TRACK 4	TRACK 5
10.30 – 12.00	**Violence and violations**	**Social impact of HIV/AIDS (RT)**	**Epidemiology 1**	**Nongovernmental organisations/community-based organisations**	**Molecular epidemiology of HIV**
Chairs	***Florence Mumba/Mary Lynn Field***	***D. Mulenga (Zambia)/ Olive Shisana (WHO)***	***R.D. Mugerwa (Uganda)/ Stefano Lazzari***	***A. Bacha (Senegal)/ Masimira (Zimbabwe)***	***P. Kanki (US)/L. Zekeng (Cameroon)***
	Burundi	Prof. Kelly (Zambia)	Guinea-Bissau	Côte d'Ivoire	M. Peters
	SA	Jaqueline Bataringaya (Zimbabwe)	Gambia	USA	J.L. Sankale (Senegal)
	Uganda	2 abstracts	Tanzania	Namibia	P. Fonjungo (Cameroon)
	Zambia		Uganda	Zambia	A. Buve (Cameroon)
	Zambia		Kenya	Zambia	A. Abebe (Ethiopia)
	Zambia		Burkina Faso	Zambia	G. Van der Auwera (Belgium)
16.00 – 17.30	**Stigma and discrimination**	**HIV and the informal sector/small businesses (RT)**	**Prevention interventions: behaviour change/ formation (women)**	**Orphans**	**Kaposi sarcomas, herpes viruses, and STDs**
Chairs	***Lynde Francis/Barbara de Zalduondo***		***Lynn Walker (Zambia)/Eka Williams (Nigeria)***	***Peter McDermott (UNICEF)/ Mwewa (Zambia)***	***F. Kasolo (Zambia)/M. Laga (Belgium)***
	Zambia		Zambia	Uganda	C. Mulanga-Kabeya (Mali)
	Zambia		Burkina Faso	Kenya	H. Faye-Kette (Côte d'Ivoire)
	Uganda		India	Zambia	F. Mbopi-Keou (CAR)
	Cameroon		DR Congo	Zambia	B. Kankasa (Zambia)
	Ghana		Tanzania	Zambia	E. Kaaya (Tanzania)
	DR Congo		Zambia	Ghana	G. Mulundu (Zambia)

ORAL PRESENTATIONS AT A GLANCE
TUESDAY, 14 SEPTEMBER 1999

	TRACK 1	TRACK 2	TRACK 3	TRACK 4	TRACK 5
10:30 – 12:00	**HIV and religion**	**National responses**	**Sociocultural, economic, demographic and governance**	**People living with HIV/AIDS**	**Virology of HIV-1 and HIV-2**
Chairs	***Marcia Martin/Faton Sarr Sow (Senegal)*** Côte d'Ivoire Nigeria DR Congo Nigeria Côte d'Ivoire Tanzania	***Dr. Swai (Tanzania)/I. Brix (Nigeria)*** 6 abstracts	***Mireille Dossou (Côte d'Ivoire)/Oliver Saasa (Zambia)*** Kenya DR Congo Ghana France Rwanda Zambia	***David Chipanta (Zambia)/Helen Mhone (Botswana)*** Côte d'Ivoire Kenya Kenya Zambia Zambia Uganda	***S. Sekkat (Morocco)/E. Delaporte (France)*** S. Popper (Senegal) G. Biberfeld (Guinea-Bissau) A. Dieng-Sarr (Senegal) B. Biryahwaho (Uganda) L. Belec (CAR)
16.00 – 17.30	**Traditional medicine**	**Accelerating the HIV response using a multidonor debt swap (S)**	**Epidemiology 2**	**Counselling, testing and psychological support 1**	**Perinatal and postnatal transmission of HIV**
Chairs	***G. Bodeker (UK)/ Marvellous Mhloyi*** DR Congo Uganda Kenya Togo Kenya Zambia Senegal	***S. Thurman (US)/ Manadu Ball (WHO)*** Hon. Nawakwi (Zambia) Rep. with academic background Rep. from inttren organisation	***P. Mpele/H. Ayles (Zambia)*** Tanzania Burkina Faso Burkina Faso Cameroon Zambia	***R. Baggaley (UK)/S. Kalibala (Kenya)*** DR Congo Burkina Faso Zambia Kenya France	***G. Biberfeld (Sweden)/J. Nkengasong (Côte d'Ivoire)*** G. John (Kenya) R. Nduati (Kenya) A. Massawe (Tanzania) K. Ally Hussein (Botswana) N. Meda (West Africa) B. Renjifo (Tanzania/US)

ORAL PRESENTATIONS AT A GLANCE
WEDNESDAY, 15 SEPTEMBER 1999

	TRACK 1	TRACK 2	TRACK 3	TRACK 4	TRACK 5
10.30 – 12.00	**Community response**	**HIV and legal/ethical issues (RT)**	**Prevention interventions 2**	**Home-based care**	**Treatment of HIV/TB/STDs**
Chairs	***Noerine Kaleeba (UNAIDS)/Binto Bamba (Guinée)***	***Miriam Maluwa/Ian Zulu (Zambia)***	***S. Okware (Uganda)/ E. Mataka (Zambia)***	***Eric van Praag***	***J. Pobee/Edward Maganu***
	Malawi	Salim Karim (RSA)	Côte d'Ivoire		K. Castetbon (Côte d'Ivoire)
	Nigeria	Rep. from African Network of Ethics and Law	Tanzania		M. Quigley (Zambia)
	Zambia		Cameroon		A. Kebba (Uganda)
	Côte d'Ivoire		Gambia		G. Djomand (Côte d'Ivoire)
	Côte d'Ivoire	3 abstracts	Namibia		S. Sow (Senegal) – invited
	Tanzania		Zambia		D. Ngacha (Kenya)
16.00 – 17.30	**Youth and adolescents**	**Conflict, refugees, and internally displaced persons (RT)**	**MTCT**	**Caregivers**	**Incidence and interactions of HIV**
Chairs	***Alick Nyirenda (Zambia)/ Henriette Meilo (Cameroon)***	***Prof. Haworth (Zambia)/Kathy Burns (UNHCR)***	***Shiela Tlou (Botswana)/Ruth Ndwati***		***Ibou Thior (Botswana)/ Grace John (Kenya)***
	Gambia	Rep. from UNHCR	Supraregional	Greece	T. Rinke de Wit (Ethiopia)
	Zambia	Rep. from Red Cross	West Africa	SA	J. Baeten (Kenya)
	Ghana	Legend (MSF)	West Africa	Kenya	M. Hosp (Zambia)
	Côte d'Ivoire		Côte d'Ivoire	Zimbabwe	A. Latif (Zimbabwe)
	Africa		South Africa	Zambia	J. Whitworth (Uganda)
	Cameroon		Global	Côte d'Ivoire	T. Woldemichael (Ethiopia)

11th ICASA ORAL PRESENTATIONS, LATE BREAKERS, ROUND TABLES AND SYMPOSIA AT A GLANCE
THURSDAY, 16 SEPTEMBER 1999

	ROOM 1	ROOM 2	ROOM 3	ROOM 4	ROOM 5
10.00 – 12.00	TRACK 1 **Culture, norms, and practices**	TRACK 2 **HIV and human rights**	TRACK 3 **Setting priorities and strategies for HIV/AIDS and STD interventions (RT)**	TRACK 4 **Counselling: issues and challenges**	TRACK 5 **Diagnostic/clinical algorithms**
Chairs	*R. Vongo (Zambia)* 274 B. Cleophas-Frisch (Tanzania) 8 S. Bugesa (Uganda) 690 A. Buve (Cameroun) 142 C. Plewman (East Africa) 693 H. Motombi (Centrafrique)	*Marie Awa Coll-Seck (UNAIDS)/Femi Soyinka* 178 C. Ngwena (SA) 675 M. Nabukera (Uganda) 469 S. Mantion (Congo Brazzaville) 491 Talom (Cameroun) 302 K. Coulibaly (Côte d'Ivoire) 278 S. Paxton (Asia)	*Malaki Dundu Owili/ George Tembo (UNAIDS)* Ousama Tawil – Overview Rand Stoneburner – Migration Oscar Simooya (Zambia) – Prisons 874 Y.T. Togbe (Côte d'Ivoire) Rose Sauradago (Burkina Faso) – CSW 988 B. N'gama Gné-kamba (Centrafrique) 664 C. Kabagabo (Rwanda)	*Claire Kabeya Mulanga (DR Congo)/David Miller (UNAIDS)* 453 A. Ndiritu (East and South Africa) 520 D. Boswell (Zambia) 359 J. Mbonde (Tanzania) 55 A. Haworth (Zambia) 122 J. Denison (Uganda and Kenya) 495 J. Turyagyenda Uganda)	*A. Gueye-Ndiaye (Senegal)/Guy-Michel Damet (Togo)* 155 E. Macondo (Senegal) 247 A. Aidara-Kane (Senegal) 852 J. Baghadi (Maroc) 525 A. Kombe (Botswana) 209 J. Goudsmit (Netherlands) 959 A. Millogo
12.15 – 13.45	LATE BREAKERS	LATE BREAKERS	LATE BREAKERS	LATE BREAKERS	LATE BREAKERS
14.00 – 15.30	TRACK 5 **Blood safety (S)**	TRACK 2 **International partnership on HIV/AIDS in Africa (RT)**	TRACK 5 **STDs: prevalence and management (S)**	TRACK 4 **The role of caregivers in care and social support (S)**	TRACK 5 **HIV/AIDS vaccine in Africa (S)**
Chairs	***D. Mvere/Gabriel Muyinda (Zambia)*** J. Mulenga (Zambia) – Donor selection J. Emmanuel – Laboratory screening Gaby Vercauteren (UNAIDS) Judith Goddard (Uganda) 836 A. Mulumba-Mbuyi 973 D. Massenet (Djibouti) 974 D. Massenet (Djibouti)	***Rob Hecht (UNAIDS)/Moses Sichone (Zambia)*** Evaristo Marowa (Zimbabwe) Urban Johnson (UNICEF) Owen Kaluwa (Malawi) Minister Tuo (Burkina Faso) Julia Cleaves (DfID)	*M. Waugh/N. Acholla* 747 F. Tembo (Zambia) 466 J. Watson (Tanzania) 270 L. Ndeki (Tanzania) 505 I. Derex-Briggs (Nigeria) 177 S. Diakite (Guinée) 167 M. Sylla (Mali)	*S. Anderson (UNAIDS)/G. Biembe (Zambia)* D. Miller (UNAIDS) – Burnout M. Ottenweller (SA) – Psychological support C. Fikansa – Voluntarism H. Meilo (Cameroun) – Private sector	***K. Mbidde (Uganda)/Rosemary Musonda (Zambia)*** J. Esparza (UNAIDS) – Present status 667 R. Mugerwa (Uganda) – Vaccine trials W. Makgoba (SA) – Genetic subtypes O. Anzola (Kenya) – Opportunities for research S. Monico (Uganda) – Community involvement

ANNEX C

ROUND TABLES AND SYMPOSIA

ANNEX C

ROUND TABLES AND SYMPOSIA

MONDAY, 13 SEPTEMBER 1999

	TRACK 1	TRACK 2	TRACK 3	TRACK 4	TRACK 5
12.30 *Chairs*			**Abstract writing (SBW)** *Nicole Ameda* ***Anne Buve*** ***Judith Glinn*** ***Elly Katabira*** ***Roland Msiska*** ***Peter Mugyenyi***	**GIPA (S)**	**Blood safety (S)** ***David Mvere/G. Muyinda (Zambia)*** J. Mulenga (Zambia) – Donor Judith Goddart – Laboratory G. Vercauteren (UNAIDS) – Logistics Dr. McLelland – Appropriate use
14.00 – 15.30 *Chairs*	**Political commitment in Africa (RT)** ***Clarence Mini (SA)/Mercy Bekele-Grunitsky (UNAIDS)*** J. Rwomushana (Uganda) Kayode Adenyi-Jones (Nigeria) Hakima Himmichi (Morocco) Innocent Modisaotsile (Botswana)	**Impact of HIV on development (RT)** ***Madavo (World Bank)*** Allan Whiteside (SA) D. Zewdie (World Bank) Representative from government Representative from donor community	**Innovative communication for behaviour change (R)** ***Bummi Makinwa/Ben Chirwa*** B.M. Ahlberg Sentumbwe N. Damalie Mwape Chalowandya Pierre Michel Dupuy	**Care and support for children affected by HIV/AIDS (RT)** ***M. Sterling (UNICEF)/Elwyn Chomba (Zambia)*** P. McDermott (UNICEF) – Present state Choice Makufa (Zimbabwe)– Community care E. Mataka (Zambia) – Models of care B. Siamalevwe (Zambia) – Counselling Chilabozi	**Current knowledge on management of STDs (RT)** ***I. Ndoye (Senegal)/Elizabeth Musaba (RSA)*** G. Basse – Overview P. Matondo (Zambia) – Syndromic vs. etiological management D. Mabey – Mwanza study M. Waver – Rakai study Marie Laga – Synthesis of Mwanza – Rakai
17.45 – 19.15 *Chairs*	**Stigma and discrimination (RT)** ***Martin Foreman (Panos, UK)/ Winston Zulu (Zambia)*** Omuludi Farodi PWA female Nono Simelela (SA) Happy Chileshe (Zambia)	**Gender, culture and HIV (RT)** ***Ckeik Niang (Senegal)/I. Mbikusita-Lewanika (Zambia)*** Fatou Sarr Julie Olegun (RSA) 3 abstracts	**Prevention interventions – the case of adolescents (S)**	**Challenges of positive living (S)** ***Beatrice Were (Uganda)/ Lisanne Brown*** Eka Williams (Nigeria) – Stigma Peter Busse – Acceptance and openness campaigns S.M. Monico (Uganda) – Positive living organisations P. Ngosa – Living without ARVs A. Okongo-Dinashi	**Tuberculosis today: at a crossroads (S)** ***J. Derbyshire (UK)/C. Chintu (Zambia)*** Jan Nyako – Impact of HIV on TB control Dr. Mukadi (UNAIDS) – TB: DOTS as a strategy A. Mwinga (Zambia) – Preventive therapy of HIV–related TB P. Godfrey-Fausett (UK) – PROTEST: Integration of prevemtive therapy with active case finding Ali Zumla – Development of multidrug resistant TB in Africa

ROUND TABLES AND SYMPOSIA

TUESDAY, 14 SEPTEMBER, 1999

	TRACK 1	TRACK 2	TRACK 3	TRACK 4	TRACK 5
12.30– 14.00					**Antiretroviral therapy (RT)**
14.00 – 15.30	**HIV and religion**	**Economic impact of HIV**	**Mother-to-child HIV transmission**	**Challenges in voluntary counselling and testing in the African context (R)**	
Chairs	***Bishop de Jong (Zambia)/Rev. Gideon Byamugisha*** Bahai Community (Zambia) Islamic Community (Senegal) Spiritual healing churches (Zambia) Sr. Miriam Duggan, Catholic Church – SA Caroline Maposhere, Pentecostal Church – Zimbabwe Musa Ngoko	***Fr. Henriot (Zambia)/C. Gilks (UK)*** African Development Bank (for names) Alan Whiteside (SA) Theme: Household level Gladys Mutandadura, Safaids (Zimbabwe)	*Francois Dabis* Ghent Group	***Gloria Sangiwa (Tanzania)/ Barreto (Mozambique)*** S. Kalibaia Josiah Mugusi M. Monze Jean Sehonou M. Kamya E. Largade	***Dorothy Ochoa (Uganda)/M. Kazatchikir (France)*** E. Sandstrom (Sweden) – Pathogenesis Steve Miller (SA) – HIV/AIDS treatment, monitoring, care, SA Peter Mugyeny – HIV treatment Uganda Mama Awa Faye – HIV treatment Senegal M. Coulibaly – HIV treatment Côte d'Ivoire
17.45 – 19.15	**Traditional medicine: a strategy for the future?**	**Decentralised initiatives in the context of HIV**	**Determinants of the differential spread of HIV/STD: from past experiences to the future (S)**	**Models of care (S)**	**Drug access**
Chairs	***Bawa Yamba/Ron McInnis*** Dr. Vongo (Zambia) and Margarethe Pallensen Prof. Chavanduka (Zimbabwe) Donna Kabatesi (Uganda) Eric Gbdossou (Senegal) Prof. Bhat (Zambia)	***R. Msiska/Peter Msebuga*** Dr. Lamboray (UNAIDS) V. Musowe (Zambia) Dr. Baha (Ghana) Rep. from Thailand	*M. Carael (UNAIDS)/ Nicholas Meda (Burkina Faso)* R. Musonda M. Kahindo S. Abega B. Auvert B. Williams (SA) A. Buve	***E. Katabira (Uganda)/C. Chela (UK)*** M.R. Sanadogo (Burkina Faso) N. Ngcondco (Botswana) – HBC project C. Osborne (Zambia) – Continuum of care E. van Praag (WHO) – Models of care and sustainability	***Joseph Saba (UNAIDS)/Peter McDermott (UNICEF)*** Pharmaceutical companies

