FOIA Number: 2007-1550-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Mary May

Subseries:

OA/ID Number: 19380

FolderID:

Folder Title:
Africa [2]

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	6	2

UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census
Washington, DC 20233-0001

February 28, 1997

Dear Colleague:

Based on information in our *HIV/AIDS Surveillance Data Base*, January 1997 release, I am enclosing our latest research note (No. 23) which may be of interest to you.

Research Note No. 23 is the "Recent HIV Seroprevalence Levels by Country: January 1997," which is a summary of recent seroprevalence for developing countries. In addition, the research note includes several maps showing seroprevalence estimates for high and low risk population groups in Africa and HIV seroprevalence among pregnant women and prostitutes in Cambodia and Vietnam.

We welcome comments, suggestions, and additional material for our database. Also, we would be pleased to add additional subscribers to our database which is distributed at no charge on diskette and in printed form upon request. Additional copies of our reports also are available.

I hope that you will share these materials with your colleagues.

Sincerely,

Karen

Karen Stanecki De Lay
Chief, Health Studies Branch
International Programs Center
Population Division
E-mail: kstaneck@census.gov

Enclosures

RECENT HIV SEROPREVALENCE LEVELS BY COUNTRY: JANUARY 1997

Health Studies Branch
International Programs Center
Population Division
U.S. Bureau of the Census

Research Note
No. 23
January 1997

Preface

The International Programs Center of the Population Division conducts specialized studies of population, economics, labor force, health and aging issues. However, the use of data not generated by the Bureau of the Census precludes performing the same statistical reviews normally conducted on its own data.

This research note is the 23rd of a series of short research documents resulting from analysis conducted in the Health Studies Branch. Distribution in the research note format is intended to allow for rapid dissemination of results to a specialized audience, highlighting recent developments or emerging trends. Reports containing a more thorough presentation and discussion of research findings will continue to be issued in the International Programs Center Staff Paper series.

The preparation of this report was supported by funding from the U.S. Agency for International Development.

This note was prepared by the staff of the Health Studies Branch--Jinkie Corbin, Anne Ryan, Peggy Seybolt, Lisa Mayberry, and Jack Gibson and edited by Karen Stanecki De Lay, Chief, Health Studies Branch. Comments and questions regarding this study should be addressed to Karen Stanecki De Lay (kstaneck@census.gov) or Peter O. Way, International Programs Center, Population Division, Bureau of the Census, Washington, D.C. 20233-8860; telephone (301) 457-1406.

RECENT HIV SEROPREVALENCE LEVELS BY COUNTRY: January 1997

Contents

Maps

Tables

Recent HIV Seroprevalence Levels by Country: January 1997

Introduction

Since 1987, the International Programs Center, Population Division, Bureau of the Census, has been compiling HIV seroprevalence information for its ***HIV/AIDS Surveillance Data Base***. This work has been supported by funding from the Agency for International Development.

The present update to the data base incorporates all available epidemiological information for developing countries presented at the XI International Conference on AIDS, Vancouver, Canada, July 1996. We also are regularly reviewing the scientific literature for relevant information. Currently, the ***HIV/AIDS Surveillance Data Base*** contains about 30,302 individual data records drawn from 3,782 publications and presentations. It is our goal to incorporate all available data from seroprevalence studies conducted in developing countries.

Several items drawn from the data base are included in this report. These include summary tables showing available seroprevalence estimates for high- and low-risk population groups in major cities and rural areas for all developing countries. Tables are provided for HIV-1 and HIV-2, where available. Urban data for Africa and three Asian countries, Thailand, Cambodia, and Vietnam, have been plotted on maps as well, showing the distribution by country. A brief review of data quality issues and discussion of selection criteria follows. We recognize the somewhat arbitrary nature of this selection and welcome comments.

Data Quality and Qualifications

With rare exception, surveys of HIV seroprevalence are not based on national samples. Therefore, every seroprevalence estimate has a bias if generalized beyond its sample population. The amount of bias is determined by how different the sampled population group or geographic area is from the generalized description placed on the estimate. For instance, an estimate of the HIV seroprevalence of pregnant women in Kinshasa, Zaire, may be generalized to "urban, low-risk group." Yet, Kinshasa is not representative of all urban areas in Zaire, and pregnant women are not representative of all low-risk adults (since by definition they may be more sexually active than many low-risk groups, such as the aged).

Several factors contribute to biases or confusion surrounding HIV seroprevalence estimates:

-- Sample-Size Bias: The sample sizes of seroprevalence studies are generally very small. Small samples of non-random populations may tend to overestimate the seroprevalence.

-- Nonrepresentative Samples: Many surveys are taken of populations convenient for the medical team drawing blood for testing. Therefore, many are "samples of convenience," taken in clinics or hospitals where the available sample of people may be sicker than those who do not attend the clinic.

-- Geographic Bias: As in the case of samples of convenience, samples may also be taken in more-accessible rather than less-accessible geographic areas. Given what is known regarding the spread of HIV infection, we would expect that this would tend to bias upward the estimate of HIV seroprevalence, if the available sources are taken to represent the country as a whole. Note, however, that this particular factor may not bias estimates of seroprevalence in the geographic areas that were, in fact, surveyed.

-- Testing Bias: In the first several years of the AIDS epidemic, the ELISA test was the predominant test used to determine seropositivity. The ELISA test, however, gives a number of false positives and, therefore, the test results must be confirmed by a second test; in general, the Western Blot. Not all studies report confirmatory testing, although they increasingly do so.

-- HIV-1 and HIV-2 Overlap: In countries where both HIV-1 and HIV-2 are present, tests are done for both viruses and often find people who test positive for both. To report the people who are only infected with HIV-1 will understate the total infected population because it does not take into account the joint infections. Thus, care must be used in discussions of data from these areas to avoid either double counting or omitting various categories of infected population.

In order to minimize the biases and confusion in using current seroprevalence estimates, we have developed several criteria to select the most representative sample estimate:

-- larger samples are generally favored over smaller samples;

-- more recent estimates are selected over older estimates; and

-- better-documented data are usually selected over poorly-documented data; data without documentation are not used.

These criteria only attempt to minimize the biases in the data, not eliminate them. Therefore, all seroprevalence data must be used with caution.

Data Organization

The data presented in the following seroprevalence tables are taken from the ***HIV/AIDS Surveillance Data Base***. The specific rates presented are taken from the most recent studies with a sufficiently large sample size. Where recent data are not available and where sample sizes are small, footnotes qualify the data. In some cases, results from large samples were not included due to insufficient documentation about the sample design, tests or place. The data are imperfect and caution should be used in drawing conclusions. Although they are listed by country name, they are not national level estimates. We can only draw conclusions for the area where these studies were conducted.

The tables that follow are based on data selected as the best available data on HIV-1 and HIV-2 seroprevalence among high- and low-risk populations in developing countries (see Tables 1 and 2). The terms "high risk" and "low risk" are used in these tables and charts to differentiate population subgroups with known risk factors for HIV infection from those without such known risks. As a result of the various transmission modes and the prevalence of the virus in Africa, no group can be considered to have no risk of infection. Sampled populations treated as high risk in this report include prostitutes, bar girls, etc.; clients of prostitutes; and sexually-transmitted disease clinic patients. Sampled populations considered to be low risk include the general population with no known risk, pregnant women, and blood donors.

Data were selected using criteria of sample size, recency of data, presence of two diagnostic tests, and minimal evident bias in sample selection, given the target population. Since each figure is based on a single study, it is not an average or composite figure. As yet, there are insufficient comparable studies to make estimates of an "average" seroprevalence meaningful. Detailed sample information for these studies is contained in Table 3. Sources for the data shown in the tables are contained in a unified reference listing.

The tables are also divided by Capital/Major City and Outside Major City. In many studies it is difficult to determine whether or not the universe is a strictly rural area. The geographical boundaries may include some urbanized centers. Is a sample drawn from three villages necessarily a study of the rural population? When the study area is described as a province in the country it is listed in the table as outside the capital/major city. It is usually fairly clear when a study is conducted in the capital or a major city.

We will periodically update these materials with the latest and best available data, at times including a brief discussion of a topic of particular interest.

We welcome comments and suggestions from users of the data base. We also welcome copies of articles or references to information which may have been overlooked.

Africa

Table 3: Detailed Listing of Estimates of HIV-1 and 2 Seroprevalence, by Residence and Risk Factor, for Developing Countries: Circa 1995

Region/ Country	Risk Area	Geographic Area	Year	Sub-population	Sex	Age	Prev. Rate	Sample Size	Data Type	Test Type	Source ID
EGYPT	+ UL	ALEXANDRIA	1992-94	BLOOD DONORS	B	ALL	.0	283	HIV1,2	ELISA*2,WB	Q0009
	UH	CAIRO	1994(?)	HIGH RISK INDIVIDUALS	B	ALL	5.3	150	HIV	ELISA	H0116
	+ OL	S. SINAI/RURAL	1994	ADULT	B	ALL	.0	467	HIV	ELISA	E0049
ERITREA	UL	ASMARA	1991	BLOOD DONORS	B	ALL	1.6	516	HIV1	ELISA*2,WB	Z0041
ETHIOPIA	+ UL	ADDIS ABABA	1994	ADULTS	F	ALL	6.7	1804	HIV1	ELISA	M0471
	UH	ADDIS ABABA	1990	PROSTITUTES	F	ALL	54.2	1225	HIV	WB	N0083
	OL	JIMMA (RURAL)	1993-94	MOTHERS	F	ALL	8.6	747	HIV	UNK	E0048
	OH	NAZARETH	1991	PROSTITUTES	F	ALL	65.6	215	HIV	ELISA,WB	N0083
GABON	+ UL	LIBREVILLE	1994	PREGNANT WOMEN	F	ALL	1.7	1684	HIV1	ELISA,LIA/WB	D0190
	UL2	FRANCEVILLE	1993(?)	ADULTS	B	ALL	.8 a	674	HIV2	ELISA,WB	M0326
THE	+ UL	EIGHT SITES	1993-95	PREGNANT WOMEN	F	ALL	.6 a	29670	HIV1	UNK	O0083
GAMBIA	+ UL2	EIGHT SITES	1993-95	PREGNANT WOMEN	F	ALL	1.2 a	29670	HIV2	UNK	O0083
	UH	THREE TOWNS	1993	PROSTITUTES	F	ALL	13.6 a	213	HIV1	UNK	H0117
	UH2	THREE TOWNS	1993	PROSTITUTES	F	ALL	26.7 a	213	HIV2	UNK	H0117
GHANA	+ UL	KUMASI	1995	PREGNANT WOMEN	F	ALL	3.2 a	500	HIV1	ELISA,RAPID,LIA	M0442
	+ UL2	KUMASI	1995	PREGNANT WOMEN	F	ALL	0.4 a	500	HIV2	ELISA,RAPID,LIA	M0442
	+ UH	KUMASI	1994	STD CLINIC PTS.	B	ALL	5.2 a	502	HIV1	ELISA,RAPID,LIA	M0436
	+ UH2	KUMASI	1994	STD CLINIC PTS.	B	ALL	1.2 a	502	HIV2	ELISA,RAPID,LIA	M0436
	+ OL	NALERIGU(SEMRUR)	1995	PREGNANT WOMEN	F	ALL	1.0 a	500	HIV1	ELISA,RAPID,LIA	M0442
	+ OL2	NALERIGU(SEMRUR)	1995	PREGNANT WOMEN	F	ALL	.2 a	500	HIV2	ELISA,RAPID,LIA	M0442
GUINEA	UL	CONAKRY	1991	BLOOD DONORS - VOL.	B	ALL	.7 a	2003	HIV1	ELISA,WB	M0334
	UL2	CONAKRY	1991	BLOOD DONORS - VOL.	B	ALL	.4 a	2003	HIV2	ELISA,WB	M0334
	UH	CONAKRY	1994	PROSTITUTES	F	ALL	36.6	112	HIV	WB	B0271
	OL	SAMOE	1992(?)	RURAL POPULATION	B	ALL	.3	928	HIV1	ELISA,RAPID,WB	J0028
	OL2	SAMOE	1992(?)	RURAL POPULATION	B	ALL	.1	928	HIV2	ELISA,RAPID,WB	J0028
GUINEA-	+ UL	BISSAU	1995	PREGNANT WOMEN	F	ALL	2.6 a	1496	HIV1	ELISA,WB	A0167
BISSAU	+ UL2	BISSAU	1995	PREGNANT WOMEN	F	ALL	5.0 a	1496	HIV2	ELISA,WB	A0167
	OL	RURAL AREA	1991	ADULTS	B	ALL	.5 a	2770	HIV1	ELISA,LIA,WB	W0082
	OL2	RURAL AREA	1991	ADULTS	B	ALL	8.3 a	2770	HIV2	ELISA,LIA,WB	W0082
KENYA	+ UL	NAIROBI	1996(?)	PREGNANT WOMEN	F	ALL	18.1	210	HIV1	UNK	G0183
	UH	NAIROBI	1992	PROSTITUTES	F	ALL	85.5	330	HIV	ELISA*2	M0243
	+ OL	KARURUMO	1995	PREGNANT WOMEN	F	ALL	10.3	322	HIV	UNK	B0288
LESOTHO	UL	MASERU	1993	PREGNANT WOMEN	F	ALL	6.1	459	HIV	ELISA*3	M0391
	UH	MASERU	1993	STD PTS.	B	ALL	11.1	377	HIV	ELISA*3	M0391
	OL	MALUTI DISTRICT	1993	PREGNANT WOMEN	F	ALL	4.2	402	HIV	RAPID,ELISA	M0391
	OH	MALUTI DISTRICT	1993	STD PTS.	B	ALL	21.3	221	HIV	RAPID,ELISA	M0391
MADAGASCAR	+ UL	THREE CITIES	1995	PREGNANT WOMEN	F	ALL	.1	1587	HIV	ELISA,WB	R0143
	+ UH	THREE CITIES	1995	STD PTS.	B	ALL	.3	1575	HIV	ELISA,WB	R0143
	OL	TOLIARY PROVINCE	1995	PREGNANT WOMEN	F	ALL	.0	500	HIV	UNK	L0202
	OH	TOLIARY PROVINCE	1995	STD PTS.	B	ALL	.4	500	HIV	UNK	L0202

Table 3: Detailed Listing of Estimates of HIV-1 and 2 Seroprevalence, by Residence and Risk Factor, for Developing Countries: Circa 1995

Region/ Country	Risk Area	Geographic Area	Year	Sub-population	Sex	Age	Prev. Rate	Sample Size	Data Type	Test Type	Source ID
MALAWI	+ UL	BLANTYRE	1995	PREGNANT WOMEN	F	ALL	32.8	400	HIIV	ELISA	K0233
	+ UH	BLANTYRE	1995	STD CLINIC PTS.	B	ALL	70.4	250	HIV	ELISA	K0233
	+ OL	KASINA(RURAL)	1995	PREGNANT WOMEN	F	ALL	11.8	119	HIV	ELISA	K0233
MALI	UL	BAMAKO	1994	PREGNANT WOMEN	F	ALL	4.4	205	HIV1,2	ELISA,RAPID	M0452
	UH	BAMAKO	1995(?)	PROSTITUTES	F	ALL	55.5	146	HIV1,2	ELISA,RAPID	M0452
	OL	SEVEN REGIONS	1992	GENERAL POPULATION	F	ALL	3.4 c	2990	HIV1,2	LIA,WB	M0331
	OH	FIVE REGIONS	1992	PROSTITUTES	F	ALL	52.8 c	178	HIV1,2	LIA,WB	M0331
MAURITANIA	+ UL	NOUAKCHOTT	1993-94	PREGNANT WOMEN	F	ALL	.5 a	1106	HIV1	ELISA*2,RAPID	A0166
	+ UL2	NOUAKCHOTT	1993-94	PREGNANT WOMEN	F	ALL	.2 a	1106	HIV2	ELISA*2,RAPID	A0166
	+ UH	NOUAKCHOTT	1993-94	STD PTS.	F	ALL	.9	430	HIV	ELISA*2,RAPID	A0166
MAURITIUS	UH	NOT SPECIFIED	1988-91	STD CLINIC PTS.	B	ALL	.8	1470	HIV	ELISA,WB	P0074
MOROCCO	UL	RABAT	1993(?)	PREGNANT WOMEN	F	ALL	.2	671	HIV1	ELISA,WB	R0099
	UL2	CASABLANCA	1991(?)	PREGNANT WOMEN	F	ALL	.0	300	HIV2	ELISA,WB	Z0022
	+ UH	THREE CITIES	1996(?)	STD PTS.	M	ALL	1.4	223	HIV	ELISA,WB	M0470
MOZAMBIQUE	UL	MAPUTO	1994	PREGNANT WOMEN	F	ALL	2.7	800	HIV	ELISA,RAPID	B0272
	+ UH	MAPUTO	1995	STD PTS.	B	ALL	7.6 b	N/A	HIV	ELISA,RAPID	D0194
	OL	ZAMBEZIA PR./RUR	1992-93	DISPL. PREGNANT WOMEN	F	ALL	1.5 a	1728	HIV1	ELISA,WB	C0183
	OL2	ZAMBEZIA PR./RUR	1992-93	DISPL. PREGNANT WOMEN	F	ALL	.5 a	1728	HIV2	ELISA,WB	C0183
NAMIBIA	+ UL	SIX URBAN SITES	1996	PREGNANT WOMEN	F	ALL	17.6	1290	HIV	ELISA*2	M0488
	+ OL	FOUR RURAL SITES	1996	PREGNANT WOMEN	F	ALL	10.3	565	HIV	ELISA*2	M0488
NIGER	UL	NIAMEY	1993	PREGNANT WOMEN	F	ALL	1.3 a	400	HIV1	ELISA,RAPID	M0394
	UL2	NIAMEY	1993	PREGNANT WOMEN	F	ALL	.0 a	400	HIV2	ELISA,RAPID	M0394
	UH	NIAMEY	1993	PROSTITUTES	F	ALL	12.6 a	253	HIV1	ELISA,LIA	S0258
	UH2	NIAMEY	1993	PROSTITUTES	F	ALL	6.3 a	253	HIV2	ELISA,LIA	S0258
	OL	TAHOUA REG/RURAL	1992	PREGNANT WOMEN	F	ALL	1.4	650	HIV	ELISA,WB	H0106
NIGERIA	UL	LAGOS ST/5 SITES	1993-94	PREGNANT WOMEN	F	ALL	6.7 c	1894	HIV	ELISA*2,RAPID	N0176
	UH	LAGOS ST/3 SITES	1993-94	PROSTITUTES	F	ALL	29.1 c	292	HIV	ELISA*2,RAPID	N0176
RWANDA	UL	KIGALI	1995	PREGNANT WOMEN	F	ALL	25.4	500	HIV	RAPID	N0168
	UH	KIGALI	1990-92	STD PTS. W/ GU	B	ALL	73.2	395	HIV	ELISA,LIA	B0243
SENEGAL	UL	DAKAR	1995(?)	FAM. PLAN. CLINIC PTS.	F	ALL	1.7 a	230	HIV1	UNK	K0200
	UL2	DAKAR	1995(?)	FAM. PLAN. CLINIC PTS.	F	ALL	.4 a	230	HIV2	UNK	K0200
	UH	DAKAR REGION	1994	PROSTITUTES	F	ALL	10.1 a	347	HIV1	ELISA,WB	M0420
	UH2	DAKAR REGION	1994	PROSTITUTES	F	ALL	8.0 a	347	HIV2	ELISA,WB	M0420
	OL	ZIGUINCHOR REG.	1994	PREGNANT WOMEN	F	ALL	.6 a	671	HIV1	ELISA,WB	M0420
	OL2	ZIGUINCHOR REG.	1994	PREGNANT WOMEN	F	ALL	1.0 a	671	HIV2	ELISA,WB	M0420
	OH	ZIGUINCHOR REG.	1994	PROSTITUTES	F	ALL	9.2 a	141	HIV1	ELISA,WB	M0420
	OH2	ZIGUINCHOR REG.	1994	PROSTITUTES	F	ALL	27.6 a	141	HIV2	ELISA,WB	M0420
SIERRA LEONE	UH	FREETOWN	1995(?)	PROSTITUTES	F	ALL	26.7	150	HIV	UNK	K0209

