Case Number: 2007-1550-F

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. cable	Re: [Malaysia] (7 pages)	12/14/2000	P1/b(1)
002. cable	Re: [South Africa] (4 pages)	12/27/2000	P1/b(1)
003. cable	Re: [UNAIDS] (6 pages)	12/06/2000	P1/b(1)
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2007-1550-F
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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
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Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Friday, December 15, 2000 2:58 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Efros, Laura L. (NEC); Harris, Grant T. (AF); Smith, Gayle E. (AF)
Subject:	AFRICAN CONSENSUS AND PLAN OF ACTION: LEADERSHIP TO OVERCOME HIV/AIDS
ActionAddees:	RUEHC/SECSTATE WASHDC 2570 RUCNDT/USMISSION USUN NEW YORK 4156 RUEKJCS/SECDEF WASHDC//OASD/ISA/AFR// RUEAIIA/CIA WASHDC RHEHNSC/NSC WASHDC RHEHAAA/WHITE HOUSE WASHDC RUEHPH/CDC ATLANTA GA
Classification:	UNCLASSIFIED
DateTime:	150827Z DEC 00
Distribution:	SIT: BABBITT BERNARD BYRNE NSC EFROS HARRISG SMITH
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Line1:	RAAUZYUW RUEHDSA4248 3500827-UUUU--RHEHAAA RHEHNSC.
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Line3:	R 150827Z DEC 00
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UNCLAS SECTION 01 OF 11 ADDIS ABABA 004248

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NAIROBI ALSO FOR USAID/REDSO EVANS AND KNAUSENBERGER

WHITE HOUSE FOR ONAP/PEAC THURMAN

NSC FOR KEN BERNARD

CIA FOR DESC AND NESAF

E.O. 12958: NA
TAGS: KHIV, TBIO, SOCI, SENV, EAID, XA
SUBJECT: AFRICAN CONSENSUS AND PLAN OF ACTION:

LEADERSHIP TO OVERCOME HIV/AIDS

REFS: ADDIS ABABA 4213

THIS MESSAGE RELAYS THE CONSENSUS AND ACTION PLAN ADOPTED BY CONFERENCE
DELEGATES AT THE U.N. ECONOMIC COMMISSION FOR AFRICA'S (UNECA) AFRICAN
DEVELOPMENT FORUM (ADF) 2000 CONFERENCE ON "AIDS -- THE GREATEST LEADERSHIP CHALLENGE." THIS MESSAGE ALSO CONTAINS STAKEHOLDER COMMENTS, MINUTES OF THE FORMAL ACTION PLAN ADOPTION SESSION AND FLOOR
COMMENTS ON IMPLEMENTING THE PLAN. ALL CONFERENCE DOCUMENTS, INCLUDING
SPEECHES, THEMATIC PAPERS AND ACTION PLANS, ARE AVAILABLE IN FULL FROM
THE UNECA/ADF WEB SITE: WWW.UNECA.ORG/ADF2000. A DIGEST OF CONFERENCE
KEYNOTE AND PLENARY SPEECHES IS PROVIDED IN REFTEL.

AFRICAN CONSENSUS AND PLAN OF ACTION:
LEADERSHIP TO OVERCOME HIV/AIDS
==========

A. THE CONSENSUS PREAMBLE:

NOW IS THE DECISIVE MOMENT IN AFRICA'S STRUGGLE TO OVERCOME THE CONTINENT-WIDE THREAT OF HIV/AIDS. SUCCESS IN OVERCOMING THE HIV/AIDS PANDEMIC DEMANDS A COMPARABLE MORAL, POLITICAL AND SOCIAL COMMITMENT TO
FIGHTING A WAR OF NATIONAL LIBERATION. LEADERSHIP ACTIONS ARE DEMANDED
AT ALL LEVELS, TO HALT THE PREVENTABLE SPREAD OF THE HIV/AIDS PANDEMIC,
AND TO PROVIDE A DECENT LIFE FOR CITIZENS OF AFRICA LIVING WITH HIV/AIDS. EACH AND EVERY ONE OF THE LEADERSHIP ACTS NECESSARY TO PREVENT HIV/AIDS AND TO HELP THOSE BURDENED BY HIV/AIDS, WITHOUT EXCEPTION, ARE THINGS WE WANT ANYWAY FOR A BETTER, MORE DEVELOPED AFRICA, AND MUST BE IMPLEMENTED IN FULL AND WITHOUT DELAY. THE AFRICA DEVELOPMENT FORUM 2000 IS A BREAKTHROUGH. IT REPRESENTS A WATERSHED IN
NATIONAL LEADERS' READINESS TO ADDRESS INTIMATE PERSONAL BELIEFS AND BEHAVIOR IN A PUBLIC AND POLITICAL MANNER. IT MARKS AN UNPRECEDENTED COLLECTIVE COMMITMENT TO THE STRUGGLE AGAINST HIV/AIDS.

1. PERSONAL LEADERSHIP.

EVERY INDIVIDUAL MUST PERSONALLY BREAK THE SILENCE AROUND THE NORMS AND
VALUES THAT FUEL THE HIV/AIDS PANDEMIC. AS A CITIZEN, LEADER, WIFE, HUSBAND, PARENT, CHILD, YOUTH, ADULT, WORKER, EMPLOYER, THERE ARE CRITICAL ISSUES OF INFORMATION, ATTITUDES AND BEHAVIOR THAT MUST BE LEARNED AND FACED.

1.2. PARENTS HAVE A SPECIAL RESPONSIBILITY TO EDUCATE THEIR CHILDREN ABOUT THE REALITIES OF HIV/AIDS.

1.3. EACH PERSON MUST REGARD THEMSELVES AS AFFECTED BY THE HIV/AIDS PANDEMIC, AND MUST ACKNOWLEDGE THE POSSIBILITY THAT THEY THEMSELVES OR
A LOVED ONE MAY BECOME INFECTED.

1.4. EVERY PERSON SHOULD CONFRONT THE REALITY OF DENIAL, STIGMATISATION

AND DISCRIMINATION AGAINST PEOPLE LIVING WITH HIV/AIDS, AND SHOULD EMBRACE PEOPLE LIVING WITH HIV/AIDS AS FELLOW MEMBERS OF THEIR FAMILIES, COMMUNITIES AND NATIONS.

