

# FOIA MARKER

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AIDS, 2 of 2 [Africa] [1]

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2853

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Maureen T. Shea

11/30/2000 03:23:49 PM

Record Type: Record

To: Gayle E. Smith/NSC/EOP@EOP, Colby J. Cooper/NSC/EOP@EOP

cc:

Subject: Invitations

*File*

The AIDS office used these two religious leaders lists - they also invited domestic non-religious people but I do not have a copy of that list.

----- Forwarded by Maureen T. Shea/WHO/EOP on 11/30/2000 03:23 PM -----



Maureen T. Shea

11/30/2000 02:21:29 PM

Record Type: Record

To: Laura L. Efros/OSTP/EOP@EOP

cc: Cheryl S. Bauerle/OPD/EOP@EOP

Subject: Invitations

This is the international list - Cheryl has the expanded domestic list of non-religious.

----- Forwarded by Maureen T. Shea/WHO/EOP on 11/30/2000 02:20 PM -----



Maureen T. Shea

11/30/2000 12:15:27 PM

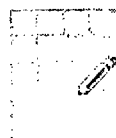
Record Type: Record

To: Victoria L. Valentine/WHO/EOP@EOP

cc:

Subject: Invitations

----- Forwarded by Maureen T. Shea/WHO/EOP on 11/30/2000 12:15 PM -----



Cheryl S. Bauerle  
11/27/2000 04:55:41 PM

Record Type: Record

To: Maureen T. Shea/WHO/EOP@EOP

cc:

Subject:

Here's the agenda and the invite list. Please call me with questions - 62959. Thanks!

**A CONSENSUS FROM CONSCIENCE:  
REVEALING THE ROLE OF FAITH IN RESPONSE TO AIDS  
White House World AIDS Day Summit 2000  
November 30 - December 1, 2000**

**Speakers and Domestic Invitees List**

**1. Speakers**

Stephen L. Carter, J.D.  
William Nelson Cromwell Professor of Law  
Yale University  
New Haven, CT 06520  
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Ambassador Andrew Young  
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Fax: 202-728-1192 (Lydia Watts)

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President  
Interdenominational Theological Center  
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Peoples Investment Fund for Africa  
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Washington Baltimore Conference  
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Office for Governmental Affairs  
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Fax: 202-842-0392

The Reverend William Shaw  
National Baptist Convention  
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The Right Reverend Vashti McKenzie  
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African Methodist Episcopal Church  
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Fax: 266-320-869  
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The Reverend Chandler Owens

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### **3. Faith-Based Development Organization Representatives**

#### **3.a. Denominational Development Organizations**

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**3.b. Non-denominational/Interfaith Development Organizations (alphabetically  
by *organization* name)**

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Interchurch Medical Assistance  
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FAX 410-635-8726

Michael Nyenhuis  
President and CEO  
Medical Assistance Programs (MAP) International  
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Brunswick, GA 31521-5000  
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912-280-6633  
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FAX 253-815-3447  
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#### **4. US AIDS Leaders**

Your list

#### **5. Others**

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212-614-0057

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*A Consensus from Conscience: Revealing the Role of Faith in Response to AIDS*  
**White House World AIDS Day Summit 2000**  
November 30 – December 1, 2000  
Washington, DC

*International Participants*

---

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His Holiness Abune Paulos  
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**DRAFT**  
**A CALL TO CONSCIENCE:**  
**THE ROLE OF FAITH IN RESPONSE TO AIDS**  
**White House World AIDS Day Summit 2000**  
**November 30 - December 1, 2000**

**THURSDAY, NOVEMBER 30<sup>TH</sup>**

- 1200**        **Opening Luncheon** (Mayflower Hotel)  
Convening Prayer  
Welcoming Remarks  
*Epidemic Africa* – a film by Rory Kennedy  
Opening Plenary Address
- 1400**        **Small Group Discussions**
- 1800**        **Interfaith Service of Healing, Hope and Remembrance** (St.  
John's – Lafayette Square)  
Preacher – Andrew Young
- 2000**        **Buffet Dinner Reception**

**FRIDAY, DECEMBER 1<sup>ST</sup> - WORLD AIDS DAY**

- 0900**        **Panel Presentation with the President**
- 1100**        Optional Small Group Discussion
- 1200**        **Closing Luncheon** (Mayflower Hotel)  
Remarks & Acknowledgments  
Theological Reflection  
Summary Address  
Sending Forth Prayer

Adjourn

# **Curtailing the Global AIDS Pandemic- The U.S. Government Responds**

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## **Setting the Stage – Humankind’s Deadliest Health Crisis**

The HIV-AIDS pandemic is the defining public health crisis of our time. Not only is the spread of HIV creating a humanitarian tragedy of epic proportion, it is also threatening to undo four decades of progress in international development, and endangering the economic and political stability of entire regions of the world. At the start of the 1990's, health experts estimated that between 15 and 20 million people would be living with HIV by the beginning of the 21st century. Ten years later, the true magnitude of the epidemic is far more alarming: over 36 million people are living with HIV.

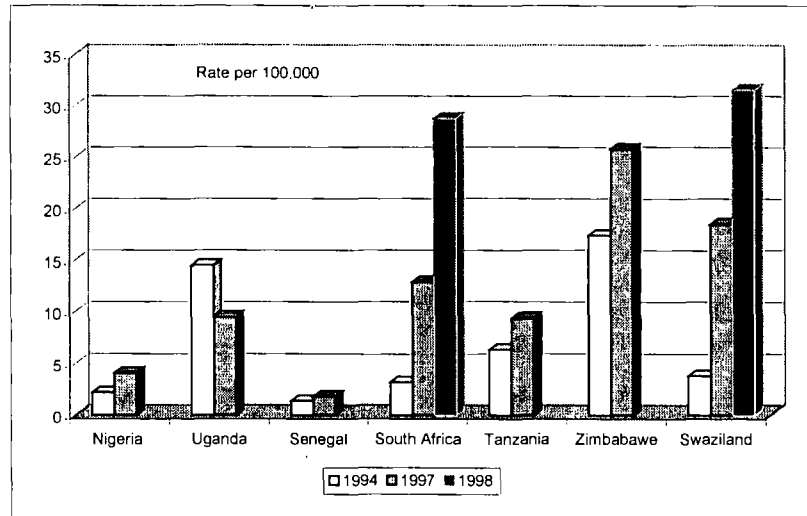
Since its first recognition in 1981, 57 million men, women and children have become infected with HIV worldwide. Nearly 22 million people have died of AIDS, with 3 million deaths in the last year alone. Over 13 million children under 15 have lost one or both parents to AIDS, and the total number of AIDS orphans is expected to exceed 40 million by 2010. HIV/AIDS is now the fourth leading cause of death worldwide and the single leading cause of death in sub-Saharan Africa.

No part of the globe is untouched. Every country of the world has reported cases of HIV-AIDS. At the dawn of this 21<sup>st</sup> century, HIV/AIDS prevalence among adults exceeded 20% in 7 countries in the developing world (all in Africa) and was above 10% in 9 additional countries. In another 41 countries, prevalence equals or exceeds 1%. 22 of these are in Africa, 11 are in Latin America, 4 in Asia and 1 in Eurasia. In contrast, HIV/AIDS prevalence in the United States was 0.6% at the end of 1999.

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### **HIV Prevalence Trends in Selected African Countries**

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Source: UNAIDS

Sub Saharan Africa has borne the brunt of the pandemic where 70% of all persons living with HIV-AIDS reside. In the hardest hit African countries, infant mortality is twice as high as it would have been without AIDS. With increases in premature death due to AIDS, life expectancy has plummeted. Nearly half of all persons who acquire HIV are less than 25 years of age; most will die before their 35<sup>th</sup> birthday. AIDS mortality has brought population growth to a near stand still in Botswana, South African, and Zimbabwe. Within three years time these countries will be experiencing *declines* in size of their populations due to AIDS deaths.

The economic toll on Africa is equally striking. Families caring for sick members are seeing a dramatic drop in income and productivity. As a result, children are being removed from school, farm assets are being sold and communities are seeing food production decline by as much as 50%. In the hardest hit countries, GDP has declined by 5 to 10 percent as all economic sectors are being affected. For example, trucking firms in South Africa have lost up to 30% of their drivers reducing their ability to move goods to markets. Schoolteachers in Zambia are dying faster than new ones can be trained. The health sector is bearing a double burden from HIV-AIDS. Health systems are shouldering the demands to provide care to millions of people sick and dying from AIDS while the health care workforce is declining due to AIDS deaths among doctors, nurses, and midwives.

Other parts of the world have not been spared the ravages of the pandemic. The second largest regional epidemic is in the Asia Pacific region, where nearly 60% of the world's population lives. With its dense populations, this part of the world could eclipse the African epidemics in size and scope. We have seen the epidemic explode in Cambodia, Burma, Thailand and some states of India. Even with a prevalence of less than one percent, India is the second most affected country in the world with over 3 million people infected. Other countries in the

region, most notably Indonesia and Philippines, have maintained low prevalence epidemics over the last decade giving rise to hope that with successful behavioral interventions this region's epidemics can be contained.

Other epidemics are spreading rapidly as well. In the Western Hemisphere, the epidemics in the Caribbean region are the fastest growing outside of Africa, fueled largely by heterosexual contact. Over the last five years, Eastern Europe and the former Soviet states have seen an explosive epidemic of HIV among injection drug users. These epidemics are now showing signs of entering the heterosexual populations.

The global HIV-AIDS pandemic poses a dual challenge to the nations of the world. The first challenge is address the urgent need to implement and scale up prevention programs known to slow the spread of HIV. The second is to address the healthcare needs of the millions of persons infected, and provide assistance to the families and communities ravaged by this extraordinary emergency.

## **A Record of Achievements**

The U.S. Government is the world leader in responding to the global pandemic of AIDS. Since 1986, the United States Agency for International Development (USAID) has dedicated over \$1.5 billion dollars for the prevention and mitigation of this epidemic in the developing world. USAID's budget of \$200 million for 2000 is four times greater than the next largest donor. In addition to this financial support, USAID has been recognized as the global leader in developing key interventions for preventing HIV transmission; demonstrating their effectiveness and provided direct assistance to affected countries to build their capacity to respond.

USAID is now working in more than 50 of the hardest hit developing countries around the world. Preventing sexual transmission, which is responsible for about 80% of HIV infections, is central to USAID's widespread efforts in service delivery, capacity building, biomedical and behavioral research, and policy formulation. Over the past decade, USAID, through work with local governments and community groups, has provided intensive, interpersonal AIDS education to over 40 million of the most vulnerable men, women and young persons, helping them to reduce their risk of HIV infection. To accomplish this task, USAID has trained over 200,000 new, dedicated counselors and educators. In 1998, with the release of clinical field trial data on new ways to reduce mother-to-infant HIV transmission, which accounts for over 10% of new infections, USAID launched a series of country sites to provide this important new prevention service. But while prevention is the guiding principle of our programs, USAID has learned that we cannot have a truly effective prevention program without providing basic care and support services to those infected and to their families. USAID is now providing assistance to increase access to HIV testing, improving symptomatic care and treatment of opportunistic infections, such as tuberculosis, and initiating

field trials to explore ways to deliver simpler and less expensive antiviral treatment regimens.

**Direct support to countries to build capacity in order to prevent new infections and to provide care and support for those infected and their families:** Over 70% of USAID's support in HIV/AIDS has been through the work of nearly 1000 local and international non-governmental organizations (NGOs) and community based organizations (CBOs). NGOs are often relied upon to reach those most vulnerable to infection and in need of care and support services. USAID places a high priority on building the capacity of local NGOs through partnerships with other developing country NGOs, international technical assistance providers, and US-based AIDS Service Organizations. Recognizing the need to keep pace with the pandemic, USAID is increasing the coverage of our programs to reach those most in need of services through local institutions.

**Key Accomplishments in country programs:**

- HIV prevalence in young adults reduced. In **Uganda**, USAID's support was instrumental in reducing the prevalence of HIV in 15-24 year olds in urban areas by 50 percent, and nationally by a third. Similarly, with USAID support, over the past few years **Zambia** has achieved a 42% reduction in the rate of HIV among 15-19 year-olds.
- Low HIV prevalence and stabilizing HIV prevalence rates maintained. In **Senegal, Philippines and Indonesia**, early, comprehensive HIV intervention programs supported by USAID and other donors have helped prevent a major epidemic, keeping the prevalence rate to less than 2 percent. USAID has been instrumental in stabilizing the HIV prevalence rate in **Kenya**, and reducing national rates of sexually transmitted diseases (STDs).
- Voluntary testing and counseling pioneered. In 1990, USAID provided funding for the AIDS Information Center in **Uganda**, the first program in Africa offering voluntary and anonymous HIV counseling and testing. In eight years, over 400,000 clients were served. Building on this success, USAID now supports voluntary counseling and testing in more than 15 countries.
- Distribution of condoms increased. USAID has provided over one billion condoms and developed new technologies so that people can protect themselves and their partners. In **Thailand**, through a 100% "condom only" brothel policy and intensive general and targeted interventions focused on behavior change, HIV prevalence has been kept at 2 percent over the past four years, and STI rates in men have dropped by 300 percent. USAID support for social marketing of condoms has increased sales by over 100 percent between 1996 and 1998 in four African countries (**Kenya, Madagascar, Mozambique, and Zimbabwe**). In 1999, USAID launched new social marketing programs in **Eritrea, South Africa, and Haiti**.

**Bureau of Census:** Early in the epidemic, USAID recognized the importance of collecting essential surveillance data-to track the expanding epidemic and to measure the impact of prevention efforts. In 1987, USAID initiated funding for the International Programs Center at the U.S. Bureau of Census to collect HIV surveillance data, provide technical assistance to country programs, analyze the significance of the data, and to provide conclusions and recommendations. The Bureau of Census is now recognized as the world-wide leader in tracking patterns and trends in HIV infection, for example, in projecting the numbers of AIDS orphans and in providing critical data for the annual UNAIDS global reports.

**International HIV/AIDS Alliance Launched in 1993.** In 1993, USAID consulted with HIV/AIDS experts and NGO support specialists and joined a small group of bilateral, multilateral and private donors to establish The International HIV/AIDS Alliance (IHAA) --an innovative mechanism to directly address the urgent problem of building the capacity of country level NGOs and community based groups to provide effective responses to the epidemic. The IHAA model is to identify a qualified indigenous NGO in a target country, provide funding and training in both administrative and technical aspects of HIV/AIDS service delivery, and then to assist that NGO to support smaller, community based organizations in the delivery of culturally appropriate, technically sound services at the micro scale of households and villages, where the realities of the HIV/AIDS epidemic unfold. The International HIV/AIDS Alliance has experienced steady growth from an annual budget of \$3.5 million in 1997 to over \$5 million in 1999. Donor support to the Alliance has grown to include the European Union and its member states, the UN organizations and other multilaterals, and private foundations and companies. In 1999 alone, the Alliance reached 1.5 million beneficiaries, nearly 400 NGOs in 13 countries - almost an 80% increase from their work in 1998.

**Greater Involvement of Persons Living with AIDS (GIPA):** In 1994, USAID played a major role in supporting the development of GIPA Initiative at the Paris AIDS Summit. This initiative recognizes the critical contributions that persons infected with AIDS can provide to the design, implementation and evaluation of culturally sensitive and effective prevention and care efforts. USAID strives to ensure that the GIPA principle is reflected in all of its assistance projects.

**Women and AIDS:** USAID leadership has built new knowledge and capacity to address the overwhelmingly heterosexual epidemic in developing countries, by providing over 5 million to the International Center for Research on Women (ICRW). This program of 17 studies in 13 countries was the first concerted effort to document the impact of the epidemic in regions where over half of HIV infections are in women and girls, and where they are the principal providers of AIDS care. It supported policy dialog and promoted innovative interventions designed to deal with the diverse economic, social, and political disadvantages that increases women's vulnerability to HIV infection, and it moved issues of gender squarely to center stage in international HIV/AIDS work.

**USG Instrumental in Creating UNAIDS:** Concerned with the need for a broader, more effective response to the AIDS pandemic, the USG worked with other donor and UN partners to create UNAIDS, which was launched in 1996. UNAIDS is an innovative program which brings the UN family together in a “joint venture” to fight AIDS. The USG, through USAID, has been UNAIDS largest funder, having given over \$80 million in grant assistance since 1996.

UNAIDS documented and publicized the full dimensions of the global AIDS crisis, and helped focus world leaders’ attention on the crisis – and how to respond to it – at global fora such as the United Nations Millennium Summit, UN Security Council meetings, and the Africa Development Forum. In June 2001, a Special Session of the UN General Assembly will be devoted to HIV/AIDS. UNAIDS “Theme Groups on HIV/AIDS” were established in 86 out of 88 priority countries, and technical teams in priority areas such as access to drugs, education, mother to child transmission and voluntary counseling and testing are functioning.

In large part due to the leadership of UNAIDS, global HIV/AIDS reduction targets have been set and global, UN, and national strategies developed to achieve them. An “International Partnership Against AIDS in Africa (IPAA)” was formed which has begun to mobilize political commitment. More national leaders have assumed responsibility for combating AIDS. International commitments from pharmaceutical companies and the business sector, private foundations, the UN (e.g. UNICEF in East and Southern Africa has committed to spending 50% of its resources on AIDS), the World Bank, and the bilateral donor community increased an estimated 2.5 times from 1997 to 2000. Additional funding sources are being tapped, such as the innovative use of debt relief, and the stage is set for further increases in resources for HIV/AIDS in 2001.

**Achievements in Research:** USAID has been a leader in innovative research and development needed to prevent and mitigate the effects of the AIDS pandemic. Without USAID support, many innovative products and methods would have never been developed. The results of this research have proven useful in the U.S. as well as in developing countries.