Table 3: Detailed Listing of Estimates of HIV-1 and 2 Seroprevalence, by Residence and Risk Factor, for Developing Countries: Circa 1995

Region/ Country	Risk	Area	Geographic Area	Year	Sub-population	Sex	Age	Prev. Rate	Sample Size	Data Type	Test Type	Source ID
SOUTH	+	UL	NATAL/KWAZULU PR	1995	PREGNANT WOMEN	F	ALL	18.2 b	N/A	HIV	UNK	W0115
AFRICA		UH	JOHANNESBURG	1994	STD PTS.	B	ALL	20.1 c	4395	HIV	UNK	R0123
		OL	NATIONAL	1994	PREGNANT WOMEN	F	ALL	6.4	18630	HIV	ELISA*2,RAPID	R0131
SUDAN	+	UL	JUBA	1995	PREGNANT WOMEN	F	ALL	3.0 b	N/A	HIV	UNK	W0122
SWAZILAND		UL	NATIONAL	1993	PREGNANT WOMEN	F	ALL	21.9 b	N/A	HIV	UNK	R0122
		UH	NATIONAL	1992	STD CLINIC PTS.	B	ALL	11.1	1489	HIV	UNK	D0117
TANZANIA	+	UL	DAR ES SALAAM	1995-96	PREGNANT WOMEN	F	ALL	13.7	6525	HIV	ELISA,WB	M0473
		UH	DAR ES SALAAM	1993(?)	HIGH RISK INDIVIDUALS	F	ALL	49.5	925	HIV	ELISA	O0051
		OL	MBEYA REG./RURAL	1994	PREGNANT WOMEN	F	ALL	15.0 b	N/A	HIV	UNK	T0139
		OH	MBEYA REGION	1992	STD PTS.	B	ALL	34.3 b	N/A	HIV	ELISA*2,WB	R0090
TOGO		UH	FIVE REGIONS	1993(?)	MILITARY RECRUITS	M	ALL	3.1	1357	HIV	ELISA,WB	B0224
		OL	DAPAONG/RURAL	1993	PREGNANT WOMEN	F	ALL	3.0	497	HIV1	ELISA,WB	M0375
		OL2	DAPAONG/RURAL	1993	PREGNANT WOMEN	F	ALL	.0	497	HIV2	ELISA,WB	M0375
		OH	DAPAONG/RURAL	1993	STD PTS.	B	ALL	7.3 b	N/A	HIV1,2	ELISA,WB	M0375
TUNISIA		UL	TUNIS	1991	PREGNANT WOMEN	F	ALL	.0	1030	HIV1	ELISA,WB	B0169
UGANDA		UL	KAMPALA	1995	PREGNANT WOMEN	F	ALL	18.5 b	N/A	HIV	ELISA*2	A0158
		UH	KAMPALA	1995	STD PTS.	F	ALL	38.5 b	N/A	HIV	ELISA*2	A0158
		OL	KABAROLE DST/RUR	1994	PREGNANT WOMEN	F	ALL	6.5 b	N/A	HIV	UNK	W0094
ZAIRE		UL	KINSHASA/3 SITES	1992	PREGNANT WOMEN	F	ALL	5.0 c	1298	HIV1	RAPID	M0265
	+	UH	KINSHASA	1995	PROSTITUTES	F	ALL	30.3	601	HIV	UNK	N0184
		OL	MUSOSHI	1991	PREGNANT WOMEN	F	ALL	2.9	1143	HIV1	ELISA,WB	M0265
		OH	HAUT-ZAIRE REG.	1991(?)	PROSTITUTES	F	ALL	25.4	126	HIV1	ELISA,IFA/WB	G0092
ZAMBIA		UL	URBAN AREAS	1994	PREGNANT WOMEN	F	ALL	27.9	5320	HIV	ELISA	F0084
		UH	LUSAKA	1992-93	STD CLINIC PTS.	F	ALL	58.0	329	HIV	ELISA	S0294
		OL	RURAL AREAS	1994	PREGNANT WOMEN	F	ALL	12.7	6219	HIV	UNK	F0084
		OH	MUKINGE	1990(?)	STD CLINIC PTS.	B	ALL	36.0 b	N/A	HIV1	ELISA	K0096
ZIMBABWE		UL	HARARE	1995	PREGNANT WOMEN	F	ALL	32.0	2783	HIV	ELISA*2	L0201
		UH	HARARE	1994-95	PROSTITUTES	F	ALL	86.0	147	HIV	ELISA	M0433
		OL	MANICALAND P/RUR	1993	PREGNANT WOMEN	F	ALL	16.0 b	N/A	HIV	UNK	F0076
		OH	MUREWA DISTRICT	1991-93	STD CLINIC PTS.	M	ALL	46.0	215	HIV1	ELISA,WB	T0130
		OH2	MUREWA DISTRICT	1991-93	STD CLINIC PTS.	M	ALL	.0	215	HIV2	ELISA,WB	T0130
*ASIA & OCEANIA												
BAHRAIN		UH	NOT SPECIFIED	1990(?)	STD CLINIC PTS.	B	ALL	.0	1026	HIV	UNK	F0038
BANGLADESH		UL	NATIONAL	1989-95	VARIOUS GROUPS	B	ALL	.0	300000	HIV	UNK	C0199
	+	UH	DHAKA	1996(?)	PROSTITUTES	F	ALL	1.2 b	87	HIV	RAPID	M0480
BHUTAN		UL	NOT SPECIFIED	1991	VARIOUS GROUPS	B	ALL	.0	6832	HIV	UNK	W0076
BURMA	+	UL	20 SITES	1995	FAM. PLAN. CLINIC PTS.	F	ALL	2.2 b	N/A	HIV	UNK	K0220
		UH	RANGOON/MANDALAY	1995	PROSTITUTES	F	ALL	18.0	194	HIV	ELISA,RAPID	T0137

Table 3: Detailed Listing of Estimates of HIV-1 and 2 Seroprevalence, by Residence and Risk Factor, for Developing Countries: Circa 1995

Region/ Country	Risk Area	Geographic Area	Year	Sub-population	Sex	Age	Prev. Rate	Sample Size	Data Type	Test Type	Source ID
CAMBODIA	+ UL	PHNOM PENH	1996	PREGNANT WOMEN	F	ALL	3.2	186	HIV	RAPID,ELISA	C0228
	+ UH	PHNOM PENH	1996	PROSTITUTES	F	ALL	41.6	173	HIV	RAPID	C0228
	+ OL	KAMPONG CHAM PR.	1996	PREGNANT WOMEN	F	ALL	.9	232	HIV	RAPID,ELISA	C0228
	+ OH	KAMPONG CHAM PR.	1996	PROSTITUTES	F	ALL	27.3	154	HIV	RAPID,ELISA	C0228
CHINA,	UL	NATIONAL	1994	BLOOD DONORS	B	ALL	.0	930000	HIV	UNK	W0112
MAINLAND	+ UH	RUILI	1995	IVDU	B	ALL	73.2 b	N/A	HIV	UNK	C0221
CHINA,	UL	NOT SPECIFIED	1994	VARIOUS GROUPS	B	ALL	.0	8828391	HIV1	ELISA*2,WB	W0097
TAIWAN @	UH	TAIPEI	1991-92	STD CLINIC PTS.	B	ALL	.4	19811	HIV1	ELISA,WB	H0092
	UH2	TAIPEI	1991-92	STD CLINIC PTS.	B	ALL	.0	19811	HIV2	ELISA,WB	H0092
COOK ISLANDS	UL	NATIONAL	1994	BLOOD DONORS - VOL.	B	ALL	.0	208	HIV	UNK	W0112
FIJI	UL	NATIONAL	1994	BLOOD DONORS - VOL.	B	ALL	.0	8986	HIV	UNK	W0112
	UH	NOT SPECIFIED	1991-93	STD PTS.	B	ALL	.1	2749	HIV	UNK	O0063
FRENCH	UL	NATIONAL	1993	BLOOD DONORS - VOL.	B	ALL	.0	5169	HIV	UNK	W0112
POLYNESIA	UH	NOT SPECIFIED	1991	PROSTITUTES	F	ALL	3.0	230	HIV	UNK	O0063
GAZA STRIP	UL	NOT SPECIFIED	1987-92	BLOOD DONORS	B	ALL	.0	23406	HIV	WB	M0314
GUAM	UL	NATIONAL	1994	BLOOD DONORS - VOL.	B	ALL	.1	1260	HIV	UNK	W0112
HONG KONG	UL	NATIONAL	1994	BLOOD DONORS - VOL.	B	ALL	.0	172151	HIV	UNK	W0112
	UH	NOT SPECIFIED	1994	STD CLINIC PTS.	B	ALL	.1	14496	HIV	UNK	L0156
INDIA	+ UL	BOMBAY	1995	PREGNANT WOMEN	F	20+	2.5 b	N/A	HIV	UNK	M0487
	+ UH	BOMBAY	1995	STD PTS.	M	ALL	28.6 a	300	HIV1	ELISA,RAPID,WB	B0287
	+ UH2	BOMBAY	1995	STD PTS.	M	ALL	7.0 a	300	HIV2	ELISA,RAPID,WB	B0287
INDONESIA	UH	EAST JAVA	1994(?)	PROSTITUTES	F	ALL	.3	1200	HIV	UNK	J0044
ISRAEL	UL	EAST JERUSALEM	1989-92	BLOOD DONORS	B	ALL	.0	21222	HIV	WB	M0314
	UH	TEL AVIV	1991(?)	PROSTITUTES	F	ALL	1.1	180	HIV	ELISA,WB	M0186
KIRIBATI	UL	NOT SPECIFIED	1991-93	BLOOD DONORS	B	ALL	.1	1694	HIV	UNK	O0063
KOREA, NORTH	UL	NOT SPECIFIED	1990	VARIOUS GROUPS	B	ALL	.0	61200	HIV	UNK	W0076
KOREA,	UL	NATIONAL	1994	BLOOD DONORS - VOL.	B	ALL	.8	1675316	HIV	UNK	W0112
SOUTH	UH	NOT SPECIFIED	1985-94	PROSTITUTES	F	ALL	.0	140263	HIV	ELISA,WB	S0301
LAOS	UL	VIENTIANE	1993	BLOOD DONORS	B	ALL	.8	238	HIV	UNK	M0309
	UH	VIENTIANE	1990-93	PROSTITUTES	F	ALL	1.2	257	HIV	ELISA,WB	P0122
MACAU	UL	NATIONAL	1994	BLOOD DONORS - VOL.	B	ALL	.0	6400	HIV	UNK	W0112
MALAYSIA	UL	NATIONAL	1994	BLOOD DONORS - VOL.	B	ALL	.0	218578	HIV	UNK	W0112
	UH	KOTA BHARU	1992	IVDU	B	ALL	29.5	210	HIV	ELISA,WB	S0215

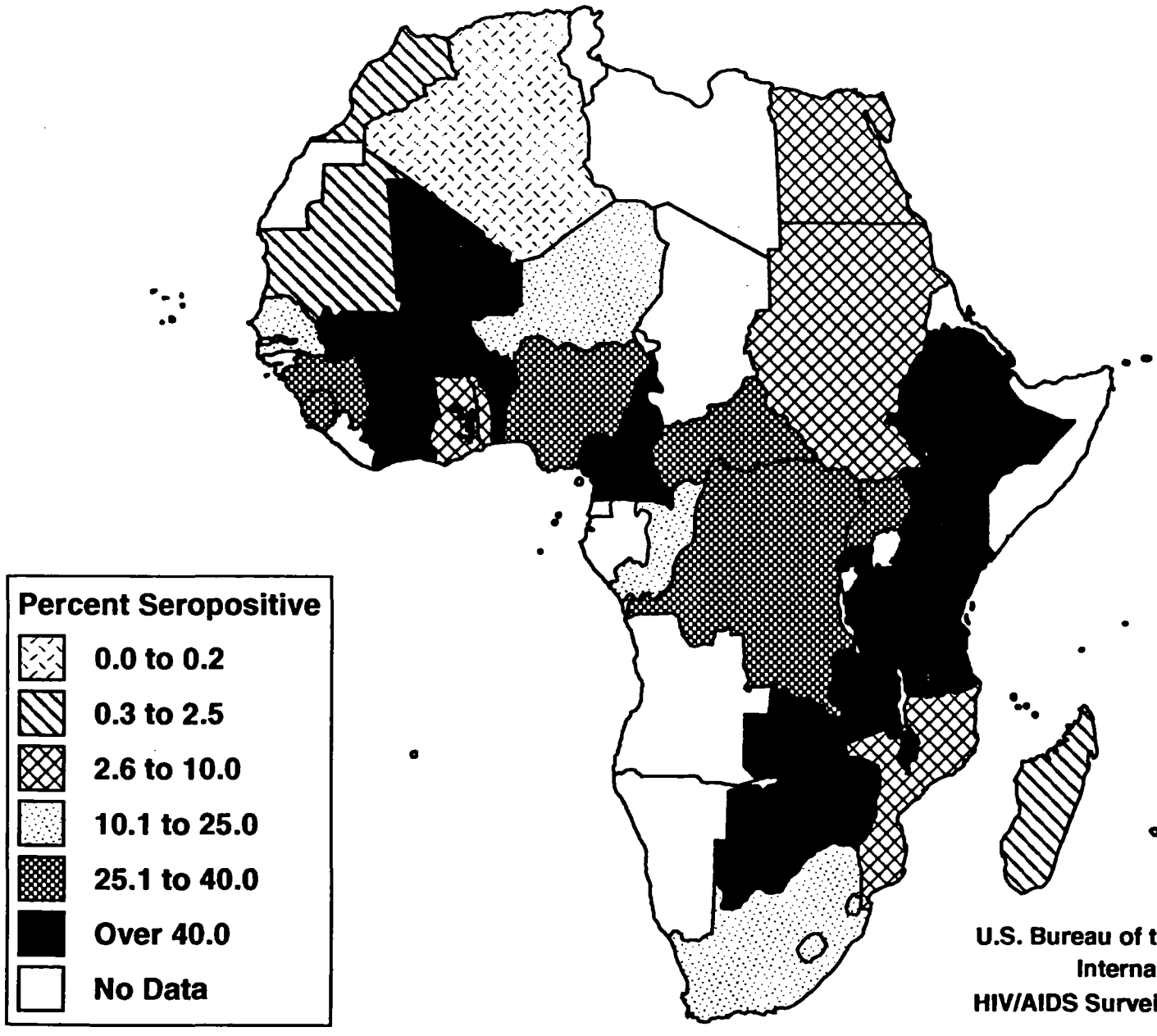
Table 1: Estimates of HIV-1 Seroprevalence,by Residence and Risk Factor, for Developing Countries: Circa 1995

Region and Country	Capital/Major City		Outside Major City		Urban City Sources		Outside City Sources	
	Low Risk	High Risk	Low Risk	High Risk	Low Risk	High Risk	Low Risk	High Risk
AFRICA								
Algeria	-	.0 b	-	-		A0132		
* Angola	1.0	-	.5	-	A0157		A0157	
* Benin	1.4	50.8 a	4.9 a	-	D0145	B0269	G0146	
Botswana	32.4	41.6	16.0	-	N0178	N0178	M0494	
Burkina Faso	12.0	60.4	-	-	C0213	M0450		
Burundi	20.0	-	1.8	-	B0233		B0233	
* Cameroon	5.7 c	45.3	2.9	9.0	S0315	G0147	S0316	Z0045
Cape Verde	-	-	-	-				
* Central African Rep.	16.0	31.0	6.5	-	U0027	U0027	U0027	
Chad	4.1	-	-	-	M0266			
Comoros	-	-	-	-				
Congo	7.1	17.6 c	2.6	-	B0270	M0333	B0162	
* Cote d'Ivoire	12.5 a	77.0 a	-	-	W0119	G0174		
* Djibouti	-	43.0	-	-		C0141		
Egypt	.0	5.3	.0	-	Q0009	H0116	E0049	
Equatorial Guinea	-	-	-	-				
Eritrea	1.6	-	-	-	Z0041			
Ethiopia	6.7	54.2	8.6	65.6	M0471	N0083	E0048	N0083
* Gabon	1.7	-	-	-	D0190			
* Gambia, The	.6 a	13.6 a	-	-	O0083	H0117		
* Ghana	3.2 a	5.2 a	1.0 a	-	M0442	M0436	M0442	
* Guinea	.7 a	36.6	.3	-	M0334	B0271	J0028	
* Guinea-Bissau	2.6 a	-	.5 a	-	A0167		W0082	
Kenya	18.1	85.5	10.3	-	G0183	M0243	B0288	
Lesotho	6.1	11.1	4.2	21.3	M0391	M0391	M0391	M0391
Liberia	-	-	-	-				
Libya	-	-	-	-				
Madagascar	.1	.3	.0	.4	R0143	R0143	L0202	L0202
Malawi	32.8	70.4	11.8	-	K0233	K0233	K0233	
Mali	4.4	55.5	3.4 c	52.8 c	M0452	M0452	M0331	M0331
* Mauritania	.5 a	.9	-	-	A0166	A0166		
Mauritius	-	.8	-	-		P0074		
Mayotte	-	-	-	-				
* Morocco	.2	1.4	-	-	R0099	M0470		
* Mozambique	2.7	7.6 b	1.5 a		B0272	D0194	C0183	
Namibia	17.6	-	10.3	-	M0488		M0488	
* Niger	1.3 a	12.6 a	1.4	-	M0394	S0258	H0106	
Nigeria	6.7 c	29.1 c	-	-	N0176	N0176		
Reunion	-	-	-	-				
Rwanda	25.4	73.2	-	-	N0168	B0243		
St. Helena	-	-	-	-				
Sao Tome & Principe	-	-	-	-				
* Senegal	1.7 a	10.1 a	.6 a	9.2 a	K0200	M0420	M0420	M0420
Seychelles	-	-	-	-				
Sierra Leone	-	26.7	-	-		K0209		
Somalia	-	-	-	-				

Table 1: Estimates of HIV-1 Seroprevalence,by Residence and Risk Factor, for Developing Countries: Circa 1995