1.5. PEOPLE LIVING WITH HIV/AIDS ARE HUMAN BEINGS IN FULL POSSESSION OF
THEIR HUMAN RIGHTS. THEY MUST BE VALUED AS A RESOURCE IN AND OF THEMSELVES, AND AS CRUCIAL ALLIES IN THE COMMON STRUGGLE TO OVERCOME HIV/AIDS.

1.6. EACH PERSON MUST TAKE RESPONSIBILITY FOR PROTECTING THEMSELVES, AND FOR PREVENTING THE VIRUS BEING TRANSMITTED TO OTHERS.

1.7. EVERY INDIVIDUAL SHOULD SEEK TO BREAK THE SILENCE ABOUT HIV/AIDS,
AND BE READY TO SPEAK ABOUT SEXUAL RELATIONS AND CONFRONT THE UNEQUAL POWER RELATIONS WITHIN SEXUAL RELATIONSHIPS.

1.8. YOUTH THEMSELVES HAVE A UNIQUE RESPONSIBILITY TO RESPOND TO THE CHALLENGE OF HIV/AIDS. THEY HAVE CREATED A REAL SOCIAL MOVEMENT AROUND
HIV/AIDS THAT MUST BE SUPPORTED.
UNCLAS SECTION 02 OF 11 ADDIS ABABA 004248

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2. COMMUNITY LEADERSHIP

2.1. THE STRUGGLE AGAINST HIV/AIDS WILL BE WON COMMUNITY BY COMMUNITY
,
IN EVERY VILLAGE, TOWNSHIP, AND SETTLEMENT ACROSS AFRICA. AUTHORITY AND
RESOURCES TO OVERCOME THE PANDEMIC MUST BE DEVOLVED TO THE LOCAL LEVEL.

2.2. AT THE COMMUNITY LEVEL, THERE SHOULD BE A COMMON STRUGGLE TO OVERCOME HIV/AIDS, WITH ACTIONS AND STRATEGIES THAT COMBINE ALL MEMBERS
AND COMPONENT PARTS OF THE COMMUNITY, RESULTING IN A TRUE LOCAL PARTNERSHIP.

HOMES,
WORKPLACES, SCHOOLS AND COMMUNITIES, AND PROVIDED WITH THE CULTURAL, LEGAL AND MATERIAL MEANS OF PROTECTION FROM SEXUAL ABUSE. MEN'S RESPONSIBILITIES TOWARDS WOMEN MUST BE EMPHASIZED. PERPETRATORS OF SEXUAL AND DOMESTIC VIOLENCE MUST BE PROSECUTED IN THE COURTS. CHILD- AND WOMAN-FRIENDLY FAMILY COURTS MUST BE CREATED, EXPANDED TO SCALE AND
SUPPORTED.

2.4. THE AVAILABILITY OF CONDOMS MUST BE ENSURED, AND PEOPLE MUST BE TAUGHT ABOUT THEIR IMPORTANCE AND USE.

2.5. YOUTH MUST BE ENGAGED AS FULL PARTNERS IN THE COMMUNITY, AS A SPECIAL AND INVALUABLE RESOURCE, THAT HAS BEEN NEGLECTED UNTIL NOW. THE
YOUTH REPRESENTATIVES FROM THROUGHOUT AFRICA PLAYED AN IMPORTANT PART IN THE FORUM AND THEIR POSITION IS APPENDED FOR SERIOUS CONSIDERATION WITH A VIEW TO INCORPORATION IN NATIONAL PLANS OF ACTION.

2.6. THE MANY DIFFERENT STAKEHOLDERS IN COMMUNITIES EACH HAVE PARTICULAR ROLES AND RESPONSIBILITIES, INCLUDING, - TRADITIONAL HEALERS
- TEACHERS - EMPLOYERS - SPIRITUAL LEADERS

2.7 THOSE CARING FOR PEOPLE LIVING WITH AIDS NEED SPECIAL ASSISTANCE IN
RECOGNITION OF THE SPECIAL BURDENS AND RESPONSIBILITIES UPON THEM.

2.8 IN SUM, THERE IS A NEED FOR TOTAL SOCIETAL MOBILIZATION AT A COMMUNITY LEVEL, CREATING A ROBUST' SOCIAL IMMUNITY' FROM THE SCOURGE OF HIV/AIDS.

3. NATIONAL LEADERSHIP

3.1 NATIONAL LEADERS' PRIME RESPONSIBILITY IS TO CREATE THE CONDITIONS
FOR COMMUNITY MOBILIZATION, ACROSS THE NATION.

3.2 MANY CASES OF IMPRESSIVE NATIONAL EFFORTS EXIST: THE CHALLENGE IS TO SCALE THESE UP TO COVER EVERY COMMUNITY.

3.3 NATIONAL LEADERS' PERSONAL INITIATIVE CAN TRANSFORM THE MORAL AND SOCIAL CLIMATE IN WHICH HIV/AIDS CAN BE DISCUSSED AND ADDRESSED OPENLY,
AND DENIAL AND STIGMA CAN BE OVERCOME.

3.4 NATIONAL AIDS AUTHORITIES AND COUNCILS SHOULD BE STRENGTHENED AS A
MATTER OF URGENCY IN ORDER TO ASSURE A BROAD, MULTI-SECTORAL RESPONSE AT THE NATIONAL AND COMMUNITY LEVELS. BEST CASES IN AFRICA DEMONSTRATE
THAT HIGHEST LEVEL POLITICAL LEADERSHIP OF SUCH COUNCILS IS A REQUIREMENT.

3.5 SUCH MULTI-SECTORAL LEADERSHIP REQUIRES:

- EVERY SECTOR MUST ACHIEVE COMPETENCE ON HOW HIV/AIDS AFFECTS ITS ACTIVITIES AND HOW IT CAN CONTRIBUTE TO A MULTI-SECTORAL PLAN TO OVERCOME THE PANDEMIC.

- THE HEALTH SECTOR, PROVIDED WITH SUITABLE RESOURCES, MUST PLAY A LEADING ROLE IN PREVENTION AND TREATMENT.

- THE EDUCATION SECTOR IS CENTRAL TO EFFECTIVE RESPONSES TO HIV/AIDS.