- **Female Condom:** USAID funded research was pivotal in securing FDA approval of the Reddy Female Condom, making this woman-controlled barrier method available in the U.S. and around the world.
- **Syphilis Diagnostic Test:** USAID funded the research and development of a syphilis test that is simple and inexpensive and can be used in low resource settings to diagnose and effectively treat this common sexually transmitted infection, whose presence increases the efficiency of HIV transmission.
- **Voluntary HIV Counseling and Testing:** USAID funded research in a three country study that demonstrated that providing high quality HIV testing and

counseling services results in sustained behavior change and is a cost-effective HIV prevention intervention.

- **Treating Sexually Transmitted Infections:** USAID funded research demonstrated that levels of sexually transmitted infections in whole communities could be reduced with periodic treatment of persons at highest risk.

USAID continues to support the development of innovative technologies and methods needed to reduce the spread of HIV and mitigate its effects. This includes research and development of HIV vaccines, microbicides, diagnostic tests for sexually transmitted infections; improving the effectiveness of AIDS education in the classroom and the workplace; assisting mothers and families in preventing mother-to-child transmission of HIV; and expanding care and support for people and families infected with and affected by HIV.

#### **USAID Identifies the Tragic Aftermath of HIV Infection on Children:**

HIV/AIDS is undermining the safety and well being of children in unprecedented ways and on a staggering scale. Leading the call to action to recognize the severity of the situation of children affected by HIV/AIDS, USAID released a seminal report on World AIDS Day, in 1997. ***Children on the Brink: Strategies to Support Children Isolated by HIV/AIDS*** helped to define the nature and magnitude of the problem and identified strategies to address it that have guided the development of activities worldwide. Updated in July 2000, the document is the source of estimates and projections of children who will have lost one or both parents from all causes, including AIDS, in a sample of 34 severely affected countries.

USAID began its direct support of programs to address the needs of children affected by HIV/AIDS in 1998 and is currently funding activities that focus on orphans and other vulnerable children in eighteen countries. The foundation of the USAID response is to strengthen family and community capacity to continue to care for these children within their communities. Funding provides necessary support to ongoing community efforts and fosters initiation of similar efforts where they do not yet exist. Community-based interventions include: volunteer visiting programs; material support, such as food and shelter; economic strengthening activities, including credit and savings; counseling and ongoing emotional support; support to parents in planning for the future care of their children; and interventions by which communities address the stigma that is often directed at people living with HIV/AIDS and their families. Training activities build local capacity of organizations that provide care and support to communities and families coping with HIV/AIDS. Operations research has been initiated to determine optimal community based approaches that provide support to children and their families. Planning efforts identify and develop strategies to address the impacts of HIV/AIDS on the accessibility and quality of education - both in and out of school - in AIDS affected areas.

## The Legacy of Leadership

From years of painful experience with this pandemic, it has become increasingly evident, that a cornerstone for success in battle against the AIDS anywhere is clear and consistent leadership. The challenges presented by this growing plague are great, and in the absence of a steadfast commitment from political leaders in all levels of government and from civic leaders from all sectors of society, our ability to prevail is seriously jeopardized. We saw this kind of leadership in Uganda, Senegal, and Thailand in the early days of this pandemic – and we bore witness to the real results achieved through this bold and decisive action that started with the head of state. Despite seemingly insurmountable odds, we saw communities and entire countries stem the rising tide of new infections and begin to care for the growing number of people infected and affected by HIV. But as a global community, our collective action was being far outpaced by a pandemic raging out of control – and increased leadership was desperately needed.

In April 1998, President and Mrs. Clinton traveled to Africa and spent two weeks visiting 5 countries. During that time, they witnessed first hand the grave implications of the AIDS pandemic at ground zero, sub-Saharan Africa. This reality check reconfirmed what this Administration had already begun to understand -- that the global AIDS crisis was much more than a health crisis, it was a fundamental development crisis, an economic and trade crisis, and a stability and security crisis. Such a crisis clearly demanded a more broad-based response, not just from the United States Government, but from the world at large. To that end, on December 1, 1998, President Clinton charged the White House Office of National AIDS Policy Director with leading a fact finding mission on AIDS to sub-Saharan Africa and reporting back with a battle plan for an enhanced USG response.

### ■ **The LIFE Initiative represents an unprecedented United States Government mobilization.**

In July 1999, the Administration launched the Leadership and Investment in Fighting an Epidemic (**LIFE**) Initiative. LIFE represented a major breakthrough – a turning point in the role of the USG in the global battle against AIDS. This effort sought not only to increase US investment but also to dramatically enhance US leadership in a global mobilization toward our shared goals in the fight against AIDS. These goals, put forward by the Joint United Nations Program on AIDS (UNAIDS) in cooperation with its bilateral or multilateral partners, are as follows.

- The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)

- At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- Orphans will have access to education and food on an equal basis with their non-orphaned peers.
- By 2001, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to \$300 million per year. (Currently approximately \$150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

<p><b>Joining Forces for LIFE:</b>  <b>Leadership and Investment in Fighting an Epidemic</b></p> <p><i>A Global AIDS Initiative</i></p>
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■ **The LIFE initiative has enabled the US government to pursue four critically important and interconnected program areas.**

**(1). Containing the AIDS Pandemic.** Implementing a variety of prevention and stigma reduction strategies, especially for women and youth, including: HIV education, engagement of political, religious, and other leaders; voluntary counseling and testing; interventions to reduce mother-to-child transmission (MTCT); and enhance training and technical assistance efforts, including Department of Defense efforts with African militaries.

**(2). Providing Home and Community-Based Care.** Delivering counseling, support, palliative and basic medical care including treatment for sexually transmitted diseases, opportunistic infections (OIs), and tuberculosis (TB) through community-based clinics and home-based care workers. Enhancing training and technical assistance efforts.

**(3). Caring for Children Orphaned by AIDS.** Assisting families, extended families, and communities in caring for their children through nutritional assistance, education, training, health, and counseling support, in coordination with micro-finance programs.

**(4). Strengthening Prevention and Treatment by Augmenting Planning, Infrastructure, and Capacity Development.** Strengthening host country ability

to plan and implement effective interventions. Strengthening the capacity for effective partnerships and the ability of community based organizations to deliver essential services. Strengthening surveillance systems to track the epidemic and target HIV/AIDS programs.

- **The LIFE Initiative has enabled the United States Government to more than triple its AIDS specific investment in the global battle against AIDS over the last two fiscal years, and to further expand these increased resources through debt relief, concessional loans at the World Bank, and other important efforts.**

### Global AIDS Funding Chart

	FY99	FY01
<b>AIDS Specific Funding</b>		
USAID	\$135m	\$330m
CDC	\$7m	\$116m
DOD	0	\$10m
DOL	0	\$10m
TOTAL	\$142m	\$466m
<b>Non-AIDS Specific Funding</b>		
Debt Relief	0	\$435m
GAVI	0	\$50m
World Bank Concessional Loans targeted to AIDS	0	\$500m
Basic Education		

- **The LIFE initiative has enabled the United States Government to engage a host of federal agencies in the first ever government-wide mobilization against AIDS.**
- **USAIDS.** From years of extensive experience in the fifty countries around the world in which USAID provides AIDS funding, the agency has developed and evaluated model programs that the agency can now begin to bring to scale. As a result of new funding provided through the LIFE initiative in fiscal year 2000, USAID was able to provide a more “intensive focus” in 15 countries including those hardest hit in sub-Saharan Africa and India. With the additional resources secured in fiscal year 2001, USAID will be able to expand this intensive focus to 20 countries, providing additional resources and support to Russia, the Caribbean, and Brazil. In addition, in fiscal year 2001, USAID will identify four countries that are position for “rapid scale-up” of essential activities. These countries will be selected from a variety of criteria

including the severity of the epidemic, its impact on economic and social sectors, strength of support from the host government, and ability to demonstrate quantifiable results. As additional agencies have become part of the overall USG effort, USAID has remained the lead agency on the ground throughout the world, providing in-country presence and coordination.

The LIFE initiative has also enabled USAID to pioneer and push for a broad-based multisectoral approach. Recognizing the enormous impact of HIV/AIDS on multiple sectors, particularly in Africa, USAID has documented the impact of the epidemic as well as developed appropriate interventions. Efforts have focused on the education sector, certain economic sectors (such as mining), microfinance, democracy and governance, and agriculture. In the education sector in particular, USAID has worked very closely with other donors to identify solutions to the loss of teachers to HIV/AIDS as well as to design curriculum addressing HIV/AIDS prevention. Moreover, USAID has been working to address the key underlying factors that encourage HIV/AIDS transmission such as the lack of inheritance rights for women, economic migration patterns, and conflict that results in refugee movements.

- **Center for Disease Control**. In collaboration with USAID and the other agencies of the Department of Health and Human Services (DHHS), the CDC is providing vital public health assistance to 14 countries in Africa and India to combat the HIV/AIDS epidemic. Ongoing activities are focused in three areas: (1) provision of technical assistance for primary HIV prevention (voluntary HIV counseling and testing, blood safety, behavior change and mother-to-child transmission); assistance in developing surveillance programs to target prevention resources and assess the effects of HIV prevention interventions; and provision of technical assistance for the care and treatment of opportunistic infections and STDs and for the provision of palliative care and psychosocial support to persons living with HIV/AIDS and their families.

The DHHS and CDC propose to expand these efforts to an estimated 24 country programs in Africa, Asia, and the Caribbean/Latin America with increased resources proposed for FY 2001. Enhanced activities would include increased technical assistance and support to improve national surveillance programs for HIV, STDs, and TB; infrastructure support through expanded in-country and U.S.-based training efforts for host country epidemiologists, HIV prevention and care program managers, and service delivery providers; expansion of home-based care service delivery capacity and assistance in developing locally appropriate care and treatment interventions for HIV-infected persons; and expanded HIV prevention initiatives in mother-to-child transmission

- **Department of Defense.** Under the LIFE initiative, the Department of Defense allocated \$10 million in FY01 to assist African militaries in designing and executing HIV/AIDS education and prevention programs for military

troops, and to integrate train the trainer programs into U.S. forces engagement with African militaries. Specifically the DOD program will seek to assess HIV prevalence and risk behaviors, develop and augment regional and local prevention plans through training and infrastructure, evaluate the effect of prevention efforts and ensure incorporation of HIV/AIDS programs into the military culture of host governments to ensure a lasting impact. The program is intended to continue beyond FY02 as long as funds are available. The U.S. Navy and its Naval Health Research Center are the primary implementing agency for this program.

The U.S. Army and the Civil Military Alliance to Combat HIV and AIDS have also developed prevention and education modules for training UN peacekeepers pre-deployment, and continue to work with UNDPKO on activities related to HIV/AIDS and STD prevention. Through the expanded IMET program the Internal Health Resources Management School in Monterey, California, is developing executive level training courses for senior civilian and military leaders responsible for HIV/AIDS in other countries. These courses will be taught as part of the E-IMET program starting in early 2001.

- **Department of Labor.** Utilizing reprogrammed fiscal year 2000 funding, the Department has begun a pilot project on workplace based HIV/AIDS education in the Republic of Malawi in south central Africa. Working with the Ministry of Labor, employers, trade unions, a vocational school, and US based Project Hope, the pilot seeks to implement and evaluate a comprehensive workplace-based HIV prevention program. The Department plans to expand this program in fiscal year 2001 with the \$10 million currently pending in Congress. This expansion will draw on lessons learned from the Malawi pilot and will include Nigeria, Tanzania, Zambia, and Botswana in sub-Saharan Africa, India, Vietnam, and Cambodia in Asia, a regional program in the Caribbean, and Russia. The overall objective of this effort is to reduce HIV infections through workplace prevention programs and to improve the workplace environment for people living with AIDS through the development of non-discrimination and other HIV-AIDS policies.
- **Department of State.** The Department has launched a diplomatic initiative on international HIV-AIDS to raise the profile of this issue around the world and to foster a deeper commitment overseas to this fight. The Secretary's initiative instructed US ambassadors to work with foreign leaders and their governments on the need to increase the priority given to HIV-AIDS and resources available for essential HIV prevention and AIDS care programs. The State Department also works closely with international organizations, other governments, and the private sector to draw greater attention to HIV-AIDS and the need for global cooperation and concerted action. Secretary Albright hosted a meeting of female foreign ministers during the UN General Assembly session in September 2000 to discuss the global HIV/AIDS

situation and the special needs of women and girls in fighting this disease. A letter signed by the foreign ministers was sent to UN Secretary General Annan urging more global action to address the AIDS pandemic.

- **Department of the Treasury.** The Department has been upfront in providing information on the economic impact of AIDS throughout the US government, to the Congress, and to both donor and developing nations. In addition, the Department has actively pursued four HIV-AIDS related initiatives. First, the Secretary and the President have worked vigorously to secure debt relief for Heavily Indebted Poor Countries (HIPC). The Administration was successful in pushing this initiative at the Cologne G-7/G-8 Summit and in securing \$435 million in fiscal year 2001 for this purpose. These funds will enable poor countries, many in sub-Saharan Africa, to redirect scarce resources from debt service into poverty reduction as well as AIDS prevention and care programs. Second, the Administration called on the World Bank and other multilateral development banks to dedicate an additional \$400 to \$900 million annually of low-interest loans to prevent infectious diseases such as AIDS and to build effective health care delivery systems. As a result, working with the World Bank, the Administration helped to secure a new \$500 million program of concessional loans for AIDS care and prevention programs in sub-Saharan Africa. Third, as part of the President's Millennium Vaccine Initiative, the Department continues to work with the Congress to pass a new \$1 billion tax credit for sales of vaccines for HIV/AIDS, malaria, and tuberculosis to accelerate their development, production, and distribution. And fourth, the Department is working with the Congress and the World Bank on implementation of the newly authorized World Bank AIDS Trust Fund.
- **Peace Corps.** The Peace Corps launched an initiative designed to train all 2,400 Peace Corps volunteers serving in 25 countries in Africa as AIDS educators and basic care providers.
- **USUN.** USUN played a critical role in bringing international attention to the threat posed by HIV/AIDS and in formulating the foundation for future international efforts to fight the epidemic. Specifically, under the leadership of the U.S. ambassador to the UN, the first meeting of the UN Security Council in 2000, chaired by Vice President Gore, focused on HIV/AIDS. In part, as a result of that session, the UN Security Council in July passed a resolution determining that HIV/AIDS posed a threat to international peace and security. The UN Security Council also agreed to incorporate explicit language to protect peacekeepers and the communities in which they serve from HIV/AIDS in all future resolutions on peacekeeping.

Further, USUN succeeded in convincing a number of nations of the importance of high-level leadership, international coordination and shared goals and commitments to winning the battle against HIV/AIDS. To that end

USUN has offered the idea of forming a global coordinating body of Presidential Envoys on AIDS Cooperation (PEACs) from the highest levels of the world's governments. The U.S. appointed its PEAC, Sandra Thurman, in August 2000. The UN General Assembly has also decided to hold a Special Session on HIV/AIDS in New York, July 25-27, 2001 to create a Declaration of Political Commitment to help turn the corner on global resources and political leadership dedicated to fighting the epidemic.

- **Office of National AIDS Policy.** Central to this broad-based US government response has been the coordination needed to maximize both effectiveness and impact. This coordination function has been supplied by the White House through its Office of National AIDS Policy, and in consultation with the National Security Council, the National Economic Council, and the Office of Management and Budget. In addition, the President established an Intergovernmental Working Group (IWG) on Global AIDS co-chaired by the Office of National AIDS Policy and the National Security Council.
- **The LIFE initiative has enabled the United States Government to leverage enhanced leadership and increased resources from other donor nations as well as other sectors in this global mobilization against AIDS.**

As President Clinton said in signing the Global AIDS and Tuberculosis Relief Act of 2000: "The United States cannot and should not battle AIDS alone. This crisis will require the active engagement of all sectors or all societies working together. Every bilateral donor, every multilateral lending agency, the corporate community, the foundation community, the religious community, and every host government of a developing nation must do its part to provide the leadership and resources necessary to turn this tide. It can and it must be done."

With this in mind, the President has challenge our G-8 partners and other donor nations to match the significant new investments in global AIDS secured by the US. He has also directed all US government representatives to use every opportunity to raised HIV-AIDS in every diplomatic fora and to push for enhanced coordination and cooperation in this global crisis. In May 2000, President Clinton and EU President Guterres released a bold statement outlining future collaboration between the two in HIV/AIDS, tuberculosis, and malaria in Africa. In July 2000, the President lobbied the G-8 for .....[NSC?]. And the Administration's efforts at enlisting new allies were not limited to other donor nations but also included a host of other private sector partners with the White House hosting individual summits for labor, foundation, and religious leaders. A complete calendar of activities related to the LIFE initiative follows.

### **Key Administration Events, 1998-2000**

---

- April 1998 President Clinton and the First Lady visit Africa.
- December 1998 President Clinton charges the Director of the Office of National AIDS Policy (ONAP) to conduct a fact-finding mission in Africa.
- January 1999 Ms. Thurman's Advance Trip to Africa.
- February 1999 Ms. Thurman leads Presidential delegation to Africa, visiting Uganda, Zimbabwe, Zambia, and South Africa.
- March 1999 The U.S. hosts the first U.S.-Africa Ministerial meeting (Ministers of Trade, Finance and Foreign Affairs). HIV/AIDS is a prominent issue.
- Secretary of State. Madeline K. Albright launches a diplomatic initiative, the "U.S. International Response to HIV/AIDS," instructing U.S. ambassadors to raise the profile of global HIV/AIDS and encourage political commitment overseas to combat the disease.
- High-level U.S. diplomats overseas directed to engage their counterparts outside of health sector in discussions on the foreign policy (economic, security and social) implications of HIV/AIDS.
- April 1999 Ms. Thurman leads Presidential Mission to Uganda, Zambia and South Africa.
- USAID is instrumental in helping to establish the International Partnership against AIDS in Africa.
- U.S.-Southern Africa Development Council (SADC) Forum highlighted HIV/AIDS as part of the high-level agenda in this initial multilateral discussion.
- \$350,000 provided to SADC funds to develop HIV/AIDS policy projects and coordination.
- Under Secretary for Global Affairs, Frank E. Loy, and UNAIDS Director, Dr. Peter Piot, co-hosted a briefing for the foreign diplomatic community on the foreign policy implications of the HIV/AIDS pandemic.

- U.S. negotiated an HIV/AIDS resolution in the UN Human Rights Commission meetings strengthening international commitments to HIV/AIDS cooperation and to securing greater respect for human rights for persons living with HIV/AIDS.
- June 1999 President Clinton proposes an initiative to link debt relief with health, education and social needs, with special attention on HIV/AIDS at the Cologne G-8 meeting.
- July 1999 Vice President Gore launches the LIFE Initiative.
- September 1999 First Lady Hillary Rodham Clinton hosts a meeting with key foundations to encourage involvement in support of HIV/AIDS programs.
- October 1999 Secretary of State, Madeline K. Albright, raised HIV/AIDS issues with all heads of state in her meetings during the UN General Assembly.
- Secretary Albright raised HIV/AIDS issues with heads of State during trip to Africa, encouraging a higher priority to HIV/AIDS by national governments.
- Congress approves an additional \$100 million for the fight against HIV/AIDS globally, with an emphasis on Africa.
- November 1999 Secretary of State Albright opened the UN Program to commemorate World AIDS Day at UN Headquarters in New York.
- USUN Ambassador Holbrooke traveled to Africa and discussed HIV/AIDS foreign policy concerns with African leaders in preparation for U.S. chairing the UN Security Council.
- December 1999 Secretary Albright raises HIV/AIDS with all Heads of State during trip to Africa.
- Mrs. Clinton holds a UN Conference on the status of AIDS orphans around the world.
- January 2000 UN Security Council meeting on HIV/AIDS in Africa chaired by Vice President Gore, initiated greater U.S. commitment to international assistance for HIV/AIDS.

Secretary of Labor Alexis Herman co-hosts with AFL-CIO President John Sweeney the first U.S.-Africa Trade Union Summit on HIV/AIDS Workplace Education and Prevention.

February 2000

The National Security Council ~~discusses HIV/AIDS on an ongoing basis and~~ forms an interagency working group.

Ambassador Holbrooke joined interagency briefing of Congressional leaders on HIV/AIDS as a foreign policy issue, focusing on its impact on international peacekeeping efforts.

March 2000

The Secretary of State raised the issue of enhanced U.S.-EU cooperation on AIDS and other infectious diseases at the U.S.-EU ministerial meeting.

May 2000

*highlights*

President Clinton gives a major address on HIV/AIDS in Africa at the National Summit on Africa. ✓

President Clinton and EU President Gutierrez released a joint statement on collaborating on HIV/AIDS, TB and Malaria at the EU-U.S. Summit.

June 2000

Secretary of the Treasury Summers and ONAP Director Thurman visit Africa. HIV/AIDS as an economic issue is high on the U.S. agenda.

July 2000

U.S. scientists and ONAP Director Thurman attend the International AIDS Conference in Durban.

The U.S. helped pass a resolution on HIV/AIDS and its implications for peacekeeping operations, the first UN Security Council resolution on a health issue.

G-8 Summit focuses on HIV/AIDS issues as a top priority.

~~September~~ 2000

*August*

President Clinton visits Nigeria. HIV/AIDS is a key issue. President Clinton appoints ONAP Director Thurman as the first Presidential Envoy for AIDS Control.

President Clinton addresses HIV/AIDS as a key issue for the millennium at the UN Millennium Summit.

Congress passes the Global HIV/AIDS and TB Act of 2000.


At the 55<sup>th</sup> UN General Assembly in New York, the Secretary of State joined twelve other female foreign ministers in sending a letter to Secretary General Kofi Annan proclaiming their joint resolve to combat the global scourge of HIV/AIDS, recognizing the need for strong national and international leadership in the effort, and noting the special needs of women in HIV/AIDS prevention, care and treatment.

October 2000 Congress approves large increases in HIV/AIDS funding for USAID and debt relief pursuant to the President's budget request.

November 2000 Mrs. Clinton visits AIDS programs in Vietnam.

December 2000 The White House hosts a Religious Leaders Summit on the occasion of World AIDS Day 2000. President Clinton delivers AIDS address at Howard University.

Administration works with Congress advocating strategy for HIV/AIDS funding currently pending in the Labor-HHS appropriations bill.

 Laura L. Efos  
11/30/2000 03:19:11 PM

*File*

Record Type: Record

To: Gayle E. Smith/NSC/EOP@EOP  
cc: Colby J. Cooper/NSC/EOP@EOP  
Subject: Cabinet for World AIDS Day

----- Forwarded by Laura L. Efos/NSC/EOP on 11/30/2000 02:21 PM -----

  
● Wendy Arends 11/30/2000 03:06:35 PM

Record Type: Record

To: See the distribution list at the bottom of this message  
cc:  
Subject: Cabinet for World AIDS Day

- \*Director Jack Lew
- \*USAID Administrator Brady Anderson
- \*Undersecretary for Global Affairs Frank Loy
- \*SBA Deputy Administrator Fred Hochberg
- \*Louis Cupp, SBA
- \*Dr. Eric Goosby, Director, Office of HIV/AIDS Policy, HHS

- Michael Barr, OMB
- Mark Schwartz, OMB
- Esther Rosenbaum, OMB
- Julie Ann Everitt, Budget Analyst, HHS
- Shelly Abramson, HHS
- Aquila Powell - Special Assistant to the ASL, HHS
- Tambi McCollum - Congressional Liaison Specialist, ASL, HHS
- David Vos, Director, Office of HIV/AIDS Housing, HUD

\*These folks should have reserved seating in/near the front row - the rest can be seated elsewhere.

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Seth J. Applebaum/WHO/EOP@EOP  
Julie D. Eddy/WHO/EOP@EOP  
Laura L. Efros/NSC/EOP@EOP

**A CALL TO CONSCIENCE: THE ROLE OF FAITH IN RESPONSE TO AIDS  
White House World AIDS Day Summit 2000  
November 30 - December 1, 2000**

**THURSDAY, NOVEMBER 30<sup>TH</sup>**

- File*
- 1200**      **Opening Luncheon** (Mayflower Hotel)  
Convening Prayer  
Welcoming Remarks – Sandra L. Thurman  
*Epidemic Africa* – a film by Rory Kennedy  
Personal Story – Bridget Syamalevwe  
Opening Address – Rabbi Joseph Edelheit, Temple Israel
- 1330**      Break - opportunity to change for evening events
- 1445**      Transport to White House Conference Center for Small Groups
- 1500**      **Small Group Discussions**
- 1700**      **Reception** - Indian Treaty Room, OEOB
- 1830**      **Interfaith Service of Healing, Hope and Remembrance** (open to the public at St. John's Lafayette Square)  
Preacher – Andrew Young
- 2015**      **Bus return to Mayflower from St. John's**

**FRIDAY, DECEMBER 1<sup>ST</sup> - WORLD AIDS DAY**

- 0830**      **Depart Mayflower for Howard University**
- 0900**      **Opening plenary and discussion** – Reflections on the Summit
- 1200**      **Howard University Event with the President**
- 1300**      **Bus return to Mayflower**
- 1330**      **Closing Luncheon** (Mayflower Hotel)  
Remarks & Acknowledgments – Sandra L. Thurman  
Closing Theological Reflection – Dr. Margaret Farley  
Closing Address – The Reverend Jesse Jackson

**A CALL TO CONSCIENCE: THE ROLE OF FAITH IN RESPONSE TO AIDS**  
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Remarks & Acknowledgments – Sandra L. Thurman  
Closing Theological Reflection – Dr. Margaret Farley  
Closing Address – The Reverend Jesse Jackson

TO: BERGER

FROM: LOY, L

DOC DATE: 01 NOV 00  
SOURCE REF:

KEYWORDS: INTL HEALTH  
PUBLIC STATEMENTS

AFRICA  
WH REFERRAL

PERSONS:

SUBJECT: VIDEOTAPED REMARKS ON AIDS FOR KORA AWARDS CEREMONY IN SUN CITY  
SOUTH AFRICA

ACTION: COMMENTS/CONCURRENCE

DUE DATE: 07 NOV 00 STATUS: S

STAFF OFFICER: BERNARD

LOGREF:

FILES: PA

NSCP:

CODES:

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MALINOWSKI  
SMITH, G

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EXECSEC  
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LACKEY  
RUDMAN

*File*

COMMENTS: COMMENTS DUE ASAP TO GOTTHEIMER / SILVER

DISPATCHED BY \_\_\_\_\_ DATE \_\_\_\_\_ BY HAND W/ATTCH

OPENED BY: NSTSM

CLOSED BY:

DOC 1 OF 1

6023

Document No. \_\_\_\_\_

WHITE HOUSE STAFFING MEMORANDUM

Date: 11/1/00 ACTION / CONCURRENCE / COMMENT DUE BY: ASAP

Subject: VIDEOTAPINGS

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SIEWERT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PODESTA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LANE	<input type="checkbox"/>	<input type="checkbox"/>
ECHAVESTE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MARSHALL	<input type="checkbox"/>	<input type="checkbox"/>
RICCHETTI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MOORE	<input type="checkbox"/>	<input type="checkbox"/>
LEW	<input type="checkbox"/>	<input type="checkbox"/>	NASH	<input type="checkbox"/>	<input type="checkbox"/>
BAILY	<input type="checkbox"/>	<input type="checkbox"/>	NOLAN	<input type="checkbox"/>	<input type="checkbox"/>
BERGER	<input type="checkbox"/>	<input type="checkbox"/>	SPERLING	<input type="checkbox"/>	<input type="checkbox"/>
BLUMENTHAL	<input type="checkbox"/>	<input type="checkbox"/>	STRETT	<input type="checkbox"/>	<input type="checkbox"/>
BRAIN	<input type="checkbox"/>	<input type="checkbox"/>	TRAMONTANO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BURSON	<input type="checkbox"/>	<input type="checkbox"/>	UCELLI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CAHILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VERVEER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>show Fred</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>C. Marshall</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EDMONDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>S. Thurman</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FRAMPTON	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
IBARRA	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
JOHNSON, B.	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
JOHNSON, J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

COMMENTS TO GOTTHEIMER/SILVER

RESPONSE:

**President William Jefferson Clinton**  
**Videotaped Remarks on AIDS for KORA Awards Ceremony**  
**To be aired: November 18, 2000**  
**Sun City, South Africa**

00 NOV 1 PM 12:56

Good evening, it is an honor to talk tonight to some of the world's most talented musicians – and to the 50 million fans watching this year's KORA Music Awards Ceremony on television. Ever since I was much younger and imagined a career as a jazz musician, I've been grateful for the wonderful, soul-stirring influence of African music. To the musicians assembled today in Sun City, South Africa, let me say: thank you for inspiring us with your talent. Thank you for enriching our lives with your music.

Today, you gather not only to celebrate Africa's unique heritage, but to celebrate our common humanity, and take aim against a common enemy. Tonight's Music Awards and tomorrow's "One Billion Against AIDS Concert" will raise money and awareness to accelerate our global battle against AIDS.

The toll of the AIDS epidemic is horrifying. Today, more than 34 million men, women, and children around the world are HIV positive. More than 18 million have already died. And yet the pandemic rages on – with 16,000 people becoming infected every day – half of them teenagers and young adults.

Yet, we cannot be discouraged or defeated. The courage to meet this crisis is there throughout Africa -- as activists work with endless endurance to slow the rising tide of infection, and care for those who are sick.

What Africa needs now are partners. This is not just Africa's fight; it is the world's fight. That's why America has helped mobilize billions of dollars from the world's wealthiest countries to fight infectious diseases. We have launched an initiative to speed the development of vaccines. And we have escalated our global battle against AIDS by increasing our support for children orphaned by AIDS, for care and treatment, for education and prevention.

Let us not forget that AIDS is one hundred percent preventable. Let me say to the musicians assembled tonight: by using your popularity to raise awareness about AIDS, you make it easier to talk about AIDS; you make it easier to prevent AIDS; and you make it easier to care for those who have AIDS with love and compassion. Thank you for gathering in great numbers to tell the world: "It is time to talk openly about AIDS. It is time to fight AIDS, not people with AIDS."

There should be no doubt in anyone's mind -- Africa can defeat AIDS. Some of the world's greatest successes in the battle against AIDS are in Africa. You can do this. America will be your partner. For the sake of millions of children who look to us for help and comfort – let's keep pouring our hearts and souls into this fight, and ask God to bless our efforts. Thank you.

**Battenfield, Pat A. (AF)**

---

**From:** Rosshirt, Thomas M. (SPCHW)  
**Sent:** Wednesday, November 01, 2000 10:32 AM  
**To:** @NSA - Natl Security Advisor  
**Cc:** Efros, Laura L. (NEC); @HEALTH - International Health Affairs; @AFRICA - African Affairs; @SPEECH - NSC Speechwriters  
**Subject:** AIDS video script [UNCLASSIFIED]

For SRB

AIDS Video Script for taping this afternoon. Cleared by Sandy Thurman, Laura Efros, @health, @africa



AIDS video wed 1030  
am.doc

Changes to Rosshirt

**President William Jefferson Clinton**  
**Videotaped Remarks on AIDS for KORA Awards Ceremony**  
**To be aired: November 18, 2000**  
**Sun City, South Africa**

Good evening, it is an honor to talk tonight to some of the world's most talented musicians – and to the 50 million fans watching this year's KORA Music Awards Ceremony on television. Ever since I was a young man considering a career as a jazz musician, I've recognized just how dull the world would be without the wonderful, soul-stirring influence of African music. To the musicians assembled today in Sun City, South Africa, let me say: thank you for inspiring us with your talent. Thank you for enriching our lives with your music.

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Yet, we must not be discouraged or defeated. There is strength hidden inside us that is there for us in times of great need. It is there throughout Africa -- as selfless activists work to stem the rising tide of infection, and care for those who are sick.

What Africa needs now are partners. This is not just Africa's fight; it is the world's fight. That's why America has helped mobilize billions of dollars from the world's wealthiest countries to fight infectious diseases. We have launched an initiative to speed the development of vaccines. And we have escalated our global battle against AIDS by increasing our support for children orphaned by AIDS, for care and treatment, for education and prevention.

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TO: BRADTKE

**URGENT**

FROM: BURNIM, J

DOC DATE: 25 SEP 00  
SOURCE REF: AER557

KEYWORDS: AFRICA  
LEGISLATIVE REFERRAL

INTL HEALTH

PERSONS:

SUBJECT: US AGENCY FOR INTL DEVELOPMENT OVERSIGHT TESTIMONY ON AIDS IN AFRICA

ACTION: CONCURRENCE TO OMB

DUE DATE: 26 SEP 00 STATUS: S

STAFF OFFICER: SMITH, G

LOGREF:

FILES: PA

NSCP:

CODES:

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SMITH, G

FOR CONCURRENCE  
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BERNARD  
LACKEY

FOR INFO  
RUDMAN

*Ann K. Rooney  
Notified via phone  
9/26-92*

*1 clear. Eros should  
clear also. 1 defer  
to and concur w/any  
changes by  
Bernard/Eros*

COMMENTS: DEADLINE: 1:00PM SEP 26

**URGENT**

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OPENED BY: NSTCG CLOSED BY: DOC 1 OF 1

6046

**URGENT**

Total Pages: 10

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LRM ID: AER557

**EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF MANAGEMENT AND BUDGET  
Washington, D.C. 20503-0001**

**Monday, September 25, 2000**

**LEGISLATIVE REFERRAL MEMORANDUM**

**TO:** Legislative Liaison Officer - See Distribution below

**FROM:** John D. Burnim (for) Assistant Director for Legislative Reference

**OMB CONTACT:** Annette E. Rooney  
E-Mail: Annette\_E\_Rooney@omb.eop.gov  
PHONE: (202)395-7300 FAX: (202)395-5691

**SUBJECT:** US Agency for International Development Oversight Testimony on AIDS in Africa

**DEADLINE:** 1:00 PM Tuesday, September 26, 2000

---

In accordance with OMB Circular A-19, OMB requests the views of your agency on the above subject before advising on its relationship to the program of the President. Please advise us if this item will affect direct spending or receipts for purposes of the "Pay-As-You-Go" provisions of Title XIII of the Omnibus Budget Reconciliation Act of 1990.

**COMMENTS:**

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83-National Security Council - Robert A. Bradtke - (202) 456-9221

**EOP:**


Sandra Thurman  
Laura L. Efros  
Rebecca L. Walldorff  
Barry T. Clendenin  
Stefani J. Pashman  
Ronald L. Silberman  
Michael Casella  
Kenneth W. Bernard  
Richard R. Beardsworth  
Gayle E. Smith

SEP 25 17:48

P. 1/10

FROM: COLLINS, D. M.

SEP-25-2000 17:32:10:83 - NSC





**Testimony of Vivian Lowery-Derryck  
Assistant Administrator  
Bureau for Africa  
U.S. Agency for International Development**

**Before the**

**Committee on International Relations  
Subcommittee on Africa  
United States House of Representatives**

**September 27, 2000**

**Introduction**

Mr. Chairman, I would like to thank the Committee for giving me this opportunity to testify on HIV/AIDS in Africa: Steps to Prevention. Mr. Chairman, we are all too familiar with the grim reality of over 23 million persons already infected and almost 16,000 persons becoming infected every day. At least 10 persons get infected every minute. Preventing these infections or protecting 70-80% of the population not yet infected even in high prevalence countries should be the highest priority for the countries and the international community. The proportion of population not yet infected is as high as 95-99% in a number of West African countries and in Madagascar. However, the time is running out and stronger actions are needed NOW.

Apart from the devastating impact of the epidemic on economic development it has played havoc with the lives of the families and has become one of the greatest human tragedies in recent history. Over 40 million children are estimated to become orphans from all causes but 80% of them would have lost one or both parents due to HIV/AIDS. Mr. Chairman, this number amounts to 40 times the population of a country like Botswana. Reducing the vulnerability of these orphans to the disease to which their parents succumbed and to the stigma and social and economic problems is a challenge not only for Africa but also for the entire world.

On the positive side, I would like to make two points with regard to orphans and the prevention of HIV/AIDS. Namely, that orphans present both an opportunity and a challenge. The opportunity arises from the fact that these children, with proper care and training, can become responsible citizens and

strong proponents of the prevention messages. The challenge is to apply the numerous prevention interventions that are currently available and that have proven their effectiveness. Mr. Chairman, we have the tools or packages of prevention interventions that have helped successful countries, such as Uganda, reduce the prevalence rates. These tools include: availability of information, condoms and social marketing, access to support services for persons infected, broad multisectoral approaches to the epidemic, and voluntary counseling and testing.

These interventions can be expanded or scaled up immediately. USAID is the largest bilateral donor for HIV/AIDS with a large presence of technical expertise in the field. Thanks to the commitment of the Administration and the Congress, USAID's response to the epidemic is constantly being enhanced. However, I must stress that there is one significant constraint to stepping up our attack on HIV/AIDS. Without a strong commitment on the part of countries to effectively use the resources being pledged by the international community, our efforts may fail. Accordingly, we will work to strengthen countries' commitments to fight HIV/AIDS at all levels and work most closely with the private sector and NGOs already doing their utmost to prevent the spread of the epidemic.

These interventions can be expanded or scaled up immediately. USAID is the largest bilateral donor for HIV/AIDS with a large presence of technical expertise in the field. Thanks to the commitment of Administration and Congress, USAID's response to the epidemic is constantly being enhanced. However, I must stress that there is one significant constraint to stepping up our attack on HIV/AIDS. Without a strong commitment on the part of countries to effectively use the resources being pledged by the international community, our efforts may fail. On the other hand, we cannot categorically refuse to undertake programs in countries where leaders do not demonstrate the desired level of commitment. The suffering of the affected populations, not to mention the threat posed to neighboring countries, would simply be too great. In those instances where the necessary commitment is lacking, we must still persist in establishing anti-AIDS programs by working with willing NGOs and communities. At the same time, we are acutely aware of the fact that the outcomes will not be as successful as in places where we have good public sector partners.

With your permission, Mr. Chairman, in my testimony today I will focus on voluntary counseling and testing and the issue of orphans. I will talk about the reasons why VCT has to be an essential part of the prevention intervention package, the progress made in providing VCT service thus far, mainly

with USAID's assistance, and the future prospect of expanding this intervention. In addition, I will touch upon the problem of orphans and the strategies for reducing their vulnerability and thus making them a positive force for HIV/AIDS prevention.

## **Voluntary Counseling and Testing (VCT)**

### **VCT: An Essential Part of Prevention**

VCT is the process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV. If he or she chooses to be tested, there are provisions for post-test counseling and follow-up.

There are compelling reasons for provision of VCT facilities in sub-Saharan Africa. As a basic human right, individuals should have the access to information and services that will inform them of their status, whether they are sero-positive or sero-negative, if they wish to be so informed. Second, as a public health measure it is important that people should know the risk of their behavior to themselves and to others. Third, VCT enables people to plan their lives and is most effective for those who are about to make critical life planning decisions. Pregnant women who are aware of their sero-positive status can prevent transmission to their children, and parents can plan for the care of their children after they die. Therefore VCT is an important component of preventing mother to child transmission and caring for orphans. Fourth, VCT has been shown to cause sexual behavior changes, at least in the short run. Fifth, it provides the necessary psychological support to those found to be sero positives, even in the absence of availability of antiretroviral drugs. One of the most important contributions of VCT programs is the normalization and destigmatisation of HIV/AIDS. VCT contributes a collective sense that HIV infection is something that can happen to anyone; it gives the 'monster' a human face, making it easier to engage in public discourse on prevention of HIV. This also creates the opportunity for people living with HIV-AIDS to organize into groups. These groups can be pivotal in carrying forward messages about prevention and in the provision of care and support to others with HIV-AIDS. Finally, VCT provides an entry point to care.

### **Impact and Effectiveness of Voluntary Counseling and Testing**

USAID is proud to be associated with the development of the earliest efforts in providing VCT services. The intervention was introduced in Uganda

where the environment for new and innovative activities had been most conducive due to the strong interest of the top leadership as well as of people in curtailing the epidemic. The demographic and health survey of 1995 indicated that over 67% of the Ugandans were eager to know their HIV status. The AIDS Information Center, supported by USAID, became the major non-medical site to provide voluntary counseling and testing. By the end of July 1996, over 300,000 clients had received voluntary counseling and testing. The number of clients and the demand grew rapidly, and the facilities are being expanded nationally. After the initial testing and counseling, the clients are sent for long-term social support to post-test clubs where both HIV-positive and negative persons meet and reinforce behavior change efforts. HIV positive clients with symptoms are referred to a non-governmental organization called The AIDS Support Organization or TASO for care and support. TASO activities have also become a model and are being replicated in different parts of the country and outside the country. HIV prevalence among those seeking VCT declined from 23% to 15% among males and from 35% to 28% among females during 1993-97. Following Uganda's success, USAID helped introduce VCT in Kenya, Malawi, Zimbabwe, South Africa, Zambia and Tanzania. VCT has become one of the major responses to the epidemic.

USAID has helped scale up VCT in Zimbabwe in a highly systematic manner ensuring quality of services. It selected 125 sites initially and then, on the basis of criteria such as availability of trained counselors, expected demand, and consultations with the stakeholders and communities, six final sites were selected. These sites are the location of clinics that are run by governmental and non-governmental organizations. One site is operated by the private sector. The clients are increasing at all the sites, particularly in the urban areas.

Similar successes with VCT have been reported in recent studies of cost-effectiveness of VCT in Kenya and Tanzania published in the July issue of Lancet. The study involved over 3,000 individuals and close to 600 couples randomized to receive either education and VCT or only education. The proportion of individuals reporting unprotected intercourse with non-primary partners declined significantly for those receiving VCT compared to those receiving simply health information. The reduction among men with VCT was 35% as compared to 13% with health information only. The corresponding figures for women were 39% and 17% respectively. Condom use among all participants increased.

The per capita cost of VCT has been reported at about \$26-29 in the study. This translates to about \$250-350 per infection averted. These costs are likely to go down with a new and less expensive test kit. (See next paragraph).

### **Future Prospects for VCT**

The demand for VCT is likely to grow in sub-Saharan Africa for several reasons. First, as the awareness of HIV/AIDS increases, due to better availability of information, a larger number of people will want to learn their sero status. Second, because of efforts to make nevirapine available for reducing mother to child transmission, VCT services will be required as a necessary part of this effort. Third, a new rapid test allows same-day results, thereby reducing the burden of having to travel back to a clinic to receive results. VCT currently costs between \$12 to \$24 per person. However, personnel costs are the largest component of the total cost, since the test kits themselves cost \$1-2.

Given the high value of VCT programs, countries and donors need to:

**Expand the Services:** VCT services should be offered as part of essential health care linked to other health service such as tuberculosis. The structure of VCT services should be flexible to reflect an understanding of the needs of the communities they serve. Services should be linked with community organizations that can provide care and support resources.

**Give special attention to Vulnerable and high risk Groups:** VCT services should be developed to cater to the need of vulnerable groups such as women and orphan. Involvement of people living with HIV/AIDS is essential. Targeting high-risk populations such as truckers and sex workers can increase the cost effectiveness of VCT.

**Reduce the barriers to utilizing VCT and other services:** Stigma remains one of the most significant barriers to providing HIV/AIDS services. Policy dialogue and an enabling environment that allows frank discussion of the disease and its impact on individuals and society are a prerequisite for the success of any intervention.

**Recognize the limits of a single intervention:** Despite the demonstrated efficacy of VCT there are concerns. The long-term impact of VCT is uncertain. The first question is whether the safe sexual behavior will continue in the long run. The second is the negative social and psychological consequences of poor counseling. The third issue relates to the difficulty of disclosure, particularly by women.

## **Orphans**

As I mentioned earlier the HIV/AIDS epidemic is producing orphans on a scale unrivaled in world history. It is difficult to overstate the trauma and hardship that the increase in AIDS-related morbidity and mortality has brought upon children. Denied the basic closeness of family life, children lack love, attention and affection, similar to children living in war-affected areas. They are pressed into service to care for ill and dying parents, removed from school to help with family or household work, or pressured into sex to help pay for necessities their families can no longer afford, thereby escalating their own risk of infection. Often it is girls who suffer the most. Finally, these children frequently receive less health care attention.

Unfortunately the traditional responses to orphans -- developing institutions and orphanages -- is not appropriate for this crisis. Though in AIDS-affected areas there are increasing stresses to the capacity of extended families and communities to provide care, in most cases institutions are not an appropriate alternative. Institutions generally do not adequately meet key developmental needs such as consistency of care, especially for younger children. In addition, when children grow up without family and community connections, they are cut off from the support networks they will need as adults, as well as the opportunities to learn the skills and culture that children learn in families and in their communities. Economically, institutional care is also not financially feasible for large numbers of children. The resources needed to support institutional care for a single child can assist scores and even hundreds of children if used effectively to support a community-based initiative. In communities under economic stress, increasing the number of places available in institutions has often led to more children being pushed from family care to fill those places, where the material standards are seen as being higher than families can provide. This increases the scale of the problem and consumes resources that could do more if directed towards strengthening family and community capacities to care for vulnerable children. Institutional care can be helpful in those cases where there is no other immediate option, and it can serve as an interim solution while a fostering situation is arranged. However, children

in this situation should be reintegrated into the community, as soon as a reliable caregiver is identified.

### **Strategy for Intervention**

When HIV/AIDS strikes, the first line of response comes from the children's families and communities. The extent to which the work of others – governments, NGOs, religious institutions and donors – is effective is a function of how well they support the efforts of children, families and communities. *Children at the Brink*- the seminal work supported by USAID, identifies five basic strategies of intervention that can help such efforts:

1. Strengthen the capacity of families to cope with their problems
2. Mobilize and strengthen community-based responses
3. Increase the capacity of children and young people to meet their own needs
4. Ensure that governments protect the most vulnerable children and provide essential services
5. Create an enabling environment for affected children and families.

### **Strengthen the capacity of families to cope with their problems**

It is a tribute to the strength of families in Africa that the extended family has not collapsed in the face of the pandemic. Although AIDS puts families under incredible stress, the majority of families are still providing some level of care for affected children. Research has shown that it is critically important to help household's shore up their economic capacity. In Uganda, for example, three out of four members of a successful village-banking program, supported by USAID, are caring for orphans. Programs that support home care of HIV/AIDS parents further strengthen the ability of families to cope. USAID has been supporting home care programs as well as prevention efforts through these programs in severely affected countries.

### **Mobilize and strengthen community-based responses.**

Community mobilization can encourage local leaders to protect the property and inheritance rights of widows and orphans, organize cooperative child care, organize orphan visitation programs and provide financial support. In Malawi, for example, through USAID support, district AIDS committees have been set up. These AIDS committees in communities have, in turn,

helped villages to raise funds and channel resources to affected children and adults. The villages have developed community gardens, grown and distributed sweet potato and cassava to needy households, and organized youth groups to educate others about HIV prevention.

### **Strengthen the capacity of children and young people to meet their own needs**

The illness or death of a parent often catapults a child into a harsh world. The first line of defense is to enable children to stay in schools so they may acquire the skills to care for themselves. Interventions to help them remain in school must address the institutional, financial and other factors that cause them to fall out of the educational system. Examples of effective interventions include: changing policies regarding fees or uniform requirements, providing at least one meal a day at school, providing schools with equipment, or renovation, in exchange for admitting vulnerable children and arranging apprenticeships with local artisans.

### **Conclusion**

Mr. Chairman, I would conclude that one of the main lessons of Uganda is that a successful national effort involves utilizing all available tools and resources to achieve our goal. We cannot rely on one or two interventions to turn around the kind of epidemics we see raging in Africa. Thus, put in the context of a comprehensive strategy, VCT is one of several powerful tools. USAID is committed to expanding and strengthening it. However, as I stated earlier, national commitment is essential for making donor efforts more effective.

As for the challenge of orphans, all parties -- donors, governmental and non-governmental organizations and communities -- must work together toward the overarching goal of creating an enabling environment for the affected families. Stigma should be reduced. Laws should be changed to reduce the vulnerabilities of children and families. This means changing public recognition of HIV/AIDS from "their problem" to our problem in this interdependent world.

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RECORD ID: 0006047  
RECEIVED: 25 SEP 00 18

TO: BRADTKE

FROM: BURNIM, J

DOC DATE: 26 SEP 00  
SOURCE REF: AER560

KEYWORDS: AFRICA  
VOA

**URGENT**

INTL HEALTH  
LEGISLATIVE REFERRAL

PERSONS:

SUBJECT: VOICE OF AMERICA TESTIMONY ON AIDS IN AFRICA

ACTION: CONCURRENCE TO OMB

DUE DATE: 26 SEP 00 STATUS: S

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**URGENT**Total Pages: **12**

LRM ID: AER560

**EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF MANAGEMENT AND BUDGET  
Washington, D.C. 20503-0001**

Tuesday, September 26, 2000

**LEGISLATIVE REFERRAL MEMORANDUM**

**TO:** Legislative Liaison Officer - See Distribution below

**FROM:** John D. Burnim (for) Assistant Director for Legislative Reference

**OMB CONTACT:** Annette E. Rooney  
E-Mail: Annette\_E\_Rooney@omb.eop.gov  
PHONE: (202)395-7300 FAX: (202)395-5691

**SUBJECT:** Voice of America Testimony on AIDS in Africa

**DEADLINE:** ~~X~~ 5:00 PM Tuesday, September 26, 2000 ~~X~~

In accordance with OMB Circular A-19, OMB requests the views of your agency on the above subject before advising on its relationship to the program of the President. Please advise us if this item will affect direct spending or receipts for purposes of the "Pay-As-You-Go" provisions of Title XIII of the Omnibus Budget Reconciliation Act of 1990.

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LRM ID: AER560

SUBJECT: Voice of America Testimony on AIDS in Africa

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**RESPONSE TO  
LEGISLATIVE REFERRAL  
MEMORANDUM**

If your response to this request for views is short (e.g., concur/no comment), we prefer that you respond by e-mail or by faxing us this response sheet. If the response is short and you prefer to call, please call the branch-wide line shown below (NOT the analyst's line) to leave a message with a legislative assistant.

You may also respond by:

(1) calling the analyst/attorney's direct line (you will be connected to voice mail if the analyst does not answer); or

(2) sending us a memo or letter

Please include the LRM number shown above, and the subject shown below.

TO: Annette E. Rooney Phone: 395-7300 Fax: 395-5691  
Office of Management and Budget  
Branch-Wide Line (to reach legislative assistant): 395-6194

FROM: 9/27 (Date)  
GAYLE SMITH (Name)  
NSC (Agency)  
6-9261 (Telephone)

The following is the response of our agency to your request for views on the above-captioned subject:

- Concur w/ concurrence from Benard / EFRS
- No Objection
- No Comment
- See proposed edits on pages \_\_\_\_\_
- Other: \_\_\_\_\_
- FAX RETURN of \_\_\_\_\_ pages, attached to this response sheet

**“HIV/AIDS in Africa: Steps to Prevention”**

**Testimony before the Subcommittee on Africa  
of the House Committee on International Relations**

**Sanford J. Ungar**

**Director, Voice of America**

**September 27, 2000**

**Good afternoon. My name is Sanford J. Ungar, and I am Director of the Voice of America. I want to thank the House Subcommittee on Africa for the invitation to speak today about the role the media are playing in preventing and containing the spread of HIV/AIDS in Africa.**

**Confronted by the stark statistics, dire forecasts, and secrecy associated with most discussions of HIV/AIDS, one could easily be overwhelmed by the scope of this pandemic, to the point of abandoning any hope that we will someday gain the upper hand against it. After all, how can the battle against HIV/AIDS be won in Africa if doctors there fail – or even refuse -- to tell a person that he or she is HIV-positive? How can it be won if family members will not reveal a relative’s cause of death, or if the disease continues to be cloaked in shame and subterfuge?**

**Consider these facts: An estimated 33.6 million adults and children are living with HIV in sub-Saharan Africa alone. Altogether, there are now 16 African countries where more than 10 percent of the population aged 15–49 is infected with HIV. In seven countries, all in the southern cone of the continent, at least one adult in five is living with the virus. Botswana’s HIV infection rate exceeds 35 percent, and the disease threatens to**

wipe out an entire middle class there, let alone whatever economic growth the country has achieved in recent years. Under these circumstances, can anything be done to halt the virus's devastating advance?

Clearly, accurate and candid information about HIV/AIDS is crucial to winning this struggle across the African continent. We have taken a special interest in this issue at Voice of America, given that an estimated 40 percent of our listeners now live in Africa. As *Washington Post* correspondent Karl Vick recently observed in a report on the problem, "*...information provides more than a context for HIV/AIDS. In places without money or medicine to fight back – almost all of Africa – it is the whole story.*" Open discussion of HIV/AIDS, a frank explanation of the methods of prevention and treatment, and the encouragement of social acceptance for individuals afflicted with the virus are all critical. So is the exposure of bogus explanations for the disease's origin and of get-rich-quick quack schemes that hold out false promises of a cure. The media have a responsibility to convey accurate information to people who may be at risk of contracting the virus.

But media in Africa are not always operating on a level playing field, particularly when it comes to coverage of HIV/AIDS. They often find themselves subject to censorship by governments still coming to terms with the scope of the virus and the catastrophic consequences it portends for their countries. In the absence of unambiguous, authoritative statements by some African leaders about the importance of preventing the spread of HIV/AIDS and tolerating and supporting those who have the disease, popular misperceptions and cultural taboos about transmission and treatment have been allowed

to flourish – thus making the media’s role much more difficult to accomplish. And that is why outsiders must help.

While we may be disappointed in the paucity of discussion and understanding in African societies of HIV/AIDS, it may be instructive to reflect for a moment on the gradual shift in public understanding of HIV/AIDS here in the U.S., due largely to the way U.S. media outlets have covered this emerging story over the course of the past two decades. Let’s turn back the clock for a moment to the early 1980s and recall how the mainstream media in the United States handled the story. A July, 1996 report in the *Columbia Journalism Review*, entitled “Covering the Epidemic – AIDS in the News Media, 1985-1996,” provides insight into how the media’s coverage of HIV/AIDS evolved in that period. At one point, AIDS was actually referred to as “GRIDS” (Gay-Related Immuno-Deficiency Syndrome), and was believed to be uniquely a gay men’s disease. It wasn’t until August 8, 1982, that the *New York Times* informed its readers about a growing health crisis in the homosexual community that was baffling medical science, and actually termed the disease “AIDS” for the first time. Later that year, the public picture became more complicated when the *Washington Post* reported on the death of an infant who had received a blood transfusion from an HIV/AIDS –infected donor. Still, a June 1983 *Newsweek* poll found that ignorance about the virus was widespread in the United States, with 40 percent of those surveyed either believing that AIDS could be acquired through casual contact or unsure about whether it could be transmitted this way. Since that time, the mainstream media have shifted from treating HIV/AIDS as purely a health issue to taking up its cultural, economic, and geopolitical dimensions, and they have attached human faces to the virus to demonstrate its social impact. Inasmuch as this

shift in public understanding of HIV/AIDS occurred over nearly two decades in the United States, it is hardly surprising that open discussion of the nature and causes of HIV/AIDS remains a stumbling block for media organizations elsewhere in the world, including Africa, where many are still under state control.

While we in the media have come a long way toward understanding what HIV/AIDS is and is not, our enlightenment will prove inconsequential if we fail to reach people who urgently need such information in meaningful ways. In Africa, radio is king, and it is often the most effective means of reaching people and generating discussion of subjects long considered taboo. At its best, radio in Africa can serve as an antidote to the dearth of reliable medical information about how HIV/AIDS is spread and how it can be prevented and treated. Through the frank presentation of information to listeners, radio can help overcome the social stigma associated with the virus. But whether the station is an international one with a global presence like the Voice of America, or a small local community outlet in Mozambique or Zambia, it has to develop new, innovative programs targeted to its particular audience if it is going to be relevant to people and affect their behavior. This must be done even at the risk of intruding, violating the old code of silence, or offending sensibilities.

I would like to describe for you a few ways that the Voice of America and some of its affiliate stations in Africa are working on this problem. VOA broadcasts into African homes in eleven languages everyday. Over the past fifteen years, we have made stories about HIV/AIDS a broadcasting priority, and our features on the topic have tried to help some 36 million listeners in Africa make informed choices about dealing with the disease. We have featured discussions with experts from the National Institutes of Health

and the World Health Organization. A global teleconference of HIV/AIDS specialists, held at VOA in September 1997, was made available by special broadcast to rural African doctors. VOA has covered each of the past thirteen international AIDS conferences, and we have reported on the efforts of non-governmental organizations (NGOs) in Africa to raise levels of awareness and tolerance toward people afflicted with the virus.

VOA's programs on HIV/AIDS are not limited by any means to shortwave radio, or even to medium-wave or FM. The Internet and television amplify the impact and reach of these broadcasts. Already VOA streams nearly 70 hours of live or on demand programs to Africa on to the Internet each week, and we are poised to take further advantage of this technology as it develops on the continent. In urban areas throughout Africa, where television rivals radio in popularity, VOA affiliate stations broadcast *Africa Journal*, a popular weekly call-in television program. *Africa Journal* has tackled HIV/AIDS-related issues from many angles, and has featured the opinions of policy makers, activists, and average citizens in Africa ever since going on the air nine years ago. For many African viewers, it has created the kind of space for open dialogue about HIV/AIDS that may be difficult to find in their own communities. A new VOA weekly radio/television simulcast, called *Straight Talk Africa*, has just been launched and will also treat HIV/AIDS in upcoming segments. For those programs and others, including *This Week*, an English-language TV news magazine shown by several African networks and individual stations, VOA video journalists, equipped with hand-held digital cameras, have learned to enhance HIV/AIDS-related stories with powerful images.

The effectiveness of information is often difficult to measure, but there are some telling signs that we have had an impact. Earlier this year, the director of Rwanda's National Anti-AIDS Program cited VOA's Central African Service for its help in raising awareness among his countrymen about the impact of HIV/AIDS on their society. He noted that the number of Rwandans who now admit to carrying the disease has increased. Similarly, in Burundi, HIV/AIDS patients have made public statements that being HIV-positive is neither a sin nor a source of shame.

Every broadcaster's worst nightmare is to produce a program that he or she is proud of but no one is listening to. HIV/AIDS is one of those topics that, if discussed in a manner that sounds preachy or condescending, could result in many a radio being clicked off by otherwise receptive listeners. Thus, understanding one's audience is essential to achieving results. A soccer tournament in Africa, with thousands of captive listeners clinging to their radios to hear the play-by-play, proved to be an excellent opportunity to talk to men about HIV/AIDS. In a fine example of developing messages geared to an especially vulnerable segment of the population -- young men in their teens and early twenties -- VOA joined forces with the Confederation of East and Central African Football Associations and the Johns Hopkins University Center for Communication Programs to develop a series of HIV/AIDS-related messages that were broadcast during soccer games. Soccer players themselves -- genuine heroes in Africa -- recorded public service announcements promoting the use of condoms and other preventive measures. These broadcasts went over so well that they earned VOA an award from the Confederation of East and Central African Football Associations, and

several African sports reporters teamed up to form the Association of Sports Journalists for Health / East and Central Africa.

Funded in part by a grant from Cable Positive, a foundation associated with the cable television industry, VOA is about to embark on its most ambitious and innovative HIV/AIDS programming yet, a special project in English and Portuguese in Southern Africa. Working with two of our affiliate stations -- Bush Radio in Cape Town, South Africa, and Radio Pax in Beira, Mozambique -- we will produce HIV/AIDS awareness concerts commemorating World AIDS Day in December. At the concerts, through songs and role-plays, musicians and drama groups will address the need to end the silence and stigmatization associated with HIV/AIDS. Leading up to the concerts will be a series of teen-town meetings with youth in Cape Town area high schools, and a community-wide town hall meeting in Beira, about HIV/AIDS-related issues.

At the same time, VOA will create a radio documentary mini-series in English and Portuguese, identifying certain communities in Southern Africa, and even particular individuals, to follow over the next two years in order to understand better the impact of HIV/AIDS in the region. During this two-year period, linking the recently concluded World AIDS Conference in Durban with the next one in Barcelona in 2002, VOA will assess whether any messages emanating from the Durban conference have reached and affected these communities. Stories will look at such issues as whether treatment and drugs are more readily available; whether there has been a change in infection rates; whether personal behavior has evolved; and whether people are more willing to talk openly about the disease. Community members themselves will tell these stories through

their own eyes and with their own voices. The listening audience will hear from many of the same "cast" of individuals on a recurring basis.

No matter how tear-jerking an AIDS-orphan's account of his or her plight is -- or how disgusted it makes us to learn that, in some African and other developing societies, people believe they can be cured of HIV by having sex with a young virgin -- an audio or visual account of these stories will only go as far as one's own eyes and ears and personal experiences will allow. Heard or read in isolation, such a story about HIV/AIDS may have a limited impact on any individual. If it is heard or read as part of a group discussion, however, the impact on one's behavior may be greater. Broadcasting from Washington, D.C., we realize that our reach is limited, and thus we rely on our affiliate stations in Africa to carry our broadcasts on local FM frequencies. From a media perspective, they are on the front lines in the battle to contain and prevent the spread of HIV/AIDS, and their efforts to educate their listeners truly inspire admiration.

Take Bush Radio in Cape Town, for example. Bush Radio is an all-volunteer community station that has developed some cutting-edge programs targeting high school youth in some of the roughest areas of that city. Already they produce a weekly "HIV/HOP" program hosted by teens, weaving hip-hop music into a call-in talk-show format. They have won over inherently suspicious principals and teachers, and are now allowed to visit the schools regularly to hold information sessions with students about HIV/AIDS prevention and tolerance. Leading up to World AIDS Day and our Cape Town concert on December 1, Bush Radio will broadcast live the four teen-town hall meetings it is holding, and later VOA will broadcast portions of them to all of Africa.

**Bush Radio will also produce its own HIV/AIDS awareness public service announcements that VOA will use on its broadcasts throughout anglophone Africa.**

**Radio Pax, in Beira, the second largest city in Mozambique, is another example. Despite the devastation of last year's floods, Radio Pax -- with a staff of fewer than ten people and a studio that is little more than a van with an antenna and a phone line -- remains the city's most popular radio station. Each week, it broadcasts a thirty-minute program on HIV/AIDS-issues, featuring health experts and government and community leaders. And as part of its World AIDS Day activities this year, Radio Pax will host a first-ever community-wide town hall meeting on HIV/AIDS. In countries where discussion, understanding, and acceptance of taboo subjects occur incrementally, these activities represent meaningful steps forward.**

**Some might ask: what business is it of Voice of America to become involved in the enormous, often frustrating, task of fighting AIDS in Africa? My answer is that this kind of health reporting is in the best public-service tradition of American journalism. Just as VOA has had an effective role to play in the worldwide effort to eradicate polio -- working alongside Rotary International, the World Health Organization, and the U.S. Agency for International Development -- it is now joining forces with others to confront HIV/AIDS. Even if this is not our first line of work, it is entirely appropriate for a news organization like VOA to form partnerships with other journalists and government agencies to leverage each other's contributions in the fight against HIV/AIDS -- especially where opportunities exist to reach directly the ears of statesmen and policy makers. This is the case with a grant recently extended to VOA by the State Department's Bureau of Oceans and International Environmental and Scientific Affairs**

for the purpose of creating a 30-minute documentary on HIV/AIDS, which will be shown to visiting African statesmen and others. VOA will, of course, retain complete editorial control over the final product, but I would like to highlight this as an example of effective cooperation between two now-separate agencies in the fight against HIV/AIDS.

By now, few people doubt the importance to international security of the effort to deal with this disease. The United Nations has joined the U.S. government in attempting to draw attention to the urgency of this challenge, in Africa as elsewhere. As we have reported on the Voice of America, there is a dawning worldwide recognition of the social, economic, political, and even strategic threat posed by HIV/AIDS, once viewed as a medical issue of narrow importance. But in closing, let me make an obvious point: No amount of international financial, political, or technical support will result in a reduction in the rates of HIV infection across Africa if there is not outspoken indigenous African leadership on the issue and a broader view of the problem. Local media and international broadcasters like VOA have the potential to create open spaces for a dialogue about how to prevent and contain HIV/AIDS; but without the bold support of respected national and community leaders in Africa in bringing this conversation closer to home, all efforts to halt the advance of this killer virus will be doomed to failure.

Sanford J. Ungar, Director of the Voice of America since June 1999, has been a journalist in Washington for more than thirty years. He is a past managing editor of *Foreign Policy* magazine and has written and spoken widely on international issues for a general audience. He is a former host of "All Things Considered" on National Public Radio and author of the best-selling book, *Africa: The People and Politics of an Emerging Continent*, first published in the mid-1980s.

TO: PRESIDENT

FROM: WELLSTONE, PAUL D

DOC DATE: 12 SEP 00  
SOURCE REF:

KEYWORDS: LIBERIA  
LEGAL ISSUES

IMMIGRATION  
CO

PERSONS:

SUBJECT: LIBERIAN NATL RESIDING IN US UNDER DEFERRED ENFORCED DEPARTURE  
PROGRAM

ACTION: PREPARE MEMO FOR BERGER

DUE DATE: 07 OCT 00 STATUS: S

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FILES: PA

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FOREIGN RELATIONS



6061

September 12, 2000

President Bill Clinton  
1600 Pennsylvania Avenue NW  
Washington, D.C. 20500

Dear President Clinton:

I am writing to voice my grave concern for Liberian nationals currently residing in the United States under the Deferred Enforced Departure (DED) program that you created through executive order in September 1999. As you are aware, DED will expire September 29, 2000. DED, and its predecessor, Temporary Protected Status (TPS) are humanitarian efforts to recognize the potentially dangerous situation in Liberia, and to afford Liberians currently residing in the United States the opportunity to legally remain in the United States until country conditions in Liberia improve.

Sadly the country conditions in Liberia remain highly volatile. On August 25, 2000 the U.S. Department of State issued a travel warning advising U.S. citizens not to travel to Liberia because of the increasing instability and threat of violence in Liberia. The State Department has authorized the departure of all non-emergency personnel from the U.S. Embassy in Monrovia. According to the State Department travel warning; "Political conditions in Liberia have deteriorated in recent weeks. The presence of many ill-trained and armed government security personnel constitutes a potential danger. The northwestern part of the country is unsettled as rebel activity in Sierra Leone continues to affect stability along the Sierra Leone/Liberia border." Amnesty International and the United Nations echo these sentiments in their most recent reports on conditions in Liberia.

Many of my Liberian constituents tell me that they long to return to a safe, free Liberia. Unfortunately, these goals have yet to be met. Many Liberians who were covered under Temporary Protected Status have lived in the U.S. continuously since 1991. Many of them have raised their families here, their children are U.S. citizens, their roots in Minnesota's communities and their roots in the United States are deep.

HART SENATE OFFICE BUILDING  
WASHINGTON, DC 20510-2303  
(202) 224-5641

2550 UNIVERSITY AVENUE, WEST  
COURT INTERNATIONAL BUILDING  
ST. PAUL, MN 55114-1025  
(651) 645-0323

Post Office Box 281  
105 2d AVENUE, SOUTH  
VIRGINIA, MN 55792  
(218) 741-1074

417 LITCHFIELD AVENUE, SW  
WILLMAR, MN 56201  
(320) 231-0001

I am a co-sponsor of S.656, The Liberian Refugee Immigration Fairness Act. This legislation would allow Liberians living in the United States since January 1, 1999 to obtain Legal Permanent Resident status. I remain hopeful about the passage of this important legislation. However, because the expiration of Deferred Enforced Departure is quickly approaching, I urge you to take steps now to prevent the dislocation of these individuals and their families.

Sincerely,

A handwritten signature in cursive script that reads "Paul Wellstone".

Paul David Wellstone  
United States Senator

PDW:lsm

**THE WHITE HOUSE  
CORRESPONDENCE TRACKING WORKSHEET**

ID# 428631  
PAGE 1

DATE RECEIVED: 09/20/2000

NAME OF CORRESPONDENT: THE HONORABLE PAUL WELLSTONE

SUBJECT: EXPRESSES CONCERN REGARDING LIBERIAN NATIONALS CURRENTLY RESIDING IN THE UNITED STATES UNDER THE DEFERRED ENFORCED DEPARTURE PROGRAM THAT WILL EXPIRE ON SEPTEMBER 29 2000

ROUTE TO: OFFICE/AGENCY	(STAFF NAME)	ACTION		DISPOSITION		
		ACTION CODE	DATE YY/MM/DD	TYPE RESP	C D	COMPLETED YY/MM/DD
LEGISLATIVE AFFAIRS	CHARLES "CHUCK" BRAIN	ORG	2000/09/20			C 00/09/25

**ACTION COMMENTS**

*NSC*                      *Robert Bradtke*                                     /  /                                                                       /  /  

**ACTION COMMENTS:**

               /  /                                                                       /  /  

**ACTION COMMENTS:**

               /  /                                                                       /  /  

**ACTION COMMENTS:**

**COMMENTS**    BATCH #428623    *cc. INS, Joel Wigginton*

**ADDITIONAL CORRESPONDENTS:** 0

**MEDIA:** LETTER

**INDIVIDUAL CODES:**

**REPORT CODES:**

**USER CODES:**

**ACTION CODES:**

- A - APPROPRIATE ACTION
- C - COMMENT/RECOMMENDATION
- D - DRAFT RESPONSE
- F - FURNISH FACT SHEET
- I - INFO COPY/NO ACT NECESSARY
- R - DIRECT REPLY W/ COPY
- S - FOR SIGNATURE

**DISPOSITION CODES:**

- A - ANSWERED
- B - NON-SEPC-REFERRAL
- C - COMPLETED
- S - SUSPENDED

**OUTGOING CORRESPONDENCE:**

- TYPE RESP = INITIALS OF SIGNER
- CODE = A
- COMPLETED = DATE OF OUTGOING

REFER QUESTIONS AND ROUTING UPDATES TO RECORDS MANAGEMENT (ROOM 72, OEOB) EXT-62590  
KEEP THIS WORKSHEET ATTACHED TO THE ORIGINAL INCOMING LETTER AT ALL TIMES AND SEND COMPLETED RECORD TO RECORDS MANAGEMENT.

THE WHITE HOUSE

WASHINGTON

September 25, 2000

MEMORANDUM FOR ROBERT A. BRADTKE  
NSC Executive Secretariat

FROM: KAY CASSTEVENS  
Legislative Affairs

SUBJECT: PRESIDENTIAL CORRESPONDENCE

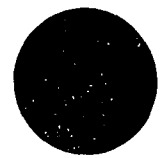
Attached are copies of letters sent to the White House by various Members of Congress. Since these letters address national security issues, we would appreciate your assistance in drafting the responses.

Thank you very much for your assistance. If you have any questions, please call Courtney Crouch at x67500.

The following is a brief description of the letters:

- 1) Sen. Tom Harkin (D-IA), concerning trade relations between the United States and Burma and the Burmese military junta;
- 2) Sen. Trent Lott (R-MS), recommending that the President comply with the Iran Nonproliferation Act of 2000;
- 3) Sen. Arlen Specter (R-PA), concerning the situation of Mr. Edmund Pope, currently incarcerated in a Moscow prison and suffering from a rare form of bone cancer;
- 4) Sen. Craig Thomas (R-WY) and eleven other Senators, recommending that the President visit Singapore en route to the APEC Economic Leaders Meeting in November;
- 5) Sen. Paul D. Wellstone (D-MN), concerning Liberian nationals residing in the United States under the Deferred Enforced Departure program (DED);
- 6) Rep. John Linder (R-GA), concerning alternative sources of antipersonnel weaponry;
- 7) Rep. John E. Peterson (R-PA), concerning the situation of Mr. Edmund Pope, currently incarcerated in a Moscow prison and suffering from a rare form of bone cancer;

SEP 25 19:18



THE WHITE HOUSE  
WASHINGTON

00 AUG 08 09:54: 505 : 49

SCHEDULING PROPOSAL



Date: 8/1/00

     ACCEPT

     REJECT

     PENDING

TO: Stephanie Street  
Deputy Assistant to the President and Director of Scheduling

FROM:  Sandra Thurman, Director, Office of National AIDS Policy 

REQUEST: Taped video address by the POTUS

PURPOSE: The prime minister of the Republic of Namibia has requested a taped message on AIDS from the POTUS to air during the KORA All Africa Music Awards on November 18.

BACKGROUND: The Right Hon. Hage G. Geingob, Prime Minister of the Republic of Namibia is requesting a POTUS videotape to show during the awards ceremony. The Prime Minister is also a Patron of KORA, the All-African Music Awards, equivalent to the U.S. Grammy awards. The award show is broadcast live throughout Africa, Asia, the Caribbean and parts of Europe with a viewership of 380 million individuals. This year, given the devastating impact that AIDS is having on Africa, many recipients of the music awards have agreed to contribute their time and talent to the KORA sponsored "One Billion Against AIDS Concert," to be held the day after the award ceremony. This concert will be held to raise funds to donate to the United Nations for fighting the AIDS pandemic in southern Africa. A "lifetime achievement award" will be presented to United Nations Secretary General Kofi Annan as part of the official awards program.

The videotaping presents an excellent opportunity for the POTUS to address the devastating impact that HIV/IDS is having in

Africa and worldwide. Last year the Administration announced the LIFE Initiative to specifically address HIV/AIDS from a global perspective. This videotaped message would allow the POTUS to share his continued commitment to addressing HIV/AIDS in Africa and honor those who are giving of themselves to help others.

**PREVIOUS****PARTICIPATION:**

The POTUS has participated in numerous other AIDS-related events during his Administration, including the announcement of the Congressional Black Caucus Initiative and previous World AIDS Day events.

**DATE AND TIME:**

The video will be aired on November 18 thus taping should occur approximately two weeks beforehand to allow for shipping. → *NW. 1*

**DURATION:**

A video message of 3 - 5 minutes is requested.

**LOCATION:**

Undetermined.

**PARTICIPANTS:**

POTUS.

**OUTLINE OF  
EVENTS:**

Taped message to be read from a Teleprompter.

**REMARKS:**

Draft text to be provided by the Office of National AIDS Policy and submitted to speechwriting for review and revision.

**MEDIA:**

None.

**FIRST LADY:**

No.

**VICE PRESIDENT:**

No.

**SECOND LADY:**

No.

**RECOMMENDED BY:**

Sandra Thurman

**CONTACT:**

Matthew Murguia, Office of National AIDS Policy, 5-1449.



*Background*

**REPUBLIC OF NAMIBIA**

***Prime Minister***

28 March 2000

His Excellency Mr William Jefferson Clinton  
President of the United States of America  
White House  
Washington DC

Mr President,

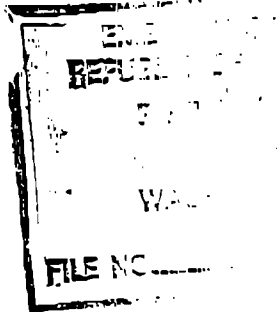
Every year, Africa celebrates the richness of its culture and diversity at the KORA Music Awards Ceremony when we honor outstanding African musicians and artists. In addition, this year, recognizing the crisis faced by Africa as a result of the spread of AIDS, recipients of the music awards and others have agreed to contribute their time and talent to the KORA sponsored One Billion Against AIDS Concert, to be held the day after the awards ceremony, to raise funds for fighting the AIDS pandemic in southern Africa.

Mr President, in view of the fact that you are one of those rare souls whose humanity transcends artificial barriers that divide nations and people, and in view of your acknowledged commitment to Africa and its development, I, as Patron of KORA, would have loved to have you with us at this awards ceremony to address viewers in 45 countries in Africa and say farewell to Africa before your term comes to an end. However, Mr President, we are realists and understand the pressures on your time. We would therefore be greatly honored if you would agree to have the White House send us your pre-recorded video message for broadcast to Africa during this year's awards ceremony. The awards ceremony is scheduled to be held on 18 November 2000 at the Sun City in South Africa.

Mr President, I look forward to your response with anticipation.

A handwritten signature in black ink, appearing to read 'Hage G. Geingob'.

HAGE G. GEINGOB  
PRIME MINISTER OF NAMIBIA  
and PATRON OF KORA



# KORA

All Africa Music Awards  
Les Trophées de la Musique Africaine

**Mrs. Geraldine PETERS**  
Third Secretary  
Embassy of Namibia  
Washington

Total Pages faxed: 24

Fax: (1202) 986 04 43  
Tel: (1202) 986 05 40

**Johannesburg, 22 May, 2000**

Dear Ms Geraldine,

Following our telephone conversation of today, my office has sent you some information on both the KORA Awards as well as on the "One Billion Against Aids in Africa" concert, we are planning for November this year, I would like to add the following information :

The KORA ceremony is the only one we know of which is broadcast live on the African continent apart of soccer. Here is its presentation.

The Kora Awards is the African equivalent of the Grammys and is broadcast live throughout Africa, Asia, the Caribbean and a part of Europe with a TV viewership of 380 million. The objectives of Kora are to recognize and reward the achievements of Artists of African Origin, as well as to unite musicians from every corner of the continent and its Diaspora.

The 4th edition of this unique annual cultural event took place on the 4<sup>th</sup> September in Sun City, South Africa. Its was honored by the presence of Nelson Mandela and Michael Jackson who then seized the opportunity to present a million rands (150 000 US\$) cheque to Nelson Mandela for his Children's Fund).

In addition we, as many African citizens, have become increasingly alarmed at the speed at which the Aids epidemic is ravaging our continent. Although, as Executive Producer of the Kora Awards, I am primarily concerned with the promotion of African music and culture, I find it no longer possible to ignore this disastrous situation and have resolved to make some effort, however modest, to 'stem the tide'.

1



*Geraldine*  
*986-0540*

---

## EMBASSY OF THE REPUBLIC OF NAMIBIA

---

Tel: (202) 986-0510  
Fax: (202) 986-0413  
E-mail: Embnamibia@aol.com

1605 New Hampshire Ave., N.W.  
Washington, D.C. 20009

Ref: .....  
Enquiries: .....

April 20, 2000

Ms. Sandra Thurman  
Director  
Office of National Aids Policy  
738 Jackson Place, NW  
Washington, DC 20503

Dear Ms. Thurman

Attached please find a letter from the Right Hon. Hage G. Geingob, Prime Ministers of the Republic of Namibia inviting President Clinton to address viewers in 45 countries in Africa through a recorded video message during the KORA sponsored One Billion Against AIDS concert, on November 18, 2000 at the Sun City in South Africa.

It would be highly appreciated if you could forward the letter to its highest destination.

Yours sincerely

Leonard N. Iipumbu  
Ambassador

Consequently I are organizing a stadium concert, to take place in Pretoria, South Africa on the 19th November, the day following the Kora Awards, and am inviting all of the artists participating in this year's ceremony to contribute to this show. (The Mayor of Johannesburg is willing to host the concert on his territory but we are still waiting for a confirmation. This means that we might move the concert to Johannesburg, if we are being guaranteed security and safety.

The objectives of this initiative are threefold:

1. Create national and international awareness of the terrible facts that 2 million Africans died of Aids during 1999 and that 23 million Africans are now HIV positive.
2. To raise funds that will be presented to Mr Kofi Annan, Secretary General of the United Nations for him to take back to show to the UN General Assembly that Africa itself is contributing to the fight.
3. That these funds will be ultimately utilized by the General Secretary's office by special arrangement to buy AZT for Africa at one fifth of its normal price.

As a member of the United Nations' Working Group of the World Alliance Against HIV/AIDS in Africa, at a recent meeting in New York, I have requested that Mr Kofi Annan uses his best efforts to come personally to both the Kora Awards and to the "One Billion Against Aids In Africa" concert. In fact, each year the Kora Awards offers a Lifetime Achievement Award to a great person (African or not and not necessarily a musician) who has made some significant contribution to the advancement of Africa. And this year we wish to present this award to Mr Annan. Furthermore, we are asking Mr Mandela to return this year in order to present this award to Mr Annan.

We shall be able to send you still by Email some press cuttings on us.

Should you need further information, please, do not hesitate to contact me at any time on :

Office telephone No: +27 11 884 84 20  
Office Fax No: +27 11 884 23 33  
Home telephone No : +27 11 783 84 18  
Cellular No : +27 82 258 38 50

Hoping that you will find this to be in order,

I remain,  
Yours truly



Ernest Goovi ADJOVI  
Executive Producer

**NEWS CLIP**

**Citizen**

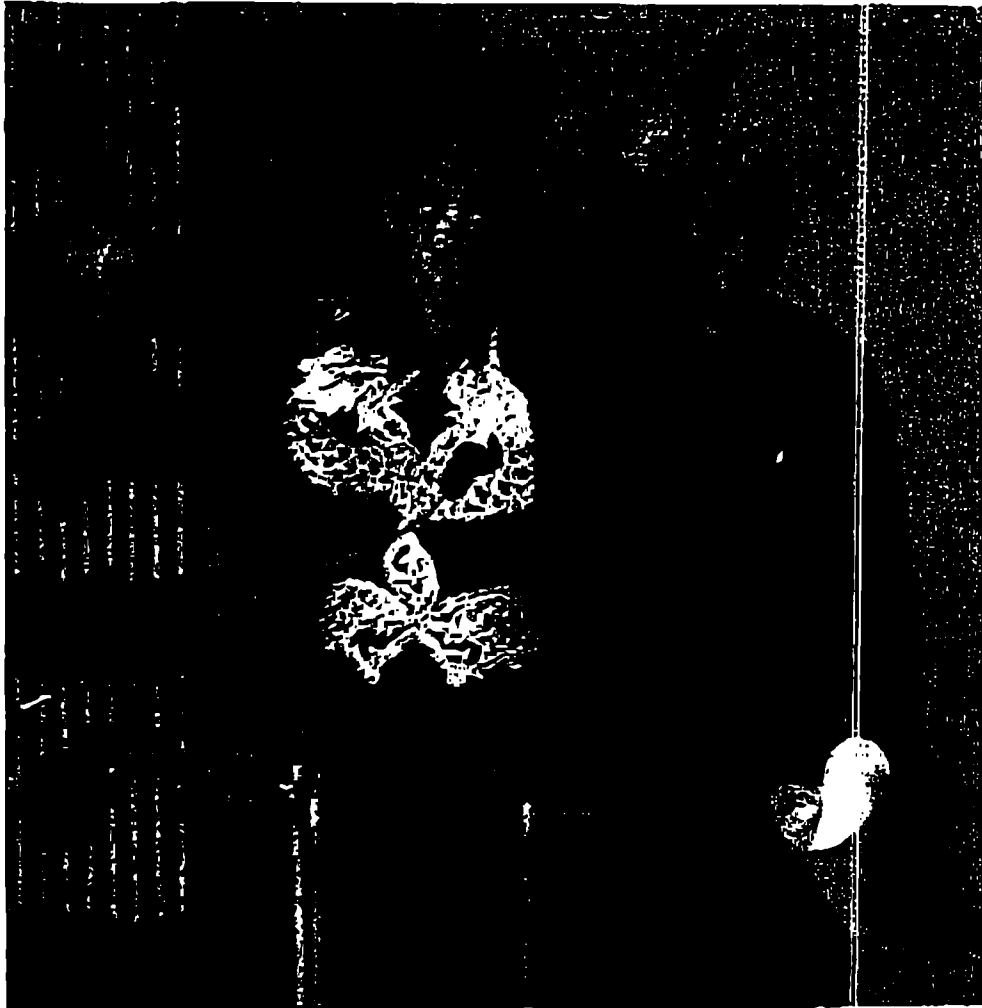


44615

Issue: 06 Sep 1999

Region: Gauteng

Circulation: 129 882



**MICHAEL JACKSON and former President MANDELA wave to a cheering crowd at the fourth annual Kora All-Africa Music Awards in Sun City. Jackson handed the retired President a cheque for R1 million towards his children's fund.** *Picture by Reuters*

**Jacko gives R1-m**

SUN CITY. - Pop megastar Michael Jackson gave former President Mandela a cheque for R1 million towards his children's fund at the fourth Kora All-Africa Music Awards

**TO PAGE 2**

## Jacko to jet in for Kora awards

LESLEY MOFOKENG

US SUPERSTAR Michael Jackson will make a surprise appearance at next weekend's Kora All-Africa Music Awards at Sun City. Former President Nelson Mandela will also accept a donation from Jackson for the Nelson Mandela Children's Fund.

The cream of Africa's musicians will gather to be honoured at the fourth annual Kora Awards ceremony. This year's event features more than just the awards as the festivities will take place over three days.

On Friday, a fashion show featuring the best in African designer clothing will celebrate African style, culture and chic. Saturday will see the crowning moment when musicians are awarded their trophies.

The cherry on top will be a concert at Odil Stadium, where previous Kora winners — including Angellique Kidjo, Ringo Madlingozi and Kofi Olomide — will perform. The concert will be hosted by Miriam "Mama Afrika" Makeba.

South African musicians continue to dominate the nomination lists.

Two groups, Abashante and the Soweto String Quartet, are nominated for the Best African Group award.

The youthful Trybe and Boom Shaka are competing for Best Video (Director). Tsonga musician Jeff Maluleke is up for Most Promising Male Artist.

The Best Southern African Artist category could easily be changed to Best South African Artist — it features only South African musicians. Brenda Fassie is competing with her producer, Chicco, as well as Bayete, Ringo Madlingozi, Busi Mhlongo and Rebecca Malope.

Other nominees include:

● Warda, known as the Diva of the East, who is up for the Best Artist from North Africa award;

● Papa Wemba, Patience Dabany and 67-year-old Anne-Marie N'zié — known as the Golden Voice of Cameroon — who are in line for the Best Artist from Central Africa award; and

● Pierrette Adams of the Ivory Coast and Nigeria's Femi Anikulapo Kuti — son of the legendary Fela Kuti — who are competing for the Best Artist from West Africa award.

Femi Kuti has proved himself to be a worthy successor to his father, who died of an AIDS-related disease two years ago.



MICHAEL JACKSON

Those competing for the Most Promising Female Artist award include Zimbabwean-born Chiwoniso, who entered the music scene at the age of four and went on to play in her father's marimba band; Ramata Djalité from Mali; Cape Verde's Dulce Mathias, perhaps the most talented member of her musical family; Coumba Gawlo, a Senegalese star with an entrancing voice; and Mawa Traoré, who started her musical career at the age of 15.

P.11  
NO. 429

NSC EXECSEC

11:01AM

OCT. 3.2000

006

NEWS

Sowetan Time Out

03 Sep 1999

Richard Gwanya

04565



Security forces in the early evening, and last night.

KORA

006

**MEDIA RELEASE****NO EMBARGO: FOR IMMEDIATE RELEASE****ONE BILLION AGAINST AIDS – Concert of Africa's foremost musicians**

Since its inception, the KORA ALL AFRICA MUSIC AWARDS has been known to present innovative ideas to celebrate Africa's music and her artists. In 1999 a competition for African Fashion Designers was included. This year is no exception, as the KORA Ceremonies will take place over a weekend of activities. On 17 November the African Fashion Designer Competition will take place, followed by the KORA AWARDS on Saturday, 18 November. The next day, Sunday 19 November, an AIDS Benefit ("One Billion Against AIDS") concert will be presented by the KORA Music Awards nominees.

In March 1998, Prof Gentiline of the Pan African Organisation Against Aids (OPALS) appealed to the Kora organization to help fund OPALS' anti-aids activities. Foreign donations were on the decrease and the organisation could not support the mobile clinics it had stationed all over Africa. Instead of contributing financially, Kora decided to mobilise its partners to generate R100 000 with a pledge to unite African musicians in an initiative to raise 1 billion CFA (2 million US Dollars) for OPALS.

This concert was also planned last year, but partners and sponsors were found too late for it to be realized. This year though, with the assistance of the North West Government and the endorsement of the National Department of Health, everything has been put in place and it is all systems go for the concert. Loftus Versfeld in Pretoria has been selected as the venue, principally for its accessibility. The North West Government who owns the stadium is sponsoring the venue hire. Security at the concert will be strictly controlled.

In a country like South Africa, which has become used to big concerts, there are still a few factors that make this big concert exceptional. Hosted by Mama Afrika, Miriam Makeba, South Africans and visitors will be able to savour music from all over the African continent, brought together in one concert. Before each performance the particular artist will convey his or her personal short message about AIDS to Africa. This message will be

KORA

007

delivered in the artists' mother tongue, so that it can be understood by all the various peoples on the continent. The concert will be recorded, packaged and broadcast to all the participating African countries. "The idea is that the message about AIDS should be carried across borders, since the HI Virus is also spread by the increased travel across borders on the continent. The message from the icon to the fan will be that AIDS is our reality and we are dying of it. No one African country can defeat this plague on its own, but as a continent we can do it", says Mr Ernest Coovi Adjovi, Chairperson and Executive Producer of the KORA awards.

Even though further production and event sponsors are still sought, the proceeds of the concert could be of such an amount to warrant a trust fund in aid of the Pan African Organisation Against Aids. Mr Adjovi feels adamant that a spirit of "looking after our own, rather than relying on foreign aid, should be fostered."

The partners for the KORA Billion Against AIDS Concert are: The Department of Arts, Culture, Science and Technology of the South African Government, The Department of Arts and Culture of the Provincial of the North West Province, the Government of the North West Province, Sun International, Air Afrique, Radio France International, Afrique Magazine and African Broadcasters.

Tourism packages that include airfares and hotel accommodation are available from Sun International.

Ends

**ISSUED ON BEHALF OF THE KORA ORGANISATION BY THE  
DANCING SATELLITE COMPANY**

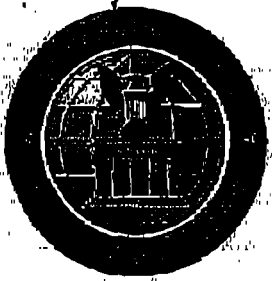
**MEDIA: FOR MORE INFORMATION OR INTERVIEWS PLEASE  
CONTACT JUAN ELS ON**

**TEL. (011) 482 3671**

**FAX (011) 482 3672**

**[mie@global.co.za](mailto:mie@global.co.za)**

**Cell: 082 774 1129**



*PHU/AIDS*

**EXPORT-IMPORT BANK OF THE UNITED STATES**

811 Vermont Avenue, N.W. Washington, D.C. 20571

Telex/Fax Center Fax No.: (202) 565-3505

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**FAX COVER SHEET**

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**DATE:** July 19, 2000

**PAGES TO FOLLOW:** -10-

**ATTENTION:** Gayle Smith

**ORGANIZATION:**

**FAX NUMBER:** (202) 456-9260

**FROM:** James A. Harmon  
President & Chairman

**TELEPHONE NUMBER:** 202-565-3500

**FAX NUMBER:** 202-565-3513

*NORA*  
*Talk to Laura &*  
*Ken about this*  
*x see e-mail*

---

**MESSAGE:**



# News Release

**FOR IMMEDIATE RELEASE**

**JULY 19, 2000**

**Contact: Marsha Berry or Marianna Ohe (202) 565-3200**

## **EX-IM BANK PROVIDES \$1 BILLION TO FINANCE SUB-SAHARAN AFRICAN PURCHASES OF HIV/AIDS MEDICINES FROM U.S. PHARMACEUTICAL FIRMS**

The Export-Import Bank of the United States (Ex-Im Bank) will provide \$1 billion a year in five-year term financing to support sub-Saharan Africa's purchase of U.S. HIV/AIDS medications and related equipment and services. The Ex-Im Bank initiative is aimed at combating a plague that so far has left more than 13 million children of the region without mothers or both parents and, under current conditions, will kill more than one-third of all young adults in hard-hit countries.

The new pilot program will add flexibility minimize the cost and maximize the repayment terms of financing, making the overall cost of the medicines and supporting infrastructure as low as possible, Chairman James A. Harmon announced at a news conference at Ex-Im Bank headquarters. Ex-Im Bank will cooperate with several U.S. pharmaceutical manufacturers – those include Merck & Co., Glaxo Wellcome, Boehringer Ingelheim, Bristol-Myers Squibb, and F. Hoffmann-La Roche – which have announced initiatives to help countries in need obtain more of the medicines at lower prices. Conversations with representatives of sub-Saharan Africa governments indicate a strong need for this kind of financing and an interest in using the Ex-Im Bank program.

"We are a trade agency, not an aid agency," Harmon said. "But in our own small way, Ex-Im Bank is hoping to contribute to the broader international effort to confront this human tragedy and help the countries of sub-Saharan Africa reach their full potential. We will respond aggressively to this crisis by supporting these countries' acquisition of HIV/AIDS medications, while still fulfilling our Congressionally-mandated mission of financing creditworthy U.S. exports and creating U.S. jobs."

The program will be available in the 24 sub-Saharan countries where Ex-Im Bank offers five-year financing: **Benin, Botswana, Burkina Faso, Cameroon, Cape Verde Island, Cote d'Ivoire, Gabon The Gambia, Ghana, Kenya, Lesotho, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Senegal, Seychelles, South Africa, Swaziland, Tanzania, Uganda, and Zimbabwe.**

Ex-Im Bank will cooperate with its counterpart export credit agencies (ECAs) and other international entities to increase the standard repayment terms given for HIV/AIDS pharmaceutical sales to sub-Saharan Africa from six months to five years. "I believe ECAs in Europe and Japan will follow suit and support their pharmaceutical companies by offering five-year terms," Harmon said.

More....

For the 14 countries in which Ex-Im Bank is open in the public sector – **Benin, Botswana, Cape Verde Island, Ghana, Kenya, Lesotho, Mauritius, Namibia, Senegal, Seychelles, South Africa, Swaziland, Uganda, and Zimbabwe** – Ex-Im Bank can also use an element of concessionality to subsidize some small pieces of the financing costs for medicine sales. The Bank will finance packages of items combining HIV/AIDS medications with capital goods and services, with the full packages being given the longer repayment terms appropriate for capital goods.

UNAIDS estimates that \$2 billion a year is needed in global investment for AIDS in sub-Saharan Africa for prevention alone, whereas global investment for both prevention and care of AIDS this year totaled only \$300 million.

In fiscal year 1999, Ex-Im Bank supported more than \$600 million in sales to sub-Saharan Africa, up from nearly \$50 million the previous year. Ex-Im Bank is an independent U.S. government agency that helps finance the sale of U.S. exports primarily to emerging markets throughout the world, by providing loans, guarantees, and insurance. During fiscal year 1999, Ex-Im Bank supported nearly \$17 billion in US exports.

###

Visit Ex-Im Bank's web site at [www.exim.gov](http://www.exim.gov).

## **\$1 BILLION EX-IM BANK PROGRAM FOR HIV/AIDS RELATED MEDICAL EXPORTS TO SUB-SAHARAN AFRICA**

The world is hearing an urgent call to increase access to affordable medications and other medical services for treatment of persons with HIV/AIDS in sub-Saharan Africa. The Administration recently issued an executive order to help reduce trade barriers, and potentially make HIV/AIDS-related drugs and medical technologies more affordable. It has also proposed a Millennium Vaccine Initiative to accelerate the development of AIDS, Malaria and TB vaccines. In May, a group of five pharmaceutical companies announced that they intended to deeply discount anti-AIDS drugs for purchase by many African countries.

We all know, however, that much more is required. The Ex-Im Bank believes in the potential of sub-Saharan Africa. In supporting current and future U.S. exports, we want to do our part to help overcome a humanitarian crisis that will prevent African countries from developing their economies, eradicating poverty, and fully joining the world economic community.

Ex-Im Bank is thus announcing today an innovative pilot initiative to provide financing to support the sale to sub-Saharan African countries of HIV/AIDS-related medicines, goods and services. In the initial phase of this initiative, Ex-Im Bank will add scope and flexibility to existing programs in order to help reduce the cost and maximize the tenor of financing, thus contributing to reducing the cost, and increasing the availability of desperately needed medicines, equipment and services. These would include:

- providing financing for packages of items that combine HIV/AIDS-related medications with capital goods and services, with the full packages being given the appropriate longer terms;
- exploring ways of lowering the cost and increasing the availability of HIV/AIDS-related medications to sub-Saharan Africa (in coordination with other export credit agencies in the Berne Union and other international forums), including by increasing the terms of and introducing an element of concessionality to subsidize financing packages;
- openly considering any and other suggested improvement in our programs or requirements that would make the sale of these medicines or equipment less expensive for sub-Saharan African countries.

It must be noted that Ex-Im Bank is not a development agency and we are subject to legal and other limitations on our programs (such as a need to find a reasonable assurance of repayment for every credit). But in its own small way Ex-Im is hoping to contribute to the broader international effort to confront this crisis and help the countries of sub-Saharan Africa to reach their full potential.

**REMARKS OF EX-IM BANK CHAIRMAN JAMES HARMON  
ANNOUNCEMENT OF \$1-BILLION LENDING PROGRAM  
FOR HIV-AIDS RELATED EFFORTS IN SUB-SAHARAN AFRICA  
WASHINGTON, D.C. – JULY 19, 2000**

Good afternoon. I want to thank all of the people who have been an important part of this announcement: all the folks on this committee, the ambassadors and health ministers we have consulted with, the support we have received from other U.S. agencies, as well as the pharmaceutical companies who are helping make this an effective program.

This has been a real team effort, one that shows when good people work together, they can reach across the divides of country, of agency 'turf,' of the public and private sector and do something special.

AIDS in Africa now kills ten times more people a year than war. More than 290 million Africans – more than the entire U.S. population – live on \$1 a day. Market prices for these drugs are not an option. Yet in these countries most affected, AIDS is set to claim the lives of half the 15-year-old children.

These are frightening statistics – for Africa and for the world. This crisis threatens to abruptly reverse decades of slow, but steady improvement in the economics, health and stability of Sub-Saharan Africa. As a result, it poses a clear and present danger to global economic health and stability. Yet as daunting as the challenge may be, we need to make clear with our *actions*, not just our words, that the global community has what it takes to help Africa win this war.

This Administration stepped up to the plate, more than tripling the aid our nation has given to these efforts over the past decade. There have been efforts from other countries and international organizations. Yet there remains a vast gap between the existing *need* and available *aid*. For this reason, we at Ex-Im Bank have worked for the past six months to answer one question: How can we – as a credit agency – help?

We are pleased to announce today a pilot program to finance \$1 billion per year in exports of the most modern and successful HIV- and AIDS-related pharmaceuticals and supplies to Sub-Saharan Africa -- at the lowest prices and on the friendliest terms possible under the authority of this Bank. Under this program, major U.S. drug companies will offer their products at a deep discount, and Ex-Im Bank will finance their export with five-year loans, minimizing the overall cost of these medicines to the region.

This program can also include an element of concessionality to subsidize the financing costs for smaller transactions. It will extend the *terms* of our financing from the current international norm of six months to more flexible terms of up to five years. It also is our intention to advocate in the Berne Union and other international forums that five-year terms be the global standard used in Sub-Saharan Africa, in order to speed the flow of AIDS- and HIV-related medicines. This puts us firmly in the camp of many African

leaders who feel that longer terms are necessary given the size and scope of the challenge.

In developing this program, we consulted with numerous ambassadors and health ministers in the region. The response has been very positive because this effort addresses a major need identified at the Durban conference – the need for longer term financing to put vital medicine within reach when it is *needed*, rather than solely when it is *donated*. In short, by helping build up the capital infrastructure, we are making sure that a lack of credit financing is not yet another impediment in Africa's war on HIV and AIDS.

This is an historic moment for Ex-Im Bank. Certainly, nothing has been done on this scale before by an export credit agency. But we expect others will follow – to support their own pharmaceutical companies, but also to do the right thing. ECAs are just one small piece of a complex puzzle that the world needs to solve together. But we can and must find ways to help.

While this approach is an *unprecedented* step for Ex-Im Bank, rather than representing a *change* in our mission, it represents the full *benefit* of our work. By providing funds to creditworthy countries that cannot get commercial financing, this Bank plays a vital, strategic role in helping stabilize and strengthen the developing world.

This is important work, but it remains wholly distinct from the work of an aid agency. Ex-Im Bank's authority is limited to extending *loans* for the purchase of U.S. products, which include most leading HIV- and AIDS-related drugs. Because of the confines of our authority, our effort will focus on the 14 Sub-Saharan nations that can take advantage of these loans. Without question, there remains a great need for donations, particularly in the poorest nations. But rather than using the limitations of our mission as an *excuse* to do *nothing*, we are finding a way – as a credit agency – to do something *constructive*.

Our response is directed at a humanitarian crisis, but it also is an expression of deep faith in the importance of Sub-Saharan Africa to the world. This plague threatens to devastate a continent and take with it the hard-won advances a vibrant global economy has brought to people around the world. As a result, it threatens our national interests as deeply as it strikes a chord in the national conscience. We are proud to use the resources and authority of this Bank to demonstrate our nation's firm commitment to help protect the health, stability and development of this vital region. Africa's fight must be America's fight. It is a fight for a more stable, healthy, prosperous and peaceful world. Thank you.

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**STATEMENT BY  
HIS EXCELLENCY THE AMBASSADOR OF THE REPUBLIC OF GHANA  
KOBY A. KOOMSON  
JULY 19, 2000**

I want to thank Ex-Im Bank for stepping up at this crucial time and recognizing the magnitude of the HIV/AIDS crisis in Africa. As a result of the recent conference in Durban, the whole world has been exposed to the devastation that this health crisis is causing on the continent.

The solutions to this problem are yet unknown, but we have to continue to work together to find creative answers. I appreciate Ex-Im Bank's effort to do its part by providing financing for HIV/AIDS-related goods and services.

Obviously the other crucial part of this effort is the cost of these pharmaceuticals. While we commend the companies in joining Ex-Im Bank in this noble beginning to make their products more affordable, an initiative which has never been available to sub-Saharan Africa before, it is my hope that the companies represented here will look at ways to make these products even more affordable to the people of Africa, as well as to partner with Africa in providing comprehensive programs aimed at total patient care and educational programs to help prevent the spread of this disease.

As a member to the sub-Saharan Africa Advisory Committee, I know how much work went into putting this program together. I look forward to assisting Ex-Im Bank as this program moves forward.

**STATEMENT BY  
HIS EXCELLENCY THE AMBASSADOR OF THE REPUBLIC OF NAMIBIA  
LEONARD N. IIPUMBU  
JULY 19, 2000**

In the recent years, health situation in many countries significantly improved and progress has been made in the organization of healthcare deliverers. These successes are due to joint efforts by national governments and their partners (donor agencies, NGOs and local communities). The problem facing Sub-Sahara Africa is the AIDS epidemic. In this regard, we wish to welcome the initiative by Export-Import Bank of the United States to help fight the HIV/AIDS crisis in Africa.

As this is a very important initiative to Sub-Sahara Africa, we also commend pharmaceutical companies for joining the Ex-Im Bank in this campaign and we hope that their products will be affordable to the most affected nations in Sub-Sahara Africa where there is a big need.

In this regard, I look forward to cooperate with the Ex-Im Bank to make progress on this initiative.

Statement on HIV/AIDS Initiative of Export-Import Bank of the  
United States

Dr. Jeffrey L. Sturchio  
Executive Director, Public Affairs  
Europe, Middle East & Africa  
Merck & Co., Inc.  
Whitehouse Station, NJ 08889-0100

July 19, 2000

In last year's report of the U.S. mission to Africa led by Sandy Thurman, director of the White House Office of National AIDS Policy, AIDS was described as "an epidemic of Biblical proportions." This has become increasingly clear in recent months, as study after study -- from UNAIDS, from UNICEF, from the U.S. CDC and USAID, as well as from African countries themselves -- has spelled out the human dimensions of this global health crisis.

Everyone has a stake in responding to the AIDS epidemic -- the governments most directly affected, donor governments like our own -- which has provided real leadership on the issue, private sector organizations like Merck, foundations, non-governmental organizations. There's a growing consensus about what works -- and that sustainable solutions will come from comprehensive approaches that draw on strong public/private sector partnerships to tackle effectively the challenges of HIV/AIDS in Africa.

The Ex-Im Bank's new initiative will certainly help African countries to respond to the epidemic in a more sustained fashion, by making it possible to marshal additional resources for needed programs. It's not just about sending drugs to Africa -- that's just one piece of a complex puzzle. The ExIm Bank's new fund will help countries in sub-Saharan Africa to address an equally

important piece of that puzzle -- finding sustainable financing for the public health programs they know they need to fight back against HIV.

Merck has worked hard for some years on a variety of projects to help address the problem of HIV/AIDS in Africa and other parts of the developing world. Our experience has taught us that the best way forward is through efforts that bring various stakeholders together in partnerships to address the complex puzzle of HIV/AIDS.

Improving access involves many factors: building adequate healthcare infrastructure and distribution systems, educating health professionals and patients on the rational, safe, and effective use of drugs and other interventions, providing affordable medications, finding sustainable financing, involving all sectors of society in implementing solutions, and encouraging sustained investment in new medicines and vaccines.

In May, together with four other pharmaceutical companies and five UN agencies, Merck endorsed a joint statement of intent on accelerating access to HIV care and treatment in the developing world that articulated this strategic framework for tackling the HIV/AIDS epidemic more effectively. As part of the UN/industry initiative, we agreed to make our HIV drugs available at more affordable prices in developing countries.

And just last week, in the spirit of that framework, we announced the Botswana Comprehensive HIV/AIDS Partnership, together with the Republic of Botswana and the Bill & Melinda Gates Foundation. This initiative is designed to demonstrate the feasibility of a comprehensive approach to improving the entire spectrum of HIV care and treatment in one of the African countries hardest hit by the epidemic. We hope that the lessons learned in

this project over the next few years will catalyze similar efforts by other donors in other countries.

Nelson Mandela spoke eloquently to these points in his closing address to the International AIDS Conference in Durban last week:

The challenge is to move from rhetoric to action, and action at an unprecedented intensity and scale. There is a need to focus on what we know works....[We need] to mobilise all of our resources and alliances, and to sustain the effort until this war is won. We need, and there is increasing evidence of, African resolve to fight this war. Others will not save us if we do not primarily commit ourselves. Let us, however, not underestimate the resources required to conduct this battle. Partnership with the international community is vital."

The Ex-Im Bank's initiative to extend financing to sub-Saharan African countries to purchase medical equipment, medicines and services necessary in the fight against HIV/AIDS is an innovative example of just the kind of partnership that Nelson Mandela called for.

Merck welcomes this latest initiative by the U. S. Government to provide additional resources for African governments to mobilize against our common enemy -- HIV.

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FACSIMILE COVER SHEET  
TIMOTHY F. GEITHNER  
UNDER SECRETARY  
INTERNATIONAL AFFAIRS  
DEPARTMENT OF THE TREASURY  
1500 PENNSYLVANIA AVENUE, NW ROOM 3432  
WASHINGTON, DC 20220

PAT:  
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647-7575

HATTIE BABBIT

216-3455

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FROM:

TIM GEITHNER

SENDER'S FAX NUMBER: 202 622-0417

SENDER'S CONFIRMATION NUMBER: 202 622-0656

SPECIAL INSTRUCTIONS/MESSAGE:

ATTACHED IN DRAFT ARE TREASURY'S VIEWS ON WHAT WE KNOW OF THE EX-IM BANK AIDS/HIV PROPOSAL TO DATE.

ATTACHMENT

CC:

Laura  
Effros

456-6028

From: ANNA GELPERN

**DRAFT****Ex-Im Bank AIDS/HIV Initiative**

**Issue:** Ex-Im Bank proposes to spearhead the financing of a USG HIV/AIDS initiative in Sub Saharan Africa. Chairman Harmon has contacted the IMF directly seeking to lift country debt limits to give room to Ex-Im Bank to offer financing on five-year terms. It is not clear exactly what Ex-Im Bank is planning to finance, but it is likely to be the delivery infrastructure associated with anti-viral drugs. It is also not clear what form this financing would take. Any full assessment of an Ex-Im Bank financing proposal would require, of course, much more information (which has not been forthcoming to date).

**Discussion:**

We see several serious problems with this proposal, both substantive and procedural.

First, and most importantly, HIV/AIDS is a critically important humanitarian issue. A key factor in addressing the issue will be the overall policy credibility of the Administration. Therefore, any USG initiative in this area needs to be carefully designed and vetted within the Administration. In addition, any USG initiative should address the issue in a centralized and coordinated way to be credible and effective. A prerequisite of any strategy will be a careful USG assessment of the precise HIV/AIDS needs and how best to meet them. A comprehensive approach is likely to include anti-viral drugs, the infrastructure to deliver these drugs, and enhanced education and prevention programs. The Exim proposal is unlikely to include all of these elements.

Second, in addition to interagency coordination, any initiative in this area also requires coordination with other major donors. For instance, the World Bank already has an HIV/AIDS initiative under way and Congress has recently increased USAID appropriations to address this problem. The plans of other major bilateral donors also need to be considered. This should also include, for instance, several pharmaceutical companies that have announced their willingness to participate in such initiatives with reduced price drugs. And of course, careful coordination with the IMF is necessary because of the fragile macroeconomic environment of the affected Sub Saharan countries. Treasury is the agency mandated to address such issues.

Third, as a commercially-oriented export credit agency, Ex-Im Bank is ill-suited to take on this issue in isolation and should not be the primary delivery agent for a USG HIV/AIDS initiative. Such an initiative appears better spearheaded by USAID. State might also play a role with its ESF funds since the President has determined that AIDS is a destabilizing force in Africa. For this reason, a NEC meeting to devise a coordinated USG initiative would seem to be the correct first step in developing any comprehensive USG initiative.

Fourth, Ex-Im Bank resources are primarily priced on commercial terms (Treasury bond rate plus 100 bp). Such highly-priced terms would not seem to address the needs of poor, highly indebted countries suffering from an HIV/AIDS epidemic. Even if Ex-Im Bank sought to use the small amount of concessional money it has available - the tied aid War Chest - it could use the entire War Chest and not make a dent in the problem. Furthermore, tied aid is only 35 -50% concessional depending on whether the country is an LDC or an LLDC, (about 30-45% grant

- 2 -

element equivalent), so even utilizing Ex-Im Bank's most concessional resources, the USG would still be offering 55-70% hard financing for addressing HIV/AIDS. Thus, this proposal may appear to some to look more like export promotion than humanitarian-based aid and could backfire politically and publicly.

Finally, with its limited resources, a USG effort focused through Ex-Im Bank would look embarrassingly inadequate. And using concessional tied aid resources to finance U.S. exports under such an initiative would run counter to over 20 years of USG policy, which is the basis on which the U.S. successfully insists that others countries not distort trade with their own aid programs. The War Chest is needed as leverage to negotiate and to police international agreements to restrict the use of tied aid and to match offers by others that are considered an abuse of these agreements. These resources are also needed to extend trade distortion disciplines in other areas (e.g., to untied aid and market windows) per Treasury Secretary Summers' announced initiative in May.

In summary, for the reasons stated above, Ex-Im Bank is the wrong agency to lead the USG HIV/AIDS initiative.

- 3 -

Drafted by: SFTvardek ITF/7/1700

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⑧ AIDS

## CLOSING ADDRESS AT THE 13TH INTERNATIONAL AIDS CONFERENCE

Durban 14 July 2000,

To have been asked to deliver the closing address at this conference which in a very literal sense concerns itself with matters of life and death, weighs heavily upon me for the gravity of the responsibility placed on one.

No disrespect is intended towards the many other occasions where one has been privileged to speak, if I say that this is the one event where every word uttered, every gesture made, had to be measured against the effect it can and will have on the lives of millions of concrete, real human beings all over this continent and planet. This is not an academic conference. This is, as I understand it, a gathering of human beings concerned about turning around one of the greatest threats humankind has faced, and certainly the greatest after the end of the great wars of the previous century.

It is never my custom to use words lightly. If twenty-seven years in prison have done anything to us, it was to use the silence of solitude to make us understand how precious words are and how real speech is in its impact upon the way people live or die.

If by way of introduction I stress the importance of the way we speak, it is also because so much unnecessary attention around this conference had been directed towards a dispute that is unintentionally distracting from the real life and death issues we are confronted with as a country, a region, a continent and a world.

I do not know nearly enough about science and its methodologies or about the politics of science and scientific practice to even wish to start contributing to the debate that has been raging on the perimeters of this conference.

I am, however, old enough and have gone through sufficient conflicts and disputes in my life-time to know that in all disputes a point is arrived at where no party, no matter how right or wrong it might have been at the start of that dispute, will any longer be totally in the right or totally in the wrong. Such a point, I believe, has been reached in this debate.

The President of this country is a man of great intellect who takes scientific thinking very seriously and he leads a government that I know to be committed to those principles of science and reason.

The scientific community of this country, I also know, holds dearly to the principle of freedom of scientific enquiry, unencumbered by undue political interference in and direction of science.

Now, however, the ordinary people of the continent and the world -and particularly the poor who on our continent, will again carry a disproportionate burden of this scourge - would, if anybody cared to ask their opinions, wish that the dispute about the primacy of politics or science be put on the backburner and that we proceed to address the needs and concerns of those suffering and dying. And this can only be done in partnership.

I come from a long tradition of collective leadership, consultative decision-making and joint action towards the common good. We have overcome much that many thought insurmountable through an adherence to those practices. In the face of the grave threat posed by HIV/Aids, we have to rise above our differences and combine our efforts to save our people. History will judge us harshly if we fail to do so now, and right now.

Let us not equivocate: a tragedy of unprecedented proportions is unfolding in Africa. AIDS today in Africa is claiming more lives than the sum total of all wars, famines and floods, and the ravages of such deadly diseases as malaria. It is devastating families and communities; overwhelming and depleting health care services; and robbing schools of both students and teachers.

Business has suffered, or will suffer, losses of personnel, productivity and profits; economic growth is being undermined and scarce development resources have to be diverted to deal with the consequences of the pandemic.

HIV/Aids is having a devastating impact on families, communities, societies and economies. Decades have been chopped from life expectancy and young child mortality is expected to more than double in the most severely affected countries of Africa. Aids is clearly a disaster, effectively wiping out the development gains of the past decades and sabotaging the future.

Earlier this week we were shocked to learn that within South Africa 1 in 2, that is half, of our young people will die of AIDS. The most frightening thing is that all of these infections which statistics tell us about, and the attendant human suffering, could have been, can be, prevented.

Something must be done as a matter of the greatest urgency. And with nearly two decades of dealing with the epidemic, we now do have some experience of what works.

The experience in a number of countries has taught that HIV infection can be prevented through investing in

information and life skills development for young people. Promoting abstinence, safe sex and the use of condoms and ensuring the early treatment of sexually transmitted diseases are some of the steps needed and about which there can be no dispute. Ensuring that people especially the young, have access to voluntary and confidential HIV counselling and testing services and introducing measures to reduce mother-to-child transmission have been proven to be essential in the fight against AIDS. We have recognised the importance of addressing the stigmatisation and discrimination, and of providing safe and supportive environments for people affected by HIV/AIDS.

The experiences of Uganda, Senegal and Thailand have shown that serious investments in and mobilisation around these actions make a real difference. Stigma and discrimination can be stopped; new infections can be prevented; and the capacity of families and communities to care for people living with HIV and AIDS can be enhanced.

It is not, I must add, as if the South African government has not moved significantly on many of these areas. It was the first deputy president in my government that oversaw and drove the initiatives in this regard, and as President continues to place this issue on top of the national and continental agenda. He will with me be the first to concede that much more remains to be done. I do not doubt for one moment that he will proceed to tackle this task with the resolve and dedication he is known for.

The challenge is to move from rhetoric to action, and action at an unprecedented intensity and scale. There is a need for us to focus on what we know works.

- We need to break the silence, banish stigma and discrimination, and ensure total inclusiveness within the struggle against AIDS;
- We need bold initiatives to prevent new infections among young people, and large-scale actions to prevent mother-to-child transmission, and at the same time we need to continue the international effort of searching for appropriate vaccines;
- We need to aggressively treat opportunistic infections; and
- We need to work with families and communities to care for children and young people to protect them from violence and abuse, and to ensure that they grow up in a safe and supportive environment.

For this there is need for us to be focussed, to be strategic, and to mobilise all of our resources and alliances, and to sustain the effort until this war is won.

We need, and there is increasing evidence of, African resolve to fight this war. Others will not save us if we do not primarily commit ourselves. Let us, however, not underestimate the resources required to conduct this battle. Partnership with the international community is vital. A constant theme in all our messages has been that in this inter-dependent and globalised world, we have indeed again become the keepers of our brother and sister. That cannot be more graphically the case than in the common fight against HIV/AIDS.

As one small contribution to the great combined effort that is required, I have instructed my Foundation to explore in consultation with others the best way in which we can be involved in the battle against this terrible scourge ravaging our continent and world.

I thank all of you most sincerely for your involvement in that struggle. Let us combine our efforts to ensure a future for our children. The challenge is no less.

I thank you.

TO: BERGER

FROM: PRESIDENT

DOC DATE: 06 JUL 00  
SOURCE REF:

KEYWORDS: INTL HEALTH  
POTUS QUESTIONS

AFRICA

PERSONS:

SUBJECT: POTUS COMMENT RE JUL 6 LA TIMES ARTICLE ON AIDS

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ACTION: NO FURTHER ACTION REQUIRED

DUE DATE: 12 JUL 00 STATUS: C

STAFF OFFICER: BERNARD

LOGREF:

FILES: PA

NSCP:

CODES:

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COMMENTS: POTUS COMMENT: "THIS IS GOOD WE AGREE WE CAN DO MORE WHEN NEGOTIATING BUDGET" -BC

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OPENED BY: NSTCG

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DOC 1 OF 1

UNCLASSIFIED  
ACTION DATA SUMMARY REPORT

RECORD ID: 0004502

DOC ACTION OFFICER

001 BERNARD  
001

CAO ASSIGNED ACTION REQUIRED

Z 00071019 APPROPRIATE ACTION  
X 00072414 NO FURTHER ACTION REQUIRED

UNCLASSIFIED

But as last August gave way to September, democracy seemed like it might just have a chance. People continued to express their frustrations over the lack of personal security and the omnipresence of drug traffickers. The primary target of their dissatisfaction became the PRI, the political party that had been in power for 71 years.

The producers fed all of these sentiments from hope to mistrust into "El Candidato's" drama machine, creating a personal life for Santoscoy and filling it with turmoil too. He was ensnared in a dicey affair and was going to have to choose between his politically viable marriage and his ravishing mistress.

Viewers responded, with the telenovela gaining popularity as it tracked the fictional presidential race and Santoscoy, whose desire for change was calibrated to match those undercurrents sweeping through Mexico's real electorate.

"Finally, Ignacio Santoscoy was saying what every Mexican wants to hear, what you hear in the street. About security. About corruption," said Elisa Salinas, vice president of telenovela production for the show's network, TV Azteca.

But Santoscoy's maverick style and outspokenness were not unnoticed by authorities. The actor who plays Santoscoy, Humberto Zurita, was unexpectedly invited to dine with Zedillo several months ago. Zurita and his colleagues were convinced he would be questioned about the telenovela, but when he arrived at the presidential palace, Zurita was relieved to find himself among authors, actors, athletes and decision makers honoring the president of Nicaragua.

That wave of relief lasted only a few minutes. As he took his seat at the presidential reception, Zurita was grilled by a member of the government who wanted more details about the telenovela.

"(He asked) who Santoscoy is supposed to be and what would happen," said Juan David Burns, director of production for TV Azteca. "They wanted to know where the telenovela was going."

Where it was going depended on what was happening on the real campaign trail. Over the course of "El Candidato's" nine-month run on television, reality and drama were seamlessly plaited together into one media project. "El Candidato" became the first interactive telenovela in Mexico's history, changing its plot lines based on e-mails from viewers who wanted their hero to imitate, or reject, what was occurring in real life.

As one viewer wrote: "If the intent is to strengthen the image of change in the ruling party, it seems important to me that the candidate survive. ... It would be very disheartening for Ignacio ... to die like Colosio (Luis Donaldo Colosio, the presidential candidate who was assassinated in 1994) and not finish his candidacy."

Rosamaria Cabrera, 34, sat in front of her friend's tangerine-colored home, directly across from the memorial plaza to slain presidential candidate Luis Donaldo Colosio, where a large statue of Colosio waves his left hand at the people in a crooked row of homes etched into the hillside.

"They killed Colosio for telling the truth, but Ignacio (Santoscoy) will survive because he's in a telenovela, and he tells the truth," she said with a smile that revealed a tiny rhinestone on each front tooth. "The only good telenovela on is this one. The others are only about love, fighting, he leaves her, she leaves him. But this one is real. If he were a real candidate, I would vote for him." "El

Though there were rumors of pressure to end "El Candidato" before Sunday's election, TV Azteca executives insist their decision to wrap the telenovela in mid-June was not because of government pressure subtle or otherwise. They simply felt their show might unduly influence voters.

"We involved a lot of things from the real campaign and candidates, but we don't want to interfere with the elections," Burns said.

Victor Aviles, spokesman for the Federal Election Institute, which oversees Mexico's presidential election, said he has no method to measure the influence of "El Candidato" on voters, but he emphasized that there was no government pressure to conclude the story line before the election.

But just as the real elections ramped up to a feverish pitch, the producers of "El Candidato" decided to give the people a voice in their hero's fate.

Three endings were developed. In one, Santoscoy was

filled by an assassin. In another, he got the girl and the vote. In the third, viewers were reminded of the importance of exercising their right to vote. The plan was to cull through the e-mails and choose the ending that seemed to reflect the majority of viewers, who ultimately chose an ending that gave weight to the voting process.

While it might seem droll to have the hero ride off into the sunset as a civics lesson thunders in the background, "El Candidato" wrapped up on June 16 with just that. Ignacio's mistress said her love for him had nothing to do with the fact that she had just cast a vote for his opponent, then a montage of political heroes dating back to the 1920s rushed across the screen. A voice-over reminded Santoscoy's fans that their vote is the weapon of freedom and democracy.

"Instead of betting on a really melodramatic ending," says Salinas, "we finally created a conscience."

## In a Shrinking World, Disease Anywhere Means Disease Everywhere

By Benjamin A. Gilman and Sam Gejdenson  
Special to the Los Angeles Times

Every year, the United States spends more than \$230million immunizing its citizens against a disease, polio, that was eliminated in this hemisphere in 1994. But because polio still can be found about 5,000 current cases in other parts of the world, immunizations here must continue.

This is just one example of the heavy cost that international infectious diseases impose on Americans, the subject of our committee's hearing this week. Additional costs are incurred from strengthened pathogens that are resistant to drugs. For example, in the United States, it normally costs \$2,000 to treat a patient with tuberculosis. But that cost may be 100 times higher if the patient has drug-resistant TB.

As a result of the underuse of antibiotics in the developing world and the overuse in the developed world, viruses are developing stronger strains that are able to overcome standard antibiotics. A report by the World Health Organization released last week indicated that "almost all infectious diseases are slowly but surely becoming resistant to existing medicines."

These new, troubling developments come as our global economy and advancing technology make the world a smaller place. Last fall's outbreak of West Nile virus in New York state, which resulted in 62 cases of encephalitis and seven deaths, was the first time that the West Nile virus was identified in the Western Hemisphere. The appearance of the West Nile virus in dead crows found in New York and New Jersey in recent weeks means that federal, state and local authorities in Connecticut, New York and New Jersey once again must undertake comprehensive mosquito control measures to prevent another outbreak.

With one out of every two deaths in the developing world attributed to infectious diseases, the threats to economic growth and political stability are even greater there. In Zimbabwe, a pivotal country in southern Africa, political instability combined with an alarmingly high HIV infection rate—25 percent of women at some urban clinics test positive—threaten to destabilize the entire continent.

The House of Representatives has taken action by passing bipartisan legislation that would authorize \$500million over five years for a World Bank AIDS trust fund. Yet much more needs to be done. Acute respiratory infections, such as pneumonia, kill 1 million more people each year than does AIDS. Four other killers—diarrheal diseases, tuberculosis, malaria and measles—combine with AIDS and respiratory infections to account for 90 percent of total infectious disease deaths worldwide.

While there has been vigorous political debate about the role the United States should play in multilateral issues such as peacekeeping and the international criminal court, we can be much more unified on the international public health crisis. The simple truth is that the United States cannot go it alone in the fight against international infectious diseases.

The WHO has estimated that the international community needs to commit \$1.5billion per year over the next 10 years for the medicines and prevention tools to stop the spread of the "Big Six" killer infectious diseases. The United States already is the world's major contributor to the WHO and other international health organizations. We must continue that commitment, urging our allies to follow our lead.

7-6-00

~~TP Sawyer~~  
~~This is good~~  
Mr. Sawyer how can we  
use the money we got from  
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