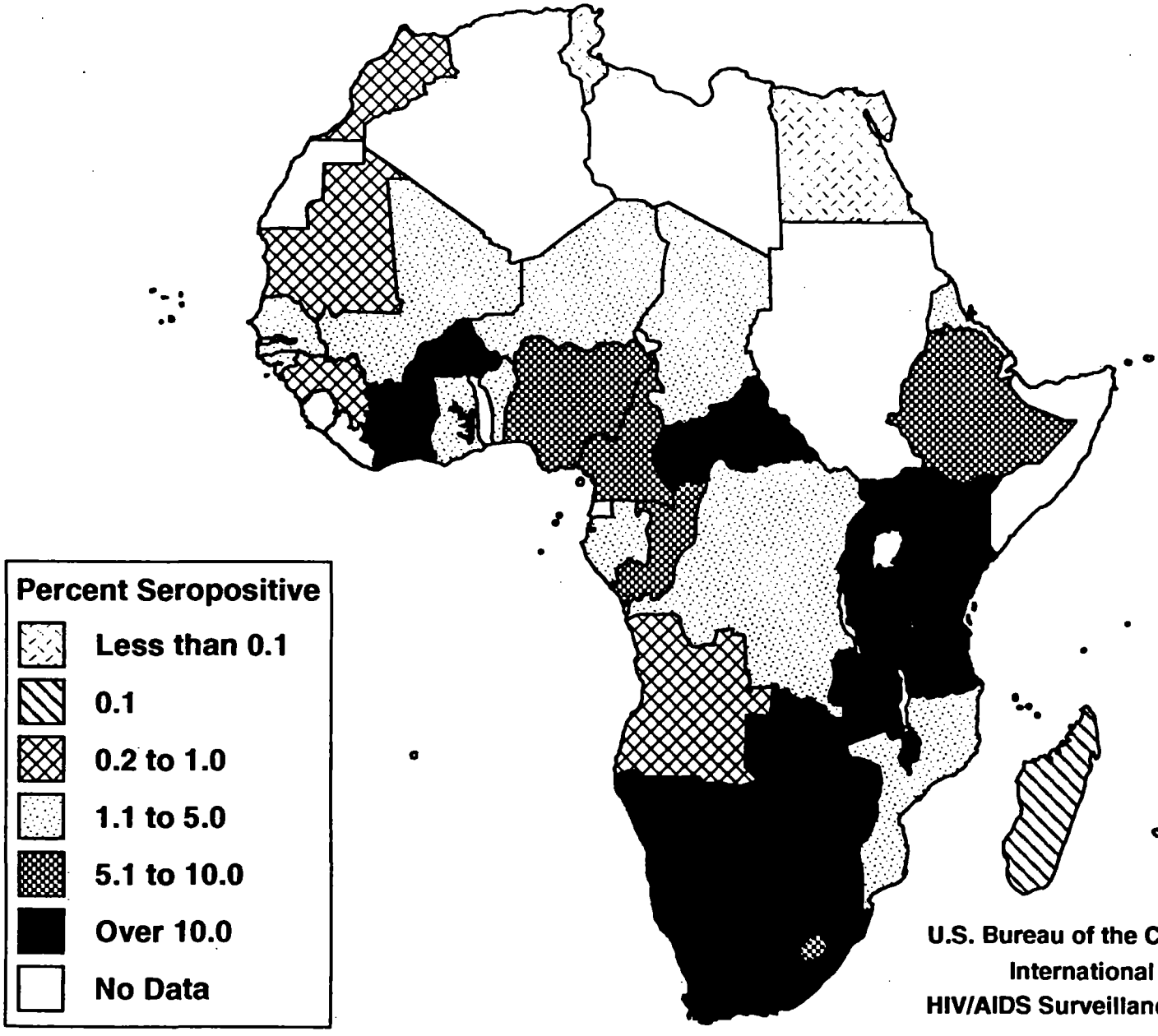
Region and Country	Capital/Major City		Outside Major City		Urban City Sources		Outside City Sources	
	Low Risk	High Risk	Low Risk	High Risk	Low Risk	High Risk	Low Risk	High Risk
South Africa	18.2 b	20.1 c	6.4	-	W0115	R0123	R0131	
Sudan	-	3.0 b	-	-		W0122		
Swaziland	21.9 b	11.1	-	-	R0122	D0117		
Tanzania	13.7	49.5	15.0 b	34.3 b	M0473	O0051	T0139	R0090
* Togo	-	3.1	3.0	7.3 b		B0224	M0375	M0375
Tunisia	.0	-	-	-	B0169			
Uganda	18.5 bc	38.5 b	6.5 b	-	A0158	A0158	W0094	
Western Sahara	-	-	-	-				
Zaire	5.0 c	30.3	2.9	25.4	M0265	N0184	M0265	G0092
Zambia	27.9	58.0	12.7	36.0 b	F0084	S0294	F0084	K0096
* Zimbabwe	32.0	86.0	16.0 b	46.0	L0201	M0433	F0076	T0130
ASIA AND OCEANIA								
Bahrain	-	.0	-	-		F0038		
Bangladesh	.0	1.2 b	-	-	C0199	M0480		
Bhutan	.0	-	-	-	W0076			
Burma	2.2 b	18.0	-	-	K0220	T0137		
Cambodia	3.2	41.6	.9	27.3	C0228	C0228	C0228	C0228
China, Mainland	.0	73.2 b	-	-	W0112	C0221		
* China, Taiwan @	.0	.4	-	-	W0097	H0092		
Cook Islands	.0	-	-	-	W0112			
Fiji	.0	.1	-	-	W0112	O0063		
French Polynesia	.0	3.0	-	-	W0112	O0063		
Gaza Strip	.0	-	-	-	M0314			
Guam	.1	-	-	-	W0112			
Hong Kong	.0	.1	-	-	W0112	L0156		
* India	2.5 b	28.6 a	-	-	M0487	B0287		
Indonesia		.3	-	-		J0044		
Israel	.0	1.1	-	-	M0314	M0186		
Kiribati	.1	-	-	-	O0063			
Korea, North	.0	-	-	-	W0076			
Korea, South	.8	.0	-	-	W0112	S0301		
Laos	.8	1.2	-	-	M0309	P0122		
Macau	.0	-	-	-	W0112			
Malaysia	.0	29.5	-	-	W0112	S0215		
Maldives	.0	-	-	-	W0076			
Marshall Islands	.0	-	-	-	W0112			
Micronesia, Fedrtd States	.0	-	-	-	W0112			
Mongolia	.0	.0	-	-	W0112	M0340		
Nepal	.0 b	1.3 b	-	-	S0391	S0391		
New Caledonia	.1	-	-	-	W0112			
Pakistan	.6	3.7	-	-	P0144	P0144		
Palau	.0	.0	-	-	W0112	O0063		
Papua New Guinea	.0	.3	.0	.0 c	W0112	O0053	I0028	I0028
Philippines	.0	.5	-	-	W0112	T0125		
Singapore	.0	3.7 b	-	-	W0112	G0161		
Solomon Islands	.0	.0	-	-	W0112	O0063		
Sri Lanka	.0	.5 b	-	-	W0076	B0304		

African HIV-1 Seroprevalence for High-Risk Urban Populations



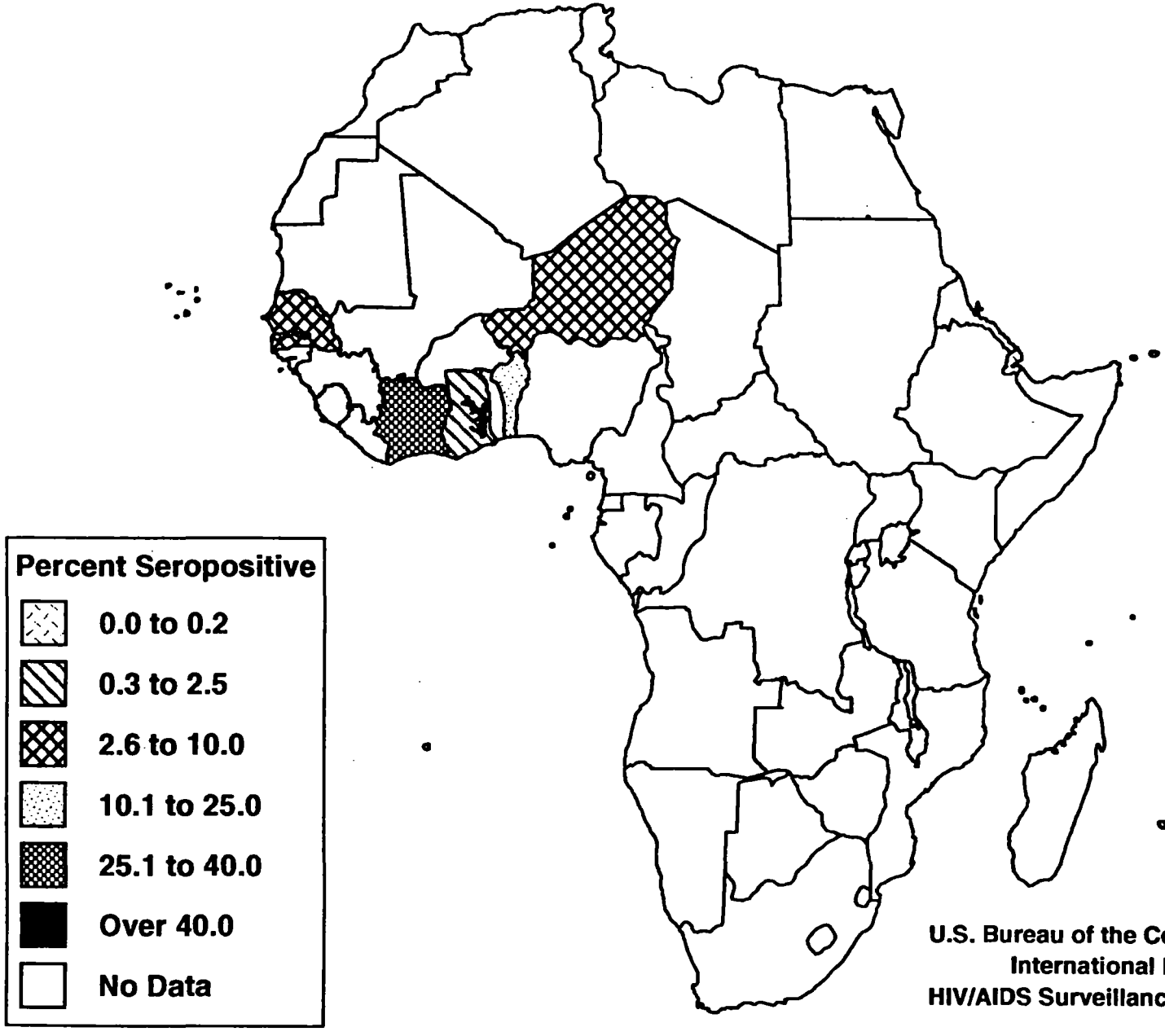
U.S. Bureau of the Census, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, January 1997.

African HIV-1 Seroprevalence for Low-Risk Urban Populations



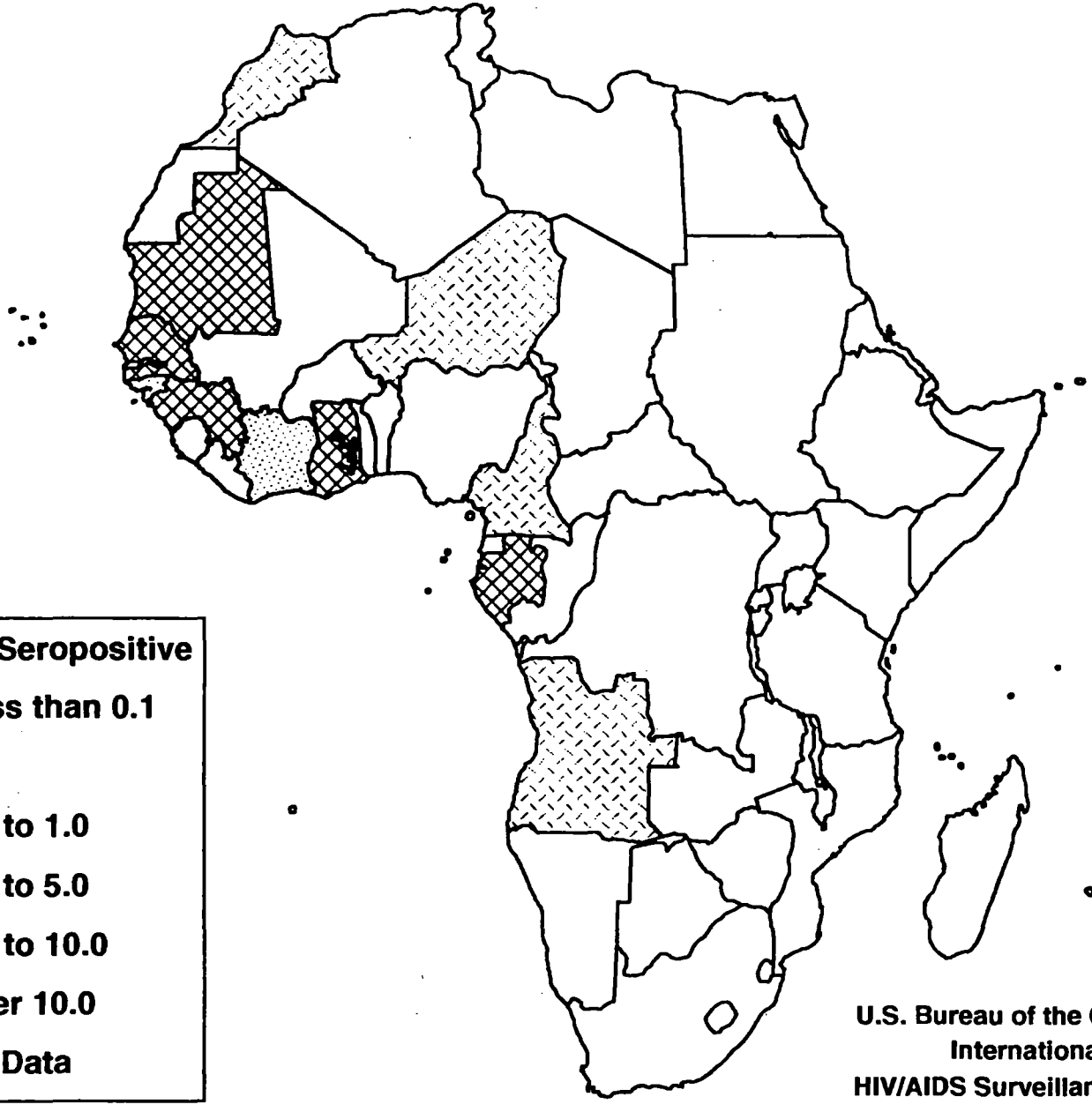
U.S. Bureau of the Census, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, January 1997.

African HIV-2 Seroprevalence for High-Risk Urban Populations



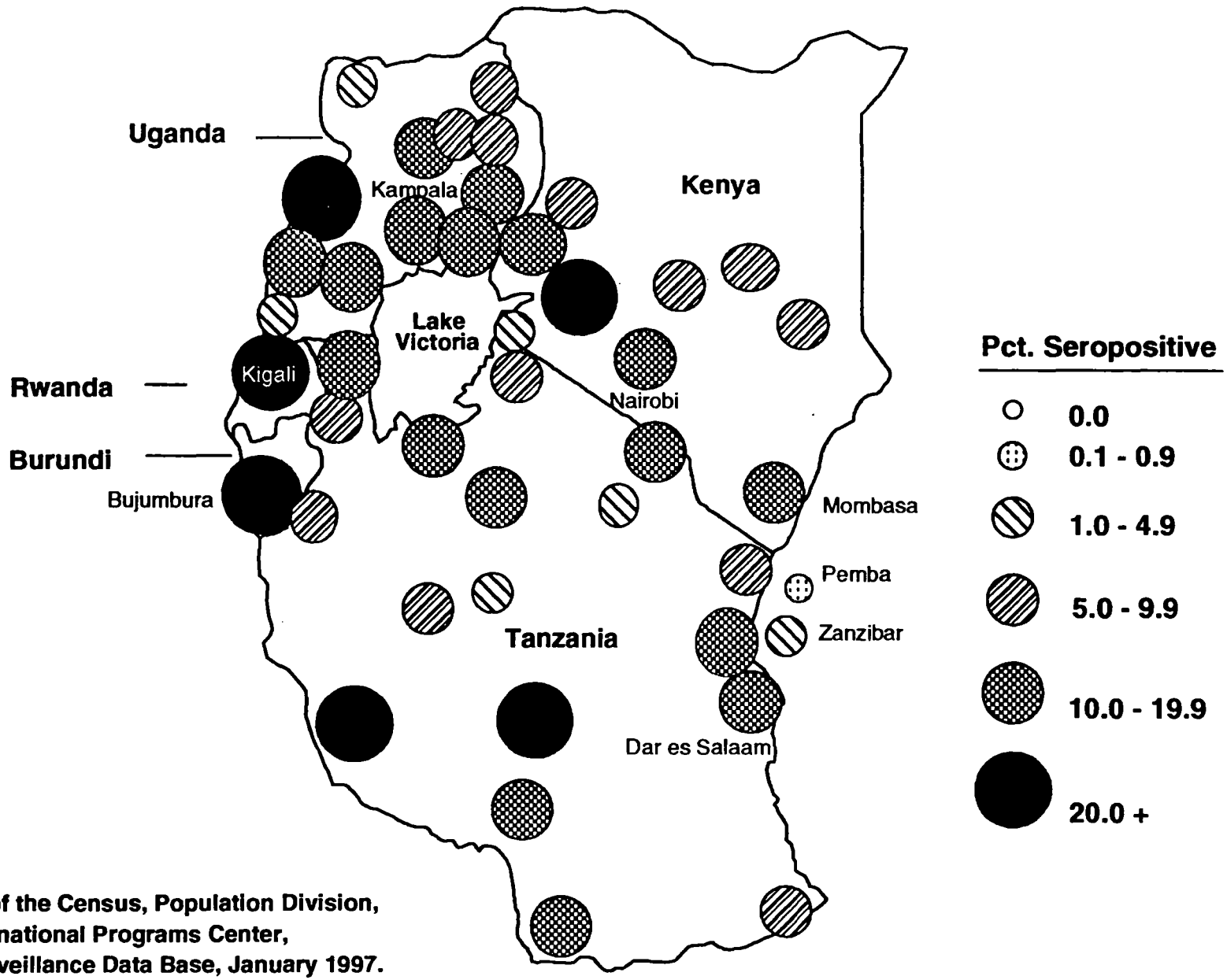
U.S. Bureau of the Census, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, January 1997.

African HIV-2 Seroprevalence for Low-Risk Urban Populations



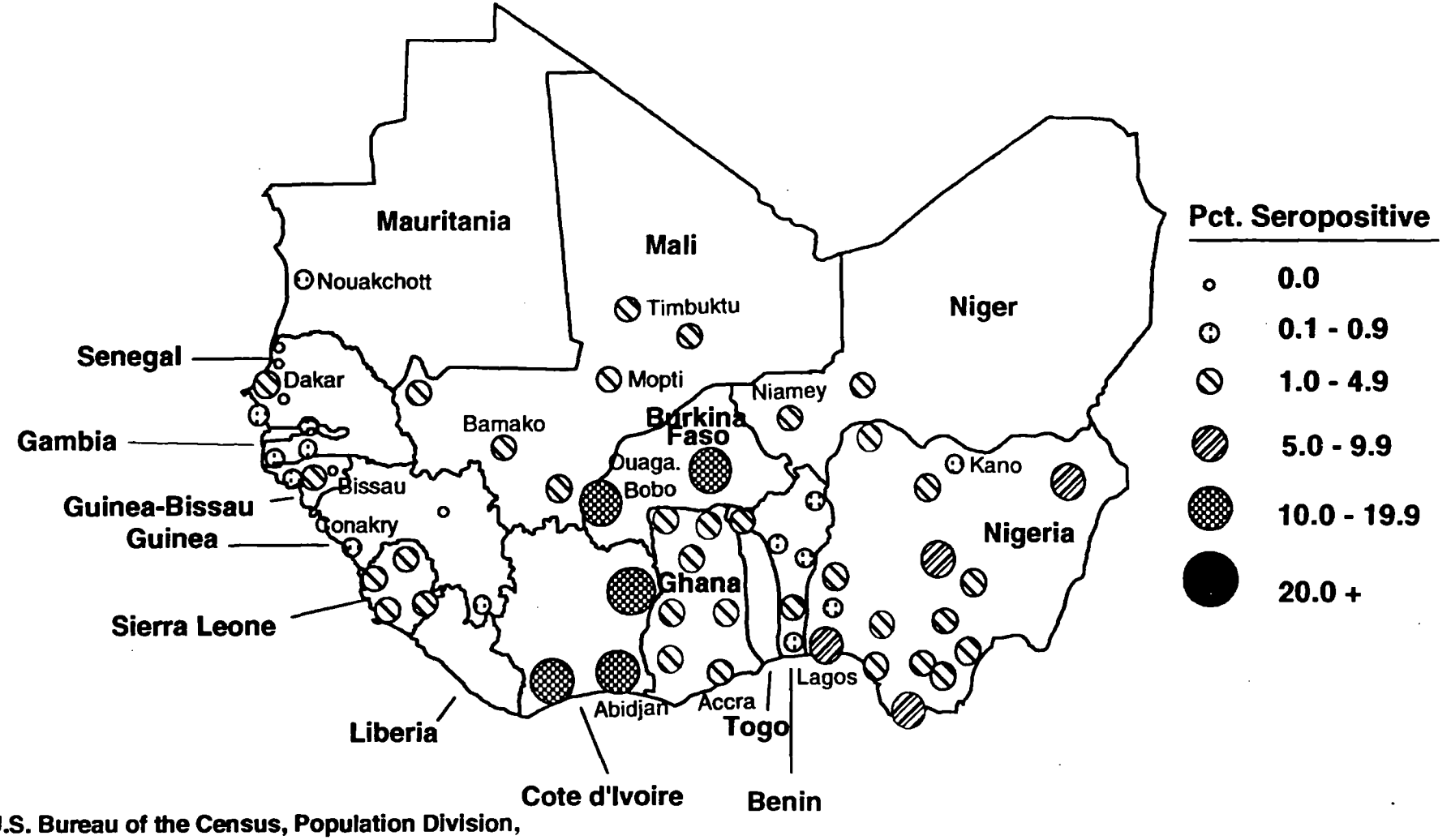
U.S. Bureau of the Census, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, January 1997.