SEX EDUCATION MUST BE IN EVERY CURRICULUM. SCHOOLS MUST BE MODELS FOR EQUITABLE GENDER RELATIONS.
UNCLAS SECTION 03 OF 11 ADDIS ABABA 004248

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- THE SOCIAL WELFARE SECTOR MUST PROVIDE ASSISTANCE TO THOSE CARING FOR
PEOPLE WITH AIDS, AND FOR THEIR DEPENDENTS INCLUDING ORPHANS.

- THE TRADE, INDUSTRY AND MINING SECTORS MUST SHOULDER THEIR RESPONSIBILITIES FOR MINIMIZING TRANSMISSION OF HIV AND FOR NON-DISCRIMINATORY EMPLOYMENT PRACTICES.

- THE MILITARY MUST CONFRONT THE REALITY OF HIGH LEVELS OF HIV PREVALENCE AMONG SOLDIERS, AND TAKE NECESSARY STEPS TO REDUCE TRANSMISSION. ARMIES MUST PROVIDE FOR SOLDIERS WHO ARE HIV POSITIVE. AS
DISCIPLINED NATIONAL INSTITUTIONS, ARMIES CAN TAKE A LEADING ROLE IN HIV/AIDS CONTROL PROGRAMS.

- THE MEDIA HAVE A CRUCIAL ROLE IN PUBLIC EDUCATION AND SHAPING ATTITUDES.

3.6 PEOPLE LIVING WITH HIV/AIDS SHOULD BE INCORPORATED INTO NATIONAL POLICYMAKING AND IMPLEMENTATION IN A MEANINGFUL MANNER.

3.7 CIVIL SOCIETY ORGANIZATIONS HAVE TAKEN THE LEAD IN MANY ASPECTS OF
HIV/AIDS CONTROL. THEIR ROLES MUST BE APPRECIATED AND SUPPORTED. THE COMMON POSITION OF AFRICAN CIVIL SOCIETY ORGANIZATIONS REPRESENTED AT THE FORUM IS IMPORTANT AND IS THEREFORE APPENDED TO THIS AFRICAN CONSENSUS AS A SERIOUS STATEMENT FOR CONSIDERATION AND ACTION AT NATIONAL AND COMMUNITY LEVELS.

3.8 RELIGIOUS LEADERS HAVE IMMENSE INFLUENCE OVER MATTERS OF PERSONAL MORALITY AND BEHAVIOR. RELIGIOUS VALUES SUCH AS CARE FOR THE STRICKEN,
TOLERANCE AND INCLUSION CAN ASSIST IN THE CAMPAIGN AGAINST HIV/AIDS

NATIONAL LEADERS CAN INITIATE SPECIAL PROGRAMS AND SET UP SPECIAL INSTITUTIONS TO PROMOTE THE RIGHTS OF WOMEN.

4. REGIONAL LEADERSHIP

4.1 AFRICA'S HIV/AIDS PANDEMIC KNOWS NO BOUNDARIES. IT DEMANDS ACTION AT A CONTINENTAL LEVEL AND LEADERSHIP FROM AFRICA'S REGIONAL AND SUB-REGIONAL ORGANIZATIONS. MUCH CAN BE LEARNED FROM SUCCESSFUL EXAMPLES OF THE CONTAINMENT OF THE HIV/AIDS PANDEMIC IN DIFFERENT COUNTRIES IN AFRICA. THE SHARING OF EXPERIENCES AND THE PROVISION OF TECHNICAL ADVICE FROM ELSEWHERE IN AFRICA ARE TOOLS TOWARDS ADOPTING BEST PRACTICES ACROSS THE CONTINENT.

4.2 ESSENTIAL AND COMPREHENSIVE CARE AND TREATMENT FOR PEOPLE LIVING WITH HIV/AIDS IS REQUIRED. A CONTINENTAL STRATEGY TO ENSURE THE AFFORDABLE PROVISION OF ESSENTIAL ANTI-RETROVIRAL DRUGS AND TREATMENTS
FOR OPPORTUNISTIC INFECTIONS IS NEEDED VERY RAPIDLY. THIS REQUIRES A DETERMINED PAN-AFRICAN STRATEGY IN PARTNERSHIP WITH INTERNATIONAL DONORS AND PHARMACEUTICAL COMPANIES.

4.3 PEACE IS AN ESSENTIAL PRE-REQUISITE FOR EFFECTIVE PROGRAMS AGAINST
HIV/AIDS. AFRICAN COUNTRIES AND REGIONAL AND SUB-REGIONAL ORGANIZATIONS
HAVE KEY ROLES TO PLAY IN CREATING AND MAINTAINING PEACE AND SECURITY.

4.4 LONG-DISTANCE MIGRATION IS A RISK FACTOR FOR HIV/AIDS THAT DEMANDS
INTER-STATE COOPERATION TO CONTAIN HIV/AIDS.

5 INTERNATIONAL PARTNERSHIP

5.1 AN ESTIMATED US$3 BILLION IS REQUIRED ANNUALLY TO CONTAIN THE H IV/AIDS PANDEMIC. THE FIRST SOURCE FOR RESOURCE COMMITMENT MUST BE DOMESTIC. IN THE FRAMEWORK OF MULTI-SECTORAL STRATEGIES, ADEQUATE PROVISION FOR HIV/AIDS PROGRAMS SHOULD BE PROMINENTLY REFLECTED IN EVERY MINISTERIAL BUDGET.

5.2 THIS ALSO REQUIRES MOBILIZATION OF RESOURCES FROM EVERY POSSIBLE SOURCE SUCH AS THE DOMESTIC PRIVATE SECTOR AND COMMUNITY RESOURCES.
UNCLAS SECTION 04 OF 11 ADDIS ABABA 004248

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5.3 FOREIGN DONORS AND INTERNATIONAL FINANCIAL INSTITUTIONS MUST GREATLY INCREASE THEIR FINANCIAL COMMITMENTS TO HIV/AIDS AND DEVELOPMENT PROGRAMS. THIS ASSISTANCE, WHEREVER POSSIBLE, SHOULD BE IN
THE FORM OF GRANTS, NOT LOANS.

5.4 DEBT RELIEF IS A NEW POTENTIALLY IMPORTANT SOURCE FOR BOTH MONEY AND POLITICAL COMMITMENT, AND AS A MEANS OF MAINSTREAMING HIV/AIDS PROGRAMMING INTO DEVELOPMENT AND POVERTY REDUCTION POLICIES.