ROUND TABLES AND SYMPOSIA

WEDNESDAY, 15 SEPTEMBER 1999

	TRACK 1	TRACK 2	TRACK 3	TRACK 4	TRACK 5
12.30 – 14.00			**Sexual behaviour and violence**	**Will and succession planning (SBW)**	**Laboratory capacity for improved care and for the vaccine initiative (S)**
Chairs			*Soudre (Burkina Faso)/G. Bond (Zambia)* Sub-Saharan Africa Uganda Uganda Cameroon Cameroon and Zambia Zambia	*Nigel Mutuna (Zambia),AMREF (Tanzania),Uganda*	
14.00 – 15.30	**Community initiatives for HIV/AIDS—what works? (RT)**	**Multisectoralism – experiences (RT)**	**Setting priorities and strategies for HIV/AIDS and STD interventions for special groups (RT)**	**Palliative and terminal care (RT)**	**HIV/AIDS vaccine in Africa (S)**
Chairs	*Lynn Walker (Zambia)/Hubert Ngoran (Côte d'Ivoire)* Ian Campbell (Australia) Philiste Hatende (Zimbabwe) Alexis Konake/Hubert Oyar (Cameroon) Claude Mellogo (Burkina Faso)		*Owili Misaki/G. Tembo* Ousama Tawil – Overview Rand Stoneburner – Migration Oscar Simooya (Zambia) – Prisons Rose Sauradago (Burkina Faso) – Commercial sex workers	*Sophia Monico (Uganda)/E. Mataka (Zambia)* Catherine Ssozi (Uganda) – Modern and traditional medicine E. Keane (Zambia) – Hospice care T. Chava (SA) – Death, bereavement, and spirituality C. Mtamira (Zambia) – Role of legal practitioners Helen Ayles (UK) – Pain management	*F. Mhalu (Tanzania)/R. Musonda (Zambia)* J. Esparza (UNAIDS) – Present status R. Mugerwa (Uganda) or Tintifa – Vaccine trials in Uganda W. Makgoba – Genetic subtypes O. Anzala – Opportunities for vaccine research S. Monica – Community involvement and ethical issues
17.45 – 19.15	**Behaviour formation, modification and change in youth (RT)**	**African intensified partnership (RT)**	**Setting priorities and strategies in different epidemics (S)**	**The role of caregivers in care and social support**	**How do we prioritise the enhancement of HIV clinical care in Africa? (RT)**
Chairs	*Calwa Mutale (Zambia)/Ndoa Astaor (Senegal)* Yoram Siame (Zambia) Sylvia Kaaya (Tanzania) Lucky Mazibuko (SA) Emma Tnahepa (Namibia) Makaye Ndogani (Central Afrique) "Young and Straight Talk" (Uganda)	*Sam Okware/Moses Sichone (Zambia)* Evaristo Maroa Rep. from UNAIDS Rep. from World Bank Rep. from African country	*A. Kadio (Côte d'Ivoire)/F. Soyinka (Nigeria)* S. Sekkat (Morocco) Van de Perre (Burkina Faso) R. Mandevu (Botswana) L. Zekeng (Cameroon) Zambia	*S. Anderson (UNAIDS)/G. Biemba (Zambia)* D. Miller (UNAIDS) – Burnout M. Ottenweller (SA) – Psychological support for caregivers C. Fikansa – Voluntarism H. Meilo – Private sector	*Prof. Kaptue (Cameroon)/R. Marlink (US)* C. Luo (Zambia) – State of care C. Osborne (Zambia) – Prioritising outline S. Sow (Senegal) – State of care S. Mboup – Prioritising V. Gathrin (SA) – State of care R. Greensheet (SA) – Prioritising

ANNEX D

DECLARATION OF THE PARIS SUMMIT

PARIS AIDS SUMMIT, 1994

ANNEX D

DECLARATION OF THE PARIS AIDS SUMMIT

We the Heads of Government or Representatives of the 42 States assembled in Paris on 1 December 1994:

I. MINDFUL that the AIDS pandemic, by virtue of its magnitude, constitutes a threat to humanity,
that its spread is affecting all societies
that it is hindering the social and economic development, in particular of the worst affected countries, and increasing disparities within and between countries,
that poverty and discrimination are contributing factors in the spread of the pandemic,
that HIV/AIDS inflicts irreparable damage on families and communities,
that the pandemic concerns all people without distinction but that women, children and youth are becoming infected at an increasing rate,
that it not only causes physical and emotional suffering, but is often used as a justification for grave violations of human rights,

MINDFUL ALSO that obstacles of all kinds—cultural, legal, economic and political—are hampering information, prevention, care and support efforts,
that HIV/AIDS prevention and care support strategies are inseparable, and hence must be an integral component of an effective and comprehensive approach to combating the pandemic,
that new local, national and international forms of solidarity are emerging, involving in particular people living with HIV/AIDS and community-based organisations,

II. SOLEMNLY DECLARE our obligation as political leaders to make the fight against HIV/AIDS a priority,
our obligation to act with compassion for and in solidarity with those with HIV or at risk of becoming infected, both within our societies and internationally,
our determination to ensure that all persons living with HIV/AIDS are able to realize the full and equal enjoyment of their fundamental rights and freedoms without distinction and under all circumstances,
our determination to fight against poverty, stigmatization, and discrimination,
our determination to mobilize all of society—the public and private sectors, community-based organisations and people living with HIV/AIDS—in a spirit of true partnership,
our appreciation and support for the activities and work carried out by multilateral, intergovernmental, nongovernmental and community-based organisations, and our recognition of their important role in combating the pandemic,
our conviction that only more vigorous and better coordinated action worldwide, sustained over the long term—such as that to be undertaken by the joint and cosponsored United Nations programme on HIV/AIDS—can halt the pandemic,

III. UNDERTAKE IN OUR NATIONAL POLICIES TO protect and promote the rights of individuals, in particular those living with or most vulnerable to HIV/AIDS, through the legal and social environment,

fully involve nongovernmental and community-based organisations as well as people living with HIV/AIDS in the formulation and implementation of public policies,
ensure equal protection under the law for persons living with HIV/AIDS with regard to access to health care, employment, travel, housing and social welfare,
intensify the following range of essential approaches for the prevention of HIV/AIDS:

- promotion of and access to various culturally acceptable prevention strategies and products, including condoms and treatment of sexually transmitted diseases,
- promotion of appropriate prevention education, including sex and gender education, for youth in school and out of school,
- improvement of women's status, education and living conditions,
- specific risk-reduction activities for and in collaboration with the most vulnerable populations, such as groups at high risk of sexual transmission and migrant populations,
- the safety of blood and blood products,

strengthen primary health care systems as a basis for prevention and care, and integrate HIV/AIDS activities into these systems, so as to ensure equitable access to comprehensive care,
make available necessary resources to better combat the pandemic, including adequate support for people infected with HIV/AIDS, nongovernmental organisations and community-based organisations working with vulnerable populations,

IV. ARE RESOLVED TO STEP UP THE INTERNATIONAL COOPERATION THROUGH THE FOLLOWING MEASURES AND INITIATIVES. We shall do so by providing our commitment and support to the development of the joint and cosponsored United Nations programme on HIV/AIDS, as the appropriate framework to reinforce partnerships between all involved and give guidance and worldwide leadership in the fight against HIV/AIDS. The scope of each initiative should be further defined and developed in the context of the joint and cosponsored programme and other appropriate fora:

1. Support a greater involvement of people living with HIV/AIDS through an initiative to strengthen the capacity and coordination of networks of people living with HIV/AIDS and community-based organisations. By ensuring their full involvement in our common response to the pandemic at all—national, regional and global—levels, this initiative will, in particular, stimulate the creation of supportive political, legal and social environments.
2. Promote global collaboration for HIV/AIDS research by supporting national and international partnerships between the public and private sectors, in order to accelerate the development of prevention and treatment technologies, including vaccines and microbicides, and to provide for the measures needed to help ensure their accessibility in developing countries. This collaborative effort should include related social and behavioural research.
3. Strengthen international collaboration for blood safety with a view to coordinating technical information, proposing standards for good manufacturing practice for all

blood products, and fostering the establishment and implementation of cooperative partnerships to ensure blood safety in all countries.

4. Encourage a global care initiative so as to reinforce the national capability of countries, especially those in greatest need, to ensure access to comprehensive care and social support services, essential drugs and existing preventive methods.
5. Mobilize local, national and international organisations assisting as part of their regular activities children and youth, including orphans, at risk of infection or affected by HIV/AIDS, in order to encourage a global partnership to reduce the impact of the HIV/AIDS pandemic upon the world's children and youth.
6. Support initiatives to reduce the vulnerability of women to HIV/AIDS by encouraging national and international efforts, aimed at the empowerment of women: by raising their status and eliminating adverse social, economic and cultural factors; by ensuring their participation in all the decision-making and implementation processes which concern them; and by establishing linkages and strengthening the networks that promote women's rights.
7. Strengthen national and international mechanisms that are concerned with HIV/AIDS–related human rights and ethics, including the use of an advisory council and national and regional networks to provide leadership, advocacy and guidance in order to ensure that nondiscrimination, human rights and ethical principles form an integral part of the response to the pandemic.

We urge all countries and the international community to provide the resources necessary for the measures and initiatives mentioned above.

We call upon all countries, the future joint and cosponsored United Nations programme on HIV/AIDS and its six member organizations and programmes to take all steps possible to implement this Declaration in accordance with other multilateral and bilateral aid programmes and intergovernmental and nongovernmental organisations.

Countries which were represented at the Paris Summit and signed the Declaration

Argentina	Djibouti	Mozambique	Switzerland
Australia	Finland	Netherlands	Tanzania
Bahamas	France	Norway	Thailand
Belgium	Germany	Philippines	Tunisia
Brazil	India	Portugal	Uganda
Burundi	Indonesia	Romania	United Kingdom
Cambodia	Italy	Russia	United States
Cameroon	Ivory Coast	Senegal	Vietnam
Canada	Japan	Spain	Zambia
China	Mexico	Sweden	Zimbabwe
Denmark	Morocco		

EMBASSY OF THE UNITED STATES
OF AMERICA

SANDY THURMAN

Lusaka, Zambia

March 1999

TO: Members of the Thurman Delegation

Welcome to Lusaka

We hope that you will have a productive visit. This note outlines a few logistical and general issues that will help us to make arrangements for your visit work more smoothly.

Please do not drink tap water in Zambia. Bottled water is available from the hotel. Do not walk around outside the hotel after dark. Zambia is a malarial area and all visitors should be taking prophylaxis.

A control room has been set up in **Room 201** of the Pamodzi to provide any special assistance which might be needed. The room will be open as follows: Sunday 1600-2100 hrs. Monday 0800-2100 hours. Tuesday 0700-1600. The room will be staffed by members of the Mission. It is equipped with work stations, an email connection and office supplies. Money can be changed by the Hotel.

There are some events ((Sunday Dinner/Cultural Event (Optional), Monday Lunch and Tuesday Lunch)) which will be group events. For those of you attending these events we will need to collect cash for the costs of the event. The Sunday Dinner/Cultural event will cost 60,000 Kw or 30 USD. This includes the cost of the dinner, show and two drinks at dinner. There will also be a cash bar. The Monday lunch will cost 23,000 Kw or 11 USD. The Tuesday lunch will cost 21,000 Kw or 10 USD. Please make payment directly to staff in the control room. They will provide a receipt.

NB. The Sunday dinner is optional but we need to know before the event how many will be attending. If you are interested in attending, please let the control room know by 1800 hours. Departure for the event will be at 1900 hrs.

Most travel in Lusaka and in the Copper Belt will be by bus as part of a group. We need good cooperation in being ready to leave sites on time and in ensuring that all of the party are on board the bus. We don't want to lose any of you. Please be on time and make sure your colleagues are accounted for.

Several handicrafts vendors will be showing their works in a room off the lobby of the Hotel. Many of these vendors are associated with organizations working to support HIV/AIDS prevention and mitigation efforts. This "shop" will be open from 1600 to 19:30 hrs. on Monday afternoon.

Telephone charges from the hotel are very expensive if you call from your room.

Check out on Tuesday is likely to be hectic. It will help you to be ready to depart on time if you make arrangements to check out well in advance of the scheduled departure, perhaps even the night before.

On the day of checkout your baggage will be collected in advance of actual departure from in front of your room at 7 AM. Please leave your bags in the hallway.

Finally, there will be an airport departure tax of 20 USD which must be paid in USD. Please be sure to have cash ready for collection on departure.

Thanks for all of your help. Have a good visit.

USAID/Zambia

Talking Points for U.S. Delegation
Meeting with President Chiluba

Introduction

I am pleased to be back in Zambia. Thank you for meeting with us. I would like to introduce the members of our delegation.

Thank you for having officials from the Ministry of Health greet us at the airport. Professor Luo and her team have been very gratious.

I am so impressed with the warmth of the Zambian people. Everywhere I go in Zambia I feel right at home.

Praise from Washington

I recently chaired a session at the African Ministerial Conference in Washington. Dr. Moses Sichone made a very effective and compelling presentation on HIV/AIDS. I understand that Professor Luo drafted his talk. Many participants praised the presentation.

Zambia also received high praise at a recent luncheon hosted by Hillary Clinton for your work in vitamin A fortification.

January Trip

Our trip in January was very successful. The President and the First Lady were very interested in the progress you were making in Zambia. They want the United

States to be able to do more to help you fight HIV/AIDS.

Support to Zambia

President Clinton has given Zambia an additional $1 million to fight HIV/AIDS and help children. This is on top of the $3 million which has already been programmed. We hope these funds will make a difference for the people of Zambia.

Purpose of this Trip

The purpose of this trip is to bring together people from the U.S. with African countries so that we can learn from each other.

Urging President to Continue Efforts

I remember your strong message during our last visit - that everyone in Zambia should be informed about HIV/AIDS.

I was so encouraged to hear of your own personal commitment to the program. Also, your plan to invite other Heads of State to the ICASA is so important.

We support you fully. I'm sure my fellow team members will learn a lot from your leadership and the programs that your government and people are carrying out.

Thank you.

FUNCTION: **DINNER IN HONOR THURMAN PRESIDENTIAL DELEGATION**

DATE: **MARCH 29, 1999**
TIME: **19:30 HOURS**
VENUE: **THE AMBASSADOR'S RESIDENCE**

Guest list

Administration (8)

1 Sandy Thurman, Director, Office of National AIDS Policy
2 Michael Iskowitz, Consultant, Office of National AIDS Policy
3 Dr. Paul DeLay, Director, HIV/AIDS Programs, USAID
4 Maria Sotiropoulos, Protocol Officer, State Department
5 Phil Drouin, Africa Bureau, State Department
6 Lt. Commander, James Erskine
7 Dr. Anthony Burile, Military Doctor
8 Brenda Geist (Congressional Travel)

Congress (6)

9 Rep. Caroline Kilpatrick, Foreign Operations Subcommittee, Appropriations, Congressional Black Caucus
10 Rep. Sheila Jackson Lee, Founder and Chair, Congressional Children's Caucus, Congressional Black Caucus
11 Bruce Artim, Health Director, Senator Hatch
12 Mary Lynn Quernell, Senator Helms
13 Stephanie Robinson, General Counsel, Senator Kennedy
14 Carolyn Bartholemew, Legislative Director, Rep. Pelosi, Minority Staff, Foreign Operations Subcommittee, Appropriations

Non-governmental (5)

15 William Harris, President, Children's Education and Research Institute
16 Bishop Felton May, General Board of Global Ministries, United Methodist Church
17 Dr. Jacob Gayle, World Bank
18 Rory Kennedy, Documentary filmaker
19 Nick Doob, Documentary filmaker

Government of Zambia Ministries

20 Professor Nkandu Luo, Minister, Ministry of Health
21 Hon. Malambo, Minister, Ministry of Legal Affairs
22 Hon. Nawakwi, Minister, Ministry of Finance
23 Hon. Abel Chambeshi, Minister, Ministry of Youth, Sports and Child Health
24 Hon. Walubita, Minister, Ministry of Foreign Affairs
25 Hon. Dawson Lupunga , Minister, Ministry of Community Development

26 Mr. Vincent Musowe, Director and Planning and Policy, Ministry of Health
27 Ms. Helen Matanda, Permanent Secretary, Ministry of Youth, Sports and Child Health

Central Board of Health

28 Dr. Gavin Silwamba, Secretary General, Central Board of Health

USAID/Zambia

29 Mr. Walter North, Director, USAID/Zambia
30 Mr. Robert Clay, Director PHN Office, USAID/Zambia

PVO/NGO

31 Mr. David Chipanta, President, National AIDS Network
32 Mrs. Chola , Director, Bwanfano
33 Mr. Louis Mwewa, Coordinator, CHIN
34 Col. Joyce Puta, Maina Soko
35 Mr. Emmanuel Kasonde, ZRA
36 Mr. Aaron Phiri, Member, McKinney Islamic Center
37 Mr. William Nkausu, Member, Bai hi Center, Lusaka
38 Dr. Rosemary Sunkutu, Director DHMT, Central Board of Health
39 Sir. Mariloa Mierzejewska, Sr. in Charge, Kasisi Orphanage
40 Ms. Suzanne Matala, Member, Christian Council of Zambia
41 Ms. Leah Mutale, Member, Evangelical Fellowship of Zambia
42 Mr. Roger Mwewa, Founder/Volunteer, Fountain of Hope, Kamwala

43. Ambassador Render

GUEST LIST

FUNCTION: WORKING LUNCH IN HONOR OF THE PRESIDENTIAL DELEGATION
DATE: MARCH 30, 1999
TIME: 12:30 HOURS
VENUE: USIS, COMESA BUILDING

1. MS. SANDY THURMAN, PRES. DEL
2. MICHAEL ISKOWITZ, PRES. DEL
3. DR. PAUL DELAY, PRES. DEL
4. MARIA SOTIROPOULOS, PRES. DEL
5. PHIL DROUIN, PRES. DEL
6. LT. COMMANDER, JAMES ERSKINE, PRES. DEL
7. ANTHONY BURILE, MILITARY DOCTOR, PRES. DEL
8. BRENDA GEIST, PRES. DEL
9. REP. CAROLINE KILPATRICK, PRES. DEL
10. REP. SHEILA JACKSON LEE, PRES. DEL
11. BRUCE ARTIM, PRES. DEL
12. MARY LYNN QUERNELL, PRES. DEL
13. STEPHANIE ROBINSON, PRES. DEL
14. CAROLYN BARTHOLEMEW, PRES. DEL
15. WILLIAM HARRIS, PRES. DEL
16. BISHOP FELTON MAY, PRES. DEL
17. DR. JACOB GAYLE, PRES. DEL
18. RORY KENNEDY, PRES. DEL
19. NICK DOOB, PRES. DEL

20. AMBASSADOR ARLENE RENDER, AMEMBASSY/ZAMBIA
21. WALTER NORTH, USAID/ZAMBIA
22. ROBERT CLAY, USAID/ZAMBIA
23. MARK WHITE, USAID/ZAMBIA
24. PAUL ZEITZ, USAID/ZAMBIA
25. MASAUSO NZIMA, PROJECT CONCERN INTERNATIONAL

26. BERNADETTE OLOWO-FREERS, UNAIDS
27. PETER MCDERMONT, UNICEF
28. OLUBANKE KING-AKERELE, UNDP
29. SUZANNE MATALE, CHRISTIAN COUNCIL OF ZAMBIA
30. DAVID CHIPANTA, NETWORK OF ZAMBIA
31. DR. SIMON MPHUKA, CHURCHES MEDICAL ASSOCIATION OF ZAMBIA
32. MS. MERAB KILEMIRE, MAPODE
33. MS. CHOLA, BWAFWANO
34. DOREEN MULENGA, CENTRAL BOARD OF HEALTH

10:35 HRS, 03/28/99
U:\MKALWANI\WP\GUEST.NW

ZAMBIA

U.S. Agency for International Development (USAID)
Population, Health, and Nutrition Briefing Sheet

Country Profile

Zambia's social indicators testify to the impact of years of misrule and economic decay: a poorly educated work force, widespread health problems that limit productivity, and a high population growth rate. Per capita income is now lower than it was before Zambia became independent in 1964. The country's population has more than doubled, infant and child mortality remain very high, and nationwide HIV prevalence is thought to be among the highest in the world. After years of socialism, Zambia turned toward market-oriented development in 1991, and now has a strong and sustained commitment to economic reform. About half the population is concentrated in a few urban zones strung along major transportation corridors.