Seroprevalence of HIV-1 for Low-Risk Populations in East Africa



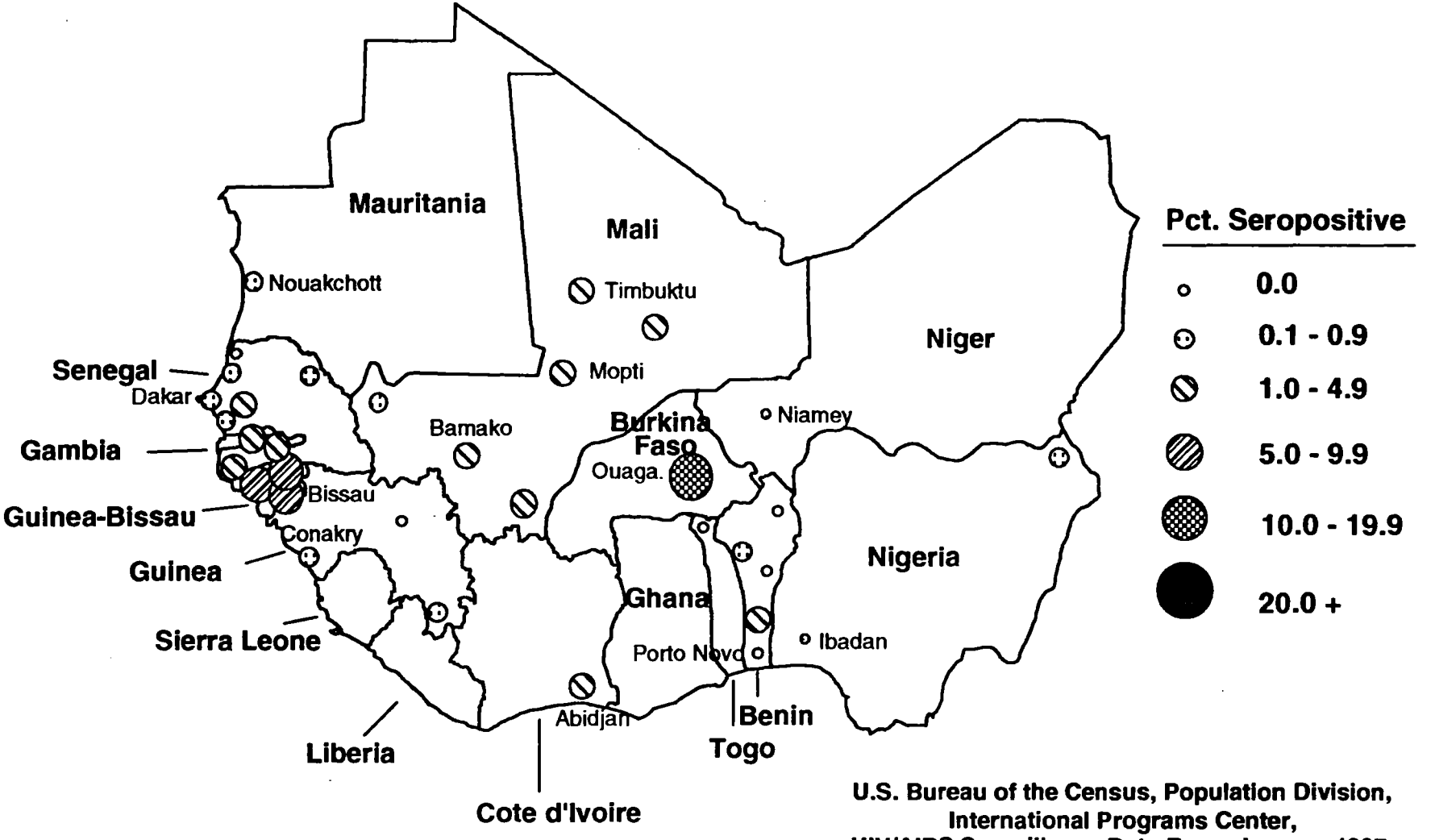
U.S Bureau of the Census, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, January 1997.

Seroprevalence of HIV-1 for Low-Risk Populations in West Africa



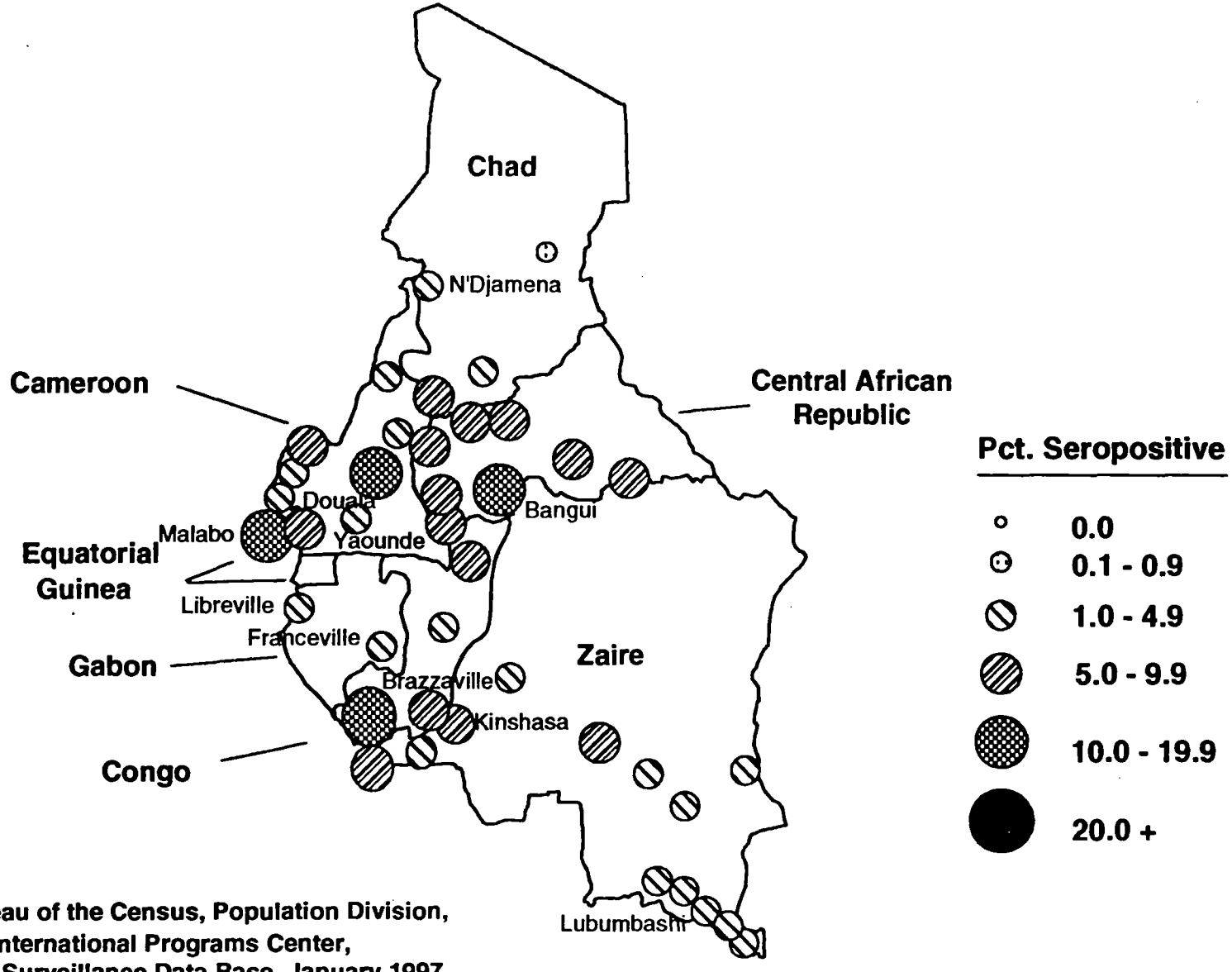
U.S. Bureau of the Census, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, January 1997.

Seroprevalence of HIV-2 for Low-Risk Populations in West Africa



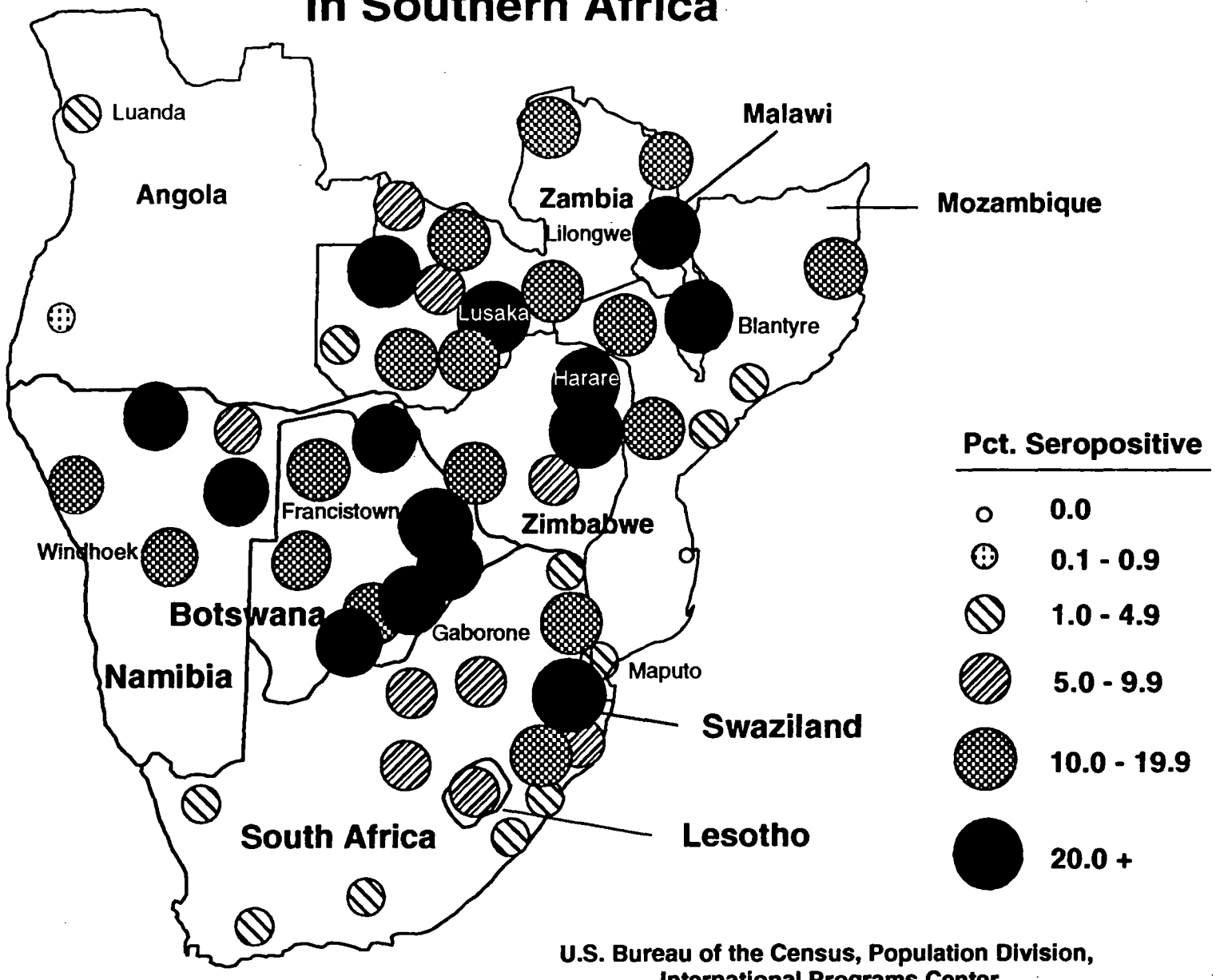
U.S. Bureau of the Census, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, January 1997.

Seroprevalence of HIV-1 for Low-Risk Populations in Central Africa



U.S. Bureau of the Census, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, January 1997.

Seroprevalence of HIV-1 for Low-Risk Populations in Southern Africa



U.S. Bureau of the Census, Population Division,
International Programs Center,
HIV/AIDS Surveillance Data Base, January 1997.

REFERENCES

Source ID	
A0097	Allain, J. P., W. Hodges, M. H. Einstein, et al., 1992, Antibody to HIV-1, HTLV-1, and HCV in Three Populations of Rural Haitians, Journal of Acquired Immune Deficiency Syndromes, vol. 5, no. 12, pp. 1230-1236.
A0132	Addad, B., S. Hamdi, A. Bouguermauh, 1993, Prevalence des MST en Consultation de Gynecologie - Obstetrique et dans le Milieu Carceral de la Prostitution, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Abstract W.P.C.076.
A0157	Anderson, S., L. F. Dias, L. Cambelela, et al., 1995, HTLV Seroprevalence in Various Population Groups in Angola, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Session MoC017.
A0158	Asiimwe-Okiror, G., J. Musinguzi, G. Tembo, et al., 1995, Declining Trends in HIV Infection in Urban Areas in Uganda, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Session WeC206.
A0165	Andrade, C. A., E. S. Soares, M. V. Lima-Martins, et al., 1996, Seroprevalence of HIV-1 and HTLV-I/II in Labour Women and Their Neonates in a Government Maternity in Belo Horizonte, Brazil, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Pu
A0166	Abbas, M. H., Phillipon, Tandia, et al., 1996, Prevalence of Sexually Transmitted Infections among Patients with Genital Discharge and Pregnant Women in Mauritania, XI International Conference on AIDS, Vancouver, 7/7-14, Poster, Mo.C.1632.
A0167	Andersson, S., J. Albert, H. Norrgren, et al., 1996, Trends of Incidence and Prevalence of HIV-1 in Guinea Bissau, West Africa, and Preliminary Data on Subtypes, XI International Conference on AIDS, Vancouver, 7/7 14, Poster Mo.C.1480.
B0138	Boulos, R., J. Coberly, P. Losikoff, et al., 1992, Risk Factors Associated with HIV Infection in Adults Responding to a Community Based TB/HIV Prevention Program, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4061.
B0162	Bazabana, M. M., J. C. Loukaka, M. Makuwa, et al., 1992, Surveillance par Reseau de Postes Sentinelles au Niveau District 1991 - 1992: Experience Congolaise, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster T.P.032.
B0169	Ben Salem, N., M. Ben Rachid, C. Hankins, et al., 1993, STD/HIV Seroprevalence among Women Attending an Antenatal Clinic in Tunis, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C09-2792.
B0179	Bahamas Ministry of Health, Community Health Service, 1993, PAHO/WHO HIV Surveillance, May 18, Pan American Health Organization/World Health Organization.
B0186	Barbados Ministry of Health, 1993, PAHO/WHO HIV Surveillance, Jan. 13, Pan American Health Organization/World Health Organization.
B0187	Barbados Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Oct. 23, Pan American Health Organization/World Health Organization.
B0188	Barbados Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Aug. 17, Pan American Health Organization/World Health Organization.
B0189	Barbados Ministry of Health, 1992, PAHO/WHO HIV Surveillance, Apr. 6, Pan American Health Organization/World Health Organization.
B0206	British Virgin Islands Public Health Department, 1992, PAHO/WHO HIV Surveillance, Sept. 15, Pan American Health Organization/World Health Organization.
B0224	Bassabi, K., W. Babombena, E. Delaporte, et al., 1993, Seroprevalence des Infections a VIH et VHC chez les Hommes Jeunes du Togo, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Abstract W.O.P.011.
B0233	Buzingo, T., A. Kamuragiye, B. Herch, et al., 1993, Epidemiologie au VIH/SIDA au Burundi, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Poster Th.P.C.088.
B0243	Bogaerts, J., L. Kestens, W. Martinez-Tello, et al., 1994, Effect of HIV on Clinical Presentation, Etiology and Response to Therapy of Genital Ulcers in Rwanda, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0580.
B0269	Banganizi, E., M. Alary, A. Guedeme, et al., 1995, HIV Infection in Female Prostitutes from Benin: Association with Symptomatic but Not Asymptomatic Gonococcal or Chlamydial ..., IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/1
B0270	Bazabana, M., J. C. Loukaka, P. M'Pele, 1995, Evolution de la Serosurveillance de l'Infection a VIH chez les Femmes Enceintes au Congo de 1990 a 1993, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Poster MoC497.
B0271	Bamba, B., M. Soumah, P. Lutumba, et al., 1995, Etude de Prevalence du VIH et les Autres MST chez les Filles Libres a Conakry, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Poster TuC619.
B0272	Barreto, A., B. De Hulsters, A. Noya, et al., 1995, Trends in HIV Prevalence among Different Target Groups: Data from the National Sentinel Surveillance System of Mozambique, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14
B0287	Bhave, G., S. Desai, V. Parkar, 1996, Trends of HIV-1 and HIV-2 Infection in STD Patients and Pattern of Transmission to Their Spouses in Bombay, India, XI International Conference on AIDS, Vancouver, 7/7-14, Poster, Mo.C.1496.

B0288 Baltazar, G., T. M. Okeyo, 1996, The HIV Sentinel Surveillance System in Kenya: Methodology, Results and Uses, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Mo.C.1550.

B0297 Berriolo, R., Programa Nacional de ETS/SIDA, 1996, PAHO/WHO HIV Surveillance, May 2, PAHO/WHO.

B0300 Buitron, R. A., Programa Nacional SIDA, 1994, PAHO/WHO HIV Surveillance, May 23, PAHO/WHO.

B0302 Berriolo, R., Programa Nacional de ETS/SIDA (M.S.P.), 1996, PAHO/WHO HIV Surveillance, August 16, PAHO/WHO

B0304 Brown, T., P. Xenos, 1994, AIDS in Asia: The Gathering Storm, Analysis from the East-West Center, no. 16, August.

C0141 Couzineau, B., J. Bouloumie, P. Hovette, et al., 1991, Prevalence of HIV Infection in a Target Population in the Republic of Djibouti, Medecine Tropicale, vol. 51, no. 4, pp. 485-486.

C0143 Cleghorn, F., J. Noreen, J. R. Murphy, et al., 1995, HIV-1 Prevalence and Risk Factors among Sexually Transmitted Disease Clinic Attenders in Trinidad, AIDS, vol. 9, no. 4, pp. 389-394.

C0183 Cossa, H. A., S. Gloyd, R. G. Vaz, et al., 1994, Syphilis and HIV Infection among Displaced Pregnant Women in Rural Mozambique, International Journal of STD and AIDS, vol. 5, pp. 117-123.

C0199 Choudhury, A. Q. M. B., M. R. Choudhury, S. Lazzari, 1995, Responding to HIV/AIDS Epidemic in Bangladesh, 3rd International Conference on AIDS in Asia and the Pacific, Chiang Mai, Thailand, 9/17-21, Poster PB132.

C0213 Cartoux, M., N. Meda, P. Van de Perre, et al., 1996, HIV Testing and Counseling (HIV T and C) in African Pregnant Women in the Context of Interventions to Reduce Mother-to-Child ..., XI International Conference on AIDS, Vancouver, 7/7-14, Abstract Th.C.41

C0221 Cheng, H., J. P. Zhang, J. D. Kou, et al., 1996, The HIV Epidemic in Yunnan Province, 1995, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Mo.C.1504.

C0228 Chin, J., 1996, HIV Prevalence Estimates for Cambodia: Recommendations for Future HIV Surveillance, School of Public Health, University of California, Berkeley, Cambodia Trip Report, Sept. - Oct, unpublished.

D0117 Dlamini-Kapenda, W., 1993, First HIV Sentinel Surveillance in Swaziland, 1992, February, unpublished report.