5.5 OTHER SOURCES OF FINANCE SUCH AS CORPORATIONS AND FOUNDATIONS, AND
INNOVATIVE TAXES, SHOULD ALSO BE SOUGHT.

5.6 MECHANISMS TO ENSURE THE QUICK, EFFECTIVE, DIRECT AND ACCOUNTABLE DELIVERY OF RESOURCES TO LOCAL GROUPS AND PROGRAMS WILL BE REQUIRED.

THE HIV/AIDS PANDEMIC IS MANAGEABLE. WITH THE REQUIRED POLITICAL COMMITMENT, PROVISION OF RESOURCES, AND STRATEGIES THAT INCLUDE ALL STAKEHOLDERS AS VALUED PARTNERS, THE HIV/AIDS PANDEMIC CAN BE ROLLED BACK AND CONTAINED. THE EXPERIENCE OF CERTAIN AFRICAN COUNTRIES SHOWS THAT THIS IS ACHIEVABLE. IT MUST NOW BE DONE ACROSS THE ENTIRE CONTINENT. AFRICA'S HIV/AIDS PANDEMIC WILL BE OVERCOME AT A CONTINENTAL
LEVEL OR NOT AT ALL.

B. PLAN OF ACTION

1. AT THE NATIONAL LEVEL

1.1 EACH COUNTRY SHOULD HOLD A REPRESENTATIVE NATIONAL WORKSHOP BY MID
FEBRUARY 2001, TO DETERMINE HOW THE RECOMMENDATIONS OF THE ADF CAN BE TURNED INTO ACTION AT THE COUNTRY LEVEL.

1.2 ALL GOVERNMENTS SHOULD PREPARE REPORTS FOR THE SPECIAL SUMMIT OF THE OAU ON HIV/AIDS BY MID-MARCH. THESE SHOULD INCLUDE CONCRETE ACTION
ON NATIONAL INITIATIVES AT THE HIGHEST LEVEL AND RESOURCE ALLOCATION.

1.3 CIVIL SOCIETY ORGANIZATIONS, ESPECIALLY PEOPLE LIVING WITH HIV/AIDS(PLHAS) AND YOUTH, SHOULD STRENGTHEN THEIR COOPERATION, EVALUATE THEIR EXPERIENCE, AND PREPARE FOR THEIR CONTRIBUTION TO THE OAU SPECIAL SUMMIT.

2. AT THE REGIONAL AND GLOBAL LEVELS

2.1 AFRICA'S REGIONAL ORGANIZATIONS WILL ENSURE THAT THE ADF CONSENSUS,
RECOMMENDATIONS AND RESOLUTIONS ARE KEPT HIGH ON THE AGENDAS FOR MEETINGS OF AFRICAN HEADS OF STATE AND SUB-REGIONAL ORGANIZATIONS.

2.2 DURING 2001, SUB-REGIONAL SUMMITS ARE URGED TO ADDRESS THE HIV/AIDS
CHALLENGE AS A MATTER OF HIGH PRIORITY. TO THIS END, THE OFFICIAL SUB-REGIONAL ORGANIZATIONS SHOULD SIMILARLY PLACE HIV/AIDS AS A TOP PRIORITY IN THEIR WORK.

2.3 AT THE REGIONAL MEETING OF ALL FINANCE AND PLANNING MINISTERS

(ALGIERS, 23-25 APRIL 2001), THE INTERWEAVING OF POVERTY REDUCTION, DEBT RELIEF AND HIV/AIDS STRATEGIES SHOULD BE CONSIDERED, AND COMMON POSITIONS ON INTERNATIONAL RESOURCING FOR COMBATING HIV/AIDS AGREED UPON.

2.4 THE SPECIAL SUMMIT OF THE OAU ON HIV/AIDS AND OTHER COMMUNICABLE DISEASES, IN ABUJA, 25-27 APRIL 2001, SHOULD BE A PIVOTAL EVENT FOR THE CONTINENTAL CAMPAIGN TO OVERCOME HIV/AIDS. THIS CONSENSUS STATEMENT AND PLAN OF ACTION SHOULD BE PRESENTED TO THE HEADS OF STATE AND GOVERNMENT AT THAT SUMMIT FOR THEIR ADOPTION. CIVIL SOCIETY ORGANIZATIONS, PLHA, YOUTH AND OTHER STAKEHOLDERS SHOULD BE REPRESENTED AS PARTICIPANTS.

2.5 THE OAU ANNUAL SUMMIT IN LUSAKA IN JULY 2001 SHOULD DEVOTE A SPECIAL SESSION TO HIV/AIDS AND REQUEST THAT THE ISSUE REMAIN ON THE AGENDA FOR FUTURE SUMMITS, IN WHICH THE SECRETARY GENERAL OF THE OAU WILL PRESENT A REPORT ON PROGRESS MADE IN COMBATING HIV/AIDS AND UNCLAS SECTION 05 OF 11 ADDIS ABABA 004248

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CHALLENGES WHICH REQUIRE MOST URGENT ATTENTION.

2.6 AT THE UN GENERAL ASSEMBLY SPECIAL SESSION ON HIV/AIDS, IN JUNE 2001, AFRICAN PARTICIPANTS SHOULD PRESENT A COMMON POSITION BASED ON THIS CONSENSUS, AND A COMMON COORDINATED DEMAND FOR INTERNATIONAL ASSISTANCE, DEBT RELIEF, AND PROVISION OF AFFORDABLE DRUGS.

2.7 AT THE UN SUMMIT FOR CHILDREN, IN SEPTEMBER 2001, IT SHOULD BE STATED CLEARLY THAT THE NUMBER ONE THREAT TO AFRICA'S CHILDREN IS HIV/AIDS, AND THAT THERE IS A COLLECTIVE RESPONSIBILITY AMONG ALL STATES TO TAKE ALL POSSIBLE MEASURES TO ENSURE THAT THE NEXT GENERATION OF AFRICANS DOES NOT HAVE TO FACE THE SCOURGE OF THE HIV/AIDS PANDEMIC.

2.8 IN ADDITION TO THE ABOVE, MEANS SHOULD BE DEVISED SO THAT RECURRENT REVIEWS, SHARING OF BEST PRACTICES AND PEER PRESSURE FOR IMPROVED

3. COMMUNICATIONS FROM THIS FORUM

3.1 THE MAJOR PRESENTATIONS BY NOTABLES ATTENDING THE FORUM SHOULD BE MADE WIDELY AVAILABLE TO AFRICAN RADIO AND TV SERVICES.

STAKEHOLDER COMMENTS
==========

YOUTH STATEMENT TO THE AFRICAN DEVELOPMENT FORUM

WE THE YOUNG PEOPLE REPRESENTED AT THE AFRICAN DEVELOPMENT FORUM 2000 STATE OUR POSITION ON AIDS AND LEADERSHIP:

- RECOGNIZING THAT POVERTY IN AFRICA PLAYS A MAJOR ROLE IN SHAPING BOTH
THE COURSE AND THE RESPONSE TO THE PANDEMIC;

- HORRIFIED AT THE NUMBER OF LIVES LOST UNNECESSARILY TO AIDS;

- DISILLUSIONED BY THE FACT THAT OUR LEADERS HAVE BETRAYED US BY WAGING
WARS, PLUNDERING OUR RESOURCES, RAIDING OUR NATIONAL TREASURIES, AND TAKING INSUFFICIENT ACTION ON HIV/AIDS;

- DEEPLY SADDENED THAT DUE TO THE ROLE OF THE WORLD BANK AND THE IMF IMPOSED STRUCTURAL ADJUSTMENT PROGRAMS, MANY AFRICAN STATES CAN NO LONGER PROVIDE THE BASIC EDUCATION AND HEALTH SERVICES THAT ARE SO CRITICAL TO DEVELOPMENT;

- DISTURBED THAT THE INABILITY OF MANY AFRICAN STATES TO DELIVER ON HEALTH AND EDUCATION SERVICES IS IN DIRECT VIOLATION OF THE UNIVERSAL DECLARATION ON HUMAN RIGHTS;

- OUTRAGED BY THE WORLD BANK'S DECISION TO OFFER $500 MILLION IN LOANS
TO ALREADY INDEBTED COUNTRIES TO FIGHT HIV/AIDS;

- DEEPLY CONCERNED THAT YOUNG PEOPLE HAVE BORNE THE BRUNT OF THE HIV/AIDS EPIDEMIC BOTH IN TERMS OF INFECTIONS AND CARING FOR AND SUPPORTING FAMILY MEMBERS;

- FURTHER CONCERNED THAT YOUNG WOMEN IN PARTICULAR ARE MORE SUSCEPTIBLE
TO CONTRACTING HIV BECAUSE OF PATRIARCHAL ATTITUDES ABOUT FEMALE SEXUALITY, AND THIS IS COMPOUNDED BY THEIR BIOLOGICAL VULNERABILITY TO
INFECTION;

- COGNIZANT THAT YOUNG PEOPLE MUST COMMIT THEMSELVES TO CHANGING UNHEALTHY BEHAVIORS AND ASSUMING LEADERSHIP ROLES IN THE FIGHT AGAINST
HIV/AIDS;

- OPTIMISTIC THAT LEADERS WILL NOW FINALLY BEGIN TO LISTEN, SPEAK OUT AND TO ACT;

- WILLING TO WORK WITH LEADERS AT EVERY LEVEL, IN PARTNERSHIP AND MUTUAL RESPECT TO TRIUMPH OVER HIV/AIDS AND BUILD A NEW AFRICA.
UNCLAS SECTION 06 OF 11 ADDIS ABABA 004248

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AF/E WARD, AF/EPS PATARD, EB/IDF/ODF AND IO

DEPT PASS NIH FOR FOGARTY CENTER AND NIAID

USAID/W FOR AA/AFR DERRYCK, AFR/SD GALLEGOS, G/ENV/DAA, G/PHN/HN

EMBASSIES FOR REO, ESTH OFFICERS AND USAID MISSIONS

NAIROBI ALSO FOR USAID/REDSO EVANS AND KNAUSENBERGER

WHITE HOUSE FOR ONAP/PEAC THURMAN

NSC FOR KEN BERNARD

CIA FOR DESC AND NESAF

E.O. 12958: NA
TAGS: KHIV, TBIO, SOCI, SENV, EAID, XA
SUBJECT: AFRICAN CONSENSUS AND PLAN OF ACTION:
LEADERSHIP TO OVERCOME HIV/AIDS

WE THE YOUNG PEOPLE REPRESENTED AT THE ADF 2000 CALL UPON LEADERS IN AFRICA AT ALL LEVELS TO DO THE FOLLOWING:

1. PREVENTION

A) EVERY AFRICAN NATION MUST HAVE AN INTER-SECTORAL AIDS BUDGET THAT IS
JOINTLY ADMINISTERED BY CIVIL SOCIETY AND GOVERNMENT. YOUNG PEOPLE MUST
FORM A CRITICAL PART OF THE STRUCTURE THAT OVERSEES THIS FUND AND MUST
HAVE FULL VOTING AND DECISION MAKING POWER.

B) THE UNITED NATIONS SYSTEM MUST CREATE A SPECIFIC AGENCY TO CHANNEL FUNDS QUICKLY AND WITHOUT RED TAPE TO YOUNG PEOPLE FOR INITIATIVES THAT
ARE DESIGNED AND MANAGED BY YOUTH. THIS AGENCY WILL BE COMMITTED TO CONDUCTING ITS AFFAIRS IN A WAY THAT IS OPPOSED TO OPULENCE IN THE MIDST OF POVERTY.

C) A TRIPARTITE PARTNERSHIP MUST BE ESTABLISHED AT COUNTRY LEVEL TO ENSURE THAT GOVERNMENT, CIVIL SOCIETY, AND THE DONOR COMMUNITY EFFECTIVELY COORDINATE ACTIVITIES THAT ARE FOCUSED ON YOUNG PEOPLE AND
HIV/AIDS.

D) EACH GOVERNMENT MUST CREATE MECHANISMS FOR PURCHASING AND DISTRIBUTING CONDOMS SO THAT PREVENTION EFFORTS THAT RELY ON CONDOMS ARE SUSTAINABLE.

E) EACH GOVERNMENT MUST ENSURE THAT ALL NECESSARY INFRASTRUCTURE IS IN
PLACE SO THAT YOUNG PEOPLE HAVE ACCESS TO VOLUNTEER TESTING AND COUNSELING, INFORMATION EDUCATION ABOUT PREVENTION, AND CARE AND SUPPORT SERVICES FOR THOSE OF US LIVING WITH HIV/AIDS. AFRICAN YOUTH ORGANIZATIONS MUST DEVELOP TOOLS FOR MONITORING NATIONAL EFFORTS IN THE
FIGHT AGAINST AIDS. IN PARTICULAR, A YOUTH CHECKLIST FOR GOVERNMENTS MUST BE FORMULATED TO ASSESS THE YOUTH- FRIENDLINESS OF GOVERNMENT'S PROGRAMS ON HIV/AIDS.

A) THE PHARMACEUTICAL DRUG MANUFACTURERS THAT PROFIT EXORBITANTLY FROM
ILLNESS MUST BE CHALLENGED BY YOUNG AFRICANS IN SOLIDARITY WITH OUR GOVERNMENTS AS THEY ATTEMPT TO NEGOTIATE LOWER PRICES AND ADVOCATE FOR
THE USE OF GENERIC DRUGS.

B) YOUTH ORGANIZATIONS SHOULD STRENGTHEN THEIR TREATMENT INITIATIVES BY
PROMOTING GOOD NUTRITION AND POSITIVE LIVING.

C) POLICY MEASURES MUST BE PUT IN PLACE BY GOVERNMENTS TO ENSURE THAT PLHAS ARE NOT EXPLOITED FINANCIALLY BY COMPANIES AND INDIVIDUALS MAKING
FALSE CLAIMS ABOUT TREATMENTS AND CURES.

3. CARE, SUPPORT, AND STIGMA

A) POLITICAL LEADERS SHOULD GOVERN BY EXAMPLE, ENSURING THAT THEY SPEAK
OPENLY AND HONESTLY ABOUT HIV/AIDS.

B) YOUTH ORGANIZATIONS SHOULD ESTABLISH A "MOVEMENT FOR ACCEPTANCE" THAT CALLS ATTENTION TO THE MARGINALIZATION OF PARTICULAR GROUPS OF YOUNG PEOPLE. IN PARTICULAR THIS MOVEMENT WILL FOCUS ON ACCESS TO SERVICES AND INFORMATION FOR YOUNG PEOPLE LIVING WITH HIV/AIDS, YOUNG WOMEN, AND YOUNG PEOPLE LIVING IN RURAL AREAS, YOUNG PEOPLE LIVING IN THE STREET, GAY AND LESBIAN YOUTH, YOUNG PEOPLE ENGAGED IN SEX WORK, OUT-OF-SCHOOL YOUTH, AND YOUNG PEOPLE LIVING IN CONFLICT ZONES.

4. CHALLENGING POVERTY

A) AFRICAN YOUTH ORGANIZATIONS AND STRUCTURES MUST BUILD ALLIANCES WITH
YOUNG PEOPLE AROUND THE WORLD WHO ARE CURRENTLY CHALLENGING THE NEGATIVE EFFECTS OF GLOBALIZATION AND PROTESTING MEETINGS HELD BY INTERNATIONAL LENDING INSTITUTIONS.
UNCLAS SECTION 07 OF 11 ADDIS ABABA 004248

DEPT PASS TO ALAFD COLLECTIVE

DEPT FOR OES/PCI SHIPPE, OES/EID SMITH, AF/E NIBLOCK,
AF/E WARD, AF/EPS PATARD, EB/IDF/ODF AND IO

DEPT PASS NIH FOR FOGARTY CENTER AND NIAID

USAID/W FOR AA/AFR DERRYCK, AFR/SD GALLEGOS, G/ENV/DAA, G/PHN/HN

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B) AFRICAN YOUTH ORGANIZATIONS MUST LOBBY THE INTERNATIONAL COMMUNITY TO ENSURE THAT LOANS TO AFRICA FOR AIDS ARE REJECTED OUTRIGHT.

5. PARTICIPATION

A) YOUNG PEOPLE MUST PLAY A CRITICAL ROLE IN DECISION-MAKING FOR ALL NATIONAL AIDS STRATEGIES AND PLANS.

B) YOUNG PEOPLE MUST BE REPRESENTED AT ALL LEVELS OF AIDS PLANNING AND
PROGRAMMING AT BOTH A COMMUNITY AND GOVERNMENT LEVEL.

C) YOUNG PEOPLE'S CAPACITY TO MANAGE EFFECTIVE ORGANIZATIONS MUST BE BOLSTERED BY POLICY AND LEGAL ENVIRONMENTS THAT ALLOW US TO SEEK TRAINING, MENTORSHIP PROGRAMS AND BUILD STRONG ORGANIZATIONS AND STRUCTURES.

ADOPTING THE CONSENSUS AND ACTION PLAN
==========

CHAIR: MS CAROL BELLAMY, UNICEF EXECUTIVE SECRETARY
PANEL: HEAD OF UN AGENCIES AND SELECTED STAKEHOLDERS REPRESENTATIVES

1.0 OPENING REMARKS FROM THE CHAIR

MS. BELLAMY POINTED OUT THAT THE PURPOSE OF THE SESSION IS TO ADOPT THE
CONSENSUS DOCUMENT. SHE STRESSED THAT DISCUSSION SHOULD FOCUS ON ACTION
TO BE TAKEN AFTER THE CONFERENCE. SHE THEN LED THE DELEGATES IN ADOPTING THE CONSENSUS DOCUMENT AND THEN FACILITATED A DISCUSSION FOCUSING ON IMPLEMENTING THE CONSENSUS. SHE ALSO NOTED THAT THERE ARE
SOME MEETINGS COMING UP WHICH SHOULD BE USED
TO MONITOR PROGRESS IN IMPLEMENTATION OF THESE ACTIONS. THESE INCLUDE:

--SPECIAL MEETING OF HEADS OF STATE IN ABUJA, 25-27 APRIL 2001;

-- OAU ANNUAL SUMMIT, LUSAKA, JULY 2001

-- UN GENERAL ASSEMBLY SPECIAL SESSION ON HIV/AIDS JUNE 2001

-- UN GENERAL ASSEMBLY SPECIAL SESSION ON CHILDREN, SEPTEMBER 2001

2.0 PRESENTATIONS BY FOCUS GROUP/STAKEHOLDERS

STATEMENT BY PEOPLE LIVING WITH HIV/AIDS (PLHA) FOCUS GROUP

1. PLHA MUST BE AT THE FOREFRONT OF IMPLEMENTING THE CONSENSUS DOCUMENT

AT THE POLITICAL LEVEL, WE UNDERTAKE TO PUT PRESSURE ON HEADS OF STATES
TO BE UPDATED AND BRIEFED ON THE RESULTS AND FOLLOW UP OF ADF. WE WILL
ALSO URGE ALL HEADS OF STATES TO ATTEND ABUJA.

-- WE UNDERTAKE TO PUT PRESSURE ON OUR GOVERNMENTS TO DECLARE AIDS A NATIONAL DISASTER IN ALL COUNTRIES IN AFRICA.

-- WE WILL DEMAND PLHA PARLIAMENTARY REPRESENTATION IN ALL AFRICAN COUNTRIES

2. SET UP MECHANISMS TO TRANSFER EXISTING SKILLS AND BEST PRACTICES FROM COUNTRY TO COUNTRY.

-- WE WILL UNDERTAKE EXCHANGE AND SUPPORT VISITS AT HIGHEST LEVEL WITH
MAXIMUM MEDIA EXPOSURE FROM COUNTRY TO COUNTRY IN ORDER TO EXPRESS OUR
ISSUES AND DEMANDS.

-- WE WILL SET UP A SPEAKERS AND SKILLS BUREAU OF PLHA FOR THE AFRICA REGION.

-- WE DEMAND THAT THE CONSENSUS PARTNERS SUPPORT THESE REPRESENTATIVES
MEDICALLY, FINANCIALLY AND POLITICALLY, IN ORDER TO MAKE SURE THEY C AN
CONTINUE THEIR WORK AND FACILITATE THEIR PARTICIPATION IN ALL THE KEY
UNCLAS SECTION 08 OF 11 ADDIS ABABA 004248

DEPT PASS TO ALAFD COLLECTIVE

DEPT FOR OES/PCI SHIPPE, OES/EID SMITH, AF/E NIBLOCK,
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MEETINGS TO BE HELD IN 2001, STARTING FROM ABUJA.

3. SET UP MONITORING, DOCUMENTATION AND REPORT MECHANISMS FROM COUNTRY
TO COUNTRY AND IN THE AFRICAN REGION (USE ONE COUNTRY TO MONITOR ANOTHER).

-- WE WILL PREPARE A FULL REPORT AND LIST OUR DEMANDS, REACHED BY REGIONAL CONSENSUS, FOR ABUJA.

-- WE WILL NOMINATE ACCEPTABLE LEADERS FROM AMONGST THE EXISTING NETWORKS AND BRING TOGETHER REPRESENTATION OF THESE NETWORKS TO AN ORGANIZING/ADVISORY/PRESSURE COMMITTEE WHICH WILL MEET NOT LATER THAN FEBRUARY 2001.

-- WE WILL INITIATE AN ON-LINE CONSULTATION WITH ALL PLHA GROUPS TO REACH CONSENSUS.

STATEMENT BY YOUTH FOCUS GROUP

ACKNOWLEDGE THE CHALLENGES PUT FORWARD TO THE YOUTH GROUP AND WILL REQUIRE SUPPORT TO DO THEIR PART. THE YOUTH AGAINST AIDS NETWORK (YAAN) HAS BEEN STARTED AND NEEDS TO BE
STRENGTHENED. YOUNG PEOPLE SHOULD BE SUPPORTED IN DEBRIEFING AND CONTINUING WITH THE AGREED ACTIONS. PROPOSED A YOUTH FORUM TO PLAN ON
FURTHER ACTION.

STATEMENT BY GENDER FOCUS GROUP

AS A MATTER OF SCALING UP AND MOVING FORWARD, WOULD LIKE TO SEE EVERY COUNTRY MAKE AVAILABLE TREATMENT TO HIV INFECTED PREGNANT AND NURSING MOTHERS TO PREVENT NEW INFECTIONS INCORPORATING FULL DRUG REGIMES AND COUNSELING. GOVERNMENTS MUST ENSURE THE AVAILABILITY OF THE FEMALE CONDOM AND ACCESS TO IT. CONCRETE STEPS SHOULD BE TAKEN TO DIRECTLY INVOLVE MEN IN THE CAMPAIGN "MEN MAKE A DIFFERENCE." AT LEAST 50% OF PREPARATORY ACTIVITIES LEADING UP TO ABUJA SHOULD INVOLVE WOMEN.

STATEMENT BY RELIGIOUS FOCUS GROUP

RELIGIOUS LEADERS SHOULD BE SEEN AS FULL PARTNERS AT ALL LEVELS OF GOVERNMENT AND WITHIN THE UN SYSTEM. MORAL EDUCATION SHOULD BE INTRODUCED INTO THE SCHOOL SYSTEM. GOVERNMENTS SHOULD WORK WITH RELIGIOUS LEADERS IN THE PROVISION OF SOCIAL SERVICES. RELIGIOUS LEADERS SHOULD SET A GOOD EXAMPLE. PLHAS SHOULD BE TREATED WITH ACCEPTANCE.
INTER-FAITH COUNCILS SHOULD BE SET UP TO DEAL WITH HIV/AIDS.
UNAIDS SHOULD SET UP A RELIGIOUS DESK WITH AFRICAN REPRESENTATION. WITH
ECA AND OTHER AGENCIES, IT SHOULD CONVENE A MEETING TO DISCUSS THE ROLE
OF THE RELIGIOUS COMMUNITY IN FIGHTING HIV/AIDS.

STATEMENT BY CIVIL SOCIETY FOCUS GROUP

THERE IS A NEED TO FOCUS ON THE FIGHT AGAINST AIDS AT THE WORKPLACE THROUGH COLLABORATION WITH EMPLOYERS UNIONS AND GOVERNMENTS. WOULD LIKE TRADE UNIONS TO BE REFLECTED AS ONE OF THE STAKEHOLDERS BY THE ECA
IN FUTURE. TRADE UNIONS WILL BE INVOLVED IN CAPACITY BUILDING AND TRAINING OF WORKERS ON
ISSUES RELATING TO HIV/AIDS.

STATEMENTS BY STAKEHOLDERS AND PARTNERS ON HOW THEY WILL IMPLEMENT THE ADOPTED CONSENSUS AND ACTION PLAN
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STATEMENT BY DR NAFIS SADIK, UNFPA

OUR MOST POTENT WEAPON IS PREVENTION OF HIV/AIDS - WE DON'T WANT MORE INFECTIONS. UNFPA WILL SUPPORT AND ENCOURAGE ACTION AND DIALOGUE. THE
IMPORTANCE OF REPRODUCTIVE AND SEXUAL HEALTH AWARENESS MESSAGES FOR ALL, PARTICULARLY YOUNG PEOPLE. NEED TO REFORM HEALTH CARE SERVICES TO
BECOME MORE RESPONSIVE TO YOUNG PEOPLE'S NEEDS THROUGH INCLUDING THEM

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IN PLANNING AND IMPLEMENTATION OF HEALTH PROGRAMS. THE STATUS OF WOMEN
IS CRUCIAL. POLITICAL LEADERS CAN HELP EXPOSE GENDER INEQUITY, DECONSTRUCTING MYTHS OF MASCULINITY AND DISCOURAGING HARMFUL TRADITIONAL PRACTICES.

WHAT UNFPA WILL DO:

WILL CONTINUE TO ADDRESS HIV/AIDS ISSUES THROUGH:

-- ADVOCACY AT ALL LEVELS;

-- ATTENTION TO ADOLESCENTS AND YOUNG PEOPLE AS A PRIORITY TARGET GROUP

-- SCALING UP HIV/AIDS ASSISTANCE PROGRAMS AND INCREASING CAPACITY FOR
DELIVERING THESE SERVICES;

-- THE SUPPLY OF MALE AND FEMALE CONDOMS AND SOCIAL MARKETING AND INSTITUTIONAL SUPPORT; AND

-- INCREASING STAFF RESOURCES WITHIN THE AGENCY. 75% OF UNFPA RESOURCES
ARE SPENT ON REPRODUCTIVE HEALTH PROGRAMS, INCLUDING HIV/AIDS.

DR NAFIS SADIK MADE AN OBSERVATION TO THE EFFECT THAT COUNTRIES SHOULD
DIVERT SOME OF THEIR RESOURCES SPENT ON THE MILITARY TO COMBAT HIV/AIDS

STATEMENT BY DR. IBRAHIM SAMBA, WHO

-- WILL INCREASE THE TECHNICAL STAFF NUMBERS AT COUNTRY AND INTERNATIONAL LEVEL TO SUPPORT PROGRAMS FOR HIV/AIDS.

-- WILL INCREASE FUNDING FOR PROGRAMS USING GRANTS - NOT LOANS - FROM VARIOUS AGENCIES, INCLUDING THE WORLD BANK.

-- WILL SCALE UP SUCCESSFUL EXPERIENCES OF TREATMENT BY TRADITIONAL HEALERS.

-- WILL MAKE SURE THAT ALL AFRICAN COUNTRY OFFICES WILL GET COPIES OF THE CONSENSUS DOCUMENT.

STATEMENT BY MS BELLAMY, UNICEF

-- WE WILL CONTINUE TO WORK ON PREVENTION --SCHOOLS WILL REMAIN AN IMPORTANT FOCUS.

-- WILL CONTINUE WORK TO PREVENT MOTHER TO CHILD TRANSMISSION.

-- WILL CONTINUE TO WORK ON ORPHANS.

STATEMENT BY DR. PETER PIOT, UNAIDS

DR PIOT NOTED NEED TO WORK TOWARDS A GLOBAL SOCIAL MOBILIZATION THAT DOES NOT PRESENT AIDS ONLY AS AN AFRICAN PROBLEM. THE RESULTS OF THIS FORUM WILL BE CRUCIAL IN THIS AS IT CALLS ON ALL SECTORS TO WORK TOGETHER. THERE IS A NEED FOR SCALING-UP AND DECENTRALIZATION OF ACTIVITIES AT ALL LEVELS.

SPECIFIC ISSUES FOR UNAIDS:

-- RESOURCE MOBILIZATION AND MONITORING; RESOURCE BASE NEEDS TO BE BROADENED.

-- NEED TO CLEARLY ARTICULATE THE COSTS AND IDENTIFY THE GAPS - A GOAL
FOR 2001.

-- LOOK FOR COMBINATIONS OF RESOURCES, BOTH PRIVATE AND PUBLIC.

-- IMPROVE MECHANISMS FOR CHANNELING THE FUNDS TO THE COMMUNITIES WHERE
UNCLAS SECTION 10 OF 11 ADDIS ABABA 004248

DEPT PASS TO ALAFD COLLECTIVE

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THEY CAN MAKE THE DIFFERENCE.

-- ASSIST GOVERNMENTS IN STRENGTHENING THEIR NATIONAL AIDS BODIES AND STRUCTURES.

-- STRONG INVESTMENT IN PREVENTION SHOULD CONTINUE, AND THERE SHOULD BE
A COMPREHENSIVE APPROACH, NOT JUST ANTIRETROVIRAL DRUGS.

-- NEED FOR MAJOR INSTITUTIONAL BEHAVIORAL CHANGE - MAKING THEM MORE AIDS SENSITIVE.

-- NEED TO ADDRESS ACCESS TO CARE AND RESOURCE ALLOCATION ISSUES.

-- NEED TO DO BETTER HOMEWORK IN ADDRESSING THE KEY ISSUES.

IN CONCLUSION, DR. PIOT NOTED THAT ADF2000 WAS NOT THE USUAL AIDS MEETING - IT WAS A COMPREHENSIVE MIX OF VARIOUS STAKEHOLDERS. THE UPCOMING MEETINGS/SUMMITS WILL PROVIDE OPPORTUNITIES TO PUSH CERTAIN AGENDA AT COUNTRY LEVEL, AND A MECHANISM FOR ACCOUNTABILITY OF ALL SECTORS. HE HOWEVER MADE THE OBSERVATION THAT SUMMITS SHOULD NOT CONSUME ALL OUR ENERGIES.

STATEMENT BY THE WORLD BANK

-- THE WORLD BANK WILL BE SCALING-UP ITS ACTIVITIES IN THE FIGHT AGAINST THE HIV/AIDS PANDEMIC IN AFRICA COