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Enhancing Advocacy Skills for HIV/AIDS Programs in South Africa

Workshop Report

Pretoria, Republic of South Africa
August 17-22, 1997

The POLICY Project

POLICY is a five-year project funded by the U.S. Agency for International Development under Contract Number CCP-C-00-95-00023-04, beginning September 1, 1995. It is implemented by The Futures Group International in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA).

CONTENTS

I. Summary

The POLICY Project in collaboration with the National AIDS Programme (NAP) conducted a one-week workshop, "Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa," August17 - 22, 1997. The workshop was sponsored by USAID and the European Union.

Thirty-seven participants representing the private sector, all nine provinces, and the national level of the Republic of South Africa participated in the workshop. All official 11 languages were represented.

The goal of the workshop was to enhance advocacy skills for leadership support from a broad range of individuals, groups, and organizations for strong multisectoral HIV/AIDS programs at both national and provincial levels. The workshop focused on approaches to galvanize the support of government, NGOs, and community leaders for HIV/AIDS programs through better leadership understanding of the status and trends of the epidemic in South Africa and the interventions needed for desired results. There were two specific objectives for this workshop:

1. To increase the skills of the participants to perform effective advocacy for HIV/AIDS programs by providing the participants with a thorough understanding of key steps in building stronger leadership commitment including identifying key policy issues, specifying target audiences, developing and disseminating policy-relevant messages, and using a variety of policy tools to analyze and disseminate HIV/AIDS information.
2. To equip the participants with the ability to replicate this training on HIV/AIDS advocacy techniques at the provincial level.

II. Background

The AIDS epidemic is well established in South Africa and continues to grow at varying rates in all provinces. By 1995, the prevalence of HIV in South Africans who attended antenatal clinics had reached more than 10 percent. In the latest national antenatal survey (October/November 1996), 14.1 percent of women attending public health service antenatal clinics were infected with HIV. Extrapolations to the remainder of the population suggest that 11 percent of all adults in the country are infected. By the end of 1996, the estimated number of infected persons in South Africa, therefore, was just over 2.4 million. New HIV infections occur at a rate of 1,200 a day, the majority from heterosexual transmission.

Arising from extensive consultation, the National AIDS Convention of South Africa (NACOSA) developed a National AIDS Plan for South Africa in 1994. This

was accepted by the Minister of Health as the framework for the government's response. In recognition of the seriousness of the epidemic, the plan was accorded the status of a Presidential Lead Project within the Reconstruction and Development Programme in the Department of Health.

The HIV/AIDS and STDs Directorate of the Department of Health was established in January 1995 as a strong vertical program with an imperative to devolve implementation functions to the provincial structures as these develop sufficient capacity to assume and sustain the functions. The transition and restructuring within the national and provincial Health Departments, however, has delayed this process. With the recent appointments of most of the Provincial HIV/AIDS Coordinators, the relationships between the national and provincial structures are now being formalized and devolution is commencing.

The NACOSA/NAP is thus operated by the National HIV/AIDS and STDs Directorate, the nine provincial STD/HIV/AIDS structures, and the regional local structures, which include the 20 AIDS Training, Information and Counseling Centres (ATICCs). In addition, NGOs are either funded or subcontracted to run projects and provide services.

Support of political, government, and community leaders is critical to the implementation of effective HIV/AIDS prevention programs. The National STD/HIV/AIDS Review in July 1997 identified the need to mobilize commitment, support, and resources and to strengthen and expand the national, provincial, and local responses to HIV/AIDS. In response to these findings, the HIV/AIDS and STDs Directorate, in collaboration with the POLICY Project, planned this workshop for Provincial HIV/AIDS Coordinators and key NGO leaders at the provincial level, together with several national-level participants, to enhance their advocacy skills for mobilizing the required leadership support. Local costs of the workshop were provided by the European Union.

III. Workshop Objectives

The goal of this workshop was to enhance advocacy skills for leadership support from a broad range of individuals, groups and organizations for strong multisectoral HIV/AIDS programs at both national and provincial levels. The focus of the workshop on approaches to galvanize the support of government, NGOs, and community leaders for HIV/AIDS programs through better leadership understanding of the status and trends of the epidemic in South Africa, and the interventions needed for desired change. There were two specific objectives for this workshop as follows:

1. To increase the skills of the participants to perform effective advocacy for HIV/AIDS programs by providing the participants with a thorough

understanding of key steps in building stronger leadership commitment, including identifying key policy issues, specifying target audiences, developing and disseminating policy-relevant messages, and using a variety of policy tools to analyze and distribute HIV/AIDS information.

2. To equip the participants with the ability to replicate this training on HIV/AIDS advocacy techniques at the provincial level.

IV. Workshop Organization

POLICY Project staff organized the workshop in collaboration with NAP. The workshop facilitators included Alan Johnston, Kirsten Olson, Mary Scott, and Taly Valenzuela of the POLICY Project; Pooven Moodley of NACOSA; and Ria Schoeman of the HIV/AID/STDs Directorate. Rose Smart, Director of the HIV/AID and STDs Directorate, gave the keynote address. NAP was responsible for the logistics for the workshop. The venue was the Hamilton Conference Centre in Pretoria.

Workshop materials included a workshop workbook, entitled "Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa," which included a workshop agenda; list of participants; a presentation on the policy process; handouts on the advocacy process; HIV/AIDS global trends; integration of HIV/AIDS and PHC/MCH/FP; internet resources; and research references on South Africa, as well as advocacy materials and information on the HIV/AIDS situation and NAP in South Africa. In addition, numerous other reference materials were distributed to the participants (see Appendix A).

V. Participants

Thirty-seven participants attended the workshop, representing all the provinces, NAP, and the private sector. Public sector participants were from the provincial Departments of Health, a district Department of Health, the Youth Commission, and various NGOs, including ATICC, NACOSA, ALN (AIDS Legal Network), and NAPWA (National Alliance of People with AIDS). Private sector participants included representatives from the mining industry. Provinces were asked to nominate participants from different sectors. Please see Appendix B for a list of the participants.

VI. Description of Presentations and Working Sessions

This section will give a summary of the content of the workshop. The complete workshop agenda is provided in Appendix C of this report.

Introduction: POLICY staff and NAP welcomed participants and gave a brief introduction to the workshop. It included a review of goals and objectives of the workshop as well as its agenda. Participants introduced themselves and discussed their expectations of the workshop.

HIV/AIDS status in South Africa and Current Programs and Priorities of the National AIDS Programme: The Director of the HIV/AIDS and STDs Directorate, Rose Smart, gave a keynote presentation about the status of HIV/AIDS in South Africa and the current programs and priorities of NAP.

Overview of the Policy Process: This presentation examined several conceptual frameworks to describe the policy process in general and the policy process of South Africa in particular.

Introduction to Advocacy: During this session, participants defined the concept of advocacy—the what, why, and how—reaching consensus on a definition. They examined a conceptual framework for advocacy and identified the key role that advocacy plays in the policy process. This was followed by a presentation by the National Advocacy Office of NACOSA, updating participants on current advocacy activities in the country.

Basic Elements of an Advocacy Strategy: The purpose of this session was to introduce the basic elements of an advocacy strategy including issue identification, goals and objectives, audience selection, message formulation, network building, fundraising, implementation, and evaluation.

- *Issue identification.* This session introduced a step-by-step approach to designing a strategy (campaign), beginning with issue identification. Participants worked in groups and selected and prioritized three policy issues for their provinces. The groups were as follows: KwaZulu-Natal with Eastern Cape, Mpumalanga with Northern Province, Western Cape with Northern Cape, and the Free State with the North West Province.

- *Goals and objectives.* Once these issues were identified and analyzed, participants reviewed criteria for developing a policy goal and SMART objectives to address these issue.

- *Selecting target audiences.* This session focused on how to analyze primary and secondary audiences on the basis of their knowledge, attitude, and beliefs. An audience mapping tool was introduced to select the appropriate audience for a particular policy issue.

- *Shaping messages.* This session focused on defining and shaping a message to the appropriate audience. Participants reviewed the key elements of a message, including content, language, format, and effective dissemination

tools. The provincial groups then worked through the steps necessary to develop a message that includes stating the problem, formulating the solution, and calling for action.

- *Building support.* During this session, participants identified and analyzed supporters/opponents/undecideds of their provincial policy issues. Participants suggested strategies on how to increase and strengthen support for their advocacy efforts and to neutralize their opponents. Participants also took part in an exercise that illustrated the power of networking.

Program Issues and Lessons Learned: Findings from the National STD/HIV/AIDS Review: In this keynote session, Rose Smart, Director of NAP, highlighted the key findings from the National STD/HIV/AIDS Review, which had been conducted from July 4-18, 1997, in each of the nine provinces and at the national level. Many of the workshop participants had been members of the review teams for their provinces and had attended the national "report back" workshop held on August 7-8. The discussion following the presentation focused on those review findings that identified topics for which advocacy strategies need to be developed.

Reports from the Provinces: Program issues and lessons that have been learned from program implementation to date: During this session, provincial groups reviewed the National AIDS Assessment document. The participants analyzed the strengths and weaknesses of the program in their provinces and shared experiences and lessons learned.

How to Organize a Workshop: The purpose of this session was to help provincial groups design and conduct an advocacy workshop. Discussion included logistical arrangements, funding, participant selection, agenda, and content design.

Evening Sessions: Several sessions were conducted in the evenings to reinforce and complement the materials presented during the day. These sessions included the following: *Demonstration of Computer Software for HIV/AIDS Presentations: the AIDS Impact Model (AIM); Demonstration of Computer Graphics Presentations; Tools for Effective Message Dissemination;* and *Sources for Information on HIV/AIDS: the Internet.*

Special Event: Networking with religious leaders: On Wednesday evening, August 20, representatives from a number of national religious communities were invited to join the workshop participants for informal discussions and brainstorming about the role of religious leaders and religious groups in national HIV/AIDS programs. The representatives from Christian, Muslim, and Hindu communities were all active in the Religious AIDS Programme (RAP), which collaborated in organizing the session. Representatives of the religious communities also joined the participants for dinner following the lively discussions. Many of the participants used this networking opportunity to discuss specific follow-up activities.

Practicum: For the next day and a half, the five provincial groups were given an opportunity to practice their new advocacy skills by developing an advocacy strategy around one of the policy issues identified on the first day. In addition, each of the provinces developed an action plan to conduct an advocacy workshop at the provincial level within the next four months. Workshop plans included an agenda, session descriptions, timeframes, and logistics.

Participants presented the five advocacy strategies and nine workshop action plans on the last day of the workshop.

VII. Advocacy Goals by Provinces

Gauteng Province
Establishment of pre-employment testing bill

Free State and North West Provinces
Establishment of policy and guidelines on HIV testing and counseling

Western Cape and Northern Cape Provinces
Development and implementation of an appropriate management and care protocol for the provision of home-based care at the primary care level

Eastern Cape and Kwa-Zulu Natal Provinces
Policy established at the provincial level for NGO funding

Northern and Mpumalanga Provinces
Increase manpower in HIV/AIDS program as a result of lack of policy facilitating structures of human resources in the program

VIII. Evaluation

To evaluate the workshop, organizers asked participants to fill in evaluation forms. The evaluation forms are presented in this section. For detailed participant comments, please refer to Appendix E. Out of 37 participants, 34 completed the evaluation form.

Was this workshop able to change the way you think in approaching an advocacy strategy?

	Yes	32
	No	1
	NR	1

Did you learn new, useful advocacy skills?

Yes	34
No	0
NR	0

How confident are you to conduct an advocacy skills workshop?

a) yourself? (1 = not confident; 5 = very confident)

Number responding	32
Average Rating	3.84
Lowest Rating	1
Highest Rating	5

b) with your provincial team? (1 = not confident; 5 = very confident)

Number responding	34
Average Rating	4.24
Lowest Rating	1
Highest Rating	5

How useful are the materials distributed at the workshop (reports, presentation charts, training manuals)? (1 = not useful; 5 = very useful)

Number responding	30
Average Rating	4.97
Lowest Rating	4
Highest Rating	5 (and one was marked 6)

IX. Next Steps

On the final day of the workshop, NAP and NACOSA led a discussion on workshop follow-up activities. Among the many requests and comments were the following:

1. NAP committed itself to fund local costs for all provincial advocacy workshops within the next four months.

2. All provinces intend to conduct advocacy workshops within the next four months. The majority requested technical assistance in the design and implementation of their workshops.

3. Participants committed themselves to turning the workshop group into an ongoing advocacy network. They discussed and proposed several strategies for coordination and communication. One proposal consisted of selecting a person to act as advocacy coordinator at the central level, who would be part of a coordinating committee consisting of representatives from the nine provinces. They agreed that the group should meet regularly and not just on an ad hoc basis.

4. The majority recommended that a follow-up workshop take place in November to enhance their advocacy and training skills including presentation and facilitation skills. The workshop would also serve as a forum for lessons learned from the provincial workshops. It was also suggested that NAP develop a set of critical questions to guide the participants in assessing the successes/problems/challenges in conducting their workshops. These completed forms would be shared with all provinces immediately upon completion of the workshop.

Appendix A

Materials Distributed in Workshop Briefcase

1. Workshop Workbook: "Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa." Includes: Workshop Agenda; List of Participants; The Policy Process (presentation); The Advocacy Process (handouts); HIV/AIDS Global Trends; Integration of HIV/AIDS and PHC/MCH/FP; Internet Resources; and Research References on South Africa.

2. "An Introduction to Advocacy: A Training Guide," Support for Analysis and Research in Africa (SARA).

3. "Cairo, Beijing, and Beyond: A Handbook on Advocacy for Women Leaders," CEDPA.

4. "Training of Trainers: A Handbook," CEDPA.

5. NACOSA, South Africa United Against AIDS, "A National AIDS Plan for South Africa, 1994 - 1995," July 1994.

6. *HIV/AIDS and The Law: A Resource Manual*, AIDS Law Project and Lawyers for Human Rights, Johannesburg, May 1997.

7. "Advocacy Study on Lobbying Parliamentarians," Pooven Moodley, NACOSA, Capetown, July 1997.

8. AIDS CAPTIONS, Vol. III, Number 2, July 1996, "New Paths in HIV/AIDS Prevention," FHI AIDSCAP.

9. AIDS CAPTIONS, Vol. III, Number 3, November 1996, "HIV/AIDS Prevention: Perspectives from the Field," FHI AIDSCAP.

10. AIDS CAPTIONS, Vol. IV, Number 1, June 1997, "Building on Success: The Next Generation of HIV/AIDS Programs," FHI, AIDSCAP.

11. The South African STD/HIV/AIDS Review, 4-18 July 1997: Contextual Analysis.

12. The South African STD/HIV/AIDS Review, 4-18 July 1997: Comprehensive Report.

13. The National STD/HIV/AIDS Review, 4-18 July 1997: Team Reports: National Level; Free State Province; Northern Cape; Eastern Cape; Gauteng Province; KwaZulu Natal; North West Province.

14. South African HIV/AIDS and STDs Programme: Strategic Plan: 1996/7-2000/1.

15. "HIV/AIDS Status in South Africa and Current Programmes and Priorities of the National AIDS Programme," (handouts and transparencies), HIV/AIDS and STDs Directorate, Department of Health, July 1997.

16. "Seventh National HIV Survey of Women Attending Antenatal Clinics of the Public Health Services," October/November 1996, Department of Health.

17. "Letters to Legislators," (guidelines).

18. "Being Interviewed by the Media," (guidelines).

19. "How to Organize a Workshop," (handouts).

20. "Action Plan for Organizing Your Own Advocacy Workshop," (handouts).

21. "RAP Focus," Religious AIDS Programme, April 1997.

Appendix B

List of Participants and Facilitators

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Appendix C

Agenda

National AIDS Programme and The POLICY Project - USAID Workshop

"Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa"

Hamilton Conference Centre - Pretoria
Best Western - Pretoria Hotel

August 17-22, 1997
Agenda

Background: The support of political, government, and community leaders is critical to the implementation of effective HIV/AIDS prevention programmes. The National STD/HIV/AIDS Review in July 1997 identified the need to mobilise commitment, support, and resources and to strengthen and expand the national, provincial and local response to HIV/AIDS. In response to these findings, the HIV/AIDS and STDs Directorate, in collaboration with the USAID-supported POLICY Project, has planned this workshop for Provincial HIV/AIDS Coordinators and key NGO leaders at the provincial level, together with several national level participants, to enhance their advocacy skills for mobilising the required leadership support. The European Union has provided funding for the local costs of the workshop.

Workshop Objectives:

1. The overall objective is to increase leadership support from a broad range of individuals, groups, and organisations for strong multisectoral HIV/AIDS programmes at both national and provincial levels. The focus of the workshop is on approaches for galvanizing the support of government, NGO, and community leaders for HIV/AIDS programs through better leadership understanding of (a) the status and trends of the epidemic in South Africa and (b) the interventions that are needed and the impact of these interventions.

2. The specific objective of the workshop is to increase the skills of the participants to do effective advocacy for HIV/AIDS programmes by providing the participants with a thorough understanding of key steps in building stronger leadership commitment, including identifying key policy issues, specifying target audiences, developing and disseminating policy-relevant messages, and using a variety of policy tools to analyse and disseminate HIV/AIDS information.

3. The participants will be equipped to replicate this training on HIV/AIDS advocacy techniques at the provincial level.

Sunday, 17 August

Afternoon	Participants arrive
19:00	Opening Dinner, Welcome and Introductions

Monday, 18 August

08:30 - 09:00 Introduction to the Workshop
Ms. Ria Schoeman, Deputy Director - Intersectoral Liaison, HIV/AIDS and STDs Directorate
Mr. Alan Johnston, The POLICY Project

09:00 - 10:00 Purpose of the Workshop and Review of Agenda
Participants' workshop expectations
Ms. Taly Valenzuela, The POLICY Project

10:00 - 10:30 Coffee/tea break

10:30 - 11:30 HIV/AIDS Status in South Africa and
Current Programmes and Priorities of the National AIDS Programme
Ms. Rose Smart, Director, HIV/AIDS & STDs Directorate

11:30 - 12:30 Overview of the Policy Process
Mr. Alan Johnston
Overview of the South African Policy Process
Mr. Pooven Moodley, National Advocacy Office, NACOSA

12:30 - 13:30 Lunch

13:30 - 15:00 Introduction to Advocacy
What is Advocacy?
Advocacy Conceptual Framework
Ms. Taly Valenzuela

15:00 - 15:30 Coffee/tea break

15:30 - 16:30 Update on National Advocacy Activities
Mr. Pooven Moodley, National Advocacy Office, NACOSA

16:30 - 17:30 Basic Elements of an Advocacy Strategy

Ms. Taly Valenzuela

Tuesday, 19 August

08:30 - 10:00 Basic Elements of an Advocacy Strategy (continued)
Ms. Taly Valenzuela

10:00 - 10:30 Coffee/tea break

10:30 - 12:30 Basic Elements of an Advocacy Strategy (continued)

12:30 - 13:30 Lunch

13:30 - 15:30 Basic Elements of an Advocacy Strategy (continued)

15:30 - 16:00 Coffee/tea break

16:00 - 17:00 Basic Elements of an Advocacy Strategy (continued)

17:00 - 17:30 Tools for Effective Message Dissemination
Ms. Kirsten Olson, The POLICY Project

17:30 - 18:30 Demonstration of Computer Graphics Presentations

Wednesday, 20 August

08:30 - 09:00 Networking Techniques
Ms. Taly Valenzuela

09:00 - 09:30 HIV/AIDS Technical Resources and Internet Resources
Mr. Alan Johnston

09:30 - 10:30 Programme Issues and Lessons Learned:
Findings from the National STD/HIV/AIDS Review
Ms. Rose Smart, Director, HIV/AIDS and STDs Directorate

10:30 - 11:00 Coffee/tea break

11:00 - 12:30 Reports from the Provinces:
Programme issues and lessons that have been learned from programme implementation to date

12:30 - 13:30 Lunch

13:30 - 15:30 Development of Advocacy Strategies

15:30 - 16:00 Coffee/tea break

16:00 - 17:00 Development of Advocacy Strategies (continued)

17:00 - 19:00 Informal Networking with Religious Leaders on the role of Religious Leaders and Religious Groups in HIV/AIDS Advocacy (in collaboration with the Religions AIDS Programme - RAP)

19:00 Religious Leaders join participants for dinner

Thursday, 21 August

08:30 - 10:00 Development of Advocacy Strategies (continued)

10:00 - 10:30 Coffee/tea break

10:30 - 11:00 How to Organise a Workshop
Ms. Ria Schoeman, HIV/AIDS and STDs Directorate
Ms. Kirsten Olson, The POLICY Project

11:00 - 12:30 Development of an HIV/AIDS Advocacy Workshop

12:30 - 13:30 Lunch

13:30 - 15:30 Development of an HIV/AIDS Advocacy Workshop (continued)

15:30 - 16:00 Coffee/tea break

16:00 - 17:00 Development of an HIV/AIDS Advocacy Workshop (continued)

17:00 - 18:00 Demonstration of Computer Software for HIV/AIDS Presentations:
The AIDS Impact Model (AIM)
Mr. Alan Johnston

Friday 22 August

08:30 - 10:30 Presentation of Advocacy Strategies and Provincial Workshop Plans

10:30 - 11:00 Coffee/tea break

11:00 - 12:00 Evaluation and Closing

12:00 - 13:30 Farewell Lunch

Afternoon Participants depart

Convenor: Rose Smart, Director, HIV/AIDS and STDs Directorate

Coordinator: Ria Schoeman, Deputy Director - Intersectoral Liaison: HIV/AIDS and STDs Directorate

Facilitators: Alan Johnston, POLICY Project, RTI, Senior Population Specialist

Pooven Moodley, National AIDS Convention of South Africa (NACOSA), National Advocacy Office

Kirsten Olson, POLICY Project, RTI, Policy Analyst, resident in Pretoria

Mary Scott, POLICY Project, The Futures Group International, Regional Director - Anglophone Africa

Taly Valenzuela, POLICY Project, CEDPA, Participation Director

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United States Agency for International Development (USAID/South Africa):
Alan Foose, Chief, Health Development Division
Caroline Connolly, Health Development Division
Renee Saunders, HIV/AIDS Technical Adviser

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Appendix D

Evaluation Form

Evaluation

Workshop on Enhancing Advocacy Skills for HIV/AIDS Programmes in South Africa
August 17-22, 1997 - Pretoria, South Africa

Please fill out the following evaluation. Thank you.

1. Was this workshop able to change the way you think in approaching an advocacy issue?

   Yes
   No

   If yes, how? If not, why?

2. Did you learn new, useful advocacy skills?

   Yes
   No

   If yes, name a few and how they will benefit you and/or your organisation. If not, why not?

3. How would you as a trainer use the skills that you learned at this workshop?

4. How confident are you to conduct an advocacy skills workshop
   (a) yourself? (1=not confident; 5=very confident)
   (b) with your provincial team? (1=not confident; 5=very confident)

5. What type of follow-up would benefit you the most?

6. How useful are the materials distributed at the workshop (reports, presentation charts, training manuals)? (1=not useful; 5=very useful)

7. Please add any additional comments.

Appendix E

Comments on the Evaluation

The following are the comments recorded by the participants on the evaluation forms.

1. *Was this workshop able to change the way you think in approaching an advocacy issue?*
   If yes, how?

Having started from no-where and not even knowing the concept, the workshop and especially the presentation and group work did just that and more.

Ability to analyse advocacy strategies more deeply and approach this more logically than before and not in a haphazard way.

Working for the ATICC, I'm supposed to go out and advocate HIV/AIDS programmes to other organisations. Having been through this course I have realised that I was wrong at some techniques I have used. I feel more motivated, effective, and powerful to do my job and get across the message in a powerful way. To tell you the truth, I was getting bored with my job because I wanted challenge. Now I have it and I am going to educate my working mates so that we do one thing together in a more effective, cost-effective way.

I did have an idea already about what went into it. But the workshop really helped us to think systematically and carefully—work out which step to follow. Problem one, I did not realize (until the second to last day) that the purpose of the workshop was to strengthen intersectoral collaboration. Problem two, it was not made clear enough in the workshop structure initially why the policy process was emphasized. This led to confusion.

Because I used to fail in my attempts, because my approach was very much haphazard in dealing with issues.

It has learnt me to think in a systematic way and do proper planning toward a specific goal.

It has given me a logical way of thinking, writing, and presenting an issue. It has empowered me with skills in networking. Some of the tasks seemed to be daunting, but with the skills gained, one is in a position to tackle tasks.

I have been using a DOTMABE approach. The AIM approach learned puts a much greater emphasis on the analysis of the target audience (opposition, support, neutral)

than the approach I have been using in programme development. Though I will not entirely abandon the approach I have been using to date, I definitely will be integrating the two approaches.

I always thought advocacy is about demanding things in a negative and forceful way; instead, I've learnt that one is to put forward an issue in an assertive persuasive way through demanding an action.

Mobilizing support is very important so that you speak as one voice and this involves networking. Adequate preparation is needed. One does not necessarily have to follow the steps in a linear process.

It was systematic, planned, and specific. I personally thought I was advocating for programmes before but not in this structured manner.

One of my weak points is that I am quite disorganized in my thinking processes. This reinforces the issue of organising.

In the way that I now know that I must first identify the issue and test if the issue is widely supported or perceived as a burning issue. Then one has to come up with a goal and objectives of achieving that goal The advocacy is directed to policy matters who are both primary and secondary audiences.

I now have a practical way of approaching advocacy rather than theory. I gained some hands-on experience.

It changed my networking strategies (improved). In my province we are dealing with too many NGOs and we never network, etc.

Assisted in helping me learn for the first time about steps one takes in designing and implementing an advocacy campaign. Gave me insight into advocacy theory and where I can access information (additional).

By the end of one workshop I have been able to distinguish between a policy issue and an issue that is not policy related. I've also learned to distinguish between objectives and goals, and I have also learned the policy process—the channels depending on the type of issue.

Yes, it changed my attitude toward advocacy. I am now more open and free to talk about it, it's no longer a radical government-opponents thing.

If not, why?

It has aided in gathering information.

No response.

As I have had a bit of training and experience, the workshop did not change the way I think about approaching advocacy. However, it helped me crystallize my thinking and provided a framework/structure for me to order my ideas, thinking.

2. *Did you learn new, useful advocacy skills?*

If yes, name a few and how they will benefit you and/or your organization. If not, why not?

Planning of workshops and planning advocacy strategies—skills that I have never had before. Presenting advocacy messages and also networking and skills for building support.

How to identify the issue. How to clarify the goal. How to set objectives and building support and identifying primary audiences.

From identifying the issue to implementation. Especially the goals and objectives. The whole process was exceptionally good and was money well spent. The shaping of the message to different target groups and the step by steps of advocacy.

Networking and forming coalitions. Although we do networking, I've learned more that not all having to share a similar view about all issues. The painful process of reaching a consensus and giving in on strongly felt issues.

The identification of an issue. The correct way of putting across the message. The need to identify opposition to an issue, analyse them, and still manage to win the opposition.

The use of factual information at all times.

How to organise an advocacy workshop. This affords my organization the skills of setting up its own advocacy workshops in the future.

Networking—will be able to get support from other stakeholders. Planning—prioritising issues. More negotiating skills.

Ways to put forward your message clearly. Collection of enough facts before putting forward the issue. Every issue to have a solution. Putting forward clear, measurable, achievable, specific, realistic, and time-bound objectives.

Networking - in my department I am the only one responsible for the programme and have now been able to network in this very workshop.

The skill to be focused and visual and systematic in addressing your issue. This will aid my organisation in the very common problem of budgeting, as AIDS is not seen (in practise, only in theory) as a priority.

All elements of advocacy. This will assist me to strongly advocate on issues important to the HIV/AIDS/STD programme in my province.

How to build support, networking—seeing that I am only starting with an AIDS Centre now and need these skills very much.

3. *How would you as a trainer use the skills that you learned at this workshop?*

At first I will be nervous and maybe not feel that confident. But with the help of the team I am going to do my level best. I am going to use every skill I have learned in an effective way and evaluate my work.

I will be conducting workshops on two levels.
1. Training new advocates to increase the number of advocates for the HIV/AIDS National Programme.
2. I will use the training skills from this workshop to trainers on advocacy skills for AIDS and the law.

Impart these skills to fellows identified, advocated in the province for capacity building.

The skills learned will be used to empower my support group, so that issues could have strong support when brought forward.

With skills learned I will advocate for improvement in implementation of HIV/AIDS programmes in the province and contribute positively to policy formulation.

I will, after consulting with my supervisor, organize a leadership/advocacy workshop—targeting young people (reps) in all the six regions; this is where I'll impart these skills to them, so as they will know how to advocate for certain policy issues affecting them.

Replicate this workshop to the different AIDS committees to empower them to advocate for fully functional AIDS programmes on their mines and in their immediate communities.

First, I will have to practise the skills learned thoroughly before I transfer them to others, and I am willing to use them to influence policy issues at the work level and on HIV/AIDS programmes through working together with other potential advocates toward a better change.

Train others to become advocates. Help to develop a provincial advocacy strategy with the trainers. Have a strong provincial network of HIV/AIDS advocates.

That health problems are not the responsibility of the Health Department alone and together networking is very important in attaining intersectoral collaboration.

By committing myself to help to facilitate workshops. I think these skill will be strengthened by facilitating the training and therefore it will ensure that it will benefit my department as well.

Using presentation skills to introduce the idea of a provincial advocacy task force.

Tackle projects/campaigns provincially by working with the existing team and new recruits.

By making them my own, go through the process on my own again and again!!!

One-to-one lobbying.

In my own organization—ATICC to help staff work out a way of advocating for the future of ATICCs.

(Questions 4 - 6 contained no comments.)

7. *Please add any additional comments.*

At least has a similar workshop in a year's time, get all people trained, and see how they are.

Preparation of workshop materials at regional level is a big problem as there are no equipment in various regions. Support from the department is not as forthcoming as one would wish.

Congratulations to the Department of Health. This is what SA wants. Together we learn. Together we advocate. Together we succeed.

Thank you for the opportunity. I definitely will be practising my 'sharpened' skills and reading all the workshop materials. Only wish someone could help me translate them into Afrikaans for the workshops I'll be presenting!!!

I think that this was an excellent course, but time was too short. Thus, it caused exhaustion, because the issues which were dealt with were very new (some not so new) and intense. Thank you very much!

The whole workshop was very well organised; re: logistics (thank you Ria and DOH) and you could feel how carefully the facilitators had thought of how to make the participants feel comfortable.

Committee to sustain the project for the nation.

Trainers/presenters of this workshop are proficient, professional, and very flexible. This is the only workshop I have ever attended for more than three days and I still feel like continuing. Where any cultural/boundary differences did not matter (as they usually do) within the ASO. You are dynamic people continue doing the good work. For the National AIDS Programme, this was time and money well spent and thank you.

It was wonderful having such a competent and caring people here to present these skills to us. We feel as if the department is acknowledging us.

At times, things could have been speeded up, e.g., the provincial review report back seemed irrelevant to this course and badly placed. I see the value of it, but the time consumed by the workshopping of this exercise did not, in my opinion, warrant the results.

Things that can be added to presentations:
1. The use of audio visual aids
2. Presentation to audience, individuals
3. Touch on listening skills
4. Communication

Thank you.

I strongly believe that the knowledge one got from this workshop has opened a way of approaching the way I should go about:
1. identifying problems
2. analysing my audiences
3. lobbying for policy or anything

Mandela calls for drive to beat AIDS epidemic

By Jeremy Lovell

CAPE TOWN (Reuters) - South African President Nelson Mandela, who rarely mentions AIDS in public, appealed Monday for a concerted effort to beat the killer disease sweeping the continent.

``This must be a wake-up call to our whole nation to take responsibility for turning the tide of this disease,'' he told a crowd at Cape Town station to welcome a train that has travelled the country for four days to promote AIDS awareness.

``HIV/AIDS is one of those critical issues which demand visible leadership and urgent attention because they have such an effect on the future of our country,'' he said.

``It is eroding the fabric of our society and jeopardizing the reconstruction and development of our country.

Health Minister Nkosazana Zuma said last week that one in every eight adult South Africans was infected with HIV, the virus that destroys the body's immune system and leads to full-blown AIDS.

A total of 3.6 million people carry the virus, and that figure is rising by 1,500 a day. A huge preponderance are teenage girls.

Mandela said when he was first told the details of the disease in 1992 he had tried to persuade people to talk openly about it and educate their children about sexual behavior.

But South Africans were too prudish to discuss sex, and he was told flatly to keep quiet.

``The time has come to teach our children to have safe sex, to have one partner and use a condom,'' said Mandela.

Mandela said the epidemic was already putting a strain on the health system and would be noticed increasingly by employers through absenteeism, lower productivity and more expensive benefits.

11:54 03-08-99

Violence Against Women Linked To Spread Of Aids

March 9, 1999
By Thalif Deen

Johannesburg - The United Nations is concerned over growing evidence of a new link between the spread of Aids and rising violence against women.

"This is one of the most insidious aspects of the Aids epidemic," said Peter Piot, executive director of UNaids, the Geneva-based UN body which coordinates the global fight against the deadly disease.

Addressing a panel discussion on women and health recently, Piot said violence against women is contributing to "the merciless spread" of Aids.

"It is only now beginning to receive the international recognition it deserves." Violence against women causes more death and disability in the 15-44 age group than cancer, malaria, traffic accidents and even war, he said.

Piot pointed out that domestic violence, rape and other forms of sexual abuse are gross violations of human rights. They are also closely linked to some of today's most intractable health issues, including the spread of HIV.

"Violence against women is not just a cause of the Aids epidemic, it can also be a consequence of it," Piot said.

Currently there were an estimated 33 million people throughout the world living with HIV or Aids - nearly 14 million of them women. Of those whose infection status became known, many suffered direct violence at the hands of their husbands, family or community.

Piot singled out the case of a South African woman - Gugu Dlamini - who was ruthlessly murdered by neighbours after she revealed her HIV status.

In South Africa there are reports of roving gangs of young men, many infected with HIV, who engage in what is known as "catch and rape".

Gang assaults Piot said similar situations have arisen in the West Indies, where gangs assaulted women and girls as part of their initiation ceremonies. In Papua New Guinea, 40 percent of rape victims are committed against girls under the age of 15. Aids is also spread through marital rape, trafficking of women for sexual violence and rapes relating to war crimes.

"Only recently has rape in marriage been made a criminal offence in some Western countries," Piot said.

The International Criminal Court, currently in the process of being established, will recognise rape and other forms of violence against women in times of war as a crime against humanity. Recent studies suggest that between 16 and 52 percent of women are physically assaulted by an intimate partner at least once in their lives.

This kind of assault is often associated with sexual violence, including rape. In the United States a woman is assaulted - usually by her husband - every 15 seconds. In India one study says between 18 and 45 percent of married men acknowledged abusing their wives.

Addressing the UN Commission on the Status of Women last week, Souad Abdennebi of the Economic Commission for Africa said one of the major concerns of the African continent is the alarming increase in HIV-Aids and its impact on the social and cultural fabric and the economic productivity of the people.

In the developing world, adult mortality from HIV-Aids is projected to reach about 40 percent by 2000. More than half the adolescents in the developing world today will die before reaching the age of 60.

Abdennebi said women, the most powerless, were the hardest hit by Aids.

The Platform for Action adopted at the 1995 Fourth World Conference on Women in Beijing specifically called for "the prevention and elimination of all forms of violence against women".

As a result the UN Development Fund for Women (Unifem) established a special Trust Fund, to support national, regional and international actions to eliminate gender-based violence.

"The international community recognised that the scourge of violence against women is a phenomenon which must be eliminated," said Unifem director Noeleen Heyzer. The Fund will provide assistance to raise awareness among men, women and youth about violence against women and will help respond to the effects of gender-based violence.

This will include support for education systems, legislative reform, fair administration of justice, and victims' assistance programmes, Heyzer said.

AIDS train on the way to put Cape Town on right track

March 8, 1999
by Lynne Rippenaar

Cape Town - A trainload of activists who have travelled the country to raise awareness about AIDS arrives in Cape Town today.

The Spoornet-sponsored project, Women in Partnership Against Aids, has drawn people together to discuss the effects of the epidemic, the stigma attached to AIDS patients, cultural beliefs surrounding the disease and sex education.

The train left Pietersburg late last week and has called at stations in five provinces on its way to the Western Cape.

Aboard the train are members of such organisations as Wola Nani, Disabled People South Africa, Women Against Violence Against Women, Taleni Home-Based Care, Cosatu and the National Association of People Living with AIDS, and National Welfare and Population Development Minister Geraldine Fraser-Moleketi.

Nearly 1 600 people are infected with HIV each day in South Africa. Last year 130 000 died of AIDS-related diseases, and it has been predicted that, at this rate, nearly 500 000 people will be dying every year by 2007.

At a stop-over in Beaufort West, Mrs Fraser-Moleketi highlighted the plight of disabled people and AIDS.

"The disabled people are at greater risk than the able-bodied because of the risk of sexual abuse," she said. "Disabled people are being abused within their own families".

Mrs Fraser-Moleketi said that because some disabled people were grateful when somebody wanted to have a sexual relationship with them, they were often not discerning about their partners.

While the train trundled towards Laingsburg, Mrs Fraser-Moleketi several times said how critical it was to "target the youth" and "to change their ideas about sex and Aids".

"It doesn't work to scare the youth (from having sex). I'm all for the issue of no sex for as long as possible, but we also need to be realistic. There are kids sexually active".

The issue of the distribution of the anti-HIV drug AZT was raised in Beaufort West, an area in which 1 622 HIV infections have been reported this year already. Western Cape Health Minister Peter Marais said he had introduced a pilot AZT distribution project to pregnant mothers in Khayelitsha to "save lives".

"It will cost me three times as much to treat babies with HIV as it will cost me to treat their mothers," he said. "So 50% of these babies won't get AIDS."

The Western Cape project has been criticised by Health Minister Nkosazana Zuma, who is not prepared to give AZT to pregnant women.

Mrs Fraser-Moleketi said the Government was awaiting the outcome of a report on the cost-effectiveness of the drug.

"We should never say that we will give it to women in one area and not to women in other areas, but clearly we need to look at more affordable drugs," she said.

New HIV Drugs Here

March 6, 1999

Kampala - The first batch of drugs for the prevention of vertical (mother to child) HIV transmission has arrived in Uganda. A UNICEF source said the drugs had arrived but did not name them nor say the quantities.

The commissioner for disease control, Dr. Elizabeth Madraa, last month said HIV positive mothers would get the treatment free.

She, however, said the beneficiaries have to accept to be tested and counselled, and not to get any more babies. This followed an announcement by the United Nations AIDS agency, UNAIDS, that an inexpensive course of drugs can reduce vertical HIV transmission by 50% when given to mothers for five weeks beginning one month before delivery. A subcommittee for the prevention of mother to child transmission yesterday afternoon met for three hours in Kampala but the participants were tight-lipped about the arrival of the drugs.

The chairman of the subcommittee, Prof. Francis Miiro said the preparations "are moving on well," but denied that the drugs have arrived.

He said the first beneficiaries would be getting the treatment by mid this year. Professor Miiro said, "We are preparing the grounds. We agreed (in the meeting) that the preparations must start now. We have to start sensitising our people."

Another source who attended the meeting said a "big meeting" on the project has been planned for next Friday. Professor Miiro said lamivudine (3TC) and zidovudine (AZT), will be given to the mothers starting "very late pregnancy," and continued for one week after delivery. The drugs may save the baby from being infected, but the mother remains HIV positive. Thousands of children get the HIV virus from their mothers at birth.

Planning for AIDS needs to start now

March 5, 1999
By Charlene Smith

Johannesburg - In 10 years, the average life expectancy of South Africans may be 40 years, there will be fewer children and many will be in orphanages.

Prison populations will be mostly sick and dying, there will be greater absenteeism in the workplace, and farmers will battle to find enough well people to harvest crops and till the land. Some people will turn to crime to pay for expensive medication.

With the fastest-growing incidence of HIV - the virus that causes Aids - in the world, South Africa may be facing this scenario - a scenario that will dramatically change the face of the nation. Yet neither national nor local government is factoring the economic consequences of Aids or looking at how government should be budgeting and planning for it.

They may be examining its impact on health and welfare - but what about transport, safety and security, education and other areas?

Craig Schwabe, director of the Human Sciences Research Council's (HSRC) Geographic Information Centre, which undertakes research in spatial information, says, "Late last year, there was a lot of press on the fact that there will be 50 000 Aids orphans - but where? If it is in one area, we need to focus efforts in that area, develop a Reconstruction and Development Programme strategy or special funds.

"Government is not doing enough, fast enough. Nothing will have a more negative impact on the economy of this country than Aids."

Schwabe believes HIV should be a notifiable disease. His thinking is in line with that of international researchers, who point out that initial resistance to this in the early 1980s was because it was thought that Aids was a homosexual disease and HIV-positive people were being discriminated against.

But one prominent American researcher with links to Atlanta's Centres for Disease Control and who has been monitoring the disease for the past decade in Zimbawe says, "Now we know that everyone is at risk from HIV. It should be treated like diseases such as measles and be notifiable - it would help us track and work against it better.

"My concern is that the effective allocation of money for people who are infected can only happen if we have a clear understanding of the population that has HIV and that information does not exist. I keep saying government had better do this very quickly otherwise they will be in trouble."

At present, KwaZulu-Natal is considered the area with the highest incidence of HIV and the Northern Province has one of the lowest statistics - but how accurate are those figures? Aids researchers know that the incidence of HIV in Messina is around 60% and around 77% at Beit Bridge.

Is the incidence of HIV low in the Northern Province because it is - or because clinics and hospitals lack equipment to test for the disease and a lack of academic hospitals in the province means that scant research is being done into the problem?

KwaZulu-Natal MEC for Finance Mike Ellis is presently being lauded for bringing rampant over-expenditure under control, but as part of that he cut health-care by R600-million.

He says, "We have reduced hospital stays, expensive procedures are being eliminated - we are vaccinating children rather than doing heart transplants," and with Aids, "we are dealing with it on the educational side, encouraging people to modify behaviour".

But, he admits, "at the end of the day, we are seeing increases in deaths from tuberculosis and malaria in the northern areas [both are opportunistic diseases associated with Aids]". Better Aids education may simply not be enough in a province where a quarter of the populace are infected.

The Johannesburg hospital reports that 70% of the deaths in its paediatric unit are due to Aids, with pressures on its budget growing by 20% a year.

Last year, the Department of Correctional Services spent more than R54-million sending prisoners for care to private hospitals, and some sources say most of those patients were suffering from Aids-related complications.

However, correctional services representative Russel Mamabalo says they do not know that for certain. He says that at present there are 142 prisoners in private hospitals. Although correctional services does not test prisoners for HIV unless they consent, they have revealed that tests on those who have consented have shown that at present there are 800 prisoners with full-blown Aids, and 1 700 with HIV.

However, Mamabalo said the department was not taking cognisance of the virus and its impact on the prison population when compiling its budget.

Colin Donian of the Financial and Fiscal Commission says that changes to budgeting to take into account the impact of Aids could come into effect when changes take place to the Medium-Term Expenditure Framework in 2001/2002.

"We are beginning to do work on the particular problem of Aids and how it influences general public expenditure and how that affects expenditure to the provinces.

"The current approach looks at a set of health indicators, but we need to evaluate if the data available is credible and try and create some sort of outcomes.

"If we look at the indicators presently used for health, it is our view that there is a strong correlation between HIV-prevalence and factors of ruralness, lack of access to medical aids and poverty."

Annameyer Wetz, who is involved in Aids research for the HSRC, says it is "very difficult to know the real impact of Aids in the future. Demographers will say maybe a vaccine will be developed tomorrow. What we do know from a new World Health Organisation report is that the majority of new infections occur in the 14- to 25-year-old group. But we have not really examined the economic impact, we are not health economists, the major focus of our work is on prevention."

I 1 500 people are infected with HIV each day in South Africa. Professor Alan Whiteside of the HIV/Aids Research Unit at the University of Natal says life expectancy at present has dropped from 65,4 years to 55,7 years and in 2010 would be 48 years. However, Aids specialist Dr Neil McKerrow of Greys hospital in KwaZulu-Natal puts life expectancy at between 35 and 40 years by 2010.

AIDS figures frighten 'hell' out of Zuma

March 4, 1999

Johannesburg - Health Minister Nkosazana Zuma disclosed on Wednesday that the overall increase of AIDS infection among women was up 33.8% over the last year and up 65.4% among teenage girls, with 21% of girls between the ages of 15 and 19 now HIV-positive.

The figures were released in a report on Wednesday, and are based on a blood sample survey done on women attending antenatal clinics countrywide in October last year. The survey shows that 22.8% of women attending these clinics are infected with HIV, which translates to roughly one in eight of the total population. Zuma said the figures "frighten the hell" out of her and should serve as a "wake-up call to the nation".

She admitted that her department's efforts to prevent the spread of AIDS had not been adequate. According to the survey, HIV infection has risen in all provinces, save the Western Cape, despite aggressive AIDS awareness campaigns and the free distribution of 140 million condoms by the health department. The highest AIDS prevalence rate is in KwaZulu-Natal where infection has risen by 20.8% and more than one in third are now HIV-positive. The Northern Province has the highest percentage rate of increase at 40.2%.

The announcement of the survey results comes after Zuma's controversial refusal last year for state sponsorship of AZT treatment; a drug administered to pregnant women to prevent the transfer of HIV to their unborn babies. AZT was recommended as a successful method to combat the spread of AIDS by the seventh conference in Dakar of the Society of Women and AIDS in Africa, as it halves the chances of a pregnant mother giving the virus to her baby.

Zuma, however, refused state funding for the drug because it was "too expensive", and because of the possibility of a low success rate. Zuma estimated last year that it would cost R8 million to treat pregnant HIV-positive women with AZT.

But, says the DP's Mike Ellis, Minister Zuma has also refused the offer of the French-based International Solidarity Fund to pay for AZT intervention in SA. "By refusing to accept the offer of the French-based International Solidarity Fund to pay for the use of AZT in SA, Dr Zuma has turned her back on AIDS sufferers.

Her attitude is nothing short of outrageous and morally reprehensible", Ellis said in response to the release of the latest AIDS figures. Reports last year revealed that SA has the fastest growing AIDS epidemic in the world.

Aids Campaigns Hindered By Culture Of Fear - Mbeki

March 4, 1999

Pietersburg - The culture of fear shrouding AIDS and HIV sufferers needs to be broken for South Africa to be effective in its fight against the pandemic, deputy president Thabo Mbeki warned at the launch of a national AIDS train in the Northern Province on Thursday.

Pointing out that HIV-positive people often hid their medical status from friends, family and even lovers for fear of violent reaction, Mbeki said South African society had to mature in order to beat the disease.

"The killing of brave KwaZulu Natal AIDS activist Gugu Dlamini after she revealed her HIV-positive status must encourage the rest of us to support and protect those who speak out against AIDS," he said.

"Woman are particularly vulnerable to this disease and to society's reaction. We need to stand up and support their fight."

Mbeki and a bevy of other national politicians attended the launch of the 'Women in Partnership Against AIDS' train in Pietersburg on Thursday. The train, which has been sponsored by Spoornet, has been hailed as a showcase of cooperation between civil society and government and is designed to travel the country until finally reaching Cape Town for a large International Women's Day rally on March 8.

Dubbed Vusa-ifizwe or 'On the Right Track', the train will also serve as a venue for interactive community conferences with over 70 delegates on issues ranging from violence against women to the reproductive and health rights of rural women and children. Mbeki, who has headed South Africa's inter-ministerial AIDS committee since 1997, expressed concern however that not enough men had been drawn into AIDS awareness and prevention campaigns and pointed out that very few had bothered attending the train's launch.

Stressing that it was essential for women to feel safe enough to be open about the disease within their own homes, Mbeki called on men to become more actively involved in the struggle. National health minister, Nkosazana Zuma, added that rural women urgently need to begin networking to form support structures that lobby their male dominated communities for better sexual and health rights.

"We have to begin encouraging women to break the silence and raise society's levels of awareness. We need to demystify the taboos, expose the violence and propagate the hard facts about the impact of HIV-AIDS on women and children," said Zuma.

Both Zuma and Mbeki stressed that women between the ages of 20 and 29-years were the hardest hit by the pandemic and therefore needed to be targeted in any AIDS campaigns. Zuma added that studies indicated that over 22,8% of pregnant women attending antenatal clinics at the end of 1998 were already HIV positive, with a shocking 40,2% increase in the prevalence of AIDS in the Northern Province over the past one year.

The figures indicate that an estimated 3,6-million South African are HIV-positive, with KwaZulu Natal the hardest hit at 32,5% of people suffering from the pandemic. Spoornet sponsored the train and has donated R100-million to the government's AIDS campaign as well as the series of mobile conferences enabled by the train. Spoornet corporate affairs executive manager, Dr V Mkhize, said the project was initiated by national welfare and population development minister Geraldine Fraser-Moleketi, who approached the rail company with an appeal to fight AIDS.

Other heavyweight national minister who attended the launched include mineral and energy affairs minister, Penuell Maduna. Northern Province Premier Ngoako Ramatlhodi lit a ceremonial candle in honour of all those who had died of AIDS in South Africa. The train will travel to Mpumalanga next, where Premier Mathews Phosa will meet the train at Bethal.

Involving Traditional Medicine In Combating AIDS

March 3, 1999

Dakar, Senegal (PANA) - A congress on what role traditional medicine could play in the worldwide fight against AIDS takes place in Dakar next week, amid alarming disclosures that over 34 million persons in the world had the human immunodefiency virus (HIV) which causes the incurable disease.

Its conveyor, Dr Eric Gbodossou, a Benin-born medical doctor turned leader of traditional healers in Senegal, told PANA that modern medicine had missed the point by adopting a go-it-alone approach against HIV, which had infected 21 million people in Africa by the end of 1998, according to UNAIDS.

"The driving force behind the congress will be to bridge the existing gap between modern and traditional medicine" bearing in mind that 85 percent of sub-Saharan Africans report their ailments to traditional healers in the first place.

Gbodossou, who embraced traditional medicine 25 years ago while he worked in Senegal's Sine Saloum region, said the congress will bring together 400 participants, including 60 healers from 22 African states.

Also expected at the 11-12 March gathering will be 150 ranking modern medicine researchers, doctors, eminent scientists, decision makers and donors from African, European and the US.

"At the end of the congress, I hope the international community and modern medicine will understand that traditional medicine has a lot to contribute in the fight against the pandemic, particularly in the Education, Information and Communication (EIC) aspect."

According to Gbodossou, who is president of the Senegalese Association for the Promotion of Traditional Medicine (PROMETRA), the spread of HIV/AIDS was not relenting in Africa because tests are virtually non-existent and most people are unaware of their status.

"It is important therefore to equip the traditional healer, to whom most people in Africa initially go when they are sick, with the knowledge of how HIV spreads so that he or she can inform patients of how to escape it."

Gbodossou said healers working at a traditional medicine centre at Malango in Fatik, 155 km from Dakar, had proved their high ability to treat opportunistic diseases, "as well as disease considered by modern medicine to be incurable, such as diabetes and viral hepatitis."
The Malango centre, which Gbodossu helped create 10 years ago, has received 30,000 patients and welcomed modern medicine researchers from

Morehouse School of Medicine in Atlanta, Tulane University in New Orleans, the Anthropology University of Vienna and many others.

"Studies by the American Universities found 90 percent positive results which means complete cure or quantitative improvement of patients health," Gbodossou said, adding that the lowest cure rate of 65 percent was observed by the Dakar-based Enda Tiers Monde.

"For those of us who know the reality of hospital treatment, such high cure rates are unthinkable in modern hospitals. In addition, we don't turn away patients, including those who are rejected by the other side."

Commenting about an experiment by the Zimbabwe government to allow traditional healers treat HIV patients, Gbodossou said that the healers had obtained some good results in reversing symptoms.

He regretted, however, that while the healers under the Zimbabwe National Traditional Health Association (Zinatha) were doing very good work, the health department in Harare virtually gave no funding to traditional medicine research. "I think they need to be more committed, better organised and supported financially."

Gbodossou said traditional medicine also has an upper hand in psychosomatic treatment. "We have taken Senegalese healers to perform the 'ndep' (of the Lebou ethnic) group healing ritual in the US. Within 10 days, we received more than 650 patients from 20 states and neighbouring countries."

"There is growing demand among African Americans and Indian Americans to return to their roots, sources and other medical truths and logic."

But the University of Dakar-trained medical doctor told PANA that before the traditional healers accepted him as their leader, he had to withstand several tests by the healers in Fatik.

"One day you would wake up and find a swarm of bees or a nest of snakes in your bedroom. But this is not notorious. It is like in an exam, if you are strong you pass. But if your weak, you are eliminated."

Dr Gbodossou hopes that the international congress on HIV/AIDS will facilitate the creation of a network of traditional medicine organisations and healers associations capable of taking positions at world AIDS conferences.

"We cannot continue practicing medicine in Africa without involving traditional healers who treat 85 percent of the sick population on the continent," he added.

HIV Figures Rocketing, Zuma Warns

March 4, 1999
By Farouk Chothia And Sapa

Cape Town - The rate of HIV infection among teenage girls rocketed a staggering 65,4% last year, while the overall increase for women was 33,8%, Health Minister Nkosazana Zuma said yesterday.

The figures "frightened the hell out of me", she said. She did not believe the infection rate had reached its peak.

The figures were a "clarion call" to South Africans to create greater awareness of infection. Her department's annual antenatal clinic survey, while confined to pregnant women and girls, was a good indicator of the situation in the general population, Zuma said.

The epidemic continued to rise at an alarming pace and, if sexual habits did not change, the worst had yet to come. The increase was highest (65,4%) in the 15-19 age group.

In the 20-24 age group the increase was 32,5% and in the 25-29 age group it was 47,8%. Northern Province had the highest increase rate (40,2%); Mpumalanga's was 32,8%, Gauteng's 31,6%, Eastern Cape's 26,2%, North West's 17,7%, Northern Cape's 15,1% and the Free State's 14%.

The survey showed no increase in the Western Cape. In KwaZulu-Natal it was 20,8%, but the province's prevalence rate remained the highest of the nine provinces.

Zuma said she wanted to make AIDS a notifiable disease as it was necessary to know how many people were dying of AIDS. However, insurance was a major stumbling block to this.

The New National Party, meanwhile, hit back at Zuma for saying it was using debate about the anti-AIDS drug AZT to win votes in the Western Cape where the provincial government said last week it would supply the drug - which reduces HIV transmission from mothers to their babies - for trial use. Party health spokesman Kobus Gous said Zuma had refused offers from drug companies that would make AZT available at 70% below its dollar price for five years.

This showed she was not committed to solving the AIDS problem.

Zuma Turns Down Cut-Price HIV Drug

February 26, 1999
By Glynnis Underhill

Cape Town - Health Minister Nkosasana Zuma has been offered a 70% discount on the cost of anti-viral drug AZT for HIV-positive pregnant women, pharmaceutical giant Glaxo Wellcome has revealed.

But last night, Dr Zuma's spokesman, Khangelani Vincent Hlongwane, said the discount being offered would not maintain a programme - the Government could not afford to give AZT to all HIV-positive pregnant women.

Dr Zuma stunned AIDS activists with her announcement at the end of last year that the Government would not, owing to budgetary constraints, be supplying AZT to pregnant women infected with the HIV virus.

The controversy was fuelled by the results of a clinical trial in Thailand which showed that administering AZT during the last few weeks of pregnancy to HIV-infected women reduced the rate of transmission to infants by 51%.

The debate was re-opened this week when Dr Zuma was asked in Parliament by New National Party health spokesman Kobus Gous whether pharmaceutical companies had offered AZT for pregnant women at a reduced price.

Dr Zuma challenged him to ask the companies themselves, and said Mr. Gous should find out how long the reduction would last.

"You must bark up the right tree," she said.

The director of corporate affairs for Glaxo Wellcome, Vicki Ehrich, told the Cape Argus yesterday the discount had been offered repeatedly to Dr Zuma and her advisors over the past two years.

Glaxo Wellcome, which was the sole manufacturer of AZT, had also agreed with the health department that the discount would be fixed for five years, she said.

The worldwide concern over Dr Zuma's decision against giving AZT to HIV-positive women is so great that there have been reports of a possible boycott by some United States medical scientists of the 13th World AIDS conference due to be held in South Africa next year.

But Mr. Hlongwane said the Government could not be bowed by international pressure, and had decided that any programme with

accumulative costs should not be funded by donations that could be suddenly withdrawn.

The international condemnation was very unfair on the Government, said Mr. Hlongwane.

The discount on AZT would cut the cost of treatment for each HIV-positive pregnant woman to less than R400, compared with the price being paid in developed Western countries of about R1 200.

Dr Zuma's decision against giving pregnant women AZT treatment outraged AIDS activists locally and abroad, especially when the Government announced an R80-million awareness project.

Mr. Hlongwane said he did not know Glaxo Wellcome had offered free treatment for 600 women that may have saved more than 300 babies from a life with AIDS.

AZT case put to the test

February 26, 1999
By Charlene Smith

Johannesburg - The Centre for Applied Legal Studies (Cals) and the National Association for People with Aids (Napwa) are planning a test case to challenge Minister of Health Nkosazana Zuma's decision not to let state hospitals use the drug AZT to slow down transmission rates between HIV-positive mothers and their babies.

The case, which will be based on constitutional and legal issues, will be the most important Aids case yet. In South Africa, one in five babies is infected with HIV at birth - around 60 000 babies - and most will die painful deaths before the age of two. It would cost a mere R50 per child to buy the drugs that could save many lives.

The test case could be based around a pregnant HIV-positive woman who wants AZT to increase the possibility that her child will be born HIV-negative.

Alternatively, or in addition, Cals and Napwa will challenge a decision by the Gauteng Department of Health to halt a research project at Coronation hospital, where the gynaecological department was using the drug on HIV-positive pregnant women to test how effectively transmission rates could be slowed by using AZT in the final month of pregnancy and during the birth. Their method involves a total cost of R400 for the drug to mother and baby.

The most recent research conducted at King Edward hospital in Durban and Chris Hani Baragwanath's HIV perinatal unit - as part of a wider two-year United Nations international study, the Petra study - showed that mother- to-child transmission could be cut by 50% if the drug was administered with another drug, 3TC, at the time of birth and for seven days only, at a cost of R50.

Despite the fact that pharmaceutical company Glaxo-Wellcome is offering AZT to the South African government at 75% below the world price and have offered to hold it at that price for the next five years, Zuma is refusing to make the drug available to hospitals.

At a cost of R50 - basing treatment on the Petra study - it would cost the government around R14-million a year, or at R400 - based on the Coronation model - it would cost R112-million a year.

Most babies born with HIV become extremely ill and will die within their first two years of life after numerous hospitalisations. The cost of

daily paediatric hospital care in a state hospital alone is R400; the monthly cost in a hospice such as Cotlands is R2 500 a month. A third of all children being admitted to Gauteng hospitals at present are HIV-positive. Supplying oxygen to children at home has also stretched health services.

Around 70% of the paediatric deaths at a Johannesburg hospital are from Aids, and that particular hospital reports that the strain on its budget owing to Aids in paediatrics is increasing at around 20% a year.

The New National Party provincial government in the Western Cape is currently defying Zuma and making AZT available at clinics in Khayelitsha.

Mark Heywood of Cals said it did not agree with the Department of Health ruling: "Dr Zuma does not understand the issues. These drugs should be given during birth and in the week post-birth.

"While some argue that because of abortion the right to life argument cannot be used, we believe that the issue is different, this is not about a foetus, it is about a baby about to be born. If the mother has continued with the pregnancy, it is a child she desires.

"By presidential decree, pregnant women and children under the age of six are entitled to free health care - this seems to discriminate against those born to mothers with HIV."

Heywood said they were proceeding with caution with the case because they believed it had important implications not just for HIV but for other basic cost-effective treatments that could curtail tuberculosis and pneumonia.

Peter Bussy of Napwa said that lawyers had already written to the Gauteng Department of Health asking for reasons why trials at Coronation hospital had been stopped.

Requests for comment from Gauteng MEC for Health Mondli Gungubele were unsuccessful.

People With Aids Should Benefit From Science & Health Research Grants

February 24, 1999
By Maureen Isaacson

Johannesburg, South Africa (PANA) - South Africa's health minister, Nkosazaa Dlamini-Zuma, has suggested that those suffering from AIDS in Africa should benefit from the money that is being used by companies to research a cure for HIV, the virus that causes AIDS.

The minister was speaking in Parliament last week where she offered alarming statistics which she said were a concern for the South African government.

She said that at least one in three pregnant women in KwaZulu Natal was infected with AIDS. "About 70 percent of the cases of AIDS in the world are in sub-Saharan Africa, but world research into a vaccine is not into the type of virus found in sub-Saharan Africa," she said.

Dlamini-Zuma's decision not to provide the costly AZT treatment to pregnant women has been a source of great controversy.

She said she would not back down on this position, as only 30 percent of women passed on the HIV infection through the womb, and AZT would only reduce that by half.

She said the drug would prevent only 15 percent of those treated from passing on the virus to their infants, and health care - like a business - had to look at getting the best return on its investments. "It would be unwise for any government to shift resources away from prevention to waiting while women get infected," she said.

South Africa's Medical Research Council estimated last year that it would cost about 5,000 rands per baby to prevent infection of those born to HIV- positive mothers but only if South Africa had a better infrastructure than it does and more health workers.

"We have to prioritise, to look at where the best return is, and that lies in prevention," said Dlamini-Zuma. She said her department had made great strides against the AIDS epidemic, and had enlisted the help of Deputy President Thabo Mbeki in the awareness campaigns.

But there will be exceptions and the Western Cape Province is one of them.

In his opening address to the provincial legislature on Friday, Premier Gerald Morkel said pregnant women with HIV/AIDS in the Western Cape will receive the AZT drug on a limited scale.

He said his administration had managed to acquire the drug at a greatly reduced cost - more than 60 percent below its normal price - and this had allowed the provincial health department to administer the drug for the first time.

"AZT greatly reduces the possibility of transferring HIV to an unborn child from an infected mother," Morkel said.

Rwanda:Rebuilding Lives; AIDS Widows Town Meeting

Cattle, Pencils and Hands-On Philanthropy in Action

March 7 - 10, 1999

NEW YORK, March 5 /PRNewswire/ -- On March 7 - 9, 1999, Countess Albina du Boisrouvray, founder of the Association Francois Xavier-Bagnoud (AFXB), will be traveling to Rwanda to kick-off a new phase of a unique aid project. Launched in 1995, the project was created to help Rwandan families rebuild lives ravaged by war and children orphaned by AIDS.

AFXB was founded in 1989, in memory of Ms. Boisrouvray's son, Francois Xavier-Bagnoud. Francois tragically lost his life during a helicopter rescue in the Malian desert. To fund its activities, the Countess sold most of her family inheritance, including a jewelry collection that raised $31.2 million at a Sotheby's auction, and artwork by Renoir and others, that brought in $20 million. In total, nearly $100 million was raised for philanthropic purposes.

The Association Francois Xavier-Bagnoud (AFXB) is an innovative NGO dedicated to the rescue of children devastated by war, poverty, and AIDS. AFXB and the work of Ms. Boisrouvray is an example of what has been called "hands-on philanthropy" or "engaged philanthropy."

Headquartered in Switzerland, Paris and New York, the Foundation is currently sponsoring over 40 projects in 17 countries, involving children's rights, health, and AIDS. For nearly a decade, AFXB has been a pioneer in focusing on the growing health and social crisis of AIDS orphans.

Rather than being a silent donor, Ms. Boisrouvray has an engaged hands-on approach. She will travel to Rwanda to work directly with the community. On Sunday, March 7 in the capital of Kigali, she will first meet with a group of women widowed by AIDS who are also infected with the HIV virus. HIV-positive mothers have an average of seven persons in their charge, among them their own children and orphans whose parents often died of AIDS. Ms. Boisrouvray is there to assess the needs of the area to create new programs of assistance.

On Monday, March 8, in Rutobwe, Ms. Boisrouvray will present cattle, pigs and goats to the heads of many households, mostly women. She will also meet with hundreds of school children supported by AFXB.

On Wednesday, March 10, Ms. Boisrouvray will be in Nairobi visiting AFXB project administrators from Uganda. She will be available for background briefings at this time. (Contact: Nicky Blundell-Brown -- 2542-501301, or 500508, fax - 609518).

In Rutobwe, a short drive from Kigali, over 500 families in a dozen villages have built a new future for themselves -- by themselves -- with support from AFXB. The community constructed 524 new homes, taken in orphaned children, developed successful micro-enterprises, sent thousands of children to school, and is developing a new agricultural program.

In 1998, the Rutobwe community identified the most impoverished families -- about 1500 -- and AFXB is assisting them in sending 3000 children to schools, providing educational supplies and uniforms. Now AFXB is supporting mini-agricultural enterprises to restore productivity.

For media interested in coming to Rwanda, please contact AFXB in Switzerland, Jean Marc Foex - 41-21-796-1300, or e-mail him, afxb@worldcom.ch. In Gitamara, Rwanda, please contact Mr. Damascene or Mr.Thaddee - 250-62780.

See the website: www.fxb.org.

Additional Contact in the United States: Josh Baran, Fenton Communications, 212-584-5000, e-mail - josh@fenton.com.

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Anthropologist Calls For Research on AIDS and Traditions

March 3, 1999

Nairobi, Kenya (PANA) - A leading Kenyan anthropologist has defended cultural practices against blame for the rapid spread of the human immunodeficiency virus (HIV) in some parts of the country.

Magoiga Seba, who heads the Nairobi-based "Foundation for the Development of African Culture" called for research to establish the role played by cultural practices in the spread of HIV/AIDS in the country.

Seba noted that there was no empirical evidence to prove that practices such as wife inheritance and lack of circumcision among some ethnic groups have led to rapid spread of AIDS in some parts of Kenya, notably the western Nyanza province.

He, however, conceded that the break up of the African cultural set-ups and subsequent influx of western values may be a leading factor contributing to the spread of AIDS.

The socio-cultural anthropologist supported recent calls by elders from the Luo ethnic group that certain practices be subjected to radical changes but cautioned that any changes should be done in consultation with local people.

"It is true that certain practices like insisting on burying people in their ancestral homes are unrealistic since they are too expensive and unnecessary burdensome and therefore should be phased out," he said in a brief to journalist.

SA Under Fire Over Zuma's Stand On HIV Drug

March 3, 1999
By Glynnis Underhill

Cape Town - Is South Africa setting the wrong example with its decision not to treat HIV-positive pregnant women with the anti-viral drug AZT?

Many internationally acclaimed scientists and AIDS activists believe so.

The respected international weekly science journal Nature recently focused its editorial on the contentious issue.

"This is a regrettable decision and South Africa should quickly reconsider," it wrote.

"A simple decision by South Africa to reintroduce routine AZT treatment for all infected pregnant women would not only represent sound economic and health politics, but would also open the door to a more ethical and humane approach to those suffering the extreme discrimination, ill health and early death that comes with HIV infection in Africa."

The international publication New Scientist has also added its voice to the debate in a hard-hitting article.

"There are serious worries among international AIDS experts over South Africa's ability to fight the AIDS epidemic," it stated.

"These concerns centre on the policies of the Health Minister, Nkosazana Zuma. Dr Zuma has advocated use of an unproven, locally developed anti-HIV preparation called Virodene and blocked nationally funded trials of the drug AZT to prevent pregnant women with HIV passing the virus to their babies."

The call for Dr Zuma to review her policy has intensified with the international pressure building up 16 months before Durban is to play host to the world AIDS conference in July 2000.

The city scooped the prestigious event after an intensive bid programme that began five years ago.

Hotels have been booked for the conference and expert planning has gone into the event. With 12 000 to 15 000 delegates expected, the biennial conference is the premier event on the international AIDS calendar.

It will be the biggest scientific conference yet held in Africa and will assist in highlighting the situation in KwaZulu Natal, where a reported one-third of all women at antenatal clinics are testing positive for HIV.

However, the threat by several United States researchers to boycott the conference is growing and cannot be ignored. Attempts have been made at meetings of South African and international scientists to dampen the call for a boycott of the conference. However, the threat still lingers. But Khangelani Vincent Hlongwane, spokesman for Dr Zuma, said the Government had to stay its course, in spite of the international pressure.

"The door is not closed on the issue, but we cannot afford to run a sustainable programme to give AZT to HIV-pregnant women," he told the Cape Argus.

Recent studies had shown a "whopping 50%" of young people were unaware of the real threat of HIV and AIDS, with many believing that they could not be infected with the virus by a fat person.

"A lot of work has to be done and we have to put the few resources we have into educating young people, who are most at risk," he said.

It could be argued that the vast majority of the population in South Africa did not have HIV or AIDS, Mr. Hlongwane added.

"We want to ensure that they remain that way for the rest of their lives, and to use the few resources we have to ensure they do not become HIV-positive."

Meanwhile, the Western Cape government has defied Dr Zuma by implementing a programme to give the AZT to HIV-infected pregnant women over the next three years.

The Western Cape government is also conducting a pilot study and administering the drug to HIV-infected pregnant women in Khayelitsha, in an effort to show the programme is cost-effective.

Whereas it would cost the Government less than R400 to administer AZT to a pregnant HIV-positive woman, it costs as much as R500 a day to care for a child at a government hospital.

And the statistics are horrific: as many as one in five babies in South Africa is infected with HIV at birth.

Nature pointed out in its editorial that in South Africa, infant deaths due to AIDS are expected to rise 20% by 2001.

Discussing the offer by AZT manufacturer Glaxo Wellcome of a 70% discount to developing countries in Africa at a fixed price for five years, the science journal pointed out that Botswana had accepted the deal. It was therefore alarming, it said in its editorial, that South Africa's health minister had announced she would not be implementing the AZT programme.

The announcement has been met with anger and surprise in the South African press and from researchers the world over - but Nature explored another theory.

"In explaining her decision, Dr Zuma has raised efficacy, economic and cultural issues, none of which hold water. Either Dr Zuma simply does not understand the arguments in favour of this treatment - in which case she is not up to the job of health minister and should resign - or else there is another agenda."

"Senior scientists in the United States have speculated that Dr Zuma's decision is politically motivated.

"Dr Zuma is said to be the main backer of an effort by the South African Government to abolish intellectual property rights on pharmaceuticals, with a view to pursuing local production of patented drugs," it claimed in its editorial.

Nature concluded that South Africa was in a unique position of influence in sub-Saharan Africa, with ambitions as a leader of countries in the region.

"As such, neighbouring countries often follow South Africa's lead and may do so in the case of AIDS.

"South Africa's Nelson Mandela, has been criticised for failing to speak out about AIDS. He now has an opportunity to show South Africa and the rest of the world how serious he is about tackling this problem."

You're Using HIV Drug To Buy Khayelitsha Votes, Minister Charges

March 3, 1999

Cape Town - In a searing attack in Parliament, Health Minister Nkosazana Zuma has accused the New National Party in the Western Cape of using the AZT drug to buy votes by giving it to HIV-positive pregnant women in Khayelitsha.

She also accused the party of hypocrisy for failing to support earlier legislation intended to lower the cost of medicines. The Western Cape government is alone among South African authorities in issuing the costly drug, azidothymidine, which has been found to prevent transmission of HIV to babies born to infected mothers.

The Department of Health has declined to supply the drug, saying its high cost dictates that it is better for the department to focus on HIV prevention.

Dr Zuma came under fire yesterday from Western Cape delegate Quarta du Toit (New NP) during debate in the National Council of Provinces on the health budget.

Dr Du Toit said the preferential AZT price of R400 a case was available to all provinces. For every rand spent on AZT treatment, R3 was saved on care of HIV-positive babies.

Urging Dr Zuma to allow the Department of Health to issue AZT, she said: "The next victim could be your child or grandchild."

Dr Zuma said she had until now refrained from commenting on the AZT question because she had not wanted it to become an election campaign issue.

"It fills me with sadness that the National Party is using patronage and using it in an area which is so sad," she said.

The decision to issue the drug in Khayelitsha had been motivated by the New NP's desire to win votes there, she said.

She challenged Dr Du Toit to explain why children in Guguletu, excluded from the scheme, were worth less than those in Khayelitsha. "I will not introduce such a programme until we can give it to every child in the country," she said.

"It fills me with sadness and anger that the NP is using people in this way."

"Attracting Capital to Africa Summit" April 24-28, 1999

Washington, DC - The following document was released by the Corporate Council on Africa on March 1, 1999: African Heads of State and Ministers and senior Clinton Administration officials are signing up for The Corporate Council on Africa's 1999 Attracting Capital to Africa Summit April 24 -28, 1999, in Houston, Texas. With only seven weeks, CCA expects this meeting to be a sell out.

Four African Heads of State - President Dr. Sam Nujoma of the Republic of Namibia, President Festus Mogae, Republic of Botswana, Prime Minister Dr. Navichandra Ramgoolam, Republic of Mauritius and Prime Minister Ibrahim Assane Mayaki, Republic of Niger have confirmed their participation at the Houston Summit. An additional seven Heads of State have expressed an interest in being part of this important gathering.

Joining these distinguished Africans from the Clinton Administration will be Secretary of Commerce William Daley, Secretary of Transportation Rodney Slater and Trade Representative Charlene Barshefsky. We are awaiting confirmation from Vice President Al Gore to be the keynote speaker.

The April 24-28, 1999 Attracting Capital to Africa Summit will bring together African Heads of State, senior U.S. decision-makers and private sector representatives from both continents for serious and candid discussions aimed at enhancing economic activity on the continent. Building on the momentum of the 1997 Attracting Capital to Africa Summit, which was the largest business meeting ever held on Africa in the U.S., the 1999 Summit will underscore the importance of Africa in the global economy.

Seven leading American businessmen will Co-Chair this Summit. They are Kenneth Derr, Chairman and CEO, Chevron; Ken Lay, Chairman and CEO, Enron; Lou Noto, Chairman and CEO, Mobil; Lee Raymond, Chairman and CEO, Exxon; Maurice Tempelsman, Chairman, Lazare Kaplan International, Inc.; Kase Lawal, Chairman, CAMAC Holdings; and Frank Kennedy, CEO and President, HSBC Equator Bank.

We urge to mark your calendar and participate in the 1999 Attracting Capital to Africa Summit, April 24-28, 1999, at the Houstonian Hotel, Club and Spa in Houston Texas. Registrations are being accepted through our website: http//www.africacncl.org .

For more information, on the Summit, For Press Information, contact:
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Fountain Of Hope For Zambia's Street Kids

March 4, 1999

Henry Chilufya,, PANA Correspondent

LUSAKA, Zambia (PANA) - Zambia's drug-addicted street kids in Lusaka have formed "clan groups" of up to 40 members based mainly on the speciality of illicit drugs they peddle and consume.

Security officials and social workers in the city have reported that the so-called clans have caused so much animosity among the street kids that one street kid from one clan group who strays into another would be battered by the rival group for being "a foreigner."

"The kids consider it a violation of their group's 'territorial integrity' if a member of another other group trespasses. Instant justice is given in the form of physical beating there and then," a social worker, who preferred anonymity, told PANA.

According to the authorities, the greed for drugs and its control have been cited as the immediate root cause for the hostilities and rivalry between the "clans" who operate along the two-km Cairo Road, Lusaka's main thoroughfare.

John Kalumba, one of the street kids and an addict himself, recently fell victim to the instant justice syndrome for straying into 'foreign' land of other groups.

Kalumba had strayed from his own clan under the influence of glue-type drug, known as bostic, a fermentation comprising human waste called jenkin, and petrol.

He said he and his friends had turned to drug-taking as a way of escaping from "their reality."

The situation has become so frightening that the Zambian government is faced with the challenge of coming to grips with the scourge of drug abuse among the majority of the street kids, according to the Red Cross Society in Lusaka.

Edith Ngoma, a programme officer at the society working with the children at a drop-in-centre in a garden compound in Lusaka, said there are at least eight types of drugs being abused by the youngsters.

Speaking at a forum on the 50th anniversary commemoration of the Universal Declarationn of Human Rights recently, she warned that unless government stepped in immediately, the battle against drug abuse among the street kids would be lost.

She cited alcohol, cigarettes, nail polish and nail polish remover, methylated spirit and marijuana as among the most popular substances consumed by the kids.

"Marijuana is the cheapest form of these drugs because it can be bought in small rolled packets for as little as 20 cents and is readily available. As for glue, it is stuffed in bottles and sniffed and is mostly bought from cobblers who are found almost everywhere in compounds and market places," Ngoma said.

Jenkin, the latest fad on the market, is said to be human waste collected from sewerage dumps. It is to be wrapped in plastics and left to ferment for seven days before sniffing it.

"The kids say they have a network of suppliers of petrol which they pour in empty soft-drink bottles or on pieces of cloth for sniffing," Ngoma said.

Drug consumption has been said to be a major form of "coping-up strategy" for the kids to survive in their harsh socio-economic environment.

"Most of the street kids also use drugs as a way to suppress hunger. Some of those we have interviewed say that they take drugs because it helps them forget about their hunger when they have no money to buy food, which is most often," Ngoma said.

According to Kalumba, drugs served as an escape route which enabled him reach a "better" world where suffering disappeared momentarily.

"The trouble starts when you begin the route back to normalcy. The nostalgia of that world settles in and compels you to sniff once more in order to return to that dream world," he said.

The children said they financed the drugs by doing odd jobs, including guarding parked cars and sometimes cleaning the vehicles along Lusaka's streets for a fee.

A prominent psychiatrist, who preferred anonymity because he dealt often with street kids, said boys who took drugs at an early age risked damaging their brain faculties beyond redemption.

"A lot of these young men end up at the Chainama Psychiatric Hospital - the largest in the country - with various mental illnessess," he added.

The Fountain of Hope, an organisation that looks after street kids in Lusaka, has begun an aggressive programme to rehabilitate the kids.

Street kid counsellor Sydney Mwape said that over 50 street kids have been taken back to their homes after being counselled by the organisation.

"The street kids who have agreed to go back home have also realised the dangers of being on the streets," Mwape told PANA.

For John Kalumba and his fellow 'clansmen', this realisation may have come at the most opportune time, indeed, with a fountain of hope for a better future.

Luo's Decision To Stop Feeding Patients Appalls

February 26, 1999
By Reuben Phiri

Lusaka - The InterAfrica Network for Human Rights and Development (AFRONET) is appalled by health minister Nkandu Luo's remarks that the government is not obliged to feed patients in hospitals.

AFRONET executive director Ngande Mwanajiti yesterday said the remarks were "not only unfortunate and hypocritical, but also totally incompatible with democratic norms which the MMD had been preaching but have failed to practice".

"We find it inconceivable in the face of the white elephant Presidential Housing Initiative set up with questionable motives, that government leaders can relegate the issue of the right to life to the lower echelons," Mwanajiti said.

"We would like to remind Professor Luo that her government and ministry in particular has failed to address health problems of the country. Instead of hiding behind inadequate policies, she should be looking for solutions."

Luo told Parliament on Wednesday that the government was not obliged to give food to patients and had suspended lunch at Chikankata hospital as a measure to reduce costs.

But Mwanajiti said solutions were not out of reach if only the government could realign its resources towards more useful ventures than buying latest motor vehicles on the market for ministers. "The right to life is fundamental and it is not a gift to be handed out by government officials.

Zambians should not allow this sort of attitude to continue," said Mwanajiti.

UN Says 3.1 Million Kids, Young Adults Contracted HIV in 1998

Geneva, Feb. 26 (Bloomberg) -- The United Nations said about 3.1 million people under the age of 25 were infected in 1998 with the HIV virus, which causes AIDS, or about six children and young adults every minute, the Associated Press reported. Almost 600,000 children under the age of 15 and 2.5 million people between 15 and 24 contracted the Human Immunodeficiency Virus last year, leading the UN to start a new campaign, called ``Listen, Learn, Live,'' to slow the spread of HIV among youth. The UN said yesterday about 33.4 million people had HIV last year, with 43 percent of them are women, AP said.

Women Take Up AIDS Challenge

February 25, 1999

Cape Town, South Africa (PANA) - A group of South African women will join the fight against the AIDS epidemic next week by undertaking a five day train journey across the country in an effort to educate women of the dangers of the virus.

Welfare minister Geraldine Fraser-Moleketi this week announced that the Women in Partnership against AIDS initiative will ensure that people living with HIV/AIDS would also form part of the workers on the disabled people, political parties, women organisations and government departments.

The train would be in the form of a moving conference which will include interactive discussions on HIV/AIDS and engage approximately 75 delegates from government, women organisations, the media, senior political office bearers including cabinet ministers and stakeholder organisations from throughout the country.

The conference will seek to generate discussion among local communities around a broad range of issues related to HIV/AIDS and 'Violence Against Women.'

The "moving conference" will culminate in a major event organised at the Cape Town station on 8 March to mark International Women's Day. The Women's Millennium Pledge resulting from the moving conference will be handed over at this function.

"It is a sad fact that in many instances the only risk behaviour a women partakes in is having sex with her husband or partner in a monogamous way," Fraser-Moleketi said.

She urged women to use methods similar to those used in the fight for democracy. "We need to rally for life," she said.

Moleketi-Fraser explained that the workers on the train were intending to break the silence around the epidemic.

"We need to demystify the taboos around AIDS as well as educate and empower the women," she said.

The train will make stops in nine towns adversely affected by AIDS. These included Pietersburg, Koederspoort (Shoshanguve), Bethel, Klerksdorp, Kimberley, De Aar, Beaufort West, Laingsburg and Cape Town.

Projected figures show that 43 percent of all people over 15 years in South Africa are living with HIV/AIDS. There are no indictors that this trend will change.

Deputy President Thabo Mbeki has identified five sectors to engage in partnership against AIDS namely, media, labour, business, religions, women, youth, sport and entertainment.

Women in Partnership Against AIDS is a joint initiative of government and civil society and forms one of the five key partnerships in the national campaign 'Partnership Against AIDS' which was launched by Mbeki last year.

The Women In Partnership Against AIDS has developed a two year campaign called operation 'Vusa Isizwe!' which means 'Restore the Nation'. Its aim is to encourage the mobilisation and organise women at all levels of society to combat the spread of HIV/AIDS in South Africa.

A national structure in the form of a management committee with representatives of government and civil society has been established to drive the campaign and plan projects and programmes. This structure has been replicated in the provinces, where the civil society and government structures have been approached to coordinate campaign efforts at this level.

"We have to recognise that the imbalances in basic human relations, prejudices and taboos, lack of equal opportunities and socio-economic conditions have left women less protected against the disease."

The fight against HIV/AIDS is an assertion of human rights in that it reaffirms and strengthens the rights and powers of women to make personal decisions and freely participate in social and family life.

"The fact that women are educated, informed and free to decide what to do with their lives constitutes an effective weapon in the fight against health problems such as HIV/AIDS," Fraser-Moleketi added.

Gore Heads Home With Greater Confidence In The New South Africa

February 19, 1999
By Michael Morris

Cape Town - **Fighting crime, boosting trade, investment and jobs and tackling the AIDS pandemic are among the key pledges on Trans-Atlantic co-operation to emerge from the Binational Commission talks between South Africa and the United States.**

A new Trade Investment Framework Agreement (Tifa) signed yesterday offered "the promise of expanded trade" and more effective mechanisms to resolve trade disputes, said Deputy President Thabo Mbeki and US Vice President Al Gore at the conclusion of the meeting yesterday at the Kirstenbosch Botanical Gardens.

The commission also created a new committee on justice and crime under US Attorney-General Janet Reno, Safety and Security Minister Sydney Mufamadi and Justice Minister Dullah Omar to oversee co-operation in curbing drug trade and urban terrorism, among other things.

Police and prosecutors will benefit from training in the United States. The trade and investment agreement was the key outcome.

Mr. Mbeki said the agreement, which covered "the most important area of co-operation", would help to deal "systematically" with trade-related problems, and "plan the way forward on strengthening relations".

In more expansive terms, Mr. Gore saw the Tifa deal as "a breakthrough in bilateral relations" which would help "to speed advancement of two-way trade and investment".

The US was the largest investor in South Africa, and he expected the scale of investment to "grow even more rapidly" through Tifa.

Committing Americans to the "strongest possible partnership" with South Africa, he said he was returning home from his fourth visit to South Africa with "even greater confidence in the promise of the new South Africa and a greater sense of the potential of the partnership" between the two countries.

However, he cautioned that bringing post-apartheid South Africa into the world economy of the information age was "a transition that takes time and patience", which helped explain why an economic miracle had not

immediately followed the "miracle of democracy".

On AIDS, Mr. Gore made an impassioned plea to South Africans to heed the warnings, and match Mr. Mbeki's efforts to spread awareness of the disease.

"This is a crisis for South Africa - listen to what Mr. Mbeki says," he urged.

The two parties also pledged their commitment to seeking peaceful solutions to armed conflicts elsewhere in Africa, and to working together to bolster peace-keeping efforts.

Mr. Gore said: "We are exploring ways to provide the most practical help in promoting stability in response to crises, or in preventing crises."

A sub-Saharan policy forum would convene in April to consider "improving the partnership with African nations". He added that the good news coming out of Africa stemmed from emerging democracies and growing markets through which peoples' lives were improving.

Finally, on being asked if there were any lessons for the US to learn from South Africa, Mr. Mbeki suggested the two countries work together in "confronting the challenge of racism", something which afflicted both nations.

It was a "big and complex question" which had as much to do with education as improving the quality of people's lives.

He noted that there was a "feeling" among some sections of the black community in the US "of being victims" in the combating and prevention of crime.

Both countries could "teach each other important lessons" on tackling racism, a view Mr. Gore appeared to endorse when he responded to Mr. Mbeki's remarks by saying: "I could not add to that."

US-SA Commission Tackles Crime, Investment

February 19, 1999
By Wyndham Hartley

Cape Town - The US-SA binational commission ended its sixth session yesterday by concluding two key agreements on the creation of permanent structures to address crime in SA and to promote trade and investment.

Deputy President Thabo Mbeki and US Vice-President Al Gore co-chaired a plenary session which to which the various received various reports from the nine committees which make up the commission, including one on a deal struck between US attorney-general Janet Reno and Justice Minister Dullah Omar to establish a permanent anticrime co-operation committee. had reached agreement on The committee will begin its work almost immediately.

The benefits of the agreement should be felt quickly as the training and technical assistance promised by the US are fed into the office of national director of prosecutions Bulelani Ngcuka. There will also be special training courses in the US for SA law enforcement agencies.

These will teach South African police officers and prosecutors about how the US dealt with its crime situation which was once considered to be out of control. The trade and investment agreement, signed by Trade and Industry Minister Alec Erwin and US Commerce Secretary William Daley, creates a council on trade and investment that will meet regularly to discuss problems. High on the council's list will be the antidumping actions brought by the US against a number of SA companies exporting products to the US, particularly steel.

Gore said the agreement - which follows the signing of a trade and investment framework deal six months ago - would speed up the expansion of two-way trade between the US and SA. **Mbeki said the US had also agreed to share its expertise on Aids with SA.**

He said the successful conclusion of the session "showed the rapid growth in the detailed relationship between the two countries". Gore said the anticrime committee would "give SA officials access to resources from the FBI, the drug enforcement agency, customs, the immigration service and other law enforcement agencies and is a step forward in crime-fighting co-operation between SA and the US."

Manuel's Budget locks out the poor

February 19, 1999
By Albert van Zyl (Commentary)

Johannesburg - The 1999-2000 Budget maintains Government's commitment to tight fiscal discipline. Unfortunately, the minimal resources available for distribution are disproportionately skewed to wooing the private sector instead of alleviating poverty.

This is not a poverty budget - it is, in the first instance, an investment budget. The Budget makes provision for R1,1 billion in poverty relief, an increase over the R850 million allocated last year. The fact that this increase has been targeted at poverty and employment-sensitive allocations, such as Public Works and Water affairs, will assist with short-term poverty relief.

Furthermore, the significant nominal increase in health spending is pro-poor to the extent that there are increases allocated for immunisation and HIV-Aids programmes.

However, for several reasons we feel that the poor will not benefit significantly from the Budget as was claimed by Finance Minister Trevor Manuel. We are aware of and accept the tight fiscal constraints but this requires that every effort be made to maximise available resources towards spending on the poor.

The Institute for Democracy in South Africa's (Idasa) analysis suggests that over the next year, spending on social services in provinces will continue to be cut in the face of stagnant provincial allocations and rising unplanned personnel costs.

Manuel claimed that social expenditures have been maintained despite fiscal constraints. This may be true in global terms, but it ignores the current trend of decreasing spending on school textbooks, stationery and medical supplies.

Even though provinces have largely met their deficit requirements (and even posted a surplus), the real overall transfers to provinces have decreased, while personnel expenditures will consume opportunities for reprioritisation.

Growing personnel expenditure in largely stagnant provincial budgets have been financed by decreases in spending on school textbooks, stationery, medical supplies and capital spending in social services.

It may be claimed that efficiency gains will offset real declines in provincial allocations. However, if current trends continue, efficiency gains are likely to be absorbed by personnel expenditure.

Our argument hinges on the unrealistic plans for Government personnel expenditure in the Budget. Personnel expenditure will create the greatest pressure on social services over the next year.

Over the Medium Term Expenditure Framework (MTEF) period (from now until the 2001-02 financial year), the Government relies on the decline of personnel spending to allow for reprioritisation within the Budget. This can only occur in two ways. Either civil servant salaries will decline in real terms or a large number will be retrenched.

At present Government does not have the instruments necessary to retrench civil servants. Negotiations are being conducted with civil service unions, but even in the most optimistic scenario, savings from retrenchments are unlikely to impact on the size of the wage bill before 2000-01.

Public sector wage decreases are even more unlikely. Increased personnel expenditure is thus likely to continue pressurising spending on services important to the poor.

Of further concern, and somewhat obscured by Wednesday's Budget, is the fact that the crowding out of social expenditures is likely to increase in the next two financial years (2000-01 and 2001-02).

The reason for this is that the brunt of lower Gross Domestic Product growth in 1997 and 1998 has been distributed predominantly in the outer years of the MTEF.

If we maintain the current deficit targets, there will be R5 billion less available for non-interest expenditure in the next two financial years than was anticipated at the launch of the MTEF in 1997-8. Reduced growth, but retained deficit targets, imply reduced social expenditures. The trends in provincial allocations and taxation confirm the above argument that this Budget will not provide significant relief for the poor.

While the Budget does provide for greater equalisation of revenue allocations between provinces, this equalisation is unlikely to lead to greater equalisation in per capita social service provision between provinces.

This is because the overall allocation to provinces is decreasing in per capita terms. Thus, for example, Eastern Cape will receive the second highest per capita allocation by the year 2002; but its real per capita allocation will be lower than in 1997-8.

Further, the scale of backlogs in the weakest provinces and commitments to personnel expenditure will crowd out reprioritisation within provinces.

Taxation benefits were distributed carefully to all income-earning segments of the population, but skewed towards the private sector.

Income tax rates for high-income earners stayed constant, while there is a decrease in the effective corporate tax rates from 35 percent to 30 percent.

High earners also benefited from the minister's reluctance to introduce capital gains taxes or changes to estate duty, let alone a tightening of fringe benefit taxes.

The reduction in income tax rates provides modest relief to lower-middle and middle-income workers, particularly those earning between R40 000 and R50 000 a year.

Two other factors weigh against effective poverty relief in the Budget. The decrease in the housing budget (5,8 percent in nominal terms) is unfortunate given Government indications that this is precisely the moment when labour-intensive house building is coming on stream. The decrease in allocations to the recently formed Policy Coordination Unit in the Deputy President's office is also alarming.

The likely impact is to erode the opportunity created to coordinate poverty and employment expenditures for maximum impact (for which this unit was created).

(It is worth noting that the Youth Commission, for example, receives double the allocation to the Policy Coordination Unit.) It also decreases the Presidency's capacity to monitor the impact of the Government budget on the poor, preventing future refinements in targeting.

It is clear that the Government has not been able to adhere to the restrictive targets set in the Growth, Employment and Redistribution programme, particularly those relating to growth and employment. It has not been able to meet many of the social targets set in the Reconstruction and Development Programme. It is time to be honest and to formulate a new fiscal and social agenda that has the commitment of the entire nation.

Idasa calls for a national conference to establish a realistic medium-term timetable for macro-economic policy and poverty alleviation. This process should end with a new set of targets linked to a set of poverty outcomes.

Indian Delegation Visits Uganda Over HIV/Aids

February 17, 1999

Kampala - An Indian delegation is in the country to study how Uganda has managed to reduce the rate of HIV infection. The delegation, led by the minister of health in the Indian state of Andhra Pradesh, Janardhan Reddy, includes 12 health professionals researching on Aids in India.

They want to learn from their Uganda counterparts. The Uganda Aids Commission Researcher, Prof. John Rwomushana, said Uganda has reduced the infection rate due to multi-sectoral approach.

"We have encouraged social, medical, religious, cultural and political interventions to reduce the infection rate," he said. He said researchers were able to commit the politicians to turn the Aids programme into a government policy and enabled Ugandans be sensitised.

The Indian high Commissioner, Mr. B. S. Prakash, said Uganda t is in consultation with their Indian counterparts to facilitate cooperation within the health sector.

He said Uganda imports 70% of her drugs from India. The team includes Prof. Hira Subhash.

S.African health minister slams AIDS researchers

By Jeremy Lovell

CAPE TOWN (Reuters) - Medical researchers seeking an AIDS vaccine came under fire Monday from South African Health Minister Nkosazana Zuma for ignoring the region where the disease is most prevalent.

``About 70 percent of the cases of AIDS in the world are in sub-Saharan Africa, but world research into a vaccine is not into the type of virus found in sub-Saharan Africa,'' she said.

The United Nations has identified Africa, and particularly South Africa, as being among the most at risk from the AIDS plague that is sweeping the planet.

More than 3 million of South Africa's 40 million inhabitants are already infected with HIV, the virus which causes AIDS. The figure is rising at a rate of 1,500 a day.

Zuma said that in South Africa's eastern province of KwaZulu-Natal one in three pregnant women attending ante-natal clinics were HIV carriers.

Zuma told a media briefing that fighting AIDS would remain a South African government priority into the new millennium.

``We have achieved a lot, but we have not achieved enough. A lot more needs to be done,'' she said.

An insurance actuary recently warned that one quarter of the South African population could become infected by the year 2010, with potentially catastrophic consequences for business.

Zuma defended her decision not to offer costly AZT treatment to pregnant women, noting that only 30 percent of women passed on the HIV infection through the womb, and AZT would only reduce that by half.

``We have to prioritize, to look at where the best return is, and that lies in prevention,'' she said.

She said her department had made great strides in starting to attack the AIDS epidemic, which was not even officially recognized as a problem under the apartheid era governments.

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AIDS plays havoc with life expectancy figures

February 17, 1999
By Bhungani ka Mzolo, Health Reporter

Johannesburg - South Africans face a drastic reduction in life expectancy of nearly 30 percent in the next 10 years if the rate of HIV infection does not slow down.

Head of the HIV and Aids research unit at the University of Natal in Durban, Professor Alan Whiteside, said the projected life expectancy without Aids for 1998 was 65,4 years, but was now 55,7 years. Whiteside said this figure would change dramatically in 2010, when the projected life expectancy would be only 48 years old.

"Both these figures are based on the model of life as used by the US Bureau of Censors," he said.

Whiteside said the decline in life expectancy could change if the rate of infection was slowed. It is estimated that 1 500 people are infected with the Aids virus daily in South Africa.

HIV Management Services projects infection in the year 2000 at over four million and approaching six million by 2005. Prominent specialist Dr Neil McKerrow of Greys Hospital in KwaZulu-Natal put life expectancy figures at between 35 and 40 years old by 2010.

"Unless people begin taking preventive measures sensibly, such as having monogamous relationships, using condoms and treating sexually transmitted diseases, this is likely to remain unchanged," he said.

The Medical Research Council (MRC) said that the effectiveness of both male and female condoms was compromised by how the people used them. Neetha Morar of the MRC said research showed that both the male and female condom provided substantial protection against STDs and HIV if used consistently.

"Sometimes people use the male condom when they are under the influence of alcohol and sometimes they tear it up," she said Morar said studies were still being conducted by the medical fraternity on the female condom as to its durability, hence its relative scarcity compared with the male condom.

Botswana Army given priority over AIDS

February 12, 1999

Gaborone - Successive development budgets have over the years failed to reflect health as a priority. The budget, presented to parliament on Monday by the Minister of Finance and Development Planning, Ponatshego Kedikilwe is no exception.

While the country faces what could be one of its worst health crisis ever - the HIV/AIDS scourge - the budget allocation for the Ministry of Health continues to be one of the lowest. Although both the President, Festus Mogae and his deputy, Ian Khama, are on record acknowledging that the HIV/AIDS crisis poses a major threat to the country, the budget allocation to the ministry has not significantly increased to reflect the urgency of the attention to the problem.

With more than 25 percent of the sexually active and, incidentally, economically productive age group infected by HIV/AIDS virus, a war could have arrived. The Ministry of Health has been lumped together with Ministries of Labour and Home Affairs, Agriculture, Commerce and Industry, Foreign Affairs, Administration of Justice and Parliament to share P481 million representing 13 per cent of the total development budget.

While this is case, the Office of the President has been allocated P491 million, 61 percent (P 299 million) of which goes to Botswana Defence Force.

Zuma Leaps Up ANC's Rankings

February 15, 1999
By Farouk Chothia

Cape Town - Health Minister Nkosazana Zuma was third on the national election list of the African National Congress, with only party president Thabo Mbeki and deputy president Jacob Zuma outranking her, ANC sources said yesterday.

This was seen as a clear indication that her credibility within the ANC was at its best yet, with the party hierarchy standing behind her in her battles against the tobacco and pharmaceutical industries.

There was speculation in some quarters of the ANC yesterday that Mbeki might appoint her deputy president, ahead of Jacob Zuma and Inkatha Freedom Party (IFP) leader Mangosuthu Buthelezi. ANC chief spokesman Smuts Ngonyama said Mbeki was first on the list and that Nkosazana Zuma and Jacob Zuma were high on the list.

Other leaders who featured prominently were Water Affairs Minister Kader Asmal and ANC national chairman Patrick Lekota. Ngonyama said the ANC placed leaders who would "add value" to government on the list, and had looked at their capabilities and discipline.

The ANC also took into account the need for provincial, racial and gender representation when drafting the list. The strong representation of women on the list was one of the things to "celebrate", Ngonyama said.

Other women who featured prominently were speaker Frene Ginwala, her deputy Baleka Mbete-Kgositsile, Welfare Minister Geraldine Fraser-Moleketi, Deputy Arts and Culture Minister Bridgitte Mabandla, and ANC Women's League president Winnie Madikizela-Mandela. One ANC source said the list was "extremely well balanced" in every respect.

"If you think that Africanism is running rampant in the ANC, there is no indication of it on the list. Non-Africans are well represented," the source said.

He said members of the SA Communist Party and Congress of SA Trade Unions (Cosatu) were also well represented on the list. A Cosatu source said the federation was expecting its president, John Gomomo, first vice-president Connie September and general secretary Mbhazima Shilowa to be on the list.

The national list, along with the nine provincial lists, was drafted at a meeting of the ANC's national executive committee in Johannesburg at the weekend. Ngonyama said the process had gone smoothly, and the committee ended its meeting before schedule.

If changes to the lists were to be made, they would be minor. The lists were to be released at a media briefing scheduled for today.

Ngonyama said no decision was taken on the candidates for provincial premiership; the ANC's deployment committee, led by Jacob Zuma, would make recommendations on premier candidates. The premier candidates would "in the main" be chosen from provincial lists.

However, if there was a strong feeling that any leader placed on the national list should be a premier candidate he would be switched to the provincial list. The Sunday Times reported yesterday that Free State premier Ivy Matsepe-Casaburri had been placed on the national list.

The six other ANC premiers had been kept on provincial lists. However, Mpumalanga premier Mathews Phosa would retain his post only if he was cleared by an investigation into power struggles and corruption.

An ANC source said he understood that Education Minister Sibusiso Bengu had been placed on the national list to serve as an ordinary MP. Bengu, Defence Minister Joe Modise and Transport Minister Mac Maharaj said last year they were unavailable to serve in the cabinet for a second term.

Modise was expected to concentrate on party work at the ANC's head office.

South Africa's Budget Day (Editorial)

February 16, 1999

Johannesburg - Increasingly Budget Day has become an occasion on which the Government is expected to detail the economic dimension of its political programme. And in the South African context that relates to the reconstruction and development of the country. Tomorrow will be no different.

Once again, therefore, the Budget will be used to measure the depth of the Government's often repeated commitment to a pro-poor development agenda. On the expenditure side, there will be an expectation that Finance Minister Trevor Manuel, despite difficult economic conditions, will not cut back on social welfare spending.

On the revenue side, Manuel has also suggested the Government will lean towards the poor. And that can only be interpreted as a suggestion that poor people ought to be in line for some form of tax relief. There is certainly room for that when one considers his revenue targets in the 1998-99 budget were exceeded by an encouraging margin.

In any case, Manuel will have to begin demonstrating a willingness to redress the disproportionately high tax burden being borne by individuals as opposed to the corporate sector. He must begin to show some sensitivity to the fact that individuals currently contribute about 41 percent of total tax revenue as opposed to the 15 percent companies currently account for.

Obviously it will not be easy, given that he cannot risk damaging investor confidence and precipitate capital flight. It will, however, test Manuel's creative acumen in balancing the needs of the poor with the imperative to maintain economic growth. Voters will in any case at the very least be wanting to know if the Government, as a matter of policy, intends correcting the imbalance or leaving it as it is.

Voters will also be looking to see what the Government intends doing about high interest rates. Last week, President Mandela, in his opening address to parliament, suggested that the high cost of money was clearly untenable.

Manuel has an opportunity to tell taxpayers how he intends acting on the president's concerns.

The report that officials working in the criminal justice system in the townships are harassed daily should induce all those who care about law and order with horror.

Society is quick to criticise the police and the courts when criminals go free. The other side of the coin, as we reported in yesterdays' newspaper, where criminals act with impunity in derailing the cause of justice, needs just as much condemnation.

It is also revealing that the incidents quoted in our story happen only in the townships. It is our feeling that the harassment of judicial officers is only a symptom of a larger problem of a breakdown of order in the townships. Some township schools are still not fully operational and healthcare officials have complained of harassment at places such as Chris Hani-Baragwanath Hospital.

Township residents, in particular, have shown great resilience in overcoming the worst that apartheid threw at them. It is this spirit that is needed to fight the new scourge that is threatening our new found democracy.

Gore-Mbeki Talks To Focus On New Direction Of US-SA Binational Body

February 15, 1999
By Clive Sawyer

Cape Town - Much rides this week on the rapport between Thabo Mbeki and Al Gore setting a course for continuing improvements in relations between South Africa and the United States.

The two deputy heads of state are due to sit down in Cape Town for a full-scale plenary session of the US-SA binational commission, a body which has won kudos for the steady, if not spectacular, way it has shaped relations between this country and the world's sole superpower.

It has not been plain sailing.

Insiders speak of the special bond between US President Bill Clinton and President Mandela, and of the Trans-Atlantic telephone calls as the leader of the free world seeks counsel from one of the millennium's moral icons.

That bond has been important, even in the most difficult times when Mr. Clinton and Mr. Mandela have exchanged harsh messages.

It should not be forgotten that even as the US was spelling out in 1994 the aid it would give to a newly-democratic South Africa, the two countries were enmeshed in a bitter and costly court case dating from 1991 over violations by SA arms companies of Americans sanctions laws.

Reportedly, when Mr. Mandela attempted to raise the issue with Mr. Clinton during a visit to Washington, the US president referred him to the Justice Department in a clear signal the White House would not intervene.

But a deal was eventually reached on the South African firms pleading no contest in exchange for a fine much reduced from that originally sought by the Americans, and it is understood that discussions between Mr. Mbeki and Mr. Gore played a part in the settlement.

A particularly prickly controversy erupted in early 1997 about a planned arms deal between South Africa and Syria involving the supply of tank gun sights.

US law labels Syria as a state sponsoring international terrorism and compels America to break off aid to any third party country which involves itself in arms deals with it.

Settlement was eventually reached on this issue as well, to be followed by another foreign policy row over a visit by Mr. Mandela to Libya.

Mr. Clinton's White House pronounced itself "disappointed" about Mr. Mandela supping with one of its most avowed foes, drawing a blistering response from Mr. Mandela that he would not be dictated to about who he could visit.

If conservative detractors of post-1994 South African foreign policy deride the Government's fondness for Fidel Castro's Cuba as a prolonged blunder, the US was left red-faced by a blunder of its own in 1997 when it was revealed that the Federal Bureau of Investigation had appropriated Deputy Defence Minister Ronnie Kasril's name without his consent in a spy-baiting ruse.

And, not dissimilarly to any other country, the trade imbalance between the US and South Africa is a sensitive issue.

But it is the sober and considered tone lent by the personal styles of Mr. Gore and Mr. Mbeki to the binational commission which have made the difference and enabled it to bear fruit in a way which is consistent if not often visible.

One of the first major tasks of the commission was to help allocate the more than R2,6-billion development aid promised by the US in 1994.

Subsequent plenaries, and committees chaired by counterparts at Cabinet level, have produced over the years a series of agreements against double taxation, on co-operation against drug trafficking, trade and investment, energy conservation, civil aviation and education.

Other significant benefits have included roads in rural areas and a telecommunications deal.

Operating as it does, mainly in the sphere of achieving understanding on trade issues, the produce of the commission is hard to quantify in hard dollars.

In foreign policy, its impact is difficult to assess, and its mettle will be tested in continuing discussions among defence supremos about the US-backed proposal for an African peacekeeping force.

This week's summit was preceded by a statement from Mr. Gore's office committing the meeting to identifying US expertise which could assist development in South Africa, and expanding the involvement of private investors and non-government organisations in improving ties between the two countries.

Apart from defence secretary William Cohen, already in the country, Mr. Gore will be accompanied by energy secretary Bill Richardson, commerce secretary William Daley and health secretary Donna Shalala, each of whom will take part in closed sessions with their South African counterparts.

In related discussions, more than 100 US and South African business people will hold discussions on expanding American participation in this country's economy.

The relevance of these discussions is that while more than 200 US companies have direct investments in South Africa, American observers are closely monitoring levels of South African domestic investment as a key indicator of the country's prospects.

In American parlance, the $64-million question is about the future of the commission itself.

With Mr. Mbeki reasonably certain to become head of state, and Mr. Gore setting his cap towards the US presidency, a major issue for discussion will be the future form of the commission and who its co-pilots will be.

US still South Africa's biggest investor

February 15, 1999
By Jackie Davies of AENS

Washington - As US Vice-President Al Gore prepares for his SA visit this week, newly released figures show that the US is still by far SA's largest foreign investor. US investment in the SA private sector last year was $540m, nearly a quarter of the $2,2bn in direct foreign investment, according to a survey of 1750 multinational companies by the Investor Responsibility Research Centre in Washington, DC.

Direct foreign investment in SA's private sector last year showed an increase of 32% on the 1997 figure. Total foreign investment, including that in privatisations, declined last year to $2,2bn from $2,8bn; the 1997 figure was inflated by the partial sale of Telkom.

While the latest figures confirm the US position as number one foreign investor, they also show that US investment is not increasing as rapidly as US and SA government officials would have liked after nearly four years of Binational Commission activity. The commission's trade and investment subcommittee is the most high-profile and active of all its committees.

At this week's meeting, the presence of US trade representative Charlene Barshefsky as co-chair is intended to signal US commitment to improving investment and trade with SA. Barshefsky is expected to sign a trade and investment framework agreement (TIFA), which is expected to be a precursor to a free-trade agreement.

This and other US free-trade initiatives present SA with a dilemma. To nurture new US investment, SA is being asked to open its markets even further to US imports.

However, these imports are blamed for the loss of an estimated 100000 jobs a year in SA. On the other hand, as SA's primary trading partner, the US can have an effect on the strength of the economy.

US companies are believed to provide 86000 jobs in SA and increased investment is urgently required to ensure more jobs and more foreign currency. By signing the TIFA agreement, SA will appear likely to move towards accepting a free-trade relationship, hoping that the benefits will outweigh the disadvantages.

The new figures on foreign investment in SA show a weakening in the level of Asian investment in SA last year in the wake of the Asian

economic crisis. Malaysia, which was the top investor in South Africa in 1996, slipped to sixth place in 1998.

Britain is now SA's second largest foreign investor, with $517m last year, which is more than three times its 1997 total. Billiton's demerger from Gencor, and its subsequent move to London, produced investment benefits for SA and helped to boost investor totals.

France's investment in SA increased to $256m, ranking that country third overall. Almost all of France's investment was accounted for by LaFarge's $255m purchase of SA cement company Blue Circle from Murray & Roberts.

Two newcomers to the top five in the past year were Switzerland and Italy, with totals of $253m and $238m respectively. SA's manufacturing sector gained the most investment, edging above $1bn for the fourth consecutive year.

The metal subsector showed the most dramatic increase, attracting $230m more in new investment last year than it did in 1997.

Even without deals on the scale of the massive Telkom selloff in 1997, investment in the communications, transport and energy sector remained high last year, at more than $566m. Investments in distribution and retail facilities fell by 81% to $57m last year, which was a four-year low.

Investments in the finance, insurance and real estate sector also decreased last year. There was a decline in the number of foreign property development investments, and a decrease in the number of foreign firms setting up branch operations and brokerage facilities in SA last year.

Meanwhile, investment in service operations rebounded to 1996 levels of about $27m, mostly in the business-services segment. Foreign companies continued to overlook agriculture and construction last year, but the mining sector saw a turnaround, rising from $28m in 1997 to $476m.

World Bank Wants Governments To Prioritise AIDS

February 12, 1999

HAGUE, Netherlands (PANA) - Governments of developing nations may find it easier to attract funds from the World Bank if they pay more attention to HIV/AIDS control programmes, according to the bank's latest report titled "Confronting AIDS."

The Bank says in the report that the enormous potential of HIV/AIDS to impact on both economic and social development of countries reveals how gains made on a national scale in health status, education, life expectancy and infant mortality are being reversed and productivity and investments are likely to suffer.

The report says the bank has already committed over 800,000 million US dollars to more than 70 projects aimed at preventing and controlling the pandemic, mainly in Africa, Asia, Latin America and the Caribbean.

Though currently the highest concentration of those infected is in Africa, the bank says the greatest epidemics will now occur in China, India and Indonesia.

UNAIDS and the World Bank predict the worst is yet to come, pointing out that since HIV infections take about nine years to develop into full blown AIDS, many of the developing nations are harbouring time bombs.

"The question is, will this pandemic destroy the developing nations hard earned economic gains or will governments get their act together in time," the report asks.

Accelerated labour migration, rapid urbanisation and cultural modernisation that often accompany economic growth are seen as facilitating the spread of HIV.

At the 1998 12th World AIDS conference in Geneva, the World Bank vice president for Africa, Callisto Madavo, said the bank, along with UNAIDS and other partners, is adopting a new strategy to help governments support top-level commitments to AIDS.

War, AIDS Cited As Major Drawback To Development In SADC

February 13, 1999
Mildred MUlenga, PANA Correspondent

LUSAKA, Zambia (PANA) - The civil wars ranging in Angola and the Democratic Republic of Congo that have drawn in several other Southern African Development Community (SADC) member states have been singled as main threats to human development in the region.

A 1998 Sadc Regional Human Development Report launched in Lusaka Friday night also mentioned the high prevalence of HIV/AIDS and the economic problems as the other impediments to human development.

The report titled "Human Development and Governance in a Region in Transition" said that the post-election conflict in Lesotho and the ensuing wars in Angola and the DRC clearly showed that war constitutes a major drawback to human development and good governance in Sadc.

In Lesotho, the document said, the recent conflict erased that country's record of achievement in human development and good governance. It estimated that it would take Lesotho at least ten years to get back to where it was in human development and governance.

Military expenditure diverted a lot of resources from human development in 1998 in the Sadc region, where at least 50 percent of the member states were directly involved in war or conflict situations.

Four Sadc countries, Angola, Namibia, Zimbabwe and the DRC itself were involved in the internal war in DRC. Botswana, South Africa and Lesotho were involved in the post-election conflict in Lesotho.

Their scarce resources were diverted from education, health and other social development programmes to military hardware. The report charged that during the war situation, democractic principles are trampled upon by both the army and the government on the pretext of national security.

"Sadc should therefore re-double its effort to restore peace in the region and develop a culture of conflict resolution through peaceful means," the report said.

Besides conflict, the report also mentioned HIV/AIDS as a leading killer disease in the SADC, with Zimbabwe, Botswana and Namibia having the highest adult HIV/AIDS prevalence rates in the sub-region.

It said the impact of HIV/AIDS had began to be felt through the decline in the life expectancy by as much as ten years in some countries.

Zambia for instance, is shown to have experienced a drop in life expectancy from 54 years in 1990 to 43 years in 1995. "This has had a negative impact on that country's Human Development Index."

It said much more effort was required to confront and reverse the prevalence of HIV/AIDS bilaterally and collectively.

On the economic front, the report noted that in spite of the positive investment and continued efforts by governments to improve their human development performance, in 1995 only 64 percent of Sadc countries had Human Development Index (HDI) above 0.5.

These were Seychelles, Mauritius, South Africa, Swaziland, Namibia, Zimbabwe, Botswana, Lesotho and Angola. The rest, among which are some of the poorest countries in the world had some of the lowest HDIs globally.

The report noted that on average, some 30 percent of the Sadc population live in abject poverty with 30-40 percent of the labour force either completely unemployed or struggling within the drought-prone subsistence agriculture.

Mauritius, Botswana, Seychelles and Namibia have been cited as Sadc countries far ahead in their human development and democratic development record. Others such as Angola, DRC, Mozambique, Malawi and Zambia lagged far behind in human development and good governance performance.

The report was launched Friday by South African Foreign Affairs minister Alfred Nzo who is also Chairman of the Sadc Council of miniters at the end of the 1999 Sadc Consultative conference in Lusaka.

The 14 Sadc member states are: Angola, Botswana, Democratic Republic of Congo, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.

Multi-Billion Rand Corridor Great For Men, Poor For Women

February 14, 1999

Nelspruit - Mamazane Matsemela heads one of the largest women s groups in the country, but has failed to win a single contract on the R12 billion Maputo Development Corridor, and not for lack of trying.

The majority of the tenders to build the toll route on the N4 highway between Witbank in Mpumalanga and Maputo City in Mozambique have been awarded to male-managed business, whether big or small.

Just one woman-owned company has been granted a contract, while others, like Matsemela's Yinhlelento Social Club, find repeated attempts at tendering for projects being turned down.

"We were told we were too expensive, but how can we compete with larger outfits who can charge just a few cents less than us," asks Matsemela whose club, which is based in Mpumalanga, has about 5 000 members in 42 branches across three provinces.

Last year, the province s premier, Mathews Phosa, acknowledged that women may still be undermined during development and challenged the Commission on Gender Equality to gauge the empowerment of black women along the corridor.

The corridor is one of eight spatial development initiatives (SDIs) in the country that are aimed at upgrading infrastructure and encouraging investment in neglected areas.

The Commission launched the Gender Analysis of the MDC last week, a survey of the benefits of the corridor for women on the South African side of the border.

"Just driving down here we counted only one woman working during road works along the highway," said chief executive officer of the Commission, Colleen Lowe-Morna.

She said there was also evidence that women who responded to the increase in traffic on the highway by setting up fruit stalls, were often forced to move by town councils.

"Sadly, the only industry that appears to be working for women is sex work that has sprung up along the highway, which is unfortunately accompanied by the increase in HIV and AIDS," she said.

The R95 000 contract for the survey has been awarded to the women-led Limani Consortium who will interview decision-makers, non-governmental organisations and women, especially those who weren't awarded contracts.

"We want to know what the constraints were so we can make recommendations to maximise women participation in the corridor and future projects," explained Tina James of Limani Consortium.

Commissioner, Beatrice Ngcobo, warned, however, that when women are awarded contracts, they seldom get support from the rest of the business world.

"Financial institutions are still hesitant to extend significant credit to companies owned by women, while many legal frameworks still require that a woman s husband co-signs legal documents," she explained.

Suppliers are also less likely to supply goods on credit to a company owned by a woman than a company owned by a man.

The survey is expected to be completed by the end of March, upon which it will be handed to the Commission who will make recommendations to parliament and continually monitor the progress of women empowerment along the corridor, as well as in other projects.

"The survey is not unique to the Maputo Corridor and we'll use it as a case study of other SDIs," explained Lowe-Morna.

Women's groups in neighbouring Mozambique have also shown interest in the findings of the survey.

"We hope it will help with the economic empowerment of women there too," said Lowe-Morna.

Zambia Views Zimbabwean Film On AIDS-Orphaned Children

February 10, 1999

LUSAKA, Zambia (PANA) - Zambia is using a Zimbabwean made film on AIDS to raise public awareness about the plight of orphans whose parents die of the incurable disease.

The film, entitled "Everyone's Child", was developed by the Zimbabwean Media for Development Trust with a view to help develop sustainable community based care of AIDS orphans in particular and HIV/AIDS victims generally. It tells the story of two children who are obliged to assume responsibilities of adulthood after the death of both their parents from AIDS.

Peter Sinyangwe of the Family Health Trust Zambian anti-aids NGO, which is coordinating distribution of the film in Zambia, told PANA Wednesday that its screening would be helpful as AIDS-orphaned children faced similar situations in Zambia and other African countries, which needed immediate redress.

"We intend that this film be seen by as many Zambians as possible to help change public attitudes towards AIDS orphans," said Sinyangwe.

The film portrays various aspects, including property grabbing and negligency of the orphans by the immediate members of the family and neighbours once their parents die of AIDS. It also depicts the desperation of the two older children of the four orphans left behind by parents who succumbed to AIDS.

One of the characters is forced to be a street kid in Harare while the girl is forced to indulge in prostitution at the risk of contracting HIV, which causes AIDS.

The climax of the story occurs when one of the younger children is burnt to death in the house after mishandling fire. This awakens the community to take note and start to care for the remaining orphans.

The Family Health Trust, which acquired the film from Zimbabwe, has described the work as a story of "love and triumph of the human spirit in the face of tragedy."

The Trust said the film has the potential of changing attitudes for the better among the African public in the wake of the increasing numbers of aids orphans in the region.

Zambian anti-AIDS activists, including the ministry of health, estimate that the country could have as many as 600,000 AIDS orphans by the year 2000.

Sinyangwe said Wednesday that the message contained in "Everyone's Child" is also intended to make the public more aware of their responsibility to meet the various needs of the AIDS orphaned population now and in the future. These include shelter, food, clothing, education, clean water, affection and love.

Zambian sociologists have of late reported of a dramatic increase in child-headed households, particularly in the urban areas where the traditional bonds of the "extended family" seem to be fast loosening.

Under traditional Zambian and African society, orphaned children become automatic responsibility of the surviving relatives of both parents or are expected to be adopted by non relatives where no immediate blood relations exist.

Political Clash Looming Between Harare And Pretoria

February 14, 1999
By Staff Writer

Harare - A political clash could take place between Harare and Pretoria following the recent agreement between the South African government and the United States, in which the latter will assist in the southern African region's peacekeeping exercise.

Mugabe, known for his hard-line stance on the region's organ on security, which he chairs, was unlikely to succumb to the new initiative championed by Mandela's defence minister, Joe Modise, political analysts said yesterday. Reports from South Africa indicate that the US has agreed to assist in the Southern African Development Community peacekeeping exercise, with the US already making an undertaking to transport military personnel from the region's cash-strapped countries to participate in the Operation Blue Crane peacekeeping exercise.

Operation Blue Crane is scheduled to take place in April, in South Africa's Northern Cape province. Speaking after discussions with the United States defence secretary, William Cohen, who was on a three-day official visit to South Africa, the South African defence minister said the two had had extensive discussions regarding the continent's peacekeeping force.

But Modise was quick to point out that his country was operating within the Southern African Development Community, and not in isolation. The two were presented with two draft manuals produced by the US and the South African working group on environmental security.

According to reports, the manuals that deal with the conversion of South African military bases and military training-range management, would be finalised for worldwide use. Contacted for comment on Friday, an official in the South African High Commission in Harare said the details of the discussions between Modise and Cohen were not yet available and that the draft manuals produced by the two countries had not yet been made available to the commission.

Corruption and torture in Mugabe's Zimbabwe

By Robert I. Rotberg, 02/14/99

President Robert Mugabe of Zimbabwe says it is permissible in his democracy to arrest and torture journalists, ban unions, and force critical jurists to resign. He also sends troops to Congo without parliamentary approval, thumbing his nose at brave critics at home and horrified African and world leaders. It is not clear what his opponents, Washington, London, or Pretoria can do to restore reason.

Meanwhile, Zimbabwe's debilitating economic crisis worsens by the day. Last week in Harare, the capital, and in other cities, Africans rioted for food. The maize meal that every Zimbabwean eats every day has been unobtainable since the first of the month. Inflation is galloping ahead at 60 percent a year; the country's currency has depreciated against the US dollar by 100 percent in a year. Bus fares have increased 60 percent. Unemployment is over 50 percent, and economic growth was below 2 percent per year in 1998. The telephone system breaks down. There are electricity shortages. The medical system has collapsed, and hospitals are without essential supplies. Late last year, Harare could not afford a critical water pump and much of the sprawling municipality was without water.

The war in Congo has been costing near-bankrupt Zimbabwe about $5 million a week since October. Mugabe and his government ministers are continually abroad, at conferences and workshops, or, in the president's case, purchasing houses and furniture. Last week he was in Jamaica for a conference, fiddling while Rome burns at home.

Allegations of corruption are commonplace. The president's nephew has obtained a number of major construction contracts. Relatives of Cabinet ministers also do well. A Zimbabwean is running several key mines in Congo, possibly in exchange for the troops that are assisting President Laurent Kabila's battle against Rwandan-backed rebels. The mayor of Harare is building a $3 million official house for himself when there are opulent houses on the local market for a sixth of that sum.

Zimbabwe has a captive daily press owned by the government. Television and radio is also government owned. But there are four brave independent weekly newspapers in Harare. In January, the independent Sunday Standard reported that there had been an aborted military coup against Mugabe's government. This echoed reports of military mutinies by Zimbabwean troops in Congo in December.

The army grabbed Mark Chavunduka, the Standard's editor, and Ray Choto, a journalist, for interrogation. They were then brutally tortured by military intelligence, possibly with the assistance of Mugabe's much-feared Central Intelligence Organization. Zimbabwe's judges ordered the release of the two journalist, but to no avail. When they were finally dumped back in Harare after several days of electric shocks, near-drowning, and multiple beatings, they were in very poor shape (as attested by two African medical specialists). Minister of Defense Moven Mahachi said

they could not have been tortured; they must have "scratched" themselves.

White and black Zimbabwean professionals marched on Parliament and were tear-gassed and threatened. Students have also marched and battled with police. The mood in Harare is ugly. Three judges of the Supreme Court, one white and two black, protested directly to Mugabe, requesting that he affirm the rule of law and speak out against torture of innocent persons.

Mugabe's answer, last week, was a tirade against the judges, journalists who "think they can tell lies," and foreign "spies" who must be behind Zimbabwe's problems. If the journalists had not acted "dishonestly," Mugabe told the nation in a broadcast, they would not have been tortured. He said that the journalists had "forfeited the right to legal protection." He told the judges who had complained that they were being impertinent and impudent and invited them to resign and enter the political arena. Mugabe further blamed his country's problems on "insidious attempts by British agents planted or recruited in Zimbabwe." Those agents were sowing discord.

Last week, after the president's tough speech, four more journalists were arrested, two for days. They included the editor and several writers for the Mirror. Their crime was reporting in October that the head only of a dead Zimbabwean soldier from Congo had been sent back to next-of-kin and that his body was still missing. The government later denied the story. But why the men were arrested this month is a mystery, except for the obvious continued intimidation of the press.

The International Monetary Fund is considering a support payment to Zimbabwe of $53 million. Presumably that grant is in jeopardy, but the IMF also fears weak countries like Zimbabwe reneging on their debts and plunging more deeply into financial hardship. Washington is urging the IMF to focus on Zimbabwe's human rights deficiencies. London, with Mugabe's allegations ringing in its ears, presumably wonders how to exert itself. Pretoria, disgusted by Mugabe's actions, wishes it could intervene directly.

Zimbabwe's next parliamentary election is in 2000, and there is a presidential election in 2002. University students do not want to wait that long. Other Zimbabwens may soon join them.

Robert I. Rotberg is teaches at the Kennedy School of Government and is president of the World Peace Foundation in Cambridge.

This story ran on page D07 of the Boston Globe on 02/14/99.

Galz Calls Banana A Hypocrite

February 14, 1999
By Staff Writer

Harare - The Gays and Lesbians Association of Zimbabwe (Galz) has called the former president of Zimbabwe, Reverend Canaan Banana, a hypocrite and a sell-out for lashing out at homosexuality. Rev Banana recently described the practice as "deviant, abominable and wrong according to the scriptures and according to Zimbabwean culture".

Banana has categorically denied participating in any homosexual activities, even though he was convicted of 11 counts of sodomy and indecent assault. Keith Goddard, programme director of Galz, in a lengthy letter written to Banana and copied to The Standard, said that the gay community had for a long time known of Banana's homosexuality, but because of their policy of confidentiality and in respect his safety, they had not exposed him.

"We have consistently maintained a policy never to out people, believing this to be highly dangerous in a homophobic climate which borders on hysteria," said Goddard.

Banana's homosexuality had been rumoured in Zimbabwe for a long time, but it took the shooting to death of a police officer-after he had called his senior "Banana's wife"-for it to surface. Jefta Dube, who was Banana's aide-de-camp, shot dead a colleague who had accused him of having a sexual relation with Banana.

In the scathing letter to Banana, Goddard said Banana ought to be ashamed of himself. "As an African leader and a man of the cloth, you are expected to act with integrity. As a former leader of this country we expect better of you. It is one thing for you to remain silent or neutral about homosexuality; it is quite another for you to castigate us when you have been convicted of engaging in homosexual activities yourself."

"To describe your own kind as deviant and abominable is to define yourself as a sell-out." Goddard said Banana's claim that homosexuality was deviant and alien to African culture was nonsense. "Deviant behaviour is that which harms others: abuse of power, assault, pedophilia, and rape are wrong because they hurt people.

Why should a consensual sexual relationship between two people of the same sex be abominable when it is fulfilling and socially constructive? "To say that homosexuality is un-African is absurd. Same-sex activity is known to exist in one form or another in at least 55 African cultures.

It is homophobia (hate of homosexuals) that has been imported from the West and not homosexuality." In Zimbabwe, homosexuality is illegal and often prejudiced. President Mugabe is well known for his anti-homosexual stance, branding those who practise it "worse than pigs".

Mbeki Government Needs To Speed Up Transformation - Mandela

February 8, 1999
By Charles Pahlane

Cape Town - President Nelson Mandela's state of the nation address to Parliament last week also set the tone for the likely presidency of Deputy President Thabo Mbeki after the general elections in May.

Mr. Mandela's government was a transitional one charged with bringing together the different racial groups in the country and transforming the society from apartheid inequalities.

Indeed Mr. Mandela praised the extent to which the transition from an apartheid government to a democratic government had proceeded in a "commendable" way.

But Mr. Mbeki's government will need to concentrate on speeding up the destruction of the effects of apartheid.

In his speech Mr. Mandela said apartheid and its effects would need to be dismantled completely to achieve true reconciliation. He said prior to the democratic changes South Africans were killing each other from two different camps, comprising blacks and whites.

"Although the physical killings may have ceased, we still slaughter each other in works and attitudes."

"We slaughter one another in the stereotypes and mistrust that linger in our heads, and the words of hate we spew from our lips."

"We slaughter one another in the responses that some of us give to efforts aimed at bettering the lives of the poor."

"We slaughter one another and our country by the manner in which we exaggerate its weaknesses to the wider world - heroes of the gab who astound foreign associates by self-flagellation," said Mr. Mandela.

He set the tone for Mr. Mbeki's presidency which would speed up the pace of delivery - and in the process true reconciliation would be achieved. He said Government policies in place were sufficient for the needs of the moment but the speed and style of implementing them could be improved.

Mr. Mandela said the first two of three ingredients to achieve faster delivery were: partnership with business, labour and communities; and discipline which balances freedom and responsibility so that teachers and students do not go to school drunk, striking workers do not destroy property through violent means and business people do not lavish money in court cases to delay implementation of legislation they do not like.

The third ingredient was what he called the "RDP of the soul." This refers to a moral renewal with respect for life, and pride being the central pillars of all South Africans.

"The foundation has been laid - the building is in progress. With a new generation of leaders and a people that rolls up its sleeves in partnership for change, we can build the country of our dreams," said Mr. Mandela. - Parliamentary Bureau

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Virginity testing to help combat AIDS and child abuse

February 10, 1999

ERMELO - A group of young girls giggle and wiggle around nervously in the veld. "If you need the toilet, go now," says a handsome woman in Zulu dress. The girls squeal as they strip off their panties and run behind clumps of bushes.

They don't put their panties on again because they are here to undergo virginity testing - a custom that is being revived in Mpumalanga, KwaZulu-Natal and Swaziland to fight the onslaught of HIV and AIDS. "We are so worried about these diseases and hope to prevent their spread by encouraging children not to have sex for as long as possible," explains Virginity Tester, Fikile Mhlongo, who is testing about 50 girls in Wesselton, Ermelo.

Some mothers are present to witness the tests and have brought woollen blankets which are either spread on the ground for the girls lie on, or used to shield the children from any curious passersby. The girls are beside themselves with excitement. If they pass, they get a certificate and if they remain virgins up until the age of 21, a big party will be thrown for them to celebrate their 21st, known as "umemulo". Mhlongo puts on rubber gloves, gets the girls to stand in a semblance of a line and the testing begins. It's over in seconds as the child lies on her back, screws up her face and allows Mlambo to peer between her legs and find the exposed hymen. "Okay! Hamba!" she shouts turn after turn and the mothers ululate, laugh and shout with joy.

The girls skip over to a volunteer who writes their names in a book so they can be issued certificates. Mhlongo, who is based in Newcastle in KwaZulu-Natal, has tested about 5 000 girls over the past 10 years after her mother taught her the tradition and is called upon to do the tests as far as Swaziland. This week, there is a 100 percent pass rate in Wesselton and the group of women and girls make their way to the United Church of God, singing, jumping and waving their arms in the air in celebration. The church has not yet been built, so the girls assemble in a tent where a health department official teaches them about HIV and AIDS and how to protect themselves from the disease. She promises to provide sanitary towels for girls who are menstruating when they undergo tests and to ensure there is a regular supply of rubber gloves for the testers.

The testing was arranged by Reverend Sihliwe Mabaso of the United Church of God and his wife, Catherine, who Mhlongo has trained to conduct virginity tests in the future. The tested girls are all members of the

church's Vukuzakhe Youth Club and the boys are next to be tested. "We would have tested the boys today, but you know boys," chuckles Reverend Mabaso.

"They're always so late, so we'll arrange for them to be tested another time." He says the revival of virginity testing would hopefully not only reduce the spread of HIV and AIDS, but also reveal cases of child abuse and rape. "Often, children are too scared to say anything, but if something is detected during the testing, the children can be referred to social workers," he explains.

The church is trying to raise funds to build a creche for children in the community who are HIV positive or who have AIDS. No such facility exists in Ermelo. To contribute towards the creche or for further information, phone Reverend Mabaso on 082 4233 111.

Tempers rising against Zuma

February 5, 1999
By Ann Eveleth

Johannesburg - Minister of Health Nkosazana Zuma's refusal to treat HIV-positive pregnant mothers to reduce the transmission of the virus to their babies has sparked unprecedented protest in international Aids circles.

An international crisis meeting was held this week in a bid to cool rising tempers over the issue. International Aids Society president Mark Wainberg flew to South Africa last week to convince Zuma that the treatment was a cost-effective way of fighting the epidemic. The society also met South African and international scientists in Chicago on Monday in a bid to dampen growing calls for a boycott of the 13th World Aids Conference due to be held in Durban in July 2000.

Wainberg called on President Nelson Mandela, Deputy President Thabo Mbeki and Minister of Finance Trevor Manuel to "support Zuma in recognising that perinatal treatment is a cost-effective way forward, and in making funds available for this. South Africa must consider itself to be at war. Its number- one enemy ... is not some neighbouring country threatening its borders. It is HIV."

Wainberg said his meeting with Zuma left him "encouraged and confident" that new information would spark a shift in the South African position. He said his society and South African researchers agreed to oppose boycott efforts, but warned he would return to South Africa in April and "certainly if we don't have positive signs by then, it may be time to consider another course of action". This follows suggestions from some researchers that Zuma should be barred from participation in the conference if she failed to change the policy.

Local activists said they would "not rule out" a boycott. "The conference is still 18 months away, and it is too early to call for a boycott, but I wouldn't rule out support from local researchers and activists if the government has not significantly shifted its position on mother-to-child transmissions and other Aids policy issues ... by September," said Aids Consortium representative Mark Heywood.

On Tuesday, however, the Ministry of Health turned its back on the most positive research findings yet to emerge on cost-effective means of reducing mother-to-child transmission.

In October, Zuma pulled the plug on a local pilot study of a four-week AZT treatment for pregnant women, claiming the government could not afford the R80-million annual cost of this treatment. Studies conducted in other countries suggested this treatment could reduce transmission by 51. New preliminary findings of a study by UNAids released in Chicago

this week suggest that a one-week treatment of mother and child, beginning at the start of labour, could reduce transmission by 37.

The findings, based on clinical trials of 1 357 mainly breastfeeding women in South Africa, Uganda and Tanzania, suggest the cost of a national programme could drop by 50 to R40-million annually, or 0,2 of the R20-billion national health budget.

The treatment could still save the lives of more than 20 000 babies a year, based on a Department of Health antenatal survey in 1996. Babies born with HIV now represent about 20 of new infections in South Africa.

But Zuma's representative, Vincent Hlongwane, said the government would not reconsider its decision not to fund the AZT programme. "What we are saying is that we don't have the budget for it. That position has not changed. It has not been influenced by the research findings coming from Chicago or anywhere else," he said.

Local Aids activists this week slammed the ministry's response as "autocratic", "extraordinary" and "ludicrous". University of the Witwatersrand Aids Law Project attorney Fatima Hassan said it was "unacceptable that the government won't seriously consider these results ... We were under the impression that the government was waiting for the [UNAids study] results to decide on the intervention."

The ministry's hasty response runs counter to its ongoing efforts to gain preferential pricing for AZT and 3TC - the two drugs needed for the treatment - from the company that makes them. Glaxo Wellcome medical director Peter Moore would not comment on a projected price, but said he hoped to release a statement on the negotiations with the ministry soon.

The decision also flies in the face of Zuma's promise last October that her department would "continuously evaluate the decision as new scientific information on cost-effective interventions appropriate to our situation in South Africa becomes available".

Medical Research Council researcher Mark Lurie said the decision to cut the funding had "closed the door ... to any possibility of introducing a national programme".

Hlongwane said Zuma's position was supported by the Cabinet, which was "fully briefed" on all HIV/Aids developments: "The Cabinet's position is to rather use the money we have for prevention. The majority of South Africans do not have Aids now, but that could change if we don't focus on prevention."
National Association of People with Aids representative Mark Decker said the government was creating a "false division between prevention and treatment".