D0145 Davo, N., C. Adjovi, S. Anagonou, et al., 1993, Evolution de l'Epidemie VIH/SIDA au Benin, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Session W.P.C.082.

D0178 De Windt, M., Dept. Salubridad Publica, 1995, PAHO/WHO HIV Surveillance, June 23, PAHO/WHO.

D0190 Delaporte, E., W. Janssens, M. Peeters, et al., 1996, Epidemiological and Molecular Characteristics of HIV Infection in Gabon, 1986-1994, AIDS, vol. 10, no. 8, pp. 903-910.

D0193 Douglas, K. G., A. Brathwaite, V. Patterson, et al., 1996, Risk Factors Associated with STD/HIV Seropositivity among Female Commercial Sex Workers (CSWS) - Implications for an ..., XI International Conference on AIDS, Vancouver, 7/7-14, Poster Tu.C.2477.

D0194 De Hulsters, B., A. Barreto, A. Noya, et al., 1996, STD Control, an Effective Means for HIV Control?, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Th.C.4748.

D0196 Dowe, G., S. D. King, A. Wynter, et al., 1996, High Prevalence of HIV and Other STDs in Jamaican Women, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Tu.C.2657.

D0202 De Bonilla, G., 1996, El Salvador HIV/AIDS Summary Report, Sited by Patricio Murgueytio, PASCA, personal memo.

E0024 Echeverria de Perez, G., O. Loreto, N. E. Blanco, et al., 1992, Reappraisal of Human Retroviral Infection in Venezuela, AIDS Research and Human Retroviruses, vol. 8, no. 2, pp. 219-220.

E0048 Eshetu, M., 1995, Seroprevalence of HIV and Syphilis among Ethiopian Mothers at Rural Hospital Jimma, Ethiopia from April 1993 - April 1994, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Poster TuC608.

E0049 El-Sayed, N. M., P. J. Gomatos, G. R. Rodier, et al., 1996, Seroprevalence Survey of Egyptian Tourism Workers for Hepatitis B Virus, Hepatitis C Virus, Human Immunodeficiency Virus ..., American Journal of Tropical Medicine and Hygiene, vol. 55, no. 2, pp

F0038 Fulayfil, R., Z. H. B. Baig, 1991, Prevalence of HIV Antibodies in High Risk Groups, Bahrain, VII International Conference on AIDS, Florence, Italy, 6/16-21, Abstract M.D.4161.

F0065 Farley, J., 1993, Epidemiological Status of STD, HIV & AIDS, IX Latin American Conference on AIDS, Cartagena, Colombia, 11/3-6, Oral Session.

F0076 Foster, G., R. Shakespeare, F. Chinemana, et al., 1995, Orphan Prevalence and Extended Family Care in a Peri-Urban Community in Zimbabwe, AIDS Care, vol. 7, no. 1, pp. 3-17.

F0084 Fylkesnes, K., R. M. Musonda, N. P. Luo, et al., 1995, HIV Infection among Antenatal Women in Zambia: Results from 1994 and Indications on Trends 1990-94, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Abstract WeC794.

G0092 Goubau, P., K. Kazadi, H. Carton, et al., 1991, HTLV-1 in Zaire and its Relationship to HIV, VI International Conference on AIDS in Africa, Dakar, Senegal, 12/16-19, Poster T.A.159.

G0123 Gayle, C., J. Farley, 1993, Trends in Patterns of Transmission Over 10 Years of the AIDS Epidemic in the English-Speaking Caribbean and Suriname, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C06-2710.

G0137 Guyana Ministry of Health AIDS Programme, 1993, PAHO/WHO HIV Surveillance, Feb. 1, Pan American Health Organization/World Health Organization.

G0139 Grenada Ministry of Health, 1991, PAHO/WHO HIV Surveillance, Aug. 13, Pan American Health Organization/World Health Organization.

G0140 Grenada Ministry of Health, 1991, PAHO/WHO HIV Surveillance, Apr. 25, Pan American Health Organization/World Health Organization.

G0146 Gallin, M. Y., A. Z. Adams, E. A. C. Gbaguidi, et al., 1993, The Prevalence of Antibodies to HIV-1 and HIV 2 in Onchocerciasis-Endemic Rural Areas in Southern Benin, AIDS, vol. 7, no. 11, pp. 1534-1536.

G0147 Garcia-Calleja, J. M., P. Ngoumou, A. Boupda, et al., 1992, HIV Seroprevalence Study among Commercial Sex Workers in Yaounde and Douala, AIDS Control Unit, Ministry of Health, Yaounde, Sept. 92.

G0151 Garcia, M. L., J. L. Valdespino, S. Balandrano, et al., 1994, Multirresistant M. TB among Persons Living with HIV in Mexico, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Session 262C.

G0161 Goh, C. L., 1995, Prevalence of Sexually Transmitted Disease among Commerical Sex Workers in Singapore (1977-1993) the Effects of Screening ..., IUVDT World STD/AIDS Congress, Singapore, 3/19-23, Roundtable Discussion 2.

G0174 Ghys, P. D., M. O. Diallo, V. Ettiegne-Traore, et al., 1995, Genital Ulcers Associated with Human Immunodeficiency Virus-Related Immunosuppression in Female Sex Workers in Abidjan, ..., Journal of Infectious Diseases, vol. 172, no. 5, pp. 1371-1374.

G0183 Gichangi, P. B., J. Ndinya-Achola, L. Haller, et al., 1996, HIV-1 Infection and Cefetamet-Pivoxil Use among Antenatal Clinic Attenders in Nairobi, Kenya, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Tu.C.2688.

G0184 Garcia, R., W. Klaskala, C. Angulo, et al., 1996, HIV and AIDS Surveillance in Colombia, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Mo.C.1559.

H0092 Hwa-Chen, L., 1993, Prevalence of HIV-1 and HIV-2 in STD Patients in Taipei, IX International Conference on AIDS, Berlin, 6/6-11, Abstract PO-C20-3087.

H0106 Habi, G., A. Hassane, M. B. Amsagana, 1993, MST/SIDA: Enquete chez les Femmes Enceintes en Milieu Rural (Departement de Tahoua) Niger, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Poster Th.P.C.074.

H0116 Hasan, M. A., 1994, Sexual Behaviour of Inhabitants of Cemeteries in Cairo, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Abstract 118D.

H0117 Hawkes, S., H. Whittle, R. Jagne, et al., 1994, The Increase in HIV-1 Prevalence in Commercial Sex Workers (CSWs) in the Gambia, and Association with Other STDs Including ..., Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Session 393C.

I0028 Igua, A., A. Manlapig, E. Puiahi, et al., 1993, Papua New Guinea National HIV Reference Laboratory - Annual Report, 1992, Central Public Health Laboratory, February.

J0028 Jeannel, D., B. Garin, 1992, HTLV-1 and HIV in the Republic of Guinea and in Inongo, Zaire, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster W.RT.Jeannel.

J0044 Jalal, F., H. M. Abednego, T. Sadjimin, et al., 1994, HIV and AIDS in Indonesia, AIDS, vol. 8, suppl. 2, pp. S91-S94.

J0056 Joao, E. C., J. Menezes, O. Resende, et al., 1996, HIV Testing for Pregnant Women in a Public Maternity Hospital Located in Inner City Rio de Janeiro, Brazil, XI International Conference on AIDS, Vancouver, 7/7 14, Abstract Tu.C.2571.

K0096 Kanyama, I. D. A., 1991, Sentinel Surveillance of HIV Infection in Northern Zambia, VII International Conference on AIDS, Florence, Italy, 6/16-21, Abstract M.C.3301.

K0200 Kiviat, N., D. Ba, A. Coll Seck, et al., 1995, Prevalence of STDs Including HIV among Women Presenting a Family Planning Clinic in Dakar, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Abstract TuC611.

K0205 Kimball, A. M., R. Gonzalez, R. Calderon, et al., 1991, The AIDS Pandemic in the Americas: Using Surveillance Information to Reinforce National Control Programs, VII International Conference on AIDS, Florence, Italy, 6/16-21, Abstract M.D.4294.

K0209 Kosia, A., D. Williams, M. Fofanah, 1995, Condom Use and Promotion among the Low Income Prostitutes, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Abstract WeD881.

K0220 Kywe, B., M. Thwe, H. Naing, et al., 1996, HIV Sentinel Surveillance 1992-1995 and Development of an Estimate of Total HIV Infections in Myanmar, XI International Conference on AIDS, Vancouver, 7/7-14, Abstract Mo.C.200.

K0233 Kaluwa, O. L., H. G. Feluzi, A. C. Songwe, et al., 1995, 1995 Sentinel Surveillance Report, National AIDS Control Programme, Lilongwe, Malawi, unpublished reports.

L0156 Lee, S. S., W. L. Lim, S. H. Lee, et al., 1994, Epidemiology of HIV Infection in Hong Kong, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0070.

L0201 Latif, A. S., 1995, A Report on a Study to Determine the Aetiology and Pattern of STD amongst Men and Women Presenting to Health Centres in ..., University of Zimbabwe Medical School, Dept. of Medicine, September STD report, unpublished.

L0202 Laboratoire National de Reference, 1995, Enquetes de Serosurveillance de la Syphilis et de l'Infection a VIH, Ministere de la Sante, Republique de Madagascar, May-August report, unpublished.

L0223 Laboratorio Nacional de Referencia, 1992, PAHO/WHO HIV Surveillance, January - September, PAHO/WHO.

M0186 Modan, B., R. Goldschmidt, E. Rubinstein, et al., 1992, Prevalence of HIV Antibodies in Transsexual and Female Prostitutes, American Journal of Public Health, vol. 82, no. 4, pp. 590-592.

M0205 Mejia, C., M. Samcam, E. Quinonez, et al., 1992, Human Immunodeficiency Virus (HIV) Infection in Guatemala, VIII International Conference on AIDS, Amsterdam, 7/19-24, Abstract PuC 8137.

M0243 Mungai, J. N., J. Ombette, J. Kimani, et al., 1992, Laboratory Findings for the Prevalence of HIV, Neisseria Gonorrhoea and Chlamydia Trachomatis Infections among Prostitutes ..., VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11,

M0265 Minister of Public Health, 1993, Serosurveillance Report of HIV Infection, Republic of Zaire, National Control Programme Against AIDS, Central Coordination Bureau, BCC/SIDA, Offical Report.

M0266 Ministry of Public Health & Social Affairs, 1992, WHO Report on AIDS Surveillance, SFI/GPA/WHO/11.8, Official Report.

M0278 Montserrat Health Department, 1993, PAHO/WHO HIV Surveillance, Feb. 3, Pan American Health Organization/World Health Organization.

M0279 Montserrat Health Department, 1992, PAHO/WHO HIV Surveillance, Nov. 10, Pan American Health Organization/World Health Organization.

M0280 Montserrat Health Department, 1992, PAHO/WHO HIV Surveillance, June 2, Pan American Health Organization/World Health Organization.

M0309 Ministry of Health (Lao People's Democratic Republic), 1993, Second Quarterly Report: April - June 1993, National Committee for the Control of AIDS (NCCA), Vientiane, August, unpublished report.

M0314 Maayan, S., E. Shinar, M. Aefani, et al., 1993, HIV/AIDS among Palestinians in the West Bank & Gaza, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Poster T.P.C.097.

M0326 Muloko, N., S. Ossari, A. Lefandi, et al., 1993, Evolutivite du HIV-1 et HIV-2 dans une Zone de Forte Prevalence HTLV, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Poster T.P.A.022.

M0331 Maiga, Y. I., Z. Sissoko, et al., 1993, Etude de la Seroprevalence de l'Infection a VIH dans les 7 Regions Economiques du Mali, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Session M.O.P.055.

M0333 M'Pele, P., J. Loukaka, T. Guerma, 1991, La Surveillance de l'Infection a VIH a Brazzaville, Option, vol. 1, pp. 69-73.

M0334 Ministry of Public Health (Guinee), 1991, Bulletin de Liaison No. 8, Bureau de Coordination du Comite MST-SIDA Rez-de-Chaussee du Laboratoire du Service de la Prevention Face 2 Octobre B. P.: 3820 - Conakry Guinee, unpublished document.

M0340 Mugrditchian, D., 1994, Mongolia Trip Report, AIDSCAP Family Health International, pp. 1-15.

M0371 Mayorga, R., L. Ramirez, E. Solorzano, et al., 1994, Genital Ulcerative Disease and Incidence of HIV Infection in Patients Visiting an STD Clinic in Guatemala, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0573.

M0375 Mattke, P., M. Grunitzky-Bekele, E. Klee, 1994, Sentinel Surveillance among Pregnant Women in Northern Togo during 1992 and 1993, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0051.

M0391 Ministry of Health and Social Welfare Kingdom of Lesotho, 1993, HIV Sentinel Surveillance Report, National STD/AIDS Prevention and Control Program, World Health Organization, report.

M0394 Ministry of Health, 1993, Etude de Prevalence des Maladies Sexuellement Tranmissibles et des Infections a VIH au Niger, Republique du Niger, Ministere de la Sante Publique, Niamey, Octobre, rapport final.

M0420 Mboup, S., et al., 1994, Surveillance Sentinelle de Infections o HIV, Bulletin Epidemiologique HIV, December, no. 5, pp. 1-24.

M0433 Mason, P., S. Ray, C. Mapushere, et al., 1995, Use of Female and Male Condoms by Commercial Sex Workers: Impact on STD Transmission, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Poster TuC614.

M0436 Ministry of Health, 1995, HIV/STD Sentinel Surveillance: 1994, Disease Control Unit, Ministry of Health, Accra, Ghana, March, unpublished report.

M0442 Ministry of Health, 1996, HIV Sentinel Surveillance: 1995, Disease Control Unit, Ministry of Health, Accra, Ghana, April, unpublished report.

M0447 Ministry of Health, 1996, STD/HIV/AIDS the Brazilian Response, Ministry of Health, Secretariat for Health Care, National Program on Sexually Transmitted Diseases and AIDS, June report.

M0450 Ministere de la Sante Publique, 1995, Etude de Prevalence des Maladies Sexuellement Transmissibles et des Infections a VIH au Burkina Faso, Burkina Faso, Ministere de la Sante Publique, Quagadougou, July, final report, unpublished.

M0452 Ministere de la Sante de la Solidarite et des Personnes Agees, 1995, Etude de Prevalence des Maladies Sexuellement Transmissibles et des Infections a VIH au Mali, Republique du Mali, Ministere de la Sante de la Solidarite et des Personnes Agees, Bamako, A

M0470 Manhart, L. E., A. Zidouh, K. Holmes, et al., 1996, Sexually Transmitted Disease (STD) in Three Types of Health Clinics in Morocco: Prevalence, Risk Factors, and Syndromic ..., XI International Conference on AIDS, Vancouver, 7/7-14, Poster Mo.C.1627.

M0471 Messele, T., T. F. Rinke de Wit, A. Dejene, et al., 1996, Estimation of Age and Gender-Specific HIV-1 Seroprevalence in the Urban Community Setting of Addis Ababa, Ethiopia, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Mo.C.1476.

M0473 Msamanga, G. I., E. Urassa, D. Spiegelman, et al., 1996, Socioeconomic Status and Prevalence of HIV Infection among Pregnant Women in Dar es Salaam, Tanzania, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Tu.C.2464.

M0480 Mian, M. A. H., M. A. Kabir, K. Begum, 1996, Comparative Analysis of Point Prevalence of the Different Types of STD in ICSW and FCSW, XI International Conference on AIDS, Vancouver, 7/7-14, Abstract Pub.B.1048

M0484 Martin, R. Z., F. Machado, F. Rolo, et al., 1996, Present Status of the Perinatal Transmission of HIV in Cuba. Importance of the Diagnosis in Pregnant Women, XI International Conference on AIDS, Vancouver, 7/7-14, Abstract Tu.C.2602.

M0487 Merchant, R., J. K. Maniar, J. Karkare, 1996, AIDS: Women are Captive Partners, AIDS Weekly, pp. 18-20.

M0488 Ministry of Health, National AIDS Control Programme, 1996, National HIV Sentinel Survey - 1996, Ministry of Health and Social Services, Nambia, October report.

M0494 Macdonald, D. S., 1996, Notes on the Socio-Economic and Cultural Factors Influencing the Transmission of HIV in Botswana, Social Science and Medicine, vol. 42, no. 9, pp. 1325-1333.

M0495 Monteith, D., 1996, The Review of HIV/STD Program of the Health Sector II Project, Honduras AIDSCAP Project, Health Technical Services, Project, September report, sited by Patricio Murgueytio, PASCA, personal memo.

N0083 NACP/MOH (Ethiopia), 1992, Surveillance and Research Activities on HIV/AIDS: Activities Accomplished So Far in Ethiopia, 1984-1991, Ethiopia NACP/MOH data, unpublished report.

N0110 Nicaragua, 1991, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.

N0168 Ntawiniga, P., V. Leroy, C. Gazille-Rugema, et al., 1995, High Seroprevalence of HIV Infection and Syphilis among Pregnant Women: Kigali, Rwanda, May 1995, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Poster Tu8573.

N0176 National AIDS/HIV/STD Control Programme, 1995, 1993/94 Sentinel Sero-Prevalence Surveillance Report, National AIDS/HIV/STD Control Programme, Federal Ministry of Health and Social Services, unpublished report.

N0178 Naing, S., R. Mandevu, T. Pilatwe, et al., 1995, Fourth HIV Sentinel Surveillance in Botswana, NACP, NACA, Ministry of Health, Private Bag 00451, Gaborone, Botswana, August, unpublished report.

N0179 National AIDS Control Program, 1996, HIV/AIDS Status, FAX Ministry of Health and Social Affairs, Argentina

N0182 Nguyen, T. H., K. C. Pham, T. N. Hoang, et al., 1996, HIV Sentinel Surveillance in Vietnam, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Mo.C.1521.

N0184 Nzila, N., B. Malele, M. Kivuvu, et al., 1996, HIV and Syphilis Infections in Female Prostitutes between 1988 and 1995 in Kinshasa, Zaire, XI International Conference on AIDS, Vancouver, 7/7-14, Abstract Tu.C.2684.

O0051 Ocheng, D., A. Msauka, C. Mbuya, et al., 1993, Prevalence of Sexually Transmitted Diseases (STDs) in Females at 7 Truck Stops in Tanzania, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Poster Th.P.C.070.

O0053 O'Leary, M., W. I. Van der Meijden, C. Malau, et al., 1992, HIV Serosurveillance in Papua New Guinea, Papua New Guinea Department of Health, Port Moresby, Papua New Guinea, draft paper.

O0063 Osuga, K., C. Chang, 1994, AIDS in the Pacific Islands, AIDS, vol. 8, suppl. 2, pp. S111-S116.

O0083 O' Donovan, D., K. Ariyoshi, L. Yamuah, et al., 1996, Perinatal Transmission of HIV-2 in the Gambia, West Africa, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Tu.C.2577.

P0074 Pyndiah, N., C. Chan Kam, B. Jowaheer, et al., 1991, Prevalence of HIV/AIDS in Mauritius, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.C.3285.

P0122 Prasongsith, B. C., P. Blanche, K. Phouvang, et al., 1994, HIV Infection in Lao Republic, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0084.

P0142 Paz, A. A., Comision Nacional del SIDA, 1995, PAHO/WHO HIV Surveillance, May 31, PAHO/WHO.

P0144 Pakistan HIV Seroprevalence Study Group, 1996, HIV Seroprevalence Survey in Pakistan, AIDS, vol. 10, no. 8, pp. 926-927.

P0156 PROCETS, SESPAS, 1995, PAHO/WHO HIV Surveillance, April 15, PAHO/WHO.

P0157 PROCETS, SESPAS, 1996, PAHO/WHO HIV Surveillance, April 15, PAHO/WHO.

P0162 Penna, M., 1996, Panama HIV/AIDS Summary Report, Sited by Patricio Murgueytio, PASCA, personal memo.

Q0009 Quinti, I., E. Renganathan, E. El Ghazzawi, et al., 1995, Seroprevalence of HIV and HCV Infections in Alexandria, Egypt, Zentralblatt Fur Bakteriologie, vol. 283, no. 2, pp. 239-244.

R0051 Rodier, G., E. Fox, D. Watts, et al., 1991, A Dramatic Increase in the Prevalence of HIV Infection in Djibouti, VII International Conference on AIDS, Florence, Italy, 6/16-21, Poster M.C.3031.

R0090 Riedner, G., Y. Hemed, F. Minja, et al., 1993, The Use of Serologic Trends of HIV and Syphilis for the Evaluation of the Mbeya Regional ACP Tanzania 1986-1992, IX International Conference on AIDS, Berlin, 6/6-11, Poster PO-C29-3263.

R0099 Redouane, A., S. Sekkat, S. Hamdani, et al., 1993, Etude de la Transmission Materno-Foetale de l'Infection par VIH, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Poster M.P.C.095.

R0104 Reyes, O., M. Baquerizo, N. Hearst, et al., 1994, HIV Sentinel Serosurveillance in STD Patients. Ecuador, 1991-93., Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0561.

R0117 Remy, G., 1993, Image Geographique de l'Infection a VIH 1 en Afrique Centrale: Des Discontinuites Remarquables, Annales de la Societe Belge de Medecine Tropicale, vol. 73, no. 2, pp. 127-142.

R0122 RSA Department of National Health, 1994, The HIV/AIDS Epidemic in Neighbouring Countries, Epidemiological Comments, vol. 21, no. 11, p. 228.

R0123 RSA Department of National Health, 1994, NIV Sentinel Surveillance, Epidemiological Comments, vol. 21, no. 11, pp. 230-231.

R0131 RSA Department of Health, 1995, Fifth National HIV Survey in Women Attending Antenatal Clinics of the Public Health Services in South Africa, Oct./Nov. 1994, Epidemiological Comments, vol. 22, no. 5, pp. 90-100.

R0143 Rasamindrakotroka, A., R. Andriamahenina, F. Behets, et al., 1996, High Syphilis and Low but Rising HIV Seroprevalence Rates in Madagascar, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Mo.C.1488.

S0215 Singh, S., N. Crofts, 1993, HIV Infection among Injecting Drug Users in North-East Malaysia, AIDS Care, vol. 5, no. 3, pp. 273-281.

S0217 Saint Lucia STD/HIV Prevention Programme, 1992, PAHO/WHO HIV Surveillance, June 30, Pan American Health Organization/World Health Organization.

S0218 Saint Lucia STD/HIV Prevention Programme, 1992, PAHO/WHO HIV Surveillance, Pan American Health Organization/World Health Organization.

S0220 Saint Lucia STD/HIV Prevention Programme, 1993, PAHO/WHO HIV Surveillance, Jan. 10, Pan American Health Organization/World Health Organization.

S0221 Saint Lucia STD/HIV Prevention Programme, 1992, PAHO/WHO HIV Surveillance, Oct. 8, Pan American Health Organization/World Health Organization.

S0227 St. Kitts & Nevis Ministry of Health & Women's Affairs, 1992, PAHO/WHO HIV Surveillance, Apr. 14, Pan American Health Organization/World Health Organization.

S0234 St. Vincent & the Grenadines Public Health Department, 1992, PAHO/WHO HIV Surveillance, Apr. 13, Pan American Health Organization/World Health Organization.

S0235 St. Vincent & the Grenadines Public Health Department, 1992, PAHO/WHO HIV Surveillance, July 21, Pan American Health Organization/World Health Organization.

S0236 St. Vincent & the Grenadines Public Health Department, 1992, PAHO/WHO HIV Surveillance, Oct. 5, Pan American Health Organization/World Health Organization.

S0241 St. Kitts & Nevis Ministry of Health & Women's Affairs, 1993, PAHO/WHO HIV Surveillance, Jan. 29, Pan American Health Organization/World Health Organization.

S0242 St. Kitts & Nevis Ministry of Health & Women's Affairs, 1992, PAHO/WHO HIV Surveillance, Oct. 27, Pan American Health Organization/World Health Organization.

S0258 Soga, G., A. Hassane, A. Aboubacar, et al., 1993, Etude de Prevalence des Infections Sexuellement Transmises (IST) chez les Prostituees a Niamey, Niger, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Session T.R.T.024.

S0294 Sandala, L, P. Lurie, M. R. Sunkutu, et al., 1995, "Dry Sex" and HIV Infection among Women Attending a Sexually Transmitted Diseases Clinic in Lusaka, Zambia, AIDS, vol. 9, suppl. 1, S61-S68.

S0301 Shin, Y., S. J. Hur, S. S. Kim, et al., 1994, Human Immunodeficiency Virus (HIV) Epidemiological Trends among Risk Groups in Korea, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Session 041C.

S0315 Sam-Abbenyi, A., 1994, Report on HIV-1 Sentinel Surveillance System in Cameroon 1994, Ministry of Public Health, Republic of Cameroon, AIDS Control Unit, Epidemiology Section, report.

S0316 Skalsky, J., P. M. Ndumbe, the Manyemen HIV/AIDS Team, 1993, Characteristics of HIV/AIDS Patients Attending a Rural Hospital in Cameroon, Annales de la Societe Belge de Medecine Tropicale, vol. 73, no. 3, pp. 209-216.

S0367 Sole Pla, M. A., K. R. Sanches, A. H. Matida, et al., 1996, HIV1 Infection Surveillance among STD Patients in Rio de Janeiro, Brazil, XI International Conference on AIDS, Vancouver, 7/7-14, Abstract Pub.C.1158.

S0389 Suarez, R. G., Ministerio de Salud Publica, 1994, PAHO/WHO HIV Surveillance, August 8, PAHO/WHO.

S0391 Suvedi, B. K., J. Baker, S. Thapa, 1994, HIV/AIDS in Nepal: An Update, Journal of the Nepal Medical Association, vol. 32, no. 111, pp. 204-213.

T0125 Tan, M. L., M. M. Dayrit, 1994, HIV/AIDS in the Philippines, AIDS, vol. 8, suppl. 2, pp. S125-S130.

T0130 Tswana, S. A., L. Nystrom, S. R. Moyo, et al., 1995, Hospital-Based Study of Sexually Transmitted Diseases at Murewa Rural District Hospital, Zimbabwe 1991-1992, Sexually Transmitted Diseases, vol. 22, no. 1, pp. 1-6.

T0137 Thwe, M., B. Kywe, S. Lwin, et al., 1995, HIV Surveillance in Myanmar, 1985-1995, 3rd International Conference on AIDS in Asia and the Pacific, Chiang Mai, Thailand, 9/17-21, Poster PB104.

T0139 Tanzania Ministry of Health, 1995, National AIDS Control Programme HIV/AIDS/STD Surveillance, Surveillance report no. 9, December 1994, Epidemiology Unit, NACP.

T0145 Thailand Ministry of Health, 1995, National Sentinel Surveillance, June, unpublished tables.

U0027 U.S. Department of State, 1994, AIDS in the Central African Republic, Unclassified Cable, April, Bangui 001505.

V0058 Vera, E., M. Cabral, R. Jimenez, et al., 1992, The First Study of HIV, HBV and Syphilis in Pregnant Women in Paraguay, VIII International Conference on AIDS, Amsterdam, 7/19-24, Poster PoC 4068.

W0076 WHO/SEARO, AIDS Unit, 1992, HIV Infection/AIDS and Sexually-Transmitted Diseases, Bulletin of Regional Health Information, SEA/HS/186, pp. 65-70.

W0082 Wilkins, A., D. Ricard, J. Todd, et al., 1993, The Epidemiology of HIV Infection in a Rural Area of Guinea Bissau, AIDS, vol. 7, no. 8, pp. 1119-1122.

W0094 Weis, P., C. Masheisha, G. Sahimuller, et al., 1994, Assessing Trends of the HIV Epidemic in Western Uganda, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0041.

W0097 Wang, G. R., C. H. Shih, C. Y. Chuang, 1994, Present Status and Prevalence of HIV Infection in Taiwan, January 1994, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0069.

W0112 World Health Organization Western Pacific Region, 1995, HIV and AIDS in the Western Pacific Region, AIDS Surveillance Report, no. 6, pp. 1-3.

W0115 Whiteside, H., T. Barnett, 1996, Social and Economic Factors Crucial in Defining the Spread and Effect of HIV, AIDS Analysis Asia, vol. 2, no. 4, pp. 8-9.

W0119 Welffens, E. C., P. Msellati, G. Tanoh, et al., 1996, HIV Testing among African Pregnant Women in the Context of a Tolerence Study on AZT in Abidjan, Cote d'Ivoire, XI International Conference on AIDS, Vancouver, 7/7-14, Poster Tu.C.2457.

W0122 Winsbury, R., 1996, Aiding Refugees in the Aftermath of Civil War, AIDS Analysis Africa, vol. 6, no. 5, p. 3.

Y0022 Yilmaz, G., S. Turkoglu, N. Isik, et al., 1994, Prevalence of HIV Infection among Blood Donors in Istanbul, Turkey, Tenth International Conference on AIDS, Yokohama, Japan, 8/7-12, Poster P.C.0391.

Z0022 Zahraoui, M., F. Denis, K. Marhoum, et al., 1991, Etude de la Seroprevalence des Virus HTLV-1, HIV-1, HIV-2 et Herpes 6 Virus (HHV6) au Maroc, VI International Conference on AIDS in Africa, Dakar, Senegal, 12/16-19, Abstract T.A.143.

Z0041 Zewdie, D., Y. Sisay, D. Kebede, et al., 1992, HIV Infection in Ethiopian Blood Donors: Prevalence, Trends and Future Projections, Ethiopian Journal of Health Development, vol. 6, no. 2, pp. 1-8.

Z0045 Zekeng, L., L. Gurtler, E. Afane Ze, et al., 1994, Prevalence of HIV-1 Subtype O Infection in Cameroon: Preliminary Results, AIDS, vol. 8, no. 11, pp. 1626-1628.

Table 2: Estimates of HIV-2 Seroprevalence,by Residence and Risk Factor, for Developing Countries: Circa 1995

Region and Country	Capital/Major City		Outside Major City		Urban City Sources		Outside City Sources	
	Low Risk	High Risk	Low Risk	High Risk	Low Risk	High Risk	Low Risk	High Risk
AFRICA								
* Angola	.0	-	.0	-	A0157		A0157	
* Benin	-	12.9 a	3.8 a	-		B0269	G0146	
* Cameroon	.0	-	.0	.0	Z0045		S0316	Z0045
* Central African Rep.	-	-	.0	-			R0117	
* Cote d'Ivoire	2.0 a	32.7 a	-	-	W0119	G0174		
* Djibouti	-	.0	-	-		R0051		
* Gabon	.8 a	-	-	-	M0326			
* Gambia, The	1.2 a	26.7 a	-	-	O0083	H0117		
* Ghana	.4 a	1.2 a	.2 a	-	M0442	M0436	M0442	
* Guinea	.4 a	-	.1	-	M0334		J0028	
* Guinea-Bissau	5.0 a	-	8.3 a	-	A0167		W0082	
* Mauritania	.2 a	-	-	-	A0166			
* Morocco	.0	-	-	-	Z0022			
* Mozambique	-	-	.5 a	-			C0183	
* Niger	.0 a	6.3 a	-	-	M0394	S0258		
* Senegal	.4 a	8.0 a	1.0 a	27.6 a	K0200	M0420	M0420	M0420
* Togo	-	-	.0	-			M0375	
* Zimbabwe	-	-	-	.0				T0130
ASIA/OCEANIA								
* China, Taiwan @	-	.0	-	-		H0092		
* India	-	7.0 a	-	-		B0287		

- No Data found
* See table 1 for HIV-1 data
@ Data for Taiwan located under China within the "HIV/AIDS Surveillance Database".
a Rate represents infection with HIV1 only and dual infection (HIV1 and HIV2), therefore addition of rates from table 1 and 2 is not advised.
b Data are best available but are not necessarily reliable due to small sample size (<100).
c Data combined.

NOTES:
Definition: High risk--prostitutes and clients, STD patients, or other persons with known risk factors
Low risk--pregnant women, blood donors, or other persons with no known risk factors.

SOURCE: U.S. Bureau of the Census, HIV/AIDS Surveillance Data Base, 1/97 Update

Table 3: Detailed Listing of Estimates of HIV-1 and 2 Seroprevalence, by Residence and Risk Factor, for Developing Countries: Circa 1995

Region/ Country		Risk Area	Geographic Area	Year	Sub-population	Sex	Age	Prev. Rate	Sample Size	Data Type	Test Type	Source ID
*AFRICA												
ALGERIA		UH	NOT SPECIFIED	1991	PROSTITUTES	F	ALL	.0 b	N/A	HIV1	UNK	A0132
ANGOLA		UL	LUANDA	1995	PREGNANT WOMEN	F	ALL	1.0	695	HIV1	ELISA,WB	A0157
		UL2	LUANDA	1995	PREGNANT WOMEN	F	ALL	.0	695	HIV2	ELISA,WB	A0157
		OL	NAMIBE PROVINCE	1995	PREGNANT WOMEN	F	ALL	.5	420	HIV1	ELISA,WB	A0157
		OL2	NAMIBE PROVINCE	1995	PREGNANT WOMEN	F	ALL	.0	420	HIV2	ELISA,WB	A0157
BENIN		UL	PORTO NOVO	1993	PREGNANT WOMEN	F	ALL	1.4	499	HIV1,2	ELISA*2,WB	D0145
		UH	COTONOU/TOWNS	1993-94	PROSTITUTES	F	ALL	50.8 a	366	HIV1	UNK	B0269
		UH2	COTONOU/TOWNS	1993-94	PROSTITUTES	F	ALL	12.9 a	366	HIV2	UNK	B0269
		OL	ZOU & MONO/RURAL	1993(?)	GENERAL POPULATION	B	ALL	4.9 a	820	HIV1	ELISA,WB	G0146
		OL2	ZOU & MONO/RURAL	1993(?)	GENERAL POPULATION	B	ALL	3.8 a	820	HIV2	ELISA,WB	G0146
BOTSWANA	+	UL	SIX SITES	1995	PREGNANT WOMEN	F	ALL	32.4	2624	HIV	ELISA*2	N0178
	+	UH	SIX SITES	1995	STD PTS.	M	ALL	41.6	891	HIV	ELISA*2	N0178
	+	OL	SOUTHERN DIST.	1994	PREGNANT WOMEN	F	ALL	16.0	508	HIV	ELISA*2	M0494
BURKINA	+	UL	BOBO DIOULASSO	1995	PREGNANT WOMEN	F	ALL	12.0	824	HIV	ELISA,LIA	C0213
FASO		UH	OUAGA. & BOBO	1994	PROSTITUTES/BARWORKER	F	ALL	60.4	424	HIV1,2	ELISA,RAPID	M0450
BURUNDI		UL	BUJUMBURA	1992	PREGNANT WOMEN	F	ALL	20.0	1287	HIV	ELISA	B0233
		OL	RURAL AREAS	1992	PREGNANT WOMEN	F	ALL	1.8	1231	HIV	ELISA	B0233
CAMEROON		UL	DOUALA	1994	PREGNANT WOMEN	F	ALL	5.7 c	599	HIV1	UNK	S0315
		UL2	YAOUNDE	1994	PREGNANT WOMEN	F	ALL	.0	301	HIV2	ELISA*3,RAPID	Z0045
		UH	DOUALA	1992	PROSTITUTES	F	ALL	45.3	236	HIV1,2	RAPID,WB	G0147
		OL	MANYEMEN(RURAL)	1991-92	PREGNANT WOMEN	F	ALL	2.9	382	HIV1	ELISA,WB	S0316
		OL2	MANYEMEN(RURAL)	1991-92	PREGNANT WOMEN	F	ALL	.0	382	HIV2	ELISA,WB	S0316
		OH	BANKA(SEMIRURAL)	1994	STD CLINIC PTS.	B	ALL	9.0	100	HIV1	ELISA*3,RAPID	Z0045
		OH2	BANKA(SEMIRURAL)	1994	STD CLINIC PTS.	B	ALL	.0	100	HIV2	ELISA*3,RAPID	Z0045
C. AFRICAN		UL	BANGUI	1993	PREGNANT WOMEN	F	ALL	16.0	218	HIV	UNK	U0027
REPUBLIC		UH	BANGUI	1993	STD CLINIC PTS.	B	ALL	31.0	283	HIV	UNK	U0027
		OL	BATANGAFO	1993	PREGNANT WOMEN	F	ALL	6.5	200	HIV	UNK	U0027
		OL2	BERBERATI/RURAL	1992	ADULTS	B	ALL	.0	332	HIV2	IFA,WB	R0117
CHAD		UL	SARH	1992	PREGNANT WOMEN	F	ALL	4.1	435	HIV1,2	RAPID,WB	M0266
CONGO		UL	BRAZZAVILLE	1994	PREGNANT WOMEN	F	ALL	7.1	600	HIV	UNK	B0270
		UH	BRAZZAVILLE	1990	STD PTS.	B	ALL	17.6 c	400	HIV	ELISA	M0333
		OL	OWANDO	1992	PREGNANT WOMEN	F	ALL	2.6	300	HIV	UNK	B0162
COTE	+	UL	ABIDJAN	1995-96	PREGNANT WOMEN	F	ALL	12.5 a	2559	HIV1	UNK	W0119
D'IVOIRE	+	UL2	ABIDJAN	1995-96	PREGNANT WOMEN	F	ALL	2.0 a	2559	HIV2	UNK	W0119
		UH	ABIDJAN	1992-94	PROSTITUTES	F	ALL	77.0 a	1209	HIV1	ELISA,LIA,WB	G0174
		UH2	ABIDJAN	1992-94	PROSTITUTES	F	ALL	32.7 a	1209	HIV2	ELISA,LIA,WB	G0174
DJIBOUTI		UH	DJIBOUTI	1991	STREET PROSTITUTES	F	ALL	43.0	300	HIV	ELISA,WB	C0141
		UH2	DJIBOUTI	1990	STREET PROSTITUTES	F	ALL	.0	115	HIV2	ELISA,WB	R0051

Liz in Peter Piot's O.
41 22 791-3104

---

need numbers
quickly (Sandy)
most recent
-Afri ~~ca~~ Report

As goes Africa, so will go India, South-East Asia, and the Newly Independent States, and by 2005, more than 100 million people worldwide will be HIV positive.

According to current projections, Asia is likely to mirror Africa in the number of AIDS deaths by the year 2005. As the world's most populous continent, Asia will soon come to dominate the HIV picture accounting for one out of every four infections worldwide by the end of the year. Already, trends suggest that Asia may surpass Africa with the highest number of new infections per year.

India is the growing hot spot of the epidemic, with more HIV infected people than any other country in the world – an estimated 5 million[3]. While the current death rate remains low in comparison to sub-Saharan Africa, infection rates are increasing rapidly and are expected to double every 14 months. Surveillance of the disease is particularly difficult in India as cultural norms, gender inequities, and stigma continue to drive the epidemic underground and out of the public consciousness. As a result, AIDS cases in India remain under-diagnosed, under-reported and poorly treated. By 2000, AIDS will cost India $11 billion or 5% of GNP.

According to Surgeon General Satcher, "It was only a few years ago that epidemiologists offered projections of disease prevalence for sub-Saharan Africa that were met with disbelief. If the present warnings go unheeded, South Asia, Southeast Asia, and, perhaps, China will follow the disastrous course of sub-Saharan Africa."

The new Soviet states have also registered astronomical growth in HIV infection rates over the past few years. In fact, in the last four years alone, Eastern Europe and Central Asia have seen a six-fold increase in HIV infection. In the Russian Federation, HIV infection has increased 27-fold between 1994-1997. And in the Ukraine, HIV infection has increased 70-fold. IV drug use now accounts for 80% of new infections in the Russian Federation and the increasing number of new users signals a growing dual epidemic of AIDS and drugs in the region.

Region	Epidemic Started	Adults & Children Living With HIV/AIDS	Adults & Children Newly Infected With HIV
Sub-Saharan Africa	Late 70's - Early 80's	22,500,000	4,000,000
South & South-East Asia	Late 80's	7,260,000	1,400,000
Eastern Europe & Central Asia	Early 90's	270,000	80,000

WHO → 41 22 791-2403

[3] USAID

Findings

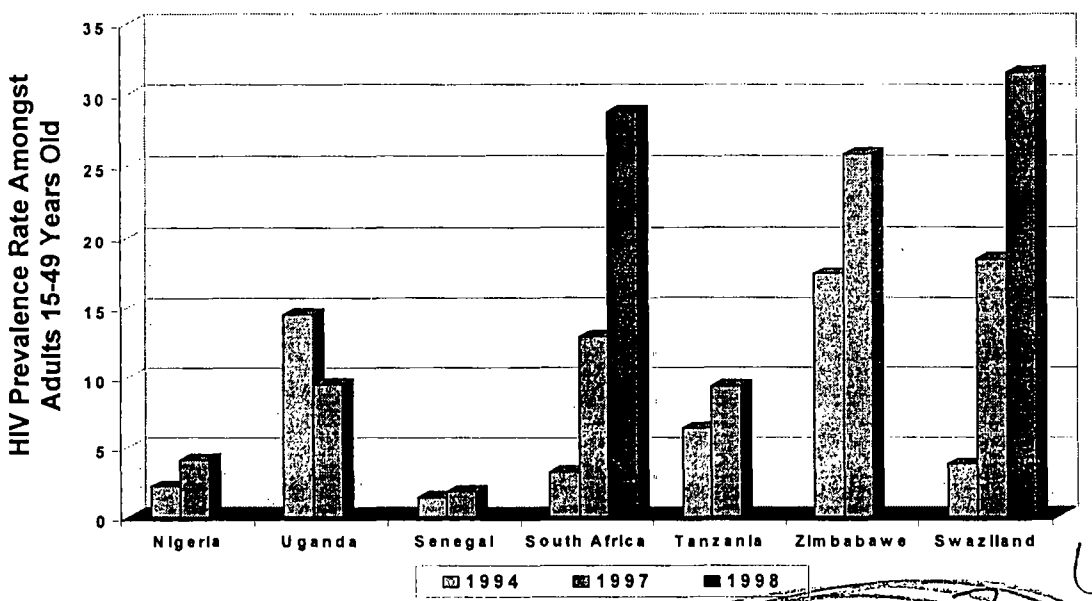
The Problem

AIDS in sub-Saharan Africa is a plague of biblical proportions.

AIDS in sub-Saharan Africa, notes the UN, is the "worst infectious disease catastrophe since the bubonic plague." Deaths due to AIDS in the region will soon surpass the 20 million people in Europe who died in the plague of 1347 and the 20 million people in India who died in the influenza epidemic of 1917. Over the next decade, AIDS will kill more people in sub-Saharan Africa than the total number of casualties lost in all wars of the 20th century combined. While sub-Saharan Africa accounts for only one-tenth of the global population, it currently carries the burden of more than 80% of AIDS deaths worldwide.

In the past decade, 12 million people in sub-Saharan Africa have died of AIDS – one-quarter of them children – and each day AIDS buries another 5,500 men, women and children. By 2005, the daily death toll will reach 13,000 people, or nearly 5 million AIDS deaths that year alone. In 1998, AIDS was the largest killer and accounted for 1.8 million deaths in sub-Saharan Africa, nearly double the 1 million deaths from malaria and eight times the 209,000 deaths from tuberculosis.

HIV Prevalence Trends in Selected Countries



Congress of the United States

Washington, DC 20515

June 16, 1999

President William J. Clinton
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear President Clinton:

According to Archbishop Desmond Tutu, "AIDS in Africa is a plague of biblical proportions. It is a holy war that we must win." In Africa today, someone becomes infected with HIV every five seconds, and by the year 2010, more than 40 million children will be orphaned by AIDS. It is hard to overestimate the magnitude of this growing human disaster.

Tragically, AIDS in Africa is much more than a health crisis – it is an economic and security crisis as well. AIDS is striking down skilled workers, pushing families into poverty, driving up the cost of doing business, and steadily chipping away at the gross national product of a growing number of African nations. If we are serious about promoting growth and opportunity in Africa, a more aggressive approach to the global war on AIDS is essential.

As Members of the Congressional Black Caucus, we applaud your Administration for drawing much needed attention to the issue of AIDS in Africa. By sending a Presidential Mission to the front-lines of our battle against AIDS, you have sounded the alarm on this rapidly growing emergency. It is now time for bold and decisive action. Millions of lives and futures hand in the balance.

As you review the findings of this recent Presidential Mission to sub-Saharan Africa and consider options for addressing this horror, we strongly urge you to include a substantial increase in funding for the USAID global AIDS program. While HIV and AIDS have exploded over the past several years, the global AIDS budget has remained the same. A long list of national and international organizations – from Save the Children to the National Urban League – have called on your Administration to amend its budget submission and push for a $100 million increase in the global AIDS program for FY 2000. We lend our voices to this urgent call.

A new partnership with Africa is part of your legacy as President. Unfortunately, AIDS threatens to annihilate that legacy. As we rallied around the people of Kosovo, we must now turn our attention to the children, families and communities across Africa, caught in the crossfire of the AIDS pandemic.

Thank you for your consideration and support. We look forward to working closely with you, as Bishop Tutu said, on winning the battle against AIDS.

Sincerely,

Rep. Carolyn Kilpatrick Rep. Sheila Jackson Lee Rep. Barbara Lee

Rep. Albert Wynn Rep. Bennie Thompson Rep. Elijah E. Cummings

Rep. Stephanie Tubbs Jones Rep. Corrine Brown Rep. Jesse Jackson, Jr.

Rep. Carrie P. Meek Rep. Eddie Bernice Johnson Rep. Juanita M. McDonald

Rep. Earl Hilliard Rep. Gregory Meeks Rep. Alcee L. Hastings

Rep. James Clyburn Rep. Charles B. Rangel Rep. John Lewis

Rep. William Jefferson | Rep. Danny Davis | Rep. Chaka Fattah

Rep. Donald Payne | Rep. Ed Towns | Rep. Major Owens

Rep. Julian Dixon | Rep. John Conyers, Jr. | Rep. Harold Ford, Jr.

Rep. Cynthia McKinney | Rep. Melvin Watt | Rep. Sanford Bishop, Jr.

Rep. Julia Carson | Rep. Stephanie Tubbs Jones

Rep. Donna C. Christensen | Rep. Eva M. Clayton

Rep. Bobby Scott | Rep. Maxine Waters | Rep. Eleanor H. Norton

Congress of the United States
House of Representatives
Washington, DC 20515

June 9, 1999

The Honorable William J. Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

Once again, thank you for your leadership on your trip to Africa, which established a good foundation for stronger ties between the United States and the countries of Africa. One issue which must be more aggressively addressed as we build these ties is the impact of the AIDS epidemic in Africa.

We commend you for sending a Presidential Mission to sub-Saharan Africa in April to investigate the impact of HIV/AIDS on children. We support the efforts by Sandra Thurman, Director of the Office of National AIDS Policy, to raise awareness of the growing global AIDS crisis. But, more must be done to address AIDS in Africa.

Across the continent, AIDS is devastating entire communities and undermining long-term investments in human and economic development. In Sub-Saharan Africa, 23 million people are living with HIV/AIDS, 4 million are newly infected every year, and each day, 5,500 men, women, and children die of AIDS. It is projected that there will be 40 million orphans in Africa by the year 2010 because of the AIDS epidemic.

In light of the epidemic's magnitude, we believe that the Administration's FY'2000 budget request for global AIDS is insufficient. We urge you to amend your budget request to respond to this crisis. While we are aware of the severe funding constraints for international affairs created by the Republican budget plan, we nonetheless support a substantial increase for global AIDS. Such an increase cannot come at the expense of other infectious disease programs. We urge you to take bold action and hope you will use the opportunity of the release of your upcoming report on AIDS in Africa to call for a significant increase in the global AIDS program and to make such an increase an Administration priority.

Thank you for your attention to our concerns. We look forward to working with you on providing the needed funds to meet the challenges of the global AIDS epidemic.

Sincerely,

Richard A. Gephardt
RICHARD GEPHARDT, M.C.

Nancy Pelosi
NANCY PELOSI, M.C.

cc: John Podesta
Jack Lew

EDWARD M. KENNEDY
MASSACHUSETTS

United States Senate

WASHINGTON, DC 20510-2101

June 11, 1999

Mr. Jack Lew
Director
Office of Management and Budget
252 Old Executive Office Building
Washington, D.C. 20503

Dear Jack:

According to Archbishop Desmond Tutu, "AIDS in Africa is a plague of biblical proportions. It is a holy war that we must win." In Africa today, someone becomes infected with HIV every 5 seconds, and by the year 2010, more than 40 million children will be orphaned by AIDS. It is hard to overestimate the magnitude of this growing human disaster.

Tragically, AIDS in Africa is much more than a health crisis -- it is an economic and security crisis as well. AIDS is striking down skilled workers, pushing families into poverty, driving up the cost of doing business, and steadily chipping away at the GNP of a growing number of African nations. If we are serious about promoting growth and opportunity in Africa -- a more aggressive approach to the global war on AIDS is essential.

I commend the Administration for drawing much needed attention to the issue of AIDS in Africa and to the global AIDS epidemic generally. By sending a Presidential Mission to the frontlines of the battle against AIDS, you have enlisted America in this vitally important effort. Millions of lives and futures are at stake. The time for us to act is now, before it's too late.

As you review the findings of this recent Presidential Mission and consider options for addressing this crisis, I strongly urge you to include a substantial increase in funding for the USAID global AIDS program. While HIV and AIDS have exploded in recent years, the global AIDS budget has remained level funded. A distinguished list of national and international organizations -- including AIDS Action, Save the Children, the National Urban League, and the Foundation for International Community Assistance -- have called on the Administration to support a $100 million increase in the global AIDS program for FY2000. I strongly support this increase.

The Administration deserves our gratitude for sounding the alarm on the growing emergency of AIDS in Africa. It is a crisis for children and families and communities that cannot be ignored. Thank you for your time, attention, and commitment. I look forward to working closely with you to win the global battle against AIDS.

With respect and appreciation,

Edward M. Kennedy

July 5, 1999

The Honorable William Jefferson Clinton
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President,

On behalf of the National Association for the Advancement of Colored People (NAACP) and AIDS Action, we are writing to urge you to dramatically improve the US response to our global AIDS emergency. Since you took office in 1993, this global pandemic has exploded with a 300% increase in the number of new HIV infections. Current estimates are that 47 million people worldwide are already infected, and that number will more than double by the year 2005. AIDS now kills more people annually than any other infectious disease, and in many sub-Saharan African nations, one-quarter of all children have already been orphaned by AIDS.

On May 11, 1999, the World Health Organization announced that HIV/AIDS is now the "world's most deadly infectious disease", and holds fourth place among causes of death worldwide. Unfortunately, the US investment in global HIV prevention and AIDS care and support has fallen far short of keeping pace with this raging pandemic. While the death toll soars, the US global AIDS budget remains largely flat funded -- and has for years. If adjusted for inflation, this funding stagnation is actually equivalent to a 25% cut in real spending on our global AIDS effort. For a nation as wealthy as ours, so much more can and must be done.

We are thankful that you, Vice-President Gore, and the ONAP Director Sandy Thurman have traveled to Africa and witnessed the toll the epidemic has had on this continent. Average life spans in several African nations have now fallen to the shortest in the world – under 40 years – due to high AIDS mortality rates. It is also estimated that over two-thirds of the global AIDS population is located in Africa. We urge you to amend your FY2000 budget request and push for a $100 million increase in our global AIDS effort. This new investment will put our nation on track toward a global AIDS program that begins to address the magnitude of this pandemic.

A minimum down payment of at least $100 million would help stem the rising tide of HIV and bring some modest level of care and support to those who are suffering. We must immediately escalate our current efforts, and continue to do so until we have not only gained ground but begun to get ahead of the curve. This investment must be new money, rather than funds shifted from the strapped budgets of other essential development accounts. Health, education, child-survival and micro-finance are all

interconnected parts of a comprehensive human investment and AIDS strategy that must not be traded against each other.

Families are being shattered, economies are being decimated, and hundreds of millions of US dollars invested in broad-based development objectives are being obliterated by our failure to fully engage in the battle against AIDS. Every day 16,000 more people become HIV infected -- one every 5 seconds. The global AIDS epidemic has already cost an estimated $500 billion. A new investment of $100 million increase in our global AIDS programs would not only save lives, it will help to secure our goals of economic growth and political stability.

Last December on World AIDS Day, you envisioned a world without AIDS and spoke eloquently about our responsibilities as a leader in our global community. Last April, you traveled to Africa and called for new and vibrant partnerships with its many and varied nations. You are a Presidential pioneer in these endeavors. However, if we fail to put this nation's efforts on the war footing needed to combat the scourge of AIDS, it will surely devastate this vitally important legacy.

Every day counts. Together, let us seize this opportunity to secure your legacy of hope in Africa and around the world, through determined leadership in the battle against AIDS.

Sincerely,

Hilary Shelton
Director
NAACP Washington Bureau

Daniel Zingale
Executive Director
AIDS Action

cc: Jack Lew
John Podesta
Bruce Reed
Sandy Thurman

MOTHERS' VOICES
United to end AIDS©

June 7, 1999

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President,

We are writing to urge you to dramatically improve the US response to our global AIDS emergency. Since you took office in 1993, this global pandemic has exploded with a 300% increase in the number of new HIV infections. Current estimates are that 47 million people worldwide are already infected, and that number will more than double by the year 2005. AIDS now kills more people annually than any other infectious disease, and in many sub-Saharan African nations, one-quarter of all children have already been orphaned by AIDS.

Unfortunately, the US investment in global HIV prevention and AIDS care and support has fallen far short of keeping pace with this raging pandemic. While the death toll soars, the US global AIDS budget remains largely flat funded -- and has for years. If adjusted for inflation, this funding stagnation is actually equivalent to a 25% cut in real spending on our global AIDS effort. For a nation as wealthy as ours, this is shameful.

We have followed with interest the Presidential AIDS Mission to sub-Saharan Africa which you charged ONAP Director Sandy Thurman to lead this April. After directing the Administration and the Congress to bear witness to the ravages of AIDS, it is now time for concrete and bold action. The undersigned organizations urge you to amend your FY2000 budget request and push for a $100 million increase in our global AIDS effort. This new investment will put our nation on track toward a global AIDS program that begins to address the magnitude of this pandemic.

If we hope to help stem the rising tide of HIV and bring some modest level of care and support to those who are suffering, we must immediately escalate our current efforts, and continue to do so until we have not only gained ground but begun to get ahead of the curve. A minimum down payment of at least $100 million would do just that. This investment must be new money, rather than funds shifted from the strapped budgets of other essential development accounts. Health, education, child-survival and micro-finance are all interconnected parts of a comprehensive human investment and AIDS strategy that must not be traded against each other.

165 West 46*th* Street
Suite 701
New York, NY 10036

telephone
212.730.2777
facsimile
212.730.4378
internet
http://www.mvoices.org

Families are being shattered, economies are being decimated, and hundreds of millions of US dollars invested in broad-based development objectives are being obliterated by our failure to fully engage in the battle against AIDS. The global AIDS epidemic has already cost an estimated $500 billion.

Last December on World AIDS Day, you envisioned a world without AIDS and spoke eloquently about our responsibilities as a leader in our global community. Last April, you traveled to Africa and called for new and vibrant partnerships with its many and varied nations. You are a Presidential pioneer in these endeavors. However, if we fail to put this nation's efforts on the war footing needed to combat the scourge of AIDS, it will surely devastate this vitally important legacy.

AIDS is a plague of biblical proportions. Every day 16,000 more people become HIV infected -- one every 5 seconds. Everyday we wait, children and families pay the price. A new investment of $100 million increase in our global AIDS programs would not only save lives, it will help to secure our goals of economic growth and political stability.

Every day counts. Together, let us seize this opportunity to secure your legacy of hope in Africa and around the world, through determined leadership in the battle against AIDS.

Sincerely,

Mothers' Voices and

AIDS Action Council
AIDS Legal Referral Panel
AIDS National Interfaith Network
ADIS Nutrition Services Alliance
AIDS Policy Center for Children, Youth and Families
Advocates for Youth
Americans for Democratic Action
American Association for World Health
Asian Pacific Health Care Venture
Center for Health and Gender Equity
Committee of Ten Thousand
D.C. CARE (Comprehensive AIDS Resource and Education) Consortium
Foundation for International Community Assistance (FINCA)
Friendship Bridge
Global AIDS Action Network
Human Rights Campaign
Mobilization Against AIDS
International AIDS Vaccine Initiative

Kids Project
National Association of People with AIDS (NAPWA)
National Alliance of State and Territorial AIDS Directors
National Catholic AIDS Coalition
Northern Counties Health Care
Northwest AIDS Foundation
Pact, Inc.
San Francisco AIDS Foundation
Save the Children
Service Employees International Union (SEIU)
Title II Community AIDS National Network

GLOBAL HEALTH
COUNCIL

May 24, 1999

President William J. Clinton
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear President Clinton:

We write to urge you to take bold action to **increase America's response to the global spread of HIV**. We do so upon learning that the breadth of this problem has recently been brought to your personal attention as a result of your national AIDS policy director's fact-finding trip to southern Africa.

It is our hope that you will act immediately in light of the significant global worsening of this pandemic since you took office.

- Since 1993, the number of people infected with HIV worldwide has grown 300% -- from 14,000,000 to over 47,000,000. *HIV now kills more people annually than any other infectious disease in the world.*

- Since 1993, Africa has been devastated by the spread of HIV. In the Republic of South Africa, for example, 4% of pregnant women were infected in 1993. Now nearly 20% of pregnant women are infected with HIV nationwide, and in some provinces the figure rises above 35%. In rural areas of East Africa, 40% of children under the age of 15 have been orphaned by HIV.

- Since 1993, Asia has undergone a devastating spread of HIV, with whole nations that previously had little virus now reporting millions of cases. For example, India (which had virtually no cases in 1993) now has between 5 to 10 million infected people, and in some states we are seeing that 2% of pregnant women infected.

- The number of HIV infections in Eastern Europe has increased nine-fold in just three years, growing from less than 30,000 HIV infections in 1995 to an estimated 270,000 infections by December 1998.

In short, Mr. President, since 1993, we have witnessed the greatest development disaster in modern history: the explosive growth of HIV around the world and the death of tens of millions of people from this disease.

1701 K Street, NW ■ Suite 600 ■ Washington, DC 20006-1503 ■ Tel (202) 833-5900 ■ Fax (202) 833-0075
50 Palmer Court ■ White River Junction, VT 05001 ■ Tel (802) 649-1340 ■ Fax (802) 649-1396
<ghc@globalhealthcouncil.org> ■ <www.globalhealthcouncil.org>

This emergency demands an aggressive response not only for humanitarian reasons, but also to protect our nation's goals for global economic growth and political stability. In 1995 alone, experts estimated that the global economy had already lost 500 billion dollars due to HIV. The onslaught is having a serious effect on the long-term economic viability of many countries, decimating a limited pool of skilled workers and devastating health systems.

We are deeply concerned that the administration has essentially straightlined funding for global AIDS programs in your budget proposal to Congress. In a time when HIV/AIDS is ravaging the world, eliminating entire communities, severely undermining economies and destabilizing militaries, **your administration's FY 2000 budget request included no increase for USAID health programs**, and chose not to continue a $10 million emergency program for AIDS-affected children.

Mr. President, don't let this be your legacy on the global AIDS pandemic. We appeal to you to take bold action to strengthen our nation's response to AIDS. Specifically we urge you to:

- Increase funding for international AIDS and other health programs. We urge that you seek major increases for global AIDS programs immediately. These funds should be new money, not diverted from other development programs and they should be targeted to reach community groups in nations most at risk. These funds should be over and above the current level of funding in the 150 account. It does no good to rob Peter to pay Paul.

- Direct the Agency for International Development, the Department of State, the Department of Health and Human Services, and the Department of Defense to immediately prioritize AIDS and related health programs, and to identify new and bold actions they will undertake jointly to expand their program activity. Lack of funding makes it very difficult for agencies to prioritize areas that are of great importance to the epidemic at this time, such as effective preventive strategies, vaccine development, and care for those affected.

- Launch a major White House initiative on global AIDS by convening a high level international meeting on the pandemic. This could take the form of an "AIDS Summit," as was held in 1994 in Paris, an AIDS- specific meeting of the G-8, or other high visibility event. The purpose would be to inform other nations that the US is committed to addressing HIV as a top global security issue.

Mr. President, time is short. Within the next decade, the cumulative number of HIV infections is projected to exceed 100 million by 2007. AIDS orphans are projected to exceed 40 million children by the year 2010.

We greatly appreciate your past role as a great champion on domestic AIDS funding. We challenge you to champion global AIDS funding as well. There is still time to alter the horrific projections of the spread of HIV in the next century. **We implore you to act now and to act boldly.**

Sincerely,

Agency for Cooperation and Research in Development (ACORD); UK
Angela Hadijipateras, Research and Policy Officer

The Alan Guttemacher Institute; Washington, DC
Susan A. Cohen, Assistant Director for Policy Development

Asian Pacific Islander Wellness Center: Community HIV/AIDS Services; California
John Manzon-Santos, Executive Director

Association of Academic Health Centers
Clyde H. Evans, Vice President

Atman International
Sylvia Dvorak, President

Center for Counseling, Nutrition and Health Care, Tanzania
Mary G. Materu, Executive Director

Centre for International Child Health, University College; UK
Professor Andrew Tompkins

Childreach/ PLAN USA; Maryland
Sam Worthington, President

Chilean Corporation for AIDS Prevention
Tim Frasca, General Manager

Christian Children's Fund; Washington, DC
Betty Meyer, Washington Director

City Action Against AIDS; Venezuela
Renate Koch, Executive Director

Concern America; California
Marianne Loewe, Executive Director

Cow Creek Creative Ventures; Vermont
Jeffrey P. Robert, President

Evaluation and Research Technologies for Health, Inc.
Lynne Gaffikin, President

Family Health International/ IMPACT; Virginia
Peter Lamptey, Senior Vice-President

Florida AIDS Action
Bill Skeen, Director of Public Policy

Florida Midwifery Resource Center
Anne Richter, Project Director

Friendship Bridge
David W. Silver, Board of Directors

The GALAEI Project
David Acosta, Executive Director

Global AIDS Action Network; Washington, DC
Paul Boneberg, Director

Global Health Access Program; Washington, DC
Heather Kuiper, Loren Rauch, Thomas Lee, Co-directors

Global Health Council; Washington, DC
Nils Daulaire, President & CEO

Global Network of People Living with HIV/AIDS, GNP+-North America; New York
Jairo Pedraza, North America Representative

Global Network of People Living with HIV/AIDS, GNP+; The Netherlands
Joseph Scheich, International Coordinator

Health, Family and AIDS Prevention; Burkina Faso
Youssouf Ouedraogo, Counselor

Heartland Alliance; USA
Sid Mohn, President

Iwamura Memorial Hospital & Research Center; Virginia
D.K. Gurang, Health Care Economist

John Snow, Inc./ MotherCare; Washington, DC
Marge Koblinsky, Director

Johns Hopkins University-CCP HIV/AIDS Working Group; Maryland
Omar A. Khan, Chair

Sudha -
Shoe
Neiman
434-6865

Mailman School of Public Health, Columbia University; New York
Allan Rosenfield, Professor

Maternal Child Health Information & Resource Center, University of Capetown; South Africa
JH Irlam, Chief Scientific Officer

Midwest Hispanic AIDS Coalition; Illinois
Cathy Lins, Executive Director

National AIDS Fund; Washington, DC
Mary Wilson-Byrom, President

National AIDS Trust; UK
John Godwin, Head of Policy Development

National Network of Sexworker Projects; Washington, DC
Helen Comman, Washington, DC Representative

National School of Public Health, Medical University of Southern Africa
David M. Franch, Associate Dean

Network of Rational Use of Medication; Pakistan
Zafar Mirza, National Coordinator

Positives for Positives; Wyoming
Jeff Palmer, Executive Director

Program for Appropriate Technologies (PATH); Washington, Washington, DC
Gordon W. Perkin, President

Project Troubador
Louise Lindenmeyr, Executive Director

Research Triangle Institute; North Carolina
James E. Kocher, Director, Population and Health Programs

Santa Monica AIDS Project; California
Eric Wahlquist, Prevention Programs Coordinator

Save the Children; Massachusetts
Charlie MacCormick, President

South Jersey Council on AIDS; New Jersey
Anna Katz, Executive Director

University College of Rutgers University; New Jersey
Emmett A. Dennis, Dean

Women's Reproductive Health Initiative; Washington, DC
Elaine Murphy, Director

Women's Health Institute; Massachusetts
Catherine DeLorey, President

World Federation of Public Health Associations (WFPHA); Washington, DC
Allen Jones, Executive Secretary

Cc Sandy Thurman, Director, Office of National AIDS Policy
Jack Lew, Director, Office of Management and Budget
Bruce Reed, Domestic Policy Council
John Podesta, Chief of Staff
Sean Maloney, Assistant to the President
Donna Shalala, Secretary, Department of Health and Human Services
Madeleine Albright, Secretary, Department of State
Brian Atwood, Administrator, US Agency for International Development

June 8, 1999

President William J. Clinton
The White House
Washington, DC 20500

Dear Mr. President:

I am writing to urge you to dramatically increase the U.S. response to the global AIDS emergency. Since you took office in 1993, this global pandemic has exploded, with a 300% increase in the number of new HIV infections. Current estimates are that 47 million people worldwide are already infected, and that number will more than double by the year 2005. AIDS now kills more people annually than any other infectious disease, and in many sub-Saharan African nations, one-quarter of all children have already been orphaned by AIDS.

Unfortunately, the U.S. investment in global HIV prevention and AIDS care has fallen far short of keeping pace with this raging pandemic. While the death toll soars, the U.S. global AIDS budget remains largely flat funded – and has for years. If adjusted for inflation, this funding stagnation is actually equivalent to a 25% cut in real spending on our global AIDS effort. In a nation as wealthy as ours, this is unacceptable.

We have followed with interest the Presidential AIDS Mission to sub-Saharan Africa which you charged ONAP Director Sandy Thurman to lead this April. After directing the Administration and the Congress to bear witness to the ravages of AIDS, it is now time for concrete and bold action. On behalf of the Urban League movement, I urge you to amend your FY2000 budget request and push for a $100 million increase in our global AIDS effort. This new investment will put our nation on track toward a global AIDS program that begins to address the magnitude of this pandemic.

If we hope to help stem the rising tide of HIV and bring some modest level of care and support to those who are suffering, we must immediately escalate our current efforts, and continue to do so until we have not only gained ground but begun to get ahead of the curve. A minimum down payment of at least $100 million would do just that. This

investment must be new money, rather than funds shifted from the strapped budgets of other essential development accounts. Health, education, child-survival and micro-finance are all interconnected parts of a comprehensive human investment and AIDS strategy that must not be traded against each other.

Families are being shattered, economies are being decimated, and hundreds of millions of U.S. dollars invested in broad-based development objectives are being obliterated by our failure to fully engage in the battle against AIDS. The global AIDS epidemic has already cost an estimated $500 billion.

Last December on World AIDS Day, you envisioned a world without AIDS and spoke eloquently about our responsibilities as a leader in our global community. One year ago in April, you traveled to Africa and called for new and vibrant partnerships with its many and varied nations. You are a Presidential pioneer in these endeavors, and we applaud you. However, if we fail to put this nation's AIDS effort on the war footing needed to combat this scourge, it will surely devastate this vitally important legacy.

AIDS is a plague of biblical proportions. Every day 16,000 more people become HIV infected – one every 5 seconds. Everyday we wait, children and families pay the price. A new investment of $100 million in our global AIDS programs would not only save lives, it will help to secure our goals of economic growth and political stability.

Every day counts. I urge you to seize this opportunity to secure your legacy of hope in Africa and around the world, through determined leadership in the battle against AIDS, and the commitment of resources needed to win this war.

Sincerely,

Hugh B. Price
President

THE KING CENTER

June 23, 1999

The Honorable Bill Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear President Clinton,

I write, first to thank you for appointing John William Marshall the next Director of the U.S. Marshall's Service. Once again you have demonstrated an exceptional commitment to insuring that minorities receive a fair share of Presidential appointments, and I appreciate your leadership.

I am also writing to ask you to amend your Fiscal Year 2000 budget proposal to increase funding for global prevention and treatment of AIDS to $100 million. As you know funding for the U.S. AIDS global outreach has increased very little in recent years, and amounts to a net reduction when inflation is taken into consideration. A modest increase of $100 million in funding, however, would substantially improve our prospects for addressing the worldwide AIDS crisis.

Such an increase would be a cost-effective investment, which would save many lives and strengthen the ability of developing nations to more effectively manage their health care resources. It would also improve their ability to trade with the U.S. and help protect the growing global market for U.S. products. The global AIDS pandemic infects 16 thousand people every day, and has already cost an estimated $500 billion. This figure will increase dramatically in the years ahead --- unless we embrace the challenge of making a meaningful investment in global AIDS prevention and treatment while we still can.

Mr. President, You have an impressive record of leadership in providing strong support of AIDS research, prevention and treatment programs. If you will now support this modest increase in U.S. funding for AIDS prevention and treatment, I believe we will have a chance to halt this deadly pandemic, save lives and improve the quality of life for millions of people.

Sincerely,

Coretta Scott King

Coretta Scott King

THE MARTIN LUTHER KING, JR. CENTER FOR NONVIOLENT SOCIAL CHANGE, INC.
449 AUBURN AVE., NE ATLANTA, GA 30312-1590 (404) 526 8900 FAX: (404) 526-8901
E-MAIL: mlkctr@aol.com WEBSITE: http://www.thekingcenter.com

CBTU
COALITION OF BLACK TRADE UNIONISTS

June 2, 1999

William Jefferson Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

The Coalition of Black Trade Unionists urges your leadership, Mr. President, to stem the suffering that HIV/AIDS has brought to millions of working families, young people and children around the globe. We know that through the good offices of Sandra Thurman, you are kept apprised of the staggering toll the disease is taking here at home, worldwide, and particularly on the African continent.

Ms. Thurman's recently concluded fact-finding mission to southern Africa highlighted the fact that,--without bold leadership--this pandemic will not only change the face of Africa, but will reach into every corner of the planet--leaving a path of devastation in its wake. Now is the time to substantially increase the United States' financial commitment to combat the disease internationally and to challenge other industrialized countries to do the same. U.S. unions and their brothers and sisters overseas can be a critical resource in this important struggle as well.

Mr. President, America's capacity to wage war on HIV/AIDS here at home and abroad is in serious need of revitalization. It is time to take stock of: what has been accomplished; the mechanisms now in use; and whether we are best positioned to respond to the future challenges that will be posed by the pandemic. We need to challenge assumptions, infuse creativity and benefit from the tremendous knowledge, experience and energy of the world's grassroots activists--in the U.S. government's efforts to fight this disease.

Domestically, we applaud your efforts to respond to the soaring infection rates among America's ethnic communities, but we sadly note that the resources devoted to education and prevention efforts among working people in the U.S. have nearly been eliminated. Internationally, even though "The U.S. International Response to HIV/AIDS" strategy document cites the important global role of trade unions in HIV/AIDS education and prevention, next to no resources have been extended for such efforts--rendering them impotent.

Years ago we rolled up our sleeves to fight HIV/AIDS, and we are ready to join you in the next stage of the fight against this scourge: in the workplaces and in the homes of working families around the world.

In solidarity,

William Lucy
President

WL:lh

CONSTITUENCY FOR AFRICA

May 25, 1999

President William Clinton
The White House
Washington, D.C. 20500

via fax: 202-456-2604

Dear Mr. President:

I write this letter to request a meeting with you to discuss the global threat of HIV/AIDS and the AIDS Marshall Plan for Africa (AMPFA). I have become very active in the effort to provide treatment and care to HIV/AIDS victims throughout the world. I now chair the Constituency for Africa (CFA), and serve on the board of directors for AIDS Action.

As you know, since my retirement from Congress I have been very active in seeking solutions and answers to combat the growing pandemic of HIV/AIDS. I have tried repeatedly to meet and share information with members of your Administration regarding the worsening situation caused by HIV/AIDS in Africa. Needless to say, I am both frustrated and surprised by the lack of follow through and access to key members of your Administration.

I am certain that you are aware of the problems caused by the global spread of HIV/AIDS and how its exponential growth threatens the security of the world. According to UNAIDS, there are currently 7.8 million orphans on the continent of Africa because of HIV/AIDS. That number could expand to 40 million by 2010. Additionally, 11.5 million people have died in sub-Saharan Africa, and 22.5 million will die in the next decade if measures are not developed to slow the spread of the virus.

The above statistics only begin to give you an idea of the extent of the problem caused by HIV/AIDS throughout the developing world. Since October of last year, I have met with several ministers of health from various African countries regarding the problems and solutions for the HIV pandemic. I have shared with them my intention to bring this matter to the attention of the American government. As a result, I have met with the Congressional Black Caucus (CBC) and they have endorsed the concept of the AMPFA. The CBC has tasked Congresswoman Barbara Lee to draft and introduce legislation that will embody the concept of AMPFA.

1629 K Street, N.W. • Suite 1010 • Washington, D.C. 20006

You should also know that there is considerable interest in the AMPFA in Africa and throughout the world. I am certain that our discussion is vital and that you will agree that we are pursuing a solution that is worthy of your support. Ms. Sandra Thurman, Director of National AIDS Policy, is familiar with the AMPFA and has provided me with valuable insight and information

Mr. President, the problems caused by HIV/AIDS throughout the world deserves and need the attention of America. We cannot be witnesses to a situation that will kill more people than all world wars combined and will cause severe devastation to the human family. We have a responsibility to prevent another holocaust and therefore, I seek your prompt attention and reply to my request for a meeting.

Please call me directly or contact Charles Stephenson or Ann Brown, of my staff, at 202-857-3290 to arrange for a meeting at your earliest convenience.

Sincerely,

Ronald V. Dellums
Chair

June 15, 1999

President William J. Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

We are writing to urge you to set the U.S. response to the global AIDS epidemic on the proper course by dramatically increasing funding for international prevention and treatment programs.

We applaud your recent remarks in which you acknowledged that "AIDS has surpassed tuberculosis and malaria to become the leading infectious killer in the world, claiming 2.5 million lives in 1998 alone – and growing...at truly breathtaking rates in Africa and India – we cannot afford to waste a second in our fight against it." Translating this call into action demands that the U.S. respond to this epidemic in proportion to its global impact. While there has been a 300 percent increase in the number of new HIV infections since 1993, U.S. funding for global AIDS programs has remained constant for years. Adjusted for inflation, this means a 25 percent cut in real spending.

Your Administration has made unprecedented contributions toward improving the economic and social status of women worldwide. The hard-won progress women have enjoyed in recent years is now threatened in many countries of sub-Saharan Africa and South Asia as women and girls fall victim to the AIDS epidemic, both by themselves becoming infected and by the need to care for sick family members. Women, especially young women, are one of the fasting growing groups among the infected. As a result, the number of children orphaned by AIDS is projected to reach 40 million by the year 2010.

The impact of the AIDS epidemic reverberates beyond the health sector. We urge you to instruct all U.S. government departments with international programs in countries affected by the epidemic to assess its impact on their areas of work and formulate responses that could help to mitigate and prevent further spread of the disease. The pervasive effect of the epidemic urgently requires a broad-based, comprehensive response.

International Center for Research on Women
1717 Massachusetts Ave. N.W., Suite 302 ▪ Washington, DC 20036 USA ▪ Telephone: 202-797-0007 ▪ Fax: 202-797-0020 ▪ e-mail: icrw@igc.apc.org

As you near the end of your Presidency, on the threshold of the new millennium, we urge you to act boldly, swiftly, and wisely to ensure that the U.S. takes a leading role in addressing the global AIDS pandemic. The commitment of U.S. leadership and resources can lay the groundwork for an expanded global response to ameliorate the suffering and, ultimately to put an end to this human tragedy.

Sincerely,

Geeta Rao Gupta, PhD
President

Cc: Albert Gore, Vice-President
John Podesta, White House Chief of Staff
Madeline Albright, Secretary of State
Donna Shalala, Secretary, Department of Health and Human Services
Jack Lew, Director of OMB
Frank Loy, Deputy Undersecretary for Global Affairs
Brian Atwood, Administrator, USAID
Bruce Reed, Deputy Assistant to the President for Domestic Policy
Sean Maloney, Assistant to the President

The World Bank
Washington, D.C. 20433
U.S.A.

JAMES D. WOLFENSOHN
President

May 27, 1999

The Honorable
William J. Clinton
The President
United States of America
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. President:

The AIDS epidemic is reversing decades of progress in improving the quality of life in developing countries. More than 33 million men, women, and children are infected with HIV worldwide, and more than 90 percent of those infected live in developing countries—two-thirds in Sub-Saharan Africa. In the hardest-hit African countries, life expectancy is now 10-20 years shorter than it would have been without AIDS. Meanwhile 16,000 more people worldwide become infected each day.

AIDS has therefore become a core development issue, and confronting the AIDS epidemic in developing countries has become critical to all our efforts for poverty reduction, growth, and improved quality of life. I welcome the strong concern G8 leaders have shown at past meetings, but I believe we now have to move together to a new level of action, on three fronts:

First, we must reinforce political commitment and active leadership in preventing HIV/AIDS. There is no cure for AIDS and no vaccine, but there *are* educational and behavioral interventions that work *now* to curb its spread. Half of the population of developing countries—3.5 billion people—live in countries or areas where there is still time to prevent an epidemic. Top-level, visible political leadership can make a critical difference in bringing AIDS to the top of the social and political agenda.

Second, we must urgently find low-cost, effective therapies that are within the reach of developing countries—for example to prevent mother-child transmission and to fight AIDS-related infections like TB—and strengthen health systems to deal with the increased demand for health care. This is particularly acute in Sub-Saharan Africa, where the largest number of AIDS patients live, health systems are weak, and the ability to pay is very low.

Third, we need to recognize that there is an emerging set of global health issues for which we need new approaches and instruments: accelerating the development of an HIV/AIDS vaccine that is affordable and effective in developing countries is a crucial instance. An AIDS vaccine for low-income countries is an *international public good* which is not likely to happen without innovative international public action. Private industry must play the critical role in developing and marketing a vaccine, but the private sector currently does not have the incentives to develop an AIDS vaccine for the strains of the virus and the health system capabilities of developing countries. There is growing consensus on the need for global partnership to ensure that AIDS vaccine development will move swiftly—but it will take a number of years, and much longer unless we act now.

The Bank is already hard at work on this through a special task force charged with developing new partnerships and financing instruments which bring the private and public sectors worldwide together to speed the advent of an AIDS vaccine. In this, we are working closely with UNAIDS, WHO, the International AIDS Vaccine Initiative, and other international partners. And we are starting a major program to push much greater deployment of existing vaccines, which will be good for poor people's health now, and will also encourage industry to bring new vaccines onstream.

The World Bank has lent more than US$765 million since 1986 to help developing countries deal with the AIDS epidemic, and in recent years has been lending about $1.6 billion annually for programs to strengthen health systems. But this is not enough. We are developing a new initiative of intensified action against AIDS in Africa, and I am determined that we will dramatically increase our response to this global epidemic. On all these fronts, we will work closely with our partner institutions of the UNAIDS coalition.

It is time to take collective action on the G8 communiqués from Denver and Birmingham to spur the development of an AIDS vaccine, and perhaps to link this effort to other global health challenges, such as the need for new therapies and a vaccine for malaria. The international community, including the developing countries, urgently needs to elaborate a global strategy for advancing this effort, an understanding of what different actors are already doing, and where there are gaps that need to be filled. The World Bank is ready to play its part in bringing it to fruition.

We will warmly welcome your support and ideas, and your commitment to urgent international action.

Sincerely yours,

James D. Wolfensohn

cc: Hon. Robert Rubin, Secretary of the Treasury

Attachment