USAID Strategy

USAID's strategy continues a firm commitment to assist the Government of Zambia in implementing health sector reform and follows specific priorities expressed in USAID's common agenda with the Government of Japan, particularly in child survival and HIV/AIDS prevention. USAID and its partners support the development of improved policies and practices in health care financing, decentralization, human capacity development, and the promotion and standardization of services. USAID continues to promote the Zambian Integrated Health Package as an effective and affordable minimum package of integrated services, and supports the development of neighborhood health committees and nongovernmental organizations (NGOs) as effective means of community participation.

Major Program Areas

Promotion of Family Planning. USAID assists the Ministry of Health and partners in the private sector to improve quality of family planning services and stimulate demand among the population. USAID's community-based strategy includes training community sales agents for condom social marketing and support for NGOs that promote the formation of local community-based peer groups that address family planning issues.

Child Survival. USAID supports the health reform process in Zambia by developing cost-effective and affordable preventive and curative services. The agency supports child survival activities by private voluntary organizations and NGOs that focus on case management training, improving access to malaria drugs and treatment, and facilitating polio eradication in Zambia.

HIV/AIDS Prevention. USAID supports a reduction in the incidence of HIV transmission though activities that change risk behavior among specific target groups, including health education, clinical control of sexually transmitted infections (STIs), and HIV testing and counseling. The agency also supports the promotion of appropriate responses to the HIV/AIDS pandemic by key policy makers.

Results

- Increased coverage of the complete set of recommended immunizations from 67 percent of children in 1992 to nearly 80 percent in 1996, one of the highest levels in Africa. Polio eradication efforts have succeeded in pushing polio coverage to as high as 90 percent of children under five.

- Increased use of modern methods of family planning, from 9 percent of women of reproductive age in 1992 to over 14 percent in 1996.

- Sales of over 30 million Maximum™ brand condoms since 1993, attaining one of the highest per capita levels of condom sales in Africa. USAID now also supports marketing of the female condom, vaginal foaming tablets, and Safeplan™ oral contraceptives, and is promoting the availability of the injectable contraceptive Depo-Provera™ in urban and rural clinics.

Success Stories

In 1997, Zambia launched a National Health Care Financing Policy, which provides a firm financial structure and uses market mechanisms. USAID played a key role in developing this policy and specific

USAID
Bureau for Africa
U.S. Agency for International Development
1300 Pennsylvania Ave, N.W.
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E-mail: africawb@rrs.cdie.org
Website: www.info.usaid.gov/regions/afr

guidelines to ensure that the cost-sharing revenues will be used locally. In 1997, several districts already reported collecting up to 25 percent of their annual budgets through cost-sharing revenues, thereby increasing the sustainability of community-supported health services delivery.

Zambia is the first country in the world to implement the Integrated Management of Childhood Illness Initiative, and has trained staff nationwide to improve case management of childhood illnesses. In demonstration districts, the proportion of trained health workers that correctly treat fever—indicative of malaria, Zambia's number one child-killer—two to four months after training, rose to 94 percent in 1997.

USAID is helping to reduce vitamin A deficiency in Zambia by supporting improved policies and accelerated distribution of supplementary vitamin A capsules during National Immunization Days (NIDs). According to Ministry of Health statistics, in 1997, more than 91 percent of children younger than five years old received supplementary capsules during the NIDs. A national campaign to promote vitamin A supplementation on a routine basis was launched in March 1998. Meanwhile, a public/private initiative promises to help Zambia become the first country in sub-Saharan Africa to fortify all domestically produced sugar with vitamin A. The combined impact of these strategies is expected to reduce by half the levels of moderate and severe vitamin A deficiency in Zambian children by the year 2000.

Continuing Challenges

USAID assistance to Zambia is designed to consolidate and build on enormous gains from sweeping economic reforms, many of which USAID was instrumental in bringing about, while meeting difficult challenges in democracy and governance, basic education, and population and health. With the public health and education systems in shambles, social sector reform is now crucial to Zambia's future development, and the Government of Zambia is undertaking appropriate reforms to improve service delivery and quality, and encourage community participation and ownership. USAID will continue to provide key support to Zambia's innovative program of decentralized and integrated service delivery systems, which promote quality, accountability, and cost-effectiveness.

USAID

Bureau for Africa

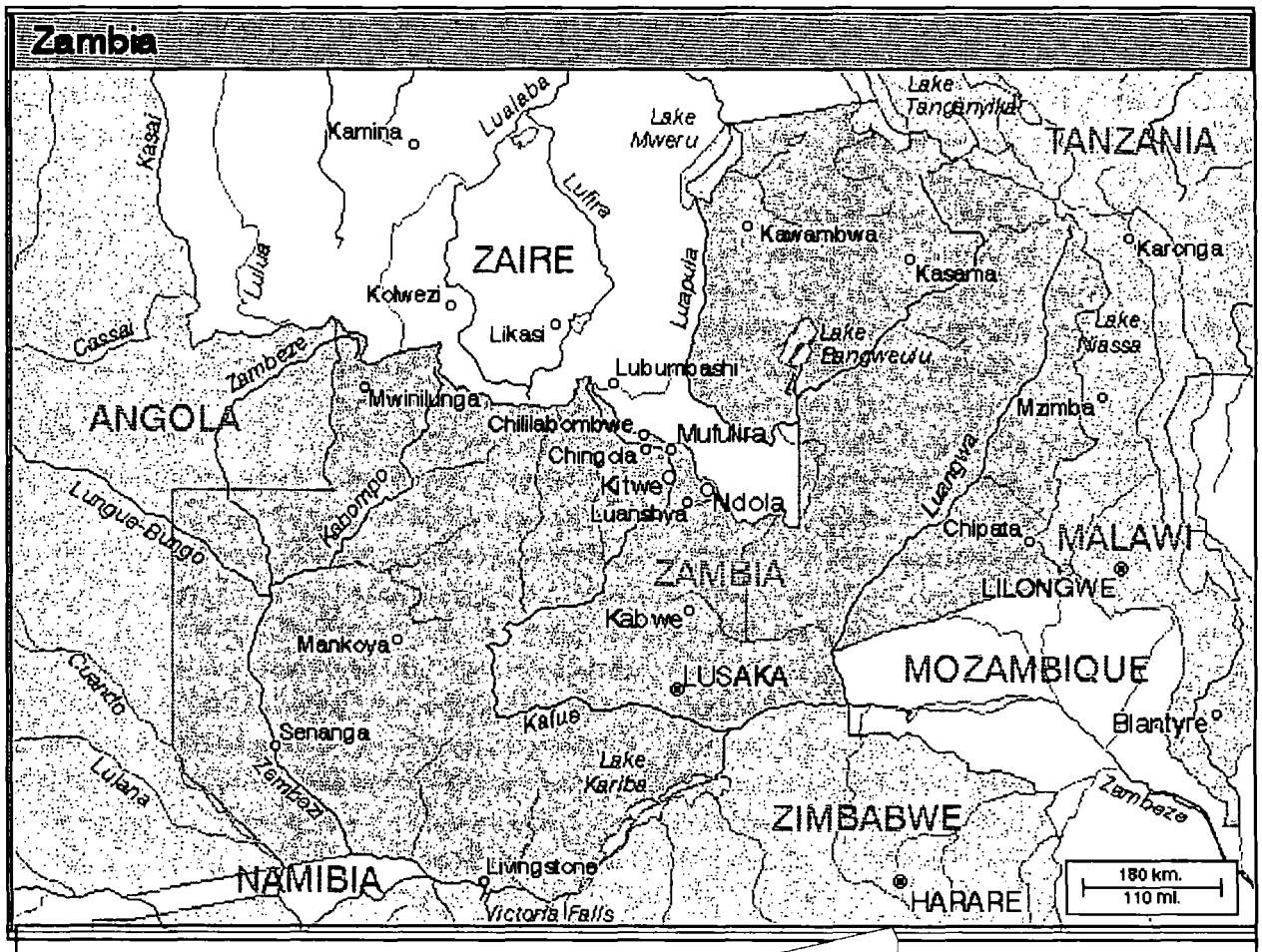
U.S. Agency for International Development

1300 Pennsylvania Ave, N.W.
Washington, DC
20523-3600

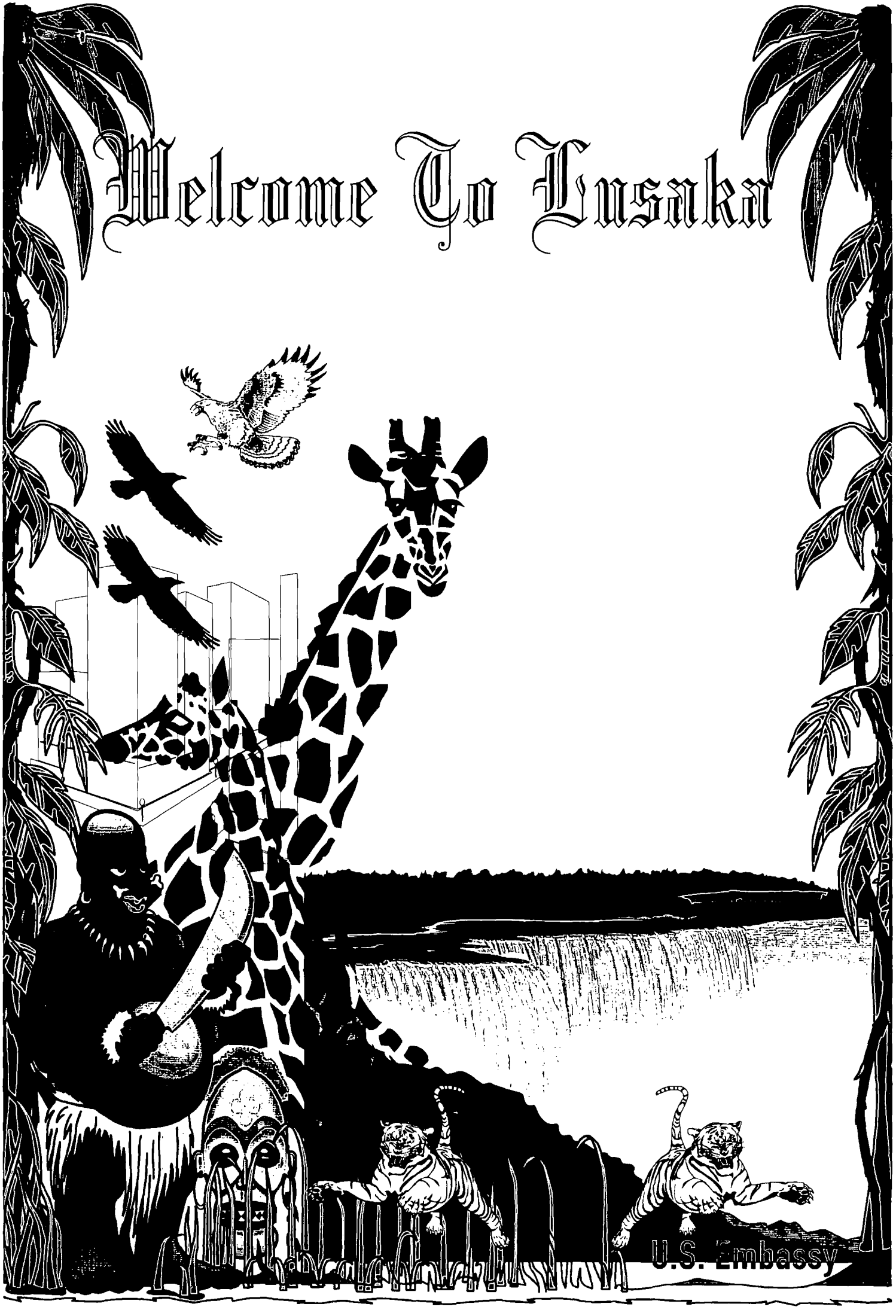
Tel: 202-712-0540
Fax: 202-216-3046

E-mail: africawb@rrs.cdie.org.
Website: www.info.usaid.gov/regions/afr

Prepared by Center for International Health Information, Arlington, Virginia 22209, October 1998


Zambia
Kasai
Kamina
Lualaba
Lake Mweru
Lake Tanganyika
TANZANIA
Lufira
ZAIRE
Kawambwa
Kasama
Karonga
Kolwezi
Luapula
Likasi
Lake Bangweulu
Lake Nyasa
Cassai
Zambeze
Luapula
Lubumbashi
Mwinilunga
ANGOLA
Chililabombwe
Mufulira
Mzimba
Chingola
Kitwe
Ndola
Luangwa
Lungue-Bungo
Kabompo
Luanshya
Chipata
MALAWI
ZAMBIA
LILONGWE
Kabwe
Mankoya
LUSAKA
MOZAMBIQUE
Cuando
Kalue
Blantyre
Senanga
Lake Kariba
Zambeze
Luiana
Zambezi
ZIMBABWE
NAMIBIA
Livingstone
HARARE
Victoria Falls
180 km.
110 mi.


Kasama
Kitwe
ZAMBIA
Lusaka
Lake Kariba


Welcome To Lusaka
U.S. Embassy

Embassy of the United States of America

Lusaka, Zambia

Welcome to Lusaka!

This Welcome Packet contains information that will make your short stay in Lusaka less confusing and, hopefully, more enjoyable. It was designed to answer questions from a wide range of official mission visitors. While I realize that you are here on business, I hope you are able to take the time to see a little bit of Lusaka.

If you have any specific questions, please contact your control officer. You are also welcome to drop in and visit the Community Liaison Office (CLO) or call me at 250955, Ext. 291. Our travel files are full of information on short trips within Zambia and the region.

Please note that the type of passport, visa and entry permit your are holding will directly affect your travels and purchases. Check to make sure your are fully aware of your specific circumstances and have all of the proper documentation.

Sincerely,

Jody H. Chritton
Community Liaison Office
Coordinator

TABLE OF CONTENTS

Lusaka - The Post City

Lusaka, home to approximately 1,000,000 people and the capital of Zambia, is located on a flat plateau approximately 4,200 feet above sea level.

Its name originates from the Lenje headman who lived here when the railroad siding was established in 1905. For many years the city was a small agricultural and trading center. It was not until 1935 when Lusaka replaced Livingstone as the capital of Northern Rhodesia that Lusaka began to grow. Migration from Eastern province to the capital influenced the development of Nyanja, as the predominant language in the city. Zambia became an independent country in 1964. Lusaka, as it's capital city, benefited greatly from the early independent years.

The city still retains much of its colonial-era lay-out with three distinct areas -a commercial center, a government and administrative quarter, and residential areas of single family homes. Lusaka's main shopping area is Cairo Road, a broad double-carriageway 1.6 km long. The industrial area is located at the northwestern end of town. The government administration buildings are 5 to 6 km from the central city along Independence Avenue which is lined with flamboyant and acacia trees.

Lusaka stretches over a very large area. In the more affluent residential areas, large and comfortable ranch houses preside over wide lawns and gardens. The majority of Lusaka's residents - estimated at 80% - live in compound areas on Lusaka's outskirts, largely hidden from view of the casual visitor.

Public transportation is limited to older taxis and mini-buses. Rental cars are available at the airport, at major hotels and at several independent companies in town.

Lusaka residents enjoy a pleasant climate. The rainy season, late November to March, brings an average rainfall of 23-30 inches. Temperatures range between 98 F and 31 F depending on the season. During July (winter) the daily average temperature is 64 F. Late afternoon and evenings are quite chilly requiring jackets and sweaters. The hottest month, October, seldom reaches above 90 F temperatures.
Summer season nights are generally pleasantly cool. Except for October or just before the rainy season, humidity is rarely a problem. The usual range is less than 40 percent humidity.

Lusaka is located at the junction of the main highways to the north, east, south, and west. "The "Copperbelt" cities of Ndola and Kitwe are four hours drive to the north. Livingstone (and Victoria Falls) are six to seven hours drive to the southwest. The Luangwa Valley in Zambia's southeastern corner offers some of the best game viewing in Africa.

American Mission Lusaka

The Chancery is located at the corner of Independence Avenue and United Nations Avenue. This area is known as "Embassy Triangle". It is approximately one to one-and-a-half miles from the downtown shopping area on Cairo Road. Most government ministries are nearby on Government Road and Independence Avenue.

The United States Agency for International Development (USAID) office is located at 351 Independence Avenue between United Nations/ Nationalist Road and Presidents Lane.

The USAID program is part of a multilateral effort to address Zambia's development problems. This is being accomplished through the normal range of donor activities. USAID's four strategic objectives are: (1) reduce the state's role in the provision of goods and services; (2) increase productivity participation of rural enterprises and communities in the national economy; (3) increase use of practices that improve child and reproductive health; and (4) build a sustainable multi-party democracy.

The United States Information Service (USIS), moved in 1994 from Cairo Road to Meridian Center. The Martin Luther King library and offices are situated along Ben Bella Road near Kafue Roundabout just opposite Motor Holdings (Zambia Ltd.).

USIS offers a full range of information and cultural programs. These include professional and academic exchanges, news bulletins, USIA publications, exhibits, performing artists, American specialists ("AMSPECS"), and recorded programs for Zambian radio and television (WORLDNET and VOA). All Mission officers are encouraged to propose outstanding Zambian contacts as candidates for exchange programs and to suggest American speakers for programming in Zambia. The PAO serves as the official spokesperson for the Mission and arranges all media interviews for Mission personnel.

Peace Corps Zambia. the newest member of the Mission team maintains offices at 71A Chitemwiko Road near the Kabulonga shopping area.

Approximately 80 volunteers work in water, sanitation, fisheries and health education projects in rural parts of Northern, Luapula, and Eastern Provinces, and at the University of Zambia in Lusaka. After a ten-week training program including local language, cross-culture and technical orientation volunteers are placed in their assigned areas.

IMPORTANT TELEPHONE NUMBERS

EMBASSY SWITCHBOARD.....250955/252230
  After Hours Number.....251852/252234
  Duty Officer.....702807
  Front Office.....254301
  FAX.....(260)- 1-252225
WAREHOUSE (GS0).....287919
AID SWITCHBOARD.....254303/6 X250
  FAX.....(260* 1 -254532
PEACE CORPS-71A CHITEMWIKO RD.....260636
  FAX.....(260)- 1 -260585
USIS SWITCHBOARD.....227993/4 X211
  FAX.....(260)- 1-226523
AMERICAN INT'L SCHOOL (AIS).....223048/260509/10
  FAX.....260- 1 -252225n60538-8
SAFETECH.....287236/287238

AIRLINES:
  AERO ZAMBIA.....226123/24
  AIR ZIMBABWE.....225431
  BRITISH ALRWAYS.....254444t255320
  AIR FRANCE.....264930/36
  KENYA AIRWAYS.....255148/8
  KLM.....254389
  LUFTHANSA.....227628/222896
  MAGIC CARPET TRAVEL.....20967/25097S
  SOUTH AFRICAN AIRWAYS.....260611/12

AIRPORT SWITCHBOARD.....271313/271044
  CONTROL TOWER/AIR TRAFFIC.....332
  VIP ROOM.....278

CLINICS/SURGERIES:
  CARE FOR BUSINESS.....254398/9
  HILL TOP HOSPITAL.....263452
  MEDCORP.....700605/222612/226983
  - DR. BUSH (HOME).....251970
  MONICA CHIUMYA..... 260491-5
  UTH HOSPITAL..... 254113-5/2S1462
DR. J. TRIPLETT, RSA (0)..... 0027-12-3421048
  (H).....0027-12-9971259
DR. IAIME SUAREZ, RSA (O) 0027-12-3421048

DHL.....229768

DENTISTS: DR GAO (KGP).....292219
  A-T DENTAL SURGERY.....292656
  C.B.M. DENTAL.....260526
DIPLOMATIC MISSIONS:
  BRITISH HIGH COMMISSION.....251133
  CANADIAN HIGH COMMISSION.....250833
  EEC.....250179/250711
  EMBASSY OF FRANCE.....251322
  EMBASSY OF GERMANY.....250644
  EMBASSY OF IRELAND.....292288/290650
  EMBASSY OF JAPAN.....251555
  KENYA HIGH COMMISSION.....250742/250722

NETHERLAND EMBASSY.....253994/253590
SOUTH AFRICA HIGH COMMISSION.....260999
UNDP.....251172-4/250800

HOTELS:
HOLIDAY INN/RIDGEWAY.....251666/252781
INTERCONTINENTAL.....250600
PAMODZI.....254455/251575

LOCAL UTILITIES:
FIRE: EMERGENCY.....993
ZESCO.....228084/9
(FAULTS): 221342

MINISTRY OF FOREIGN AFFAIRS.....252666

POLICE STATIONS:
CENTRAL.....228964
EMERGENCY.....991
KABULONGA WATCH.....263540/261072
ROMA.....291734
WOODLANDS.....264894/264020

RESTAURANTS:
ARABIAN NIGHTS.....295614/295613
DANNY'S.....261335
DIL.....262391
EL TORO.....758595
GOLDEN BULL.....274471
GRINGOS.....253337
HIBISCUS.....295011
JAYLIN (LUSAKA*CLUB).....252206
MARCO POLO.....250111
PETES STEAK *OUSE.....223428
PIZZA 3.....264253
POLO GRILL.....250209
SHEHNA1.....295420

TAXI SERVICE:
DIAL-A-CAB.....751432/286176

VETERINARIAN:

McKENDR1CK, Alison.....222571/226392
OPARACHA, Liza.....253030
SABBE, Francis & Krista: (H).....278552
(0).....278282/246191-7
UNZA..... 252844

ZAMTEL/ZAMCOM:
AT & T INTERNATIONAL.....00899
DIRECTORY INQUIRIES.....102/103
FAULTS.....221699
FAULTS AFTER HOURS.....109
INTERNATIONAL BOOKINGS.....090/093
LOCAL BOOKINGS.....101

Revised 09/18/98

ASSIGNED CELL PHONES

Ambassador	702804
DCM	703353
Admin Officer	703356
Consular Officer	702805
Duty Officer	702807
Duty Communicator	703357
Economics Officer	703355
FMS	703360
GSO	702808
Medical Officer	702811
PAO	702809
Political Officer	703354
RSO	702806
USAID Controller	750949
USAID Director	703729
USAID EXO	750249
Susan Gale	750749
Glenn Little	753010

MSG:

Sgt Biel	751078
Sgt Jordan	751082
Sgt Laudner	751081
SSgt McCombs	751080
Cpl Nochera	751077
Sgt Stegman	751079

SAFETECH "Jamie" 703926

Mission Hours of Operation

EMBASSY	Monday -Thursday	07:30 - 12:30	13:15 - 17:00
	Friday	07:30 - 12:30	
PEACE CORPS	Monday -Thursday	08:00 - 17:00	
	Friday	08:00 - 14:00	
USAID	Monday - Thursday	07:30 - 12:30	13:15 - 17:00
	Friday	07:30 - 12:30	
USIS	Monday - Friday	08:00 - 17:00	

General Library Hours: Monday - Friday 09:00 - 16:00

*ACCOMMODATION EXCHANGE EXT. 226

Monday	09:30 - 10:30 (Embass)
Tuesday	09:30 - 10:30 (Embassy)
Wednesday	09:30 - 10:30 (USAID)
Thursday	09:30 - 10:30 (Embassy)
Friday	09:30 - 10:30 (Embassy)

NOTE: Please advise B & F at least one day in advance on all accommodation exchange requests in excess of $300.

*COMMISSARY - STORE HOURS EXT 292

Monday & Tuesday	Closed	
Wednesday	Closed	
Thursday	10:00 - 13:00	15:00 - 17:00
Friday & Saturday	10:00 - 12:30	

- OFFICE HOURS EXT 249

Monday - Thursday	08:00 - 15:00
Friday	08:00 - 12:30

*COMMUNITY LIAISON OFFICE (CLO) EXT. 291

Monday - FFriday	07:30 - 12:30

*EMBASSY CANTEEN EXT. 296 - CLOSED

Monday - Thursday	08:30 - 16:30
Friday	08:30 - 15:00

*GASOLINE EXT. 245

Monday - Thursday	07:30 - 12:30	15:30 - 17:00
Friday	07:30 - 12:00	

*HEALTH UNIT EXT. 238

Monday - Friday	08:30 - 12:30 walk-in
Monday - Thursday	13:00 - 17:00 by appointment

*MAIL ROOM EXT. 238

Monday - Friday	08:30 - 12:30	13:15 - 17:00	
Outgoing pouches close:			
	Washington DC	Tuesday	08:30
		Thursday	08:30
	Nairobi	Thursday	16:00

*DHL pouch closes on Friday at 11:30 hours
Mail arrives on Mondays and Thursdays

*TRAVEL OFFICE EXT. 288\255

Monday - Friday	09:00 - 12:00

When a U.S. holiday falls on a Sunday, offices are closed on the following Monday
When a U.S. holiday falls on a Saturday, offices are closed on the preceding Friday.

Telephones

- USA AT&T DIRECT

To connect to an AT & T operator in the United States dial: 00899
You may use this service for:

*collect calls

*AT&T Calling Card call

*800 calls MUST be used with an AT&T card. Sorry, they are not free from overseas.

- DIRECT DIAL CODES FOR SELECTED AFRICAN CITIES

These are the direct dial codes. Calls will be billed to the telephone from which you are calling.

DAR ES SALAAM: 00-255-51 + telephone number
HARARE: 00-263-4 + telephone number
LILONGWE: 00-265 + telephone number
NAIROBI: 00-254-2 + telephone number
PRETORIA: 00-27-012 + telephone number
WINDHOEK: 00-264-61 + telephone number

Calls billed to another number must be placed through the local operator.

Day Light Savings Time is in effect in the United States, April - October. Total time difference is 6 hours.

Mission Services and Facilities

Accommodation Exchange

The local currency is the Kwacha; the Kwacha is a decimal currency with 100 Ngwee equaling 1 Kwacha. The Kwacha value to the dollar does fluctuate. The current rate is posted at the B&F cashier window. Check cashing services are available in the Chancery and USAID through Citibank(Z) Ltd. US dollar checks should be made payable to "Citibank". No service charge is applied when using the Mission check cashing services.

Major hotels also provide currency exchange. It is illegal to buy or sell foreign currency except at a bank, a licensed exchanqe, or from B&F.

AMCA - Commissary

To use commissary services the store manager must be in receipt of your "letter of introduction" from your sponsoring agency or section. TDY'ers are not members of the Commissary Association, but certain services are available to you. You may shop in the store, purchase dollar travelers checks, rent videos, or rent the AMCA vehicle.

If you are here for only a short time, you should pay each time a purchase is made. If these are small amounts, a personal US dollar check for a larger amount can be given to the store manager and the balance will be refunded on your departure.

The commissary stocks a variety of American foods, including snack items soft drinks and liquor. Personal grooming items and over the counter medications are also available. Occasionally, a ration is placed on some of the available items due to limited stock. US postal stamps are also available at the store.

To purchase travelers checks contact the AMCA Manager during regular office hours in person or call him on Ext. 249. Personal checks from a US bank are accepted as payment for the travelers checks. Checks should be made payable to "AMCA". There is a service charge of one per cent.

Preference is given to AMCA members for rental of the AMCA car. Renters must be 18 years of age and hold a valid U.S., international, or Zambian driver's license. The car may be rented on a daily or weekly basis at the daily rate of $35. Contact the AMCA Manager for more information.

Community Liaison Office (CLO)

The Community Liaison Office, located in the same building as the Health Unit is available to assist you during your stay in Lusaka. Extensive information files on Lusaka, in-country travel, and regional travel and employment of household staff are available in the office. A small loaning library is located in the reception area of the Health Unit.

Health Unit

The American Embassy in Lusaka maintains an outpatient clinic which is staffed by the Regional Medical Officer and a registered nurse. It is advisable that all TDYers come to the Health Unit for a briefing on the health situation in Zambia. AIDS is a health concern. Current information and advice on precautions are available from the Health Unit. In addition to information and advice the Health Unit can provide immunizations, malaria suppressants, flouride, gamma globulin, etc. as needed. House calls are only made in cases of extreme emergency when it would be inadvisable to move the patient.

The post uses the services of an outpatient clinic, MinBank, run by the Anglo American Corporation. They have laboratory and x-ray facilities. Personnel will be referred to the clinic through the Embassy Health Unit.

In the event of a HEALTH EMERGENCY contact the Marine guards at Post One who will contact the medical personnel. The phone number for Post One is 25-09-55 DURING WORKING HOURS and 25-22-34 AFTER HOURS.

Mailroom

Newcomers should introduce themselves to the Mailroom Clerk (Mower) so that he knows your name and can handle your incoming and outgoing mail correctly. Lusaka is a Class B post and therefore receives and sends its mail via Diplomatic Pouch. Outbound mail (letters, exposed films, video tapes and returned merchandise) is dispatched three times weekly (Tuesday morning and Thursday morning via Diplomatic Pouch, and Friday by 11:00 via DHL). All items must have correct U.S. postage (If there is a question about enough postage, have Mower weigh the item) and your return address in upper left hand corner before you leave the piece in the mailroom. No REPEAT NO mail without a return address will be placed in the pouch.

Incoming mail should arrive Tuesday and Thursday afternoons. Very often the Tuesday-scheduled mail will arrive early (on Saturday) and will either be ready first thing Monday morning or around noon. Letter mail, packages, periodicals are all sent in the same pouch shipment and usually takes approximately 10 to 12 days to arrive from point of introduction of mail into postal system. If you have a question as to what can or cannot be sent via pouch please contact the Communications Office (X222).

Telephone. FAX

Overseas calls can be placed throughout the day through the Embassy switchboard operator. Calls are made three ways, according to availability of services: Direct-dial through Zambia Telecoms Service; AT&T USA Direct or a Call-Back system located in the U.S. It is the caller's responsibility to fill out a call accountability form for each call and return it to the switchboard operator so that each call can be accounted for when the Embassy receives the billing. Personal calls will be billed to the caller, who must pay B&F with a US$ check made payable to the US Embassy Lusaka. Since it very often takes a few months for the Embassy to receive their billing, it is critical that each call be accounted for at the time the call is made.

Faxes are handled the same way and are all made by the mailroom clerk who has a cover sheet that should be used for each fax so that proper accountability is maintained.

Transportation - Airlines

The airport is located about 20 km. from the city center. Be sure that you reconfirm your tickets. This may be done through the travel office or by a phone directly to the airline. Failure to reconfirm your flight may result in loss of your reservation. Courtesy buses are available from the three major hotels. These buses will take you directly to the airport. You must arrive at the airport at least 90 minutes before departure for international flights. For non-diplomatic passengers departing from Zambia there is a twenty U.S. dollar airport departure tax which must be paid in hard currency.

Transportation - Vehicles

An Embassy vehicle is available for arrivals and departures of official travelers. Your control officer should request this service for you. GSO will try and meet other transportation requests provided it has available vehicles. Personal travel after regular hours will be given low priority. PLEASE REQUEST YOUR TRANSPORTATION NEED AT LEAST 24 HOURS BEFORE THEY ARE NEEDED.

Taxi service is available at reasonable rates, but very often the cars are old and are of questionable safety and reliability. Be sure to determine the fare before getting into the taxi. Night rates are higher than day rates. An average rate from a hotel to residential areas where most Embassy staff live is approximately 5,000 kwacha.
For a more information contact the CLO.

Rental cars are available for hire either with a driver or "self-drive". A U.S. driver's license is valid for 3 months in Zambia; an international driver's license is valid for 6 months

Avis .....Intercontinental Hotel 25-06-00
Hertz.....22-99-441516
Zungulia Zambia.... 22-77-29/30 Fax 22-77-29
Commissary Assoc. .. Ext. 278
Chigwaza Car Hire .. 24-11-07

IF AN ACCIDENT OCCURS FOLLOW THIS PROCEDURE.

1. Check any injured party, and take to the hospital, UTH Emergency Ward.
2. Contact the Duty Officer immediately. If you are not sure who is the Duty Officer contact POST ONE, the Marine Guard, who will relay a message to the Duty Officer. Tell the Marine Guard the basics: WHO - WHAT - WHERE - WHEN. The duty officer will contact the RSO.
3. Report accident to police immediately. Complete Police accident report. This must be done within 48 hours of the accident.
4. If you are involved in an accident with an Embassy vehicle, regardless of the seriousness, an Embassy report must be submitted as soon as possible to GSO. If you have a driver, the driver will complete this form. If YOU are the driver, you will complete the form.

IMPORTANT: DO NOT ACKNOWLEDGE FAULT OR RESPONSIBILITY FOR THE ACCIDENT. OBTAIN THE NAMES AND CONTACT NUMBERS OF ANY WITNESSES.

HEALTH NOTES FOR ZAMBIA

AIDS

Zambia has a very high incidence of HIV infection and AIDS. In Africa the HIV virus is spread primarily through heterosexual contact. Occasionally it is also spread through the exchange of blood. The Mission maintains a "walking blood bank" of persons who have tested negative for HIV antibodies. In addition, the Medical Unit stocks sterile syringes, other intravenous equipment and kits to be used when traveling to the rural areas or Zambia, where medical resources are less available than in Lusaka.

DIARRHEA DISEASES

Diarrhea diseases are very common in Zambia and are usually self-limited once the body has eliminated the offending agent. It is better NOT to take Lomotil Tetracycline, or any other medication for diarrhea until you have seen a medical professional. Increase your fluids to replace fluid loss. Report to the Health Unit any diarrhea that persists or is accompanied by vomiting and fever. Try to avoid salads and other uncooked foods when eating out.

EATING OUT

It is best to stick to well known restaurants and avoid salads and uncooked foods as diarrhea and hepatitis are quite common.

EFFECTS OF HEAT AND ALTITUDE

The body needs time to adjust to a warmer climate and the higher altitude. Take it easy. Drink plenty of water to replace fluids and prevent dehydration. Sunburn/skin damage secondary to sun exposure is a serious, potential danger in Zambia, therefore always use a sunscreen when out of doors.

HEPATITIS

This viral infection of the liver is considered endemic in Zambia and is usually worse around October and November. It is passed by fecal contamination. Early symptoms include nausea loss of appetite, low fever, weakness and fatigue. All Embassy personnel/dependants should have received the vaccine for Hepatitis A and B.

MALARIA

Malaria is a protozoan infection characterized by relapsing chills, fever and sweating, and general aching. It is endemic in Zambia. The State Department recommends anti-malarial prophylaxis. Several drug regimens are available, these include weekly Mefloquine, or weekly Chloroquine along with daily Paludrine or daily doxycycline. The best choice for you can be decided following a discussion with your physician or State Department medical authority. The regimen should be started two weeks before entering the malarial area and continued for FOUR WEEKS after departing the area.

MOTOR VEHICLE ACCIDENTS

This is probably the greatest health risk to everyone in Lusaka since there is very little skilled trauma care available in Zambia. Drive defensively, use seat belts and minimize driving at night as there are many potholes, vehicles in poor repair and poorly trained drivers.

SWIMMING

Swimming is safe in private treated pools; all bodies of water in Zambia are considered infected with Schistosomiasis (Bilharzia) and therefore swimming in these lakes/rivers is to be avoided.

TUMBU FLY (Putsi fly)

During the rainy season this fly is very common. It lays its eggs o
laundrv or anything wet that is left outside to dry. When the fabri
comes in contact with skin, the eggs hatch and the larvae burrow Int
the skin. Wet bathinq suits and bath towels are common carriers. T
avoid this pest run your bathinq suits and towels through a high settin
on the clothes dryer or iron all laundry that is dried outside. Thi
will kill the eggs. All fabric covered cushions/lawn chairs should b
protected from getting wet(rain) and kept in doors at night.

SECURITY TIPS FOR TDY'ERS

On behalf of the USAID Mission and the American Embassy Regional Security Office, welcom to Lusaka. The information presented here is to ensure that you have a safe and uneventful stay with us. Lusaka has a very serious crime problem. The potential problems that you may encounter as a TDY'er will ultimately depend on the care you exercise, [the duration of your stay,] whether you will be residing in a hotel or government-furnished TDY quarters, and/or if you will be driving a vehicle.

Please take a few minutes to review the following material. If you have any questions or concerns please contact the USAID Unit Security Officer/EXO at 254303 Ext 123.

Street crime, carjackings and residential break-ins are rampant, so it would be wise to adhere to the advice that follows and exercise good judgment during your stay in Lusaka.

HOTELS

Never leave money, jewelry, passports or other valuable items in your room. You should keep your passport with you at all times for identification. Excess travelers checks and money should be secured in the hotel's safe deposit box.

Never walk in the streets after sunset. Although the streets around the hotels normally used by TDY'ers - Intercontinental, Pamodzi, Holiday Inn - are generally safe and protected by the hotel's contract guards, criminal elements are in the area as evidenced by a number of car thefts at these hotels.

The use of local taxis/buses for transportation should be used only as a last resort. Most taxis/buses are considered to be unsafe due to inoperable headlights, brake lights, and other essential systems. Furthermore, taxi and bus drivers are notoriously unconcerned with the safety of their passengers. Fares charged after dark are normally 3 to 5 times higher than daytime rates. You can often barter on the cost of the fare - best done before you begin your trip.

When downtown or in market, be wary of vendors or group of children who will try to distrac you to allow an accomplice to steal your watch, wallet, handbag or other pilferable items. This is common. Be especially careful when entering or exiting your vehicle.

Petty theft of razor blades, aftershave lotion, etc., is common throughout the region. Keep your suitcase locked whenever you leave the room. Hotel staff will not generally break into a locked suitcase .

REVISED JUNE 1997

GOVERNMENT FURNISHED TDY QUARTERS

All residences are provided with 24-hour guard service

All residences are equipped with an emergency radio that is monitored by the Marine Security Guard at Post One and the contract guard company.

All homes have a standard AES alarm system. It should be used regularly. Your control officer will provide you with an orientation on the alarm system and radio usage.

All homes have been fitted with safehaven doors for the bedroom area. Be sure that it is locked before retiring each night.

If you are awakened at night by your alarm or suspect that thieves are on the premises, contac Safetech at 253-853, or Post One at 252-234.

When you call Safetech, or they call you, state exactly what the problem is as best you can and request that the Roving Patrol be dispatched immediately.

DO NOT **exit your safehaven to check out the problem until the Roving Patrol arrives. When you leave the safehaven, you are exposed to thieves who could be in your residence. Response time by the Roving Patrol is fast - usually 3-5 minutes.**

If you discover that your residential guard is asleep, intoxicated or absent, contact Safetech via telephone, 253-853, or via radio using your call sign, and request assistance from the Roving Patrol. Report the incident to the USAID Unit Security Officer/EXO the next working day.

CARJACKINGS/CAR THEFT

As in most countries located in Southern Africa, carjackings and car thefts have reached epidemic proportions in Zambia. Most vehicles that are stolen in Zambia are never recovered. There are a variety of common sense precautions you can take that will lessen your chances of becoming a victim of a carjacking:

KEEP YOUR WINDOWS UP AND DOORS LOCKED; KEEP AN EYE ON YOUR REAR VIEW MIRROR TO CHECK THAT YOU ARE NOT BEING FOLLOWED; STAY TO WELL-TRAVELLED ROADS; NEVER TURN INTO YOUR DRIVEWAY UNTIL THE GATE IS OPEN - YOU DO NOT WANT TO BE TRAPPED
BETWEEN THE GATE AND THE THIEVES; KNOW WHERE YOU ARE GOING SO THAT YOU DON'T BECOME LOST OR APPEAR TO BE LOST; DO NOT STOP TO AID STRANDED VEHICLES; WHEN TRAVELLING AT NIGHT AVOID SITTING AT STOP LIGHTS - CHECK TO SEE THAT THE ROAD IS CLEAR AND CONTINUE; BE ESPECIALLY CAREFUL WHEN ENTERING OR EXITING YOUR VEHICLE IN THE DOWNTOWN AREA.

IF YOU ARE IN THE UNFORTUNATE SITUATION OF BEING CARJACKED AT GUN POINT, OFFER NO RESISTANCE. HAND OVER THE VEHICLE. DO NOT OVERTLY TRY TO IDENTIFY THE PERPETRATORS. GIVE THEM THE KEYS AND ENCOURAGE THEM TO LEAVE. JUST REMEMBER IT IS ALMOST IMPOSSIBLE TO OUT RUN A BULLET.

REPORT THE INCIDENT TO POST 1 IMMEDIATELY.

TRAFFIC ACCIDENTS

One of the greatest dangers in Zambia is traffic accidents. Aside from the poor road conditions throughout Zambia, the drivers and their vehicles are the biggest threat. The vast majority of vehicles on the road are in very poor mechanical condition - bad brakes, no headlights , etc. Professional drivers training is almost non-existent. Consequently, drivers are poorly trained, and have little regard for traffic safety. Driving at night is not/not recommended. If you are in an accident you should remain at the scene until the police arrive unless you can articulate that you felt your life was in danger. Do not admit guilt, and do not sign any documents until you have contacted the American Embassy Regional Security Officer or USAID Executive Officer. Notify the American Embassy Regional Security Officer or the USAID Executive Officer as soon as possible.

GENERAL

Local law, departmental policy and post policy prohibit currency exchanges in the "parallel" o "street-market". The Embassy cashier will be available to make exchanges for your local currency needs. Please check with your Control Officer for further information .

You should exercise caution when taking photographs in Zambia. The host country is especially sensitive to photographing of official buildings, bridges, police stations, power stations, etc. These restrictions are marked at some of the facilities, but not all, and it is not uncommon for police and military personnel to detain photographers for taking pictures of what they consider sensitive installations.

DO NOT buy Ivory or Rhino horn. It is illegal and penalties are severe.

Purchase gemstones only from a dealer licensed by the government. It is illegal to sell gemstones without a license.

You should inform your Control Officer of your whereabouts at all times, especially on weekends.

FROM OUTSIDE OF LUSAKA

Never travel outside of Lusaka at night. It is strongly recommended that you only travel when arrangements have been made in advance.

NB: Information in this notice is taken from the RSO TDY briefing paper dated October 3, 1996.

REVISED JUNE 1997

THINGS TO DO - PLACES TO GO

Restaurants

Alfresco - At Andrews Motel - 8 km. south on Kafue Road.

Arabian Nights - Pakistani and steak entrees. On Great East Road, opposite Mulungushl Conference Center. Closed on Sunday.

Danny's - Persian and Asian. On Gizenga Road off of Woodlands Roundabout. Closed on Monday.

Dil - Indian. At plot No 153 Ibex Hill opposite Hill Top Hospital. Closed on Monday.

El Toro - Fast foods, sandwiches, seafood, and pastries. At Kachelo's, Sable Rd., in Kabulonga. Food Fayre - Fish or chicken and chips, and ice cream. On Cairo Road.

Fringilla - Country cooking. Fringilla Farm, 66 km along Great North Rd.

Frog & Firkin - Lusaka's first "proper" pub and only miro-brewery. Pub type food. At 2405 Kabelenga Rd., off Church Rd.

Garden Grill - Evening meals are a buffet spread which is a cross between stir-fry smorgasbord. Serves a buffet, all you can eat, breakfast. At the Holiday Inn Ridgeway, Church Rd.

Golden Bull - Seafood and Steak entrees. On Kafue Road next to Mobile Service Station. Closed on Sunday.

Golden Spur - Steak entrees. In Holiday Inn Garden Court. Open every day.

Great Wall - Chinese entrees. Kafue Road just off Kafue roundabout. Turn right at first stopliqht. Entrance is on side street.

Grinqos - Steak entrees. At Plot #2229 Lubu Road, the 5th turn on right, off Addis Ababa as your drive toward Great East Road. Closed Tuesday.

Hibiscus - Continental. Jesmondine via Central Street off Great East Road. Closed Tuesdays. Jacaranda Room - Luncheon buffet and a la carte menu. In the Pamodzi Hotel. Open every day. Javlin - Steak/CreolelChinese entrees. In the Lusaka Tennis Club on Los Angeles Blvd. Closed Monday.

Lechwe Lodae - Good food relaxing environment. Vegetarian dishes on request. About 30 minutes south of Lusaka near Kafue town.

Lilavi Lodqe - Great buffet speciality lunches. Located 10 km south of Lusaka on the Kafue Rd. The lodge is set amid a game ranch. Game drives available at reasonable rate. Pool also available for patron's use.

Madame Esther's - Zambian cuisine. Stall #39, Northmead vegetable market.

Makumbi Room - Continental. In the Intercontinental Hotel, top floor. Daytime buffet and Sunday evening buffet. Reservations suggested. Closed on Sunday.

Marco Polo - Italian entrees. At the Polo club behind the Showgrounds off Nangwenva Road. Closed on Monday.

McGinty's Irish Pub - Great pub lunches, steak and kidney pie and vegetarian dishes. At Holiday Inn, Church Rd.

Mutanda Coffee Hut and Lutabo Hut - In the Intercontinental Hotel, first floor. A la carte menu or selection from the buffet. Open every day.

Pete's Steak House - Steak/ribs/chicken entrees. On Panganganani Road off of North End Roundabout. Disco dancing on Friday and Saturdays. Closed Saturday lunch and all day Sunday.

Pizza Island - Middle Eastern eatery with Pizza, Schawarma, charcoal grilled foods. Their on-site bakery sells fresh bread and pastries daily. Castle Shopping Center, Kafue Rd.

Pizza Pizza Pizza - Pizza, submarine sandwiches, hamburgers and cakes. Do take-away orders.

Polo Grill/Classique Casino - Grilled dishes and Chinese food. Takeaway services offered. Off Nangwenya Rd. Showgrounds Area. Casino located upstairs.

Popeye's - Pizza and chicken entrees. On Chozi Rd., Northmead (behind Woo*bury's Supermarket). Open everyday. Take away available.

Rendezvous Room - Ala carte menu. Vegetarian dishes by prior arrangement. In the Pamodzi Hotel, Addis Ababa Rd. Closed Saturday lunch and all day Sunday.

Shehnai - Indian/Chinese entrees. In Northmead, next to Jemmy's. Closed on Monday.

Tonto's - Takeaway food. Chicken and fries. There is also a small bakery making bread and pastries daily. Cairo Rd., downtown Lusaka.

HANDCRAFT SHOPPING

Afrikolor Batiks - Kafue Road to Makeni, Right at "Salaetian Fathers" Wall. Third 8ate on left. Batik fabric and clothing, very creative designs. 27-46-86 FAX 27-26-94

Copper Arts Centre - Fintex House, one building over from Shoprite Supermarket. Carrles large selection of copper and silver items and malachite and gem stones.

Dutch Reform Church Bazaar - last Saturday of the month. Located at Dutch Reform Church on Kabulonga Road. Just past Kabolonga stoplight. Large variety of artists, crafts persons, anc entrepenuers.

El Gi Boutique - Intercontinental Hotel. Wide selection of leather goods, local pottery, an imported crafts.

Hangups - about 6 km. south on Kafue Road. Right side of Road just before Lilayi Lodge corner. Variety of handmade gifts.

Intercontinental Hotel Boutiques - copper, malachite, and silver items. Wood carvings and basketry also available.

Jungle Junk - Approximately 10 km out Leopards Hill Road on left. Continue on road after it becomes dirt. Handcrafted jewelry and clothes with African motif.

Kabwata Woodcarvers Village - Burma Road between Nationist and Independence Avenue. Wood craftsmen working on premises.

Kalipinde - West end of Panganani Road. A large variety of gemstones set in variety of settings.

Karachi Street Fabric stores - Left of Independence Avenue behind Kamwala market. Many Indian shops with a huge variety of African chitenge.

Klaus Rygaard - Corner of Cairo Road and Kantondo Road next to Lusaka Hotel.

KHigh quality silver giftware and jewelry. Second location at Castle Shopping Center on afue Road.

Moore Potterv - Church Road past fire station, right on to Kabelenga. Two blocks on rTght. Dishes, vases, sculpture.

Northmead Outdoor Market - Basketry, malachite, paintings, soap stone, wooden boxes, masks traditional crafts, and wire sculpture. Definitely bargain for best price.

Pamodzi Gift Shoo - located in the Pamodzi Hotel. Selection of copper, wood, malachite items. Check terrace area towards swimming.

Thatchers Silver Chain - Addis Ababa to Great East Road, straight through stoplight on to Manchinichi Road. Follow curve down to maior riaht hand road coming in at a "Y". Turn right. Shop is 200 meters on the left. Si*ver jewelry. See items craft

Utexafritex - North end of Freedom Way. Wide selection of cotton chitenje fabrics. Excellent quality. in a hotel or Government furnished TDY quarters

The Wildlife Shop - Cairo Road at the corner of Church Road. Carvings, gift items, and African books.

YWCA Craft Shop - Right side of Nationalist Drive past UTH Hospital. Woodcarvings, baskefs weavings, tie-dye items, pottery cloth bags and banana leaf pictures.

Zintu - In Holiday Inn. Baskets, wood carvings, soapstone carvings, etc. displayed well and reasonably.priced.

Zintu II - North End Round about, down Kalambo Road. First riaht, take bend to left at Mr. Pete's Steak House. Far west end. Wall printed "Zin*u Community Museum". Wooden furniture, woven rugs, ceramics, and paper mache.

Zuva - on Cairo Road between National Milling and Wildlife Shop. Silver jewelry, souvenirs.

GALLERIES:

Mpapa Gallerv - 25 Joseph Mwila Road.

Henry Tiyali Center - Showgrounds. Turn left at small roundabout towards Calabash restaurant, left on side street just before Calabash. Center in on your left. Paintings, sculpture from Zambian artists. Also offices for the Visual Arts Council (Zambia).

PLACES OF INTEREST

PLEASE NOTE:

The Zambian Government is sensitive to the use of cameras. The government has relaxed restrictions on taking Photos in the city but please do not take any photographs of airports, public utility buildings, military instal!ations, etc. Th.ere are no restrictions at tourist attractions. Consu1t with the USIS Inforrnation Officer for more specific locations.

Anglican Cathedral - The Cathedral of the Holy Cross is situated at the corner of Church Road and Independence.

Civic Center - The Civic Center houses the municipal government offices and the Major's Chambers. Adjoining the Civic Center is Nakatindi Hall, where large receptions and exhibits are sometimes held.

Kalimba Reptile Park - Ngerere about 20 km off of Great East Road. Crocodiles, snakes and chameleons. Fishing ponds are open to public. Drinks and snacks availabie.

Lusaka National Museum - offers historical collection of African paintings and cultural crafts and information. Open daily. Snack bar available.

Mulungushi Hall - is an international conference center and home to the National Art Collectlon. Also on the qrounds is the Zambia History Museum. There is a craft shop adjacent to Mulungushi Hall which sells various Zambian arts and crafts.

National Archives - The National Archives are situated on Government Road. The extensive library on Africa and photo exhibits section are open to the public during government hours.

National Assembly - its chambers in a modern copper-towered building next to Mulungushi Hall in Olympia Park. Tours are conducted on the last Thursday of the month. The building is open to the public on Friday afternoons.

National Political Museum - now located on Independence Avenue the museum houses items associated with Zambia's independence struggle during the 1950's.

Entertainment

Casinos:
The Ridgeway, Pamodzi hotels and Intercontinental hotels have casinos.

Discos/Night Clubs:

Pete's Steak House has a disco every Friday night.
Black Velvet has disco every Friday and Saturday night.
The major hotels feature bands for dancing.

Movies:

The Marine House often shows films on Thursday evenings at 19.00 hours. Film titles are Posted on the main bulletin board in the Chancery and announced weekly in the Embassy newsletter, the Kachere.

L'Alliance Francaise has films every Wednesday evening at the center at Northmead. Check out the 17:30 showings. The movies with English sub-titles are free .

The German Embassy presents feature movies the last Wednesday of the month. The movies are free, have English sub-titles, and are shown at the German Chancery at 19:30.

Several movie theaters are located in the downtown area. Offerings are advertised in the daily paper. Parking in the area of these theaters is not considered safe nor is attendance recommended.

Weekend Activities:

Hash House Harriers - meet every Saturday at 15.30. The local group meets at a different location each week. One need not be a serious runner to join; walkers most welcome. Contact the Marines for weekly schedule.

Polo - every Saturday and Sunday during polo season (April - September) at the Showgrounds polo field. Saturday chukkers begin at 14.30, and on Sunday mornings at 09.00 hours.

PLACES OF WORSHIP IN LUSAKA

ANGLICAN: Anglican Cathedral of Holy Cross
Independence and Church Road Sunday 8:00 and 9:00 am except the first Sunday of the month there is one service at 9:00 am

BAPTIST: Lusaka Baptist Church
Lubu Road — Sunday 9:00 and 11 :00 am
Sunday school 9:30 am

CATHOLIC: St. Dominic's
Mutende Road — Sunday 9:00, 10:15, & 11 :30 am

St. Iqnatius
Beit Road — Saturday 5:30 pm
Sunday 7:00, 8:00, 9:00,10:00pm

CHRISTIAN SCIENCE:
Waddinqton Center corner of Nationalist Rd. and Burma Road — Wednesday 18:00
Sunday 10 :00

JEWISH: Chairperson of the Council of Zambia
Michael Galaun, Tel: 229556
No regular meetings scheduled.

LUTHERAN: Lutheran Church,
Mambulima and Nkanchibaya Road
Sunday 9:00am
Sunday school 10:15am

NON-DENOMINATIONAL: Woodland Fellowship
near Woodlands Circle
Sunday; 5:00pm

PRESBYTERIAN: St. Christopher
corner Addis Abbaba and Nangwenya
Sunday 10:00am Service for children same time

PROTESTANT: Trinity, Church road
Sunday 8:00 and 10:00 am

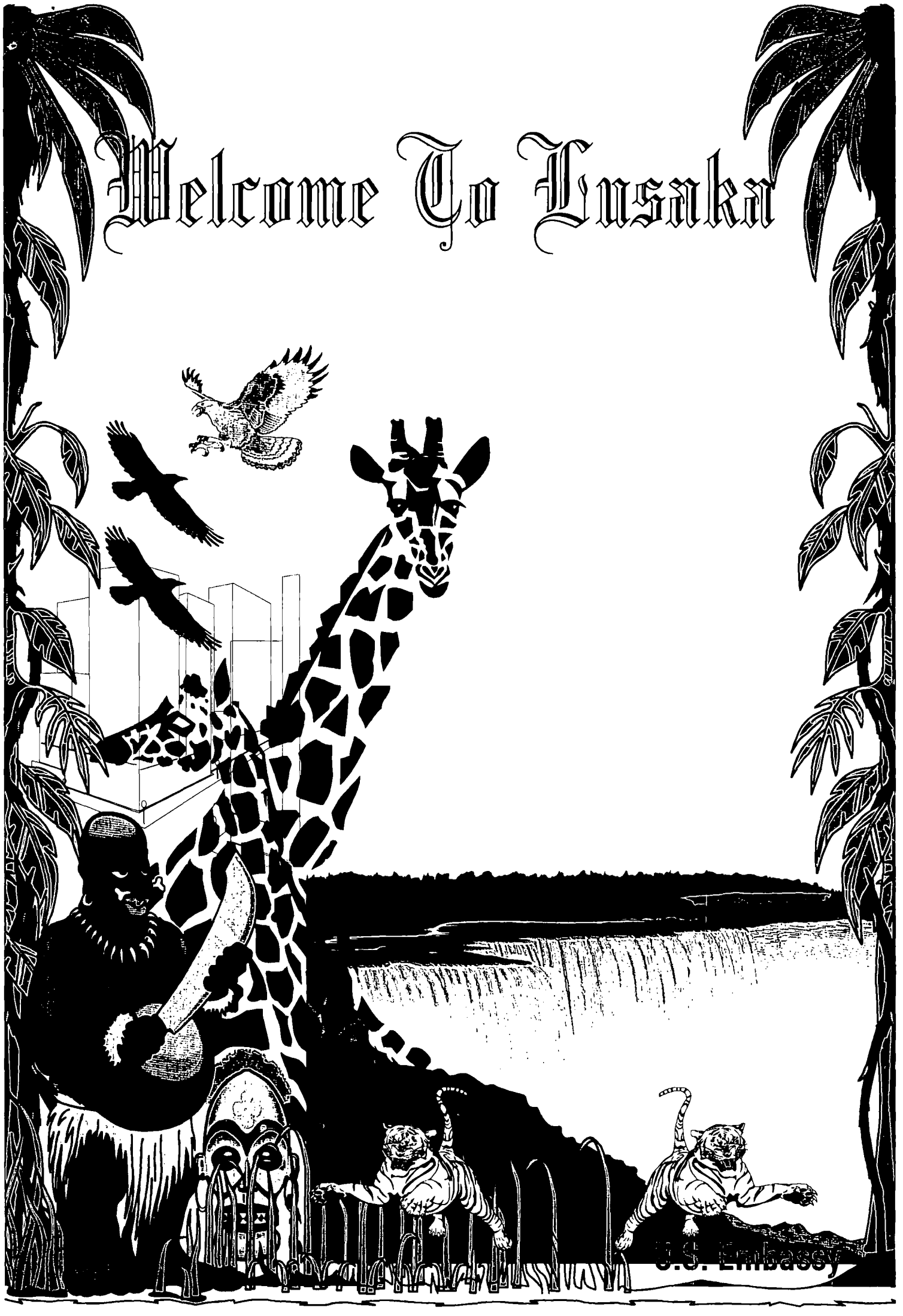
SEVENTH DAY ADVENTIST: Kamwala Secondary School,
Independence and Burma Road
Saturday 9:00 am and 12:30pm

OTHER SERVICES

ALCOHOLICS A NONYMOUS: Anglican Cathedral of the Holy Cross,
Independence and Church Road
Meeting Schedule
Monday 5:30 pm (open) Thurday 5:30pm (closed)

X:\EXO\TDYPKG1.WP5
Revised 2/21/97

Welcome To Lusaka



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Embassy of the United States of America

Lusaka, Zambia

Welcome to Lusaka!

This Welcome Packet contains information that will make your short stay in Lusaka less confusing and, hopefully, more enjoyable. It was designed to answer questions from a wide range of official mission visitors. While I realize that you are here on business, I hope you are able to take the time to see a little bit of Lusaka.

If you have any specific questions, please contact your control officer. You are also welcome to drop in and visit the Community Liaison Office (CLO) or call me at 250955, Ext. 291. Our travel files are full of information on short trips within Zambia and the region.

Please note that the type of passport, visa and entry permit your are holding will directly affect your travels and purchases. Check to make sure your are fully aware of your specific circumstances and have all of the proper documentation.

Sincerely,

Jody H. Chritton
Community Liaison Office
Coordinator

Lusaka - The Post City

Lusaka, home to approximately 1,000,000 people and the capital of Zambia, is located on a flat plateau approximately 4,200 feet above sea level.

Its name originates from the Lenje headman who lived here when the railroad siding was established in 1905. For many years the city was a small agricultural and trading center. It was not until 1935 when Lusaka replaced Livingstone as the capital of Northern Rhodesia that Lusaka began to grow. Migration from Eastern province to the capital influenced the development of Nyanja, as the predominant language in the city. Zambia became an independent country in 1964. Lusaka, as it's capital city, benefited greatly from the early independent years.

The city still retains much of its colonial-era lay-out with three distinct areas -a commercial center, a government and administrative quarter, and residential areas of single family homes. Lusaka's main shopping area is Cairo Road, a broad double-carriageway 1.6 km long. The industrial area is located at the northwestern end of town. The government administration buildings are 5 to 6 km from the central city along Independence Avenue which is lined with flamboyant and acacia trees.

Lusaka stretches over a very large area. In the more affluent residential areas, large and comfortable ranch houses preside over wide lawns and gardens. The majority of Lusaka's residents - estimated at 80% - live in compound areas on Lusaka's outskirts, largely hidden from view of the casual visitor.

Public transportation is limited to older taxis and mini-buses. Rental cars are available at the airport, at major hotels and at several independent companies in town.

Lusaka residents enjoy a pleasant climate. The rainy season, late November to March, brings an average rainfall of 23-30 inches. Temperatures range between 98 F and 31 F depending on the season. During July (winter) the daily average temperature is 64 F. Late afternoon and evenings are quite chilly requiring jackets and sweaters. The hottest month, October, seldom reaches above 90 F temperatures.
Summer season nights are generally pleasantly cool. Except for October or just before the rainy season, humidity is rarely a problem. The usual range is less than 40 percent humidity.

Lusaka is located at the junction of the main highways to the north, east, south, and west. "The "Copperbelt" cities of Ndola and Kitwe are four hours drive to the north. Livingstone (and Victoria Falls) are six to seven hours drive to the southwest. The Luangwa Valley in Zambia's southeastern corner offers some of the best game viewing in Africa.

American Mission Lusaka

The Chancery is located at the corner of Independence Avenue and United Nations Avenue. This area is known as "Embassy Triangle". It is approximately one to one-and-a-half miles from the downtown shopping area on Cairo Road. Most government ministries are nearby on Government Road and Independence Avenue.

The United States Agency for International Development (USAID) office is located at 351 Independence Avenue between United Nations/ Nationalist Road and Presidents Lane.

The USAID program is part of a multilateral effort to address Zambia's development problems. This is being accomplished through the normal range of donor activities. USAlD's four strategic objectives are: (1) reduce the state's role in the provision of goods and services; (2) increase productivity participation of rural enterprises and communities in the national economy; (3) increase use of practices that improve child and reproductive health; and (4) build a sustainable multi-party democracy.

The United States Information Service (USIS), moved in 1994 from Cairo Road to Meridian Center. The Martin Luther King library and offices are situated along Ben Bella Road near Kafue Roundabout just opposite Motor Holdings (Zambia Ltd.).

USIS offers a full range of information and cultural programs. These include professional and academic exchanges, news bulletins, USIA publications, exhibits, performing artists, American specialists ("AMSPECS"), and recorded programs for Zambian radio and television (WORLDNET and VOA). All Mission officers are encouraged to propose outstanding Zambian contacts as candidates for exchange programs and to suggest American speakers for programming in Zambia. The PAO serves as the official spokesperson for the Mission and arranges all media interviews for Mission personnel.

Peace Corps Zambia. the newest member of the Mission team maintains offices at 71A Chitemwiko Road near the Kabulonga shopping area.

Approximately 80 volunteers work in water, sanitation, fisheries and health education projects in rural parts of Northern, Luapula, and Eastern Provinces, and at the University of Zambia in Lusaka. After a ten-week training program including local language, cross-culture and technical orientation volunteers are placed in their assigned areas.

IMPORTANT TELEPHONE NUMBERS

EMBASSY SWITCHBOARD.....250955/252230
  After Hours Number.....251852/252234
  Duty Officer.....702807
  Front Office.....254301
  FAX.....(260)- 1-252225
WAREHOUSE (GS0).....287919
AID SWITCHBOARD.....254303/6 X250
  FAX.....(260* 1 -254532
PEACE CORPS-71A CHITEMWIKO RD.....260636
  FAX.....(260)- 1 -260585
USIS SWITCHBOARD.....227993/4 X211
  FAX.....(260)- 1-226523
AMERICAN INT'L SCHOOL (AIS).....223048/260509/10
  FAX.....260- 1 -252225n60538-8
SAFETECH.....287236/287238

AIRLINES:
  AERO ZAMBIA.....226123/24
  AIR ZIMBABWE.....225431
  BRITISH ALRWAYS.....254444t255320
  AIR FRANCE.....264930/36
  KENYA AIRWAYS.....255148/8
  KLM.....254389
  LUFTHANSA.....227628/222896
  MAGIC CARPET TRAVEL.....20967/25097S
  SOUTH AFRICAN AIRWAYS.....260611/12

AIRPORT SWITCHBOARD.....271313/271044
  CONTROL TOWER/AIR TRAFFIC.....332
  VIP ROOM.....278

CLINICS/SURGERIES:
  CARE FOR BUSINESS.....254398/9
  HILL TOP HOSPITAL.....263452
  MEDCORP.....700605/222612/226983
  - DR. BUSH (HOME).....251970
  MONICA CHIUMYA..... 260491-5
  UTH HOSPITAL..... 254113-5/2S1462
DR. J. TRIPLETT, RSA (0)..... 0027-12-3421048
  (H).....0027-12-9971259
DR. IAIME SUAREZ, RSA (O) 0027-12-3421048

DHL.....229768

DENTISTS: DR GAO (KGP).....292219
  A-T DENTAL SURGERY.....292656
  C.B.M. DENTAL.....260526
DIPLOMATIC MISSIONS:
  BRITISH HIGH COMMISSION.....251133
  CANADIAN HIGH COMMISSION.....250833
  EEC.....250179/250711
  EMBASSY OF FRANCE.....251322
  EMBASSY OF GERMANY.....250644
  EMBASSY OF IRELAND.....292288/290650
  EMBASSY OF JAPAN.....251555
  KENYA HIGH COMMISSION.....250742/250722

NETHERLAND EMBASSY.....253994/253590
SOUTH AFRICA HIGH COMMISSION.....260999
UNDP.....251172-4/250800

HOTELS:
HOLIDAY INN/RIDGEWAY.....251666/252781
INTERCONTINENTAL.....250600
PAMODZI.....254455/251575

LOCAL UTILITIES:
FIRE: EMERGENCY.....993
ZESCO.....228084/9
(FAULTS): 221342

MINISTRY OF FOREIGN AFFAIRS.....252666

POLICE STATIONS:
CENTRAL.....228964
EMERGENCY.....991
KABULONGA WATCH.....263540/261072
ROMA.....291734
WOODLANDS.....264894/264020

RESTAURANTS:
ARABIAN NIGHTS.....295614/295613
DANNY'S.....261335
DIL.....262391
EL TORO.....758595
GOLDEN BULL.....274471
GRINGOS.....253337
HIBISCUS.....295011
JAYLIN (LUSAKA*CLUB).....252206
MARCO POLO.....250111
PETES STEAK *OUSE.....223428
PIZZA 3.....264253
POLO GRILL.....250209
SHEHNAl.....295420

TAXI SERVICE:
DIAL-A-CAB.....751432/286176

VETERINARIAN:

McKENDRlCK, Alison.....222571/226392
OPARACHA, Liza.....253030
SABBE, Francis & Krista: (H).....278552
(0).....278282/246191-7
UNZA..... 252844

ZAMTEL/ZAMCOM:
AT & T INTERNATIONAL.....00899
DIRECTORY INQUIRIES.....102/103
FAULTS.....221699
FAULTS AFTER HOURS.....109
INTERNATIONAL BOOKINGS.....090/093
LOCAL BOOKINGS.....101

Revised 09/18/98

ASSIGNED CELL PHONES

Ambassador	702804
DCM	703353
Admin Officer	703356
Consular Officer	702805
Duty Officer	702807
Duty Communicator	703357
Economics Officer	703355
FMS	703360
GSO	702808
Medical Officer	702811
PAO	702809
Political Officer	703354
RSO	702806
USAID Controller	750949
USAID Director	703729
USAID EXO	750249
Susan Gale	750749
Glenn Little	753010

MSG:

Sgt Biel	751078
Sgt Jordan	751082
Sgt Laudner	751081
SSgt McCombs	751080
Cpl Nochera	751077
Sgt Stegman	751079

SAFETECH "Jamie" 703926

Mission Hours of Operation

EMBASSY	Monday -Thursday	07:30 - 12:30	13:15 - 17:00
	Friday	07:30 - 12:30	
PEACE CORPS	Monday -Thursday	08:00 - 17:00	
	Friday	08:00 - 14:00	
USAID	Monday - Thursday	07:30 - 12:30	13:15 - 17:00
	Friday	07:30 - 12:30	
USIS	Monday - Friday	08:00 - 17:00	

General Library Hours: Monday - Friday 09:00 - 16:00

*ACCOMMODATION EXCHANGE EXT. 226

Monday	09:30 - 10:30 (Embass)
Tuesday	09:30 - 10:30 (Embassy)
Wednesday	09:30 - 10:30 (USAID)
Thursday	09:30 - 10:30 (Embassy)
Friday	09:30 - 10:30 (Embassy)

NOTE: Please advise B & F at least one day in advance on all accommodation exchange requests in excess of $300.

*COMMISSARY - STORE HOURS EXT 292

Monday & Tuesday	Closed	
Wednesday	Closed	
Thursday	10:00 - 13:00	15:00 - 17:00
Friday & Saturday	10:00 - 12:30	

- OFFICE HOURS EXT 249

Monday - Thursday	08:00 - 15:00
Friday	08:00 - 12:30

*COMMUNITY LIAISON OFFICE (CLO) EXT. 291

Monday - FFriday	07:30 - 12:30

*EMBASSY CANTEEN EXT. 296 - CLOSED

Monday - Thursday	08:30 - 16:30
Friday	08:30 - 15:00

*GASOLINE EXT. 245

Monday - Thursday	07:30 - 12:30	15:30 - 17:00
Friday	07:30 - 12:00	

*HEALTH UNIT EXT. 238

Monday - Friday	08:30 - 12:30 walk-in
Monday - Thursday	13:00 - 17:00 by appointment

*MAIL ROOM EXT. 238

Monday - Friday	08:30 - 12:30	13:15 - 17:00	
Outgoing pouches close:			
	Washington DC	Tuesday	08:30
		Thursday	08:30
	Nairobi	Thursday	16:00

*DHL pouch closes on Friday at 11:30 hours
Mail arrives on Mondays and Thursdays

*TRAVEL OFFICE EXT. 288\255

Monday - Friday	09:00 - 12:00

When a U.S. holiday falls on a Sunday, offices are closed on the following Monday
When a U.S. holiday falls on a Saturday, offices are closed on the preceding Friday.

Telephones

- USA AT&T DIRECT

To connect to an AT & T operator in the United States dial: 00899
You may use this service for:

*collect calls

*AT&T Calling Card call

*800 calls MUST be used with an AT&T card. Sorry, they are not free from overseas.

- DIRECT DIAL CODES FOR SELECTED AFRICAN CITIES

These are the direct dial codes. Calls will be billed to the telephone from which you are calling.

DAR ES SALAAM: 00-255-51 + telephone number
HARARE: 00-263-4 + telephone number
LILONGWE: 00-265 + telephone number
NAIROBI: 00-254-2 + telephone number
PRETORIA: 00-27-012 + telephone number
WINDHOEK: 00-264-61 + telephone number

Calls billed to another number must be placed through the local operator.

Day Light Savings Time is in effect in the United States, April - October. Total time difference is 6 hours.

Mission Services and Facilities

Accommodation Exchange

The local currency is the Kwacha; the Kwacha is a decimal currency with 100 Ngwee equaling 1 Kwacha. The Kwacha value to the dollar does fluctuate. The current rate is posted at the B&F cashier window. Check cashing services are available in the Chancery and USAID through Citibank(Z) Ltd. US dollar checks should be made payable to "Citibank". No service charge is applied when using the Mission check cashing services.

Major hotels also provide currency exchange. It is illegal to buy or sell foreign currency except at a bank, a licensed exchanqe, or from B&F.

AMCA - Commissary

To use commissary services the store manager must be in receipt of your "letter of introduction" from your sponsoring agency or section. TDY'ers are not members of the Commissary Association, but certain services are available to you. You may shop in the store, purchase dollar travelers checks, rent videos, or rent the AMCA vehicle.

If you are here for only a short time, you should pay each time a purchase is made. If these are small amounts, a personal US dollar check for a larger amount can be given to the store manager and the balance will be refunded on your departure.

The commissary stocks a variety of American foods, including snack items soft drinks and liquor. Personal grooming items and over the counter medications are also available. Occasionally, a ration is placed on some of the available items due to limited stock. US postal stamps are also available at the store.

To purchase travelers checks contact the AMCA Manager during regular office hours in person or call him on Ext. 249. Personal checks from a US bank are accepted as payment for the travelers checks. Checks should be made payable to "AMCA". There is a service charge of one per cent.

Preference is given to AMCA members for rental of the AMCA car. Renters must be 18 years of age and hold a valid U.S., international, or Zambian driver's license. The car may be rented on a daily or weekly basis at the daily rate of $35. Contact the AMCA Manager for more information.

Community Liaison Office (CLO)

The Community Liaison Office, located in the same building as the Health Unit is available to assist you during your stay in Lusaka. Extensive information files on Lusaka, in-country travel, and regional travel and employment of household staff are available in the office. A small loaning library is located in the reception area of the Health Unit.

Health Unit

The American Embassy in Lusaka maintains an outpatient clinic which is staffed by the Regional Medical Officer and a registered nurse. It is advisable that all TDYers come to the Health Unit for a briefing on the health situation in Zambia. AIDS is a health concern. Current information and advice on precautions are available from the Health Unit. In addition to information and advice the Health Unit can provide immunizations, malaria suppressants, flouride, gamma globulin, etc. as needed. House calls are only made in cases of extreme emergency when it would be inadvisable to move the patient.

The post uses the services of an outpatient clinic, MinBank, run by the Anglo American Corporation. They have laboratory and x-ray facilities. Personnel will be referred to the clinic through the Embassy Health Unit.

In the event of a HEALTH EMERGENCY contact the Marine guards at Post One who will contact the medical personnel. The phone number for Post One is 25-09-55 DURING WORKING HOURS and 25-22-34 AFTER HOURS.

Mailroom

Newcomers should introduce themselves to the Mailroom Clerk (Mower) so that he knows your name and can handle your incoming and outgoing mail correctly. Lusaka is a Class B post and therefore receives and sends its mail via Diplomatic Pouch. Outbound mail (letters, exposed films, video tapes and returned merchandise) is dispatched three times weekly (Tuesday morning and Thursday morning via Diplomatic Pouch, and Friday by 11:00 via DHL). All items must have correct U.S. postage (If there is a question about enough postage, have Mower weigh the item) and your return address in upper left hand corner before you leave the piece in the mailroom. No REPEAT NO mail without a return address will be placed in the pouch.

Incoming mail should arrive Tuesday and Thursday afternoons. Very often the Tuesday-scheduled mail will arrive early (on Saturday) and will either be ready first thing Monday morning or around noon. Letter mail, packages, periodicals are all sent in the same pouch shipment and usually takes approximately 10 to 12 days to arrive from point of introduction of mail into postal system. If you have a question as to what can or cannot be sent via pouch please contact the Communications Office (X222).

Telephone. FAX

Overseas calls can be placed throughout the day through the Embassy switchboard operator. Calls are made three ways, according to availability of services: Direct-dial through Zambia Telecoms Service; AT&T USA Direct or a Call-Back system located in the U.S. It is the caller's responsibility to fill out a call accountability form for each call and return it to the switchboard operator so that each call can be accounted for when the Embassy receives the billing. Personal calls will be billed to the caller, who must pay B&F with a US$ check made payable to the US Embassy Lusaka. Since it very often takes a few months for the Embassy to receive their billing, it is critical that each call be accounted for at the time the call is made.

Faxes are handled the same way and are all made by the mailroom clerk who has a cover sheet that should be used for each fax so that proper accountability is maintained.

Transportation - Airlines

The airport is located about 20 km. from the city center. Be sure that you reconfirm your tickets. This may be done through the travel office or by a phone directly to the airline. Failure to reconfirm your flight may result in loss of your reservation. Courtesy buses are available from the three major hotels. These buses will take you directly to the airport. You must arrive at the airport at least 90 minutes before departure for international flights. For non-diplomatic passengers departing from Zambia there is a twenty U.S. dollar airport departure tax which must be paid in hard currency.

Transportation - Vehicles

An Embassy vehicle is available for arrivals and departures of official travelers. Your control officer should request this service for you. GSO will try and meet other transportation requests provided it has available vehicles. Personal travel after regular hours will be given low priority. PLEASE REQUEST YOUR TRANSPORTATION NEED AT LEAST 24 HOURS BEFORE THEY ARE NEEDED.

Taxi service is available at reasonable rates, but very often the cars are old and are of questionable safety and reliability. Be sure to determine the fare before getting into the taxi. Night rates are higher than day rates. An average rate from a hotel to residential areas where most Embassy staff live is approximately 5,000 kwacha.
For a more information contact the CLO.

Rental cars are available for hire either with a driver or "self-drive". A U.S. driver's license is valid for 3 months in Zambia; an international driver's license is valid for 6 months

Avis .....Intercontinental Hotel 25-06-00
Hertz.....22-99-441516
Zungulia Zambia.... 22-77-29/30 Fax 22-77-29
Commissary Assoc. .. Ext. 278
Chigwaza Car Hire .. 24-11-07

IF AN ACCIDENT OCCURS FOLLOW THIS PROCEDURE.

1. Check any injured party, and take to the hospital, UTH Emergency Ward.

2. Contact the Duty Officer immediately. If you are not sure who is the Duty Officer contact POST ONE, the Marine Guard, who will relay a message to the Duty Officer. Tell the Marine Guard the basics: WHO - WHAT - WHERE - WHEN. The duty officer will contact the RSO.

3. Report accident to police immediately. Complete Police accident report. This must be done within 48 hours of the accident.

4. If you are involved in an accident with an Embassy vehicle, regardless of the seriousness, an Embassy report must be submitted as soon as possible to GSO. If you have a driver, the driver will complete this form. If YOU are the driver, you will complete the form.

IMPORTANT: DO NOT ACKNOWLEDGE FAULT OR RESPONSIBILITY FOR THE ACCIDENT. OBTAIN THE NAMES AND CONTACT NUMBERS OF ANY WITNESSES.

HEALTH NOTES FOR ZAMBIA

AIDS

Zambia has a very high incidence of HIV infection and AIDS. In Africa the HIV virus is spread primarily through heterosexual contact. Occasionally it is also spread through the exchange of blood. The Mission maintains a "walking blood bank" of persons who have tested negative for HIV antibodies. In addition, the Medical Unit stocks sterile syringes, other intravenous equipment and kits to be used when traveling to the rural areas or Zambia, where medical resources are less available than in Lusaka.

DIARRHEA DISEASES

Diarrhea diseases are very common in Zambia and are usually self-limited once the body has eliminated the offending agent. It is better NOT to take Lomotil Tetracycline, or any other medication for diarrhea until you have seen a medical professional. Increase your fluids to replace fluid loss. Report to the Health Unit any diarrhea that persists or is accompanied by vomiting and fever. Try to avoid salads and other uncooked foods when eating out.

EATING OUT

It is best to stick to well known restaurants and avoid salads and uncooked foods as diarrhea and hepatitis are quite common.

EFFECTS OF HEAT AND ALTITUDE

The body needs time to adjust to a warmer climate and the higher altitude. Take it easy. Drink plenty of water to replace fluids and prevent dehydration. Sunburn/skin damage secondary to sun exposure is a serious, potential danger in Zambia, therefore always use a sunscreen when out of doors.

HEPATITIS

This viral infection of the liver is considered endemic in Zambia and is usually worse around October and November. It is passed by fecal contamination. Early symptoms include nausea loss of appetite, low fever, weakness and fatigue. All Embassy personnel/dependants should have received the vaccine for Hepatitis A and B.

MALARIA

Malaria is a protozoan infection characterized by relapsing chills, fever and sweating, and general aching. It is endemic in Zambia. The State Department recommends anti-malarial prophylaxis. Several drug regimens are available, these include weekly Mefloquine, or weekly Chloroquine along with daily Paludrine or daily doxycycline. The best choice for you can be decided following a discussion with your physician or State Department medical authority. The regimen should be started two weeks before entering the malarial area and continued for FOUR WEEKS after departing the area.

MOTOR VEHICLE ACCIDENTS

This is probably the greatest health risk to everyone in Lusaka since there is very little skilled trauma care available in Zambia. Drive defensively, use seat belts and minimize driving at night as there are many potholes, vehicles in poor repair and poorly trained drivers.

SWIMMING

Swimming is safe in private treated pools; all bodies of water in Zambia are considered infected with Schistosomiasis (Bilharzia) and therefore swimming in these lakes/rivers is to be avoided.

TUMBU FLY (Putsi fly)

During the rainy season this fly is very common. It lays its eggs on laundrv or anything wet that is left outside to dry. When the fabric comes in contact with skin, the eggs hatch and the larvae burrow Into the skin. Wet bathinq suits and bath towels are common carriers. To avoid this pest run your bathinq suits and towels through a high setting on the clothes dryer or iron all laundry that is dried outside. This will kill the eggs. All fabric covered cushions/lawn chairs should be protected from getting wet(rain) and kept in doors at night.

SECURITY TIPS FOR TDY'ERS

On behalf of the USAID Mission and the American Embassy Regional Security Office, welcome to Lusaka. The information presented here is to ensure that you have a safe and uneventful stay with us. Lusaka has a very serious crime problem. The potential problems that you may encounter as a TDY'er will ultimately depend on the care you exercise, [the duration of your stay,] whether you will be residing in a hotel or government-furnished TDY quarters, and/or if you will be driving a vehicle.

Please take a few minutes to review the following material. If you have any questions or concerns please contact the USAID Unit Security Officer/EXO at 254303 Ext 123.

Street crime, carjackings and residential break-ins are rampant, so it would be wise to adhere to the advice that follows and exercise good judgment during your stay in Lusaka.

HOTELS

Never leave money, jewelry, passports or other valuable items in your room. You should keep your passport with you at all times for identification. Excess travelers checks and money should be secured in the hotel's safe deposit box.

Never walk in the streets after sunset. Although the streets around the hotels normally used by TDY'ers - Intercontinental, Pamodzi, Holiday Inn - are generally safe and protected by the hotel's contract guards, criminal elements are in the area as evidenced by a number of car thefts at these hotels.

The use of local taxis/buses for transportation should be used only as a last resort. Most taxis/buses are considered to be unsafe due to inoperable headlights, brake lights, and other essential systems. Furthermore, taxi and bus drivers are notoriously unconcerned with the safety of their passengers. Fares charged after dark are normally 3 to 5 times higher than daytime rates. You can often barter on the cost of the fare - best done before you begin your trip.

When downtown or in market, be wary of vendors or group of children who will try to distract you to allow an accomplice to steal your watch, wallet, handbag or other pilferable items. This is common. Be especially careful when entering or exiting your vehicle.

Petty theft of razor blades, aftershave lotion, etc., is common throughout the region. Keep your suitcase locked whenever you leave the room. Hotel staff will not generally break into a locked suitcase .

REVISED JUNE 1997

GOVERNMENT FURNISHED TDY QUARTERS

All residences are provided with 24-hour guard service

All residences are equipped with an emergency radio that is monitored by the Marine Security Guard at Post One and the contract guard company.

All homes have a standard AES alarm system. It should be used regularly. Your control officer will provide you with an orientation on the alarm system and radio usage.

All homes have been fitted with safehaven doors for the bedroom area. Be sure that it is locked before retiring each night.

If you are awakened at night by your alarm or suspect that thieves are on the premises, contact Safetech at 253-853, or Post One at 252-234.

When you call Safetech, or they call you, state exactly what the problem is as best you can and request that the Roving Patrol be dispatched immediately.

DO NOT **exit your safehaven to check out the problem until the Roving Patrol arrives. When you leave the safehaven, you are exposed to thieves who could be in your residence. Response time by the Roving Patrol is fast - usually 3-5 minutes.**

If you discover that your residential guard is asleep, intoxicated or absent, contact Safetech via telephone, 253-853, or via radio using your call sign, and request assistance from the Roving Patrol. Report the incident to the USAID Unit Security Officer/EXO the next working day.

CARJACKINGS/CAR THEFT

As in most countries located in Southern Africa, carjackings and car thefts have reached epidemic proportions in Zambia. Most vehicles that are stolen in Zambia are never recovered. There are a variety of common sense precautions you can take that will lessen your chances of becoming a victim of a carjacking:

KEEP YOUR WINDOWS UP AND DOORS LOCKED; KEEP AN EYE ON YOUR REAR VIEW MIRROR TO CHECK THAT YOU ARE NOT BEING FOLLOWED; STAY TO WELL-TRAVELLED ROADS; NEVER TURN INTO YOUR DRIVEWAY UNTIL THE GATE IS OPEN - YOU DO NOT WANT TO BE TRAPPED
BETWEEN THE GATE AND THE THIEVES; KNOW WHERE YOU ARE GOING SO THAT YOU DON'T BECOME LOST OR APPEAR TO BE LOST; DO NOT STOP TO AID STRANDED VEHICLES; WHEN TRAVELLING AT NIGHT AVOID SITTING AT STOP LIGHTS - CHECK TO SEE THAT THE ROAD IS CLEAR AND CONTINUE; BE ESPECIALLY CAREFUL WHEN ENTERING OR EXITING YOUR VEHICLE IN THE DOWNTOWN AREA.

IF YOU ARE IN THE UNFORTUNATE SITUATION OF BEING CARJACKED AT GUN POINT, OFFER NO RESISTANCE. HAND OVER THE VEHICLE. DO NOT OVERTLY TRY TO IDENTIFY THE PERPETRATORS. GIVE THEM THE KEYS AND ENCOURAGE THEM TO LEAVE. JUST REMEMBER IT IS ALMOST IMPOSSIBLE TO OUT RUN A BULLET.

REPORT THE INCIDENT TO POST 1 IMMEDIATELY.

TRAFFIC ACCIDENTS

One of the greatest dangers in Zambia is traffic accidents. Aside from the poor road conditions throughout Zambia, the drivers and their vehicles are the biggest threat. The vast majority of vehicles on the road are in very poor mechanical condition - bad brakes, no headlights , etc. Professional drivers training is almost non-existent. Consequently, drivers are poorly trained, and have little regard for traffic safety. Driving at night is not/not recommended. If you are in an accident you should remain at the scene until the police arrive unless you can articulate that you felt your life was in danger. Do not admit guilt, and do not sign any documents until you have contacted the American Embassy Regional Security Officer or USAID Executive Officer. Notify the American Embassy Regional Security Officer or the USAID Executive Officer as soon as possible.

GENERAL

Local law, departmental policy and post policy prohibit currency exchanges in the "parallel" or "street-market". The Embassy cashier will be available to make exchanges for your local currency needs. Please check with your Control Officer for further information .

You should exercise caution when taking photographs in Zambia. The host country is especially sensitive to photographing of official buildings, bridges, police stations, power stations, etc. These restrictions are marked at some of the facilities, but not all, and it is not uncommon for police and military personnel to detain photographers for taking pictures of what they consider sensitive installations.

DO NOT buy Ivory or Rhino horn. It is illegal and penalties are severe.

Purchase gemstones only from a dealer licensed by the government. It is illegal to sell gemstones without a license.

You should inform your Control Officer of your whereabouts at all times, especially on weekends.

FROM OUTSIDE OF LUSAKA

Never travel outside of Lusaka at night. It is strongly recommended that you only travel when arrangements have been made in advance.

NB: Information in this notice is taken from the RSO TDY briefing paper dated October 3, 1996.

REVISED JUNE 1997

THINGS TO DO - PLACES TO GO

Restaurants

Alfresco - At Andrews Motel - 8 km. south on Kafue Road.

Arabian Nights - Pakistani and steak entrees. On Great East Road, opposite Mulungushl Conference Center. Closed on Sunday.

Danny's - Persian and Asian. On Gizenga Road off of Woodlands Roundabout. Closed on Monday.

Dil - Indian. At plot No 153 Ibex Hill opposite Hill Top Hospital. Closed on Monday.

El Toro - Fast foods, sandwiches, seafood, and pastries. At Kachelo's, Sable Rd., in Kabulonga. Food Fayre - Fish or chicken and chips, and ice cream. On Cairo Road.

Fringilla - Country cooking. Fringilla Farm, 66 km along Great North Rd.

Frog & Firkin - Lusaka's first "proper" pub and only miro-brewery. Pub type food. At 2405 Kabelenga Rd., off Church Rd.

Garden Grill - Evening meals are a buffet spread which is a cross between stir-fry smorgasbord. Serves a buffet, all you can eat, breakfast. At the Holiday Inn Ridgeway, Church Rd.

Golden Bull - Seafood and Steak entrees. On Kafue Road next to Mobile Service Station. Closed on Sunday.

Golden Spur - Steak entrees. In Holiday Inn Garden Court. Open every day.

Great Wall - Chinese entrees. Kafue Road just off Kafue roundabout. Turn right at first stopliqht. Entrance is on side street.

Gringos - Steak entrees. At Plot #2229 Lubu Road, the 5th turn on right, off Addis Ababa as your drive toward Great East Road. Closed Tuesday.

Hibiscus - Continental. Jesmondine via Central Street off Great East Road. Closed Tuesdays. Jacaranda Room - Luncheon buffet and a la carte menu. In the Pamodzi Hotel. Open every day. Javlin - Steak/CreolelChinese entrees. In the Lusaka Tennis Club on Los Angeles Blvd. Closed Monday.

Lechwe Lodae - Good food relaxing environment. Vegetarian dishes on request. About 30 minutes south of Lusaka near Kafue town.

Lilavi Lodqe - Great buffet speciality lunches. Located 10 km south of Lusaka on the Kafue Rd. The lodge is set amid a game ranch. Game drives available at reasonable rate. Pool also available for patron's use.

Madame Esther's - Zambian cuisine. Stall #39, Northmead vegetable market.

Makumbi Room - Continental. In the Intercontinental Hotel, top floor. Daytime buffet and Sunday evening buffet. Reservations suggested. Closed on Sunday.

Marco Polo - Italian entrees. At the Polo club behind the Showgrounds off Nangwenva Road. Closed on Monday.

McGinty's Irish Pub - Great pub lunches, steak and kidney pie and vegetarian dishes. At Holiday Inn, Church Rd.

Mutanda Coffee Hut and Lutabo Hut - In the Intercontinental Hotel, first floor. A la carte menu or selection from the buffet. Open every day.

Pete's Steak House - Steak/ribs/chicken entrees. On Panganganani Road off of North End Roundabout. Disco dancing on Friday and Saturdays. Closed Saturday lunch and all day Sunday.

Pizza Island - Middle Eastern eatery with Pizza, Schawarma, charcoal grilled foods. Their on-site bakery sells fresh bread and pastries daily. Castle Shopping Center, Kafue Rd.

Pizza Pizza Pizza - Pizza, submarine sandwiches, hamburgers and cakes. Do take-away orders.

Polo Grill/Classique Casino - Grilled dishes and Chinese food. Takeaway services offered. Off Nangwenya Rd. Showgrounds Area. Casino located upstairs.

Popeye's - Pizza and chicken entrees. On Chozi Rd., Northmead (behind Woo*bury's Supermarket). Open everyday. Take away available.

Rendezvous Room - Ala carte menu. Vegetarian dishes by prior arrangement. In the Pamodzi Hotel, Addis Ababa Rd. Closed Saturday lunch and all day Sunday.

Shehnai - Indian/Chinese entrees. In Northmead, next to Jemmy's. Closed on Monday.

Tonto's - Takeaway food. Chicken and fries. There is also a small bakery making bread and pastries daily. Cairo Rd., downtown Lusaka.

HANDCRAFT SHOPPING

Afrikolor Batiks - Kafue Road to Makeni, Right at "Salaetian Fathers" Wall. Third 8ate on left. Batik fabric and clothing, very creative designs. 27-46-86 FAX 27-26-94

Copper Arts Centre - Fintex House, one building over from Shoprite Supermarket. Carrles large selection of copper and silver items and malachite and gem stones.

Dutch Reform Church Bazaar - last Saturday of the month. Located at Dutch Reform Church on Kabulonga Road. Just past Kabolonga stoplight. Large variety of artists, crafts persons, and entrepenuers.

El Gi Boutique - Intercontinental Hotel. Wide selection of leather goods, local pottery, an imported crafts.

Hangups - about 6 km. south on Kafue Road. Right side of Road just before Lilayi Lodge corner. Variety of handmade gifts.

Intercontinental Hotel Boutiques - copper, malachite, and silver items. Wood carvings and basketry also available.

Jungle Junk - Approximately 10 km out Leopards Hill Road on left. Continue on road after it becomes dirt. Handcrafted jewelry and clothes with African motif.

Kabwata Woodcarvers Village - Burma Road between Nationist and Independence Avenue. Wood craftsmen working on premises.

Kalipinde - West end of Panganani Road. A large variety of gemstones set in variety of settings.

Karachi Street Fabric stores - Left of Independence Avenue behind Kamwala market. Many Indian shops with a huge variety of African chitenge.

Klaus Rygaard - Corner of Cairo Road and Kantondo Road next to Lusaka Hotel.

KHigh quality silver giftware and jewelry. Second location at Castle Shopping Center on afue Road.

Moore Potterv - Church Road past fire station, right on to Kabelenga. Two blocks on rTght. Dishes, vases, sculpture.

Northmead Outdoor Market - Basketry, malachite, paintings, soap stone, wooden boxes, masks, traditional crafts, and wire sculpture. Definitely bargain for best price.

Pamodzi Gift Shoo - located in the Pamodzi Hotel. Selection of copper, wood, malachite items. Check terrace area towards swimming.

Thatchers Silver Chain - Addis Ababa to Great East Road, straight through stoplight on to Manchinichi Road. Follow curve down to maior riaht hand road coming in at a "Y". Turn right. Shop is 200 meters on the left. Si*ver jewelry. See items craft

Utexafritex - North end of Freedom Way. Wide selection of cotton chitenje fabrics. Excellent quality. in a hotel or Government furnished TDY quarters

The Wildlife Shop - Cairo Road at the corner of Church Road. Carvings, gift items, and African books.

YWCA Craft Shop - Right side of Nationalist Drive past UTH Hospital. Woodcarvings, baskefs, weavings, tie-dye items, pottery cloth bags and banana leaf pictures.

Zintu - In Holiday Inn. Baskets, wood carvings, soapstone carvings, etc. displayed well and reasonably.priced.

Zintu ll - North End Round about, down Kalambo Road. First riaht, take bend to left at Mr. Pete's Steak House. Far west end. Wall printed "Zin*u Community Museum". Wooden furniture, woven rugs, ceramics, and paper mache.

Zuva - on Cairo Road between National Milling and Wildlife Shop. Silver jewelry, souvenirs.

GALLERIES:

Mpapa Gallerv - 25 Joseph Mwila Road.

Henry Tiyali Center - Showgrounds. Turn left at small roundabout towards Calabash restaurant, left on side street just before Calabash. Center in on your left. Paintings, sculpture from Zambian artists. Also offices for the Visual Arts Council (Zambia).

PLACES OF INTEREST

PLEASE NOTE:

The Zambian Government is sensitive to the use of cameras. The government has relaxed restrictions on taking Photos in the city but please do not take any photographs of airports, public utility buildings, military instal!ations, etc. Th.ere are no restrictions at tourist attractions. Consu1t with the USIS Inforrnation Officer for more specific locations.

Anglican Cathedral - The Cathedral of the Holy Cross is situated at the corner of Church Road and Independence.

Civic Center - The Civic Center houses the municipal government offices and the Major's Chambers. Adjoining the Civic Center is Nakatindi Hall, where large receptions and exhibits are sometimes held.

Kalimba Reptile Park - Ngerere about 20 km off of Great East Road. Crocodiles, snakes and chameleons. Fishing ponds are open to public. Drinks and snacks availabie.

Lusaka National Museum - offers historical collection of African paintings and cultural crafts and information. Open daily. Snack bar available.

Mulungushi Hall - is an international conference center and home to the National Art Collectlon. Also on the qrounds is the Zambia History Museum. There is a craft shop adjacent to Mulungushi Hall which sells various Zambian arts and crafts.

National Archives - The National Archives are situated on Government Road. The extensive library on Africa and photo exhibits section are open to the public during government hours.

National Assembly - its chambers in a modern copper-towered building next to Mulungushi Hall in Olympia Park. Tours are conducted on the last Thursday of the month. The building is open to the public on Friday afternoons.

National Political Museum - now located on Independence Avenue the museum houses items associated with Zambia's independence struggle during the 1950's.

Entertainment

Casinos:
The Ridgeway, Pamodzi hotels and Intercontinental hotels have casinos.

Discos/Night Clubs:

Pete's Steak House has a disco every Friday night.
Black Velvet has disco every Friday and Saturday night.
The major hotels feature bands for dancing.

Movies:

The Marine House often shows films on Thursday evenings at 19.00 hours. Film titles are Posted on the main bulletin board in the Chancery and announced weekly in the Embassy newsletter, the Kachere.

L'Alliance Francaise has films every Wednesday evening at the center at Northmead. Check out the 17:30 showings. The movies with English sub-titles are free .

The German Embassy presents feature movies the last Wednesday of the month. The movies are free, have English sub-titles, and are shown at the German Chancery at 19:30.

Several movie theaters are located in the downtown area. Offerings are advertised in the daily paper. Parking in the area of these theaters is not considered safe nor is attendance recommended.

Weekend Activities:

Hash House Harriers - meet every Saturday at 15.30. The local group meets at a different location each week. One need not be a serious runner to join; walkers most welcome. Contact the Marines for weekly schedule.

Polo - every Saturday and Sunday during polo season (April - September) at the Showgrounds polo field. Saturday chukkers begin at 14.30, and on Sunday mornings at 09.00 hours.

PLACES OF WORSHIP IN LUSAKA

ANGLICAN: Anglican Cathedral of Holv Cross
Independence and Church Road Sunday 8:00 and 9:00 am except the first Sunday of the month there is one service at 9:00 am

BAPTIST: Lusaka Baptist Church
Lubu Road — Sunday 9:00 and 11 :00 am
Sunday school 9:30 am

CATHOLIC: St. Dominic's
Mutende Road — Sunday 9:00, 10:15, & 11 :30 am

St. Iqnatius
Beit Road — Saturday 5:30 pm
Sunday 7:00, 8:00, 9:00,10:00pm

CHRISTIAN SCIENCE:
Waddinqton Center corner of Nationalist Rd. and Burma Road — Wednesday 18:00
Sunday 10 :00

JEWISH: Chairperson of the Council of Zambia
Michael Galaun, Tel: 229556
No regular meetings scheduled.

LUTHERAN: Lutheran Church,
Mambulima and Nkanchibaya Road
Sunday 9:00am
Sunday school 10:15am

NON-DENOMINATIONAL: Woodland Fellowship
near Woodlands Circle
Sunday; 5:00pm

PRESBYTERIAN: St. Christopher
corner Addis Abbaba and Nangwenya
Sunday 10:00am Service for children same time

PROTESTANT: Trinity, Church road
Sunday 8:00 and 10:00 am

SEVENTH DAY ADVENTIST: Kamwala Secondary School,
Independence and Burma Road
Saturday 9:00 am and 12:30pm

OTHER SERVICES

ALCOHOLICS A NONYMOUS: Anglican Cathedral of the Holy Cross,
Independence and Church Road
Meeting Schedule
Monday 5:30 pm (open) Thurday 5:30pm (closed)

UNCLASSIFIED

BRIEFING MATERIAL

FOR

SANDY THURMAN

MARCH 1999

Agency for International Development
Washington D. C., 20523

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INDEX SYSTEM

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1

Divider Title: _____

Health

Over the years, USAID has supported health initiatives in such areas as AIDS research, AIDS prevention, population and family planning, and child survival. USAID-financed innovations in family planning service delivery and in community-based distribution of services have paved the way for adopting and expanding a nationally integrated program of health services delivery.

USAID

USAID/Zambia

351 Independence Avenue
P.O. Box 32481
Lusaka 10101 ZAMBIA

Democracy and Governance

A Democracy and Governance Project, designed to promote public participation in political decision-making and accountable government in Zambia, was started in 1992. USAID's strategy for assisting political reform targets both civil society and the government sector in a "demand/supply" relationship to improve democratic governance. Specifically, USAID seeks to make public decision-making more accessible, effective and accountable by increasing citizen awareness of rights and responsibilities, strengthening independent journalism, enhancing legislative performance, alternative dispute resolution, strengthening selected aspects of the rule of law and the justice system, and improving public policy implementation.

USAID/Zambia

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Washington, D.C. 20521-2310

Local Address:

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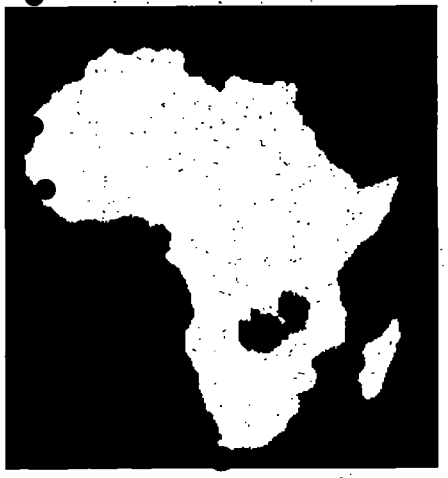
Zambia

USAID/Zambia



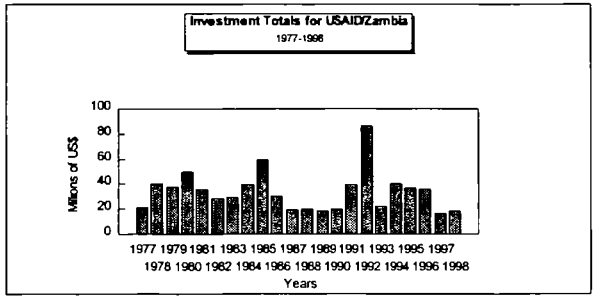
USAID in Zambia
1977 - 1998

USAID

Overview

United States economic assistance to Zambia predates independence. In the mid-1950s a number of Zambians received scholarships to study in the United States. In the 1960s an expanded USAID-financed program, provided training and some food aid.

USAID/Zambia was formally established in 1977. The strong post-independence economy had stalled, caused by the collapse of copper prices and declining levels of copper ore exports, compounded by economic mismanagement. To promote stability in the region, it was considered essential to initiate a bilateral program of economic assistance. For many years, economic assistance efforts in Zambia were frustrated by a poor climate for development nationally and in the region. In 1991, a newly elected government began to reverse the effects of a lost generation of opportunity. Zambia has become more investor-friendly and USAID supports programs which undergird growth with equity.



A History of Cooperation

Since 1977 USAID has delivered more than $820 million in economic development project and non-project grants, loans and food commodity assistance to the Republic of Zambia.

The value of the current portfolio of projects exceeds $212 million. The program is working to increase rural incomes, improve health standards, promote accountable and democratic governance and improve basic education for girls.

Under USAID's Regional Center for Southern Africa program, Zambia supports telecommunications restructuring, trade integration initiatives and natural resources management. Currently, USAID provides more than $20 million of assistance to Zambia annually.

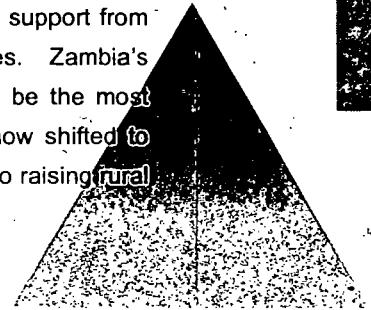
Private Sector Development

Up to the late 1980s, Zambia was one of the most heavily state-run economies in Africa. In 1991 the newly elected government announced plans to privatize public corporations and redefine the government's role as a creator of an "enabling environment" for a market economy. The Zambian Privatization Agency (ZPA) was formed in 1992 and has received extensive support from USAID in the achievement of its objectives. Zambia's privatization program is now considered to be the most successful in Africa. USAID's focus has now shifted to the role of the private sector in contributing to raising rural incomes.

Promoting Agricultural Production

Since 1977 USAID has funded two types of activities in the agriculture sector: one in the area of research and extension and the other related to agricultural policy, training, planning and institutional development .

Throughout the late 1980s and early 1990s USAID used project and non-project activities to achieve policy change, leading to the liberalization of maize and other agricultural markets. Substantial changes have taken place since 1991, when a market-oriented government demonstrated a desire for the type of technical guidance and financial support which USAID could offer. USAID now focuses on ways to increase rural incomes through rural business activities.



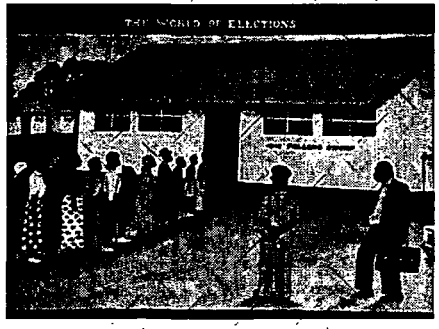
To improve the health status of the population, USAID assists the Government's innovative health care decentralization program. Working within the system, USAID focuses on improving infant and child health, reducing death rates, helping with family planning, and controlling the spread of HIV/AIDS. Community-based education programs are stressed, and a wide variety of family planning methods is promoted.

Democratic Governance

The multi-party elections of 1991 were a turning point for political and economic reforms in Zambia, as a liberalized political environment became the stimulus for economic reforms. Political developments in more recent years have revealed some of the difficulties in effecting a sustainable socio-political transition.

USAID'S strategy for Democratic Governance is primarily directed toward supporting more opportunities for broader popular participation in political processes, accountable governance, improved functioning of the rule of law and operation of the judicial system.

USAID's experience elsewhere shows that a more competitive political process is critical to stimulating demand for popular participation in government. When people see that they can make a difference in the political arena, they will better appreciate the linkages between personal freedom, personal responsibilities and government involvement.



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Zambia

AID/Zambia

UNICEF

omises to Keep

USAID

The Challenge

Zambia is faced with widespread poverty, an unsustainable debt burden, and crumbling infrastructure.

Since 1991 the Government has embraced a turnaround agenda of social, political and economic change. There have been dramatic improvements in the structure and performance of the economy. The commitment to political reform has been uneven but there have been many positive changes. Regrettably, improvements in social conditions have been the hardest to achieve. USAID provides about $20 million of assistance to Zambia annually.

USAID/Zambia's principal goal is to help Zambia realize the immense development potential it possesses. To do this, USAID supports the consolidation of the government's reforms, focusing on four key sectors: increasing rural incomes, basic education, health, and democratic governance.

USAID's investments in Zambia are paying off in lower fertility rates, higher agricultural production and rural incomes, a more vibrant civil society and in attracting new investment to the region's most open economy.

New investments in basic education for girls are being developed.

Rural Incomes

Since 1992 USAID has supported the Zambian Government's effort to energize the national economy through market liberalization and the encouragement of private sector domestic and foreign investment. USAID assistance has included technical expertise in the privatization process --the most successful in Africa-- as well as training and entrepreneurial skills development for small and medium-size enterprises.

USAID now focuses on the increasingly important role these private enterprises and groups of agricultural producers can play in increasing rural incomes. Support activities include helping rural groups identify new business opportunities and improving rural finance interventions that promote private initiative.

Basic Education

Dramatically shrinking domestic resources and increasing numbers of students have led to a serious deterioration of the quality of education in Zambia.

USAID supports more equitable access to quality education and learning for Zambian children, especially girls. We firmly believe that improvements in basic education have broad benefits for the nation. Investments in girls' education, policy planning, management information systems and students health and nutrition are being developed. This is USAID's first involvement in the education sector in Zambia. And it responds to a unique window of opportunity, as the Government of Zambia is searching for new solutions to the problem of how to provide high quality basic education with equity and at reasonable cost.

Health

Zambia is one of the poorest countries in the world. The deterioration of the health care system is particularly striking. The HIV/AIDS infection rate is 25%-30%, with serious implications for the labor force. Life expectancy dropped from 50.1 years in 1980 to 45.5 years in 1996.

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2

Divider Title: _____

USAID/ZAMBIA

PROGRAM OVERVIEW

I. BILATERAL PROGRAM

Zambia is one of the poorest countries in the world. Yet, the United States recognizes that Zambia has been in the vanguard of African countries implementing significant economic reform, in promoting pluralistic democracy and transparent and accountable government. USAID/Zambia's principal goal is, therefore, to support the consolidation of these reforms and improve living standards. This is being achieved through its four strategic objectives targeted on increasing rural incomes, basic education, health and democratic governance .

Increased Rural Incomes: In its effort to energize the national economy, Zambia realized that undoing the inappropriate policies of the past and extracting the state from what should be private markets, was key to attracting investment and reviving economic growth. USAID assisted with the divestiture of state-owned enterprises, and the establishment of an enabling environment to attract new private investment.

Now the challenge is to help rural families to take advantage of the new environment. To improve household and national food security, the rural sector requires a sustained and consistent policy posture by Government that encourages diversified farm and non-farm enterprises and rural family participation in marketing systems. USAID develops smallholder capacities to sustainably participate in the market economy. Activities spring from rural group agribusinesses which enhance women's contribution to rural economic growth, and encourage Government food security and rural finance policies that promote private initiative including micro-credit.

Zambia is subject to adverse weather conditions. In some years there is a need for emergency food assistancy. In 1998 - 99 USAID provided 10,000 MT of sorghum to WFP for emergency food distribution in Zambia.

Improved Health: To improve the health status of the population, USAID assists in integrating child survival interventions which improve infant and child health and reduce death rates. Family planning and HIV/AIDS control interventions are enhanced through community based educational programs and promotion of a sustainable supply and use of a wide variety of contraceptives.

Democratic Governance: USAID's strategy for assisting political reform aims at building a more sustainable multi-party democracy. Specifically, USAID seeks to make public decision-making more accessible and effective by increasing citizen awareness of rights and responsibilities, enabling independent journalism, enhancing, and improving public policy implementation.

Basic Education: With an emphasis on girls and other disadvantaged children -- USAID firmly believes that improvements in basic education have broad benefits for Zambia. Investments in girls' education, policy planning and student health care are being planned.

II. REGIONAL PROGRAM

Apart from bilateral assistance programs, USAID is promoting regional linkages and cooperation among members of the Southern Africa Development Community (SADC) and COMESA (Common Market for East and Southern Africa) by enhancing prospects for peace, trade and stability in the region. In 1995 USAID rehabilitated the Zambian portion of the main road connecting Lusaka with Harare, Zimbabwe; and is supporting community-based wildlife conservation and natural resource management activities.

III. PROGRAM FUNDING

Since the start-up of its program in Zambia in 1977 USAID has delivered more than $820 million in economic development project and non-project grants, loans and food commodity assistance to the Republic of Zambia. The life-of-project cost of the current portfolio of projects exceeds $212 million. Allocations within the bilateral program are: $15 million for civil society development, $66 million for economic reform (agriculture and private sector development), $110 million for health and $20 million for basic education. In the Southern Africa regional program, Zambia's natural resources management is budgeted at $6 million. Subject to negotiation of agreements with the GRZ, USAID will obligate continuing assistance valued in excess of $20 million in FY 1999 for Bilateral and Field Support Activities and more than $22 million in FY 2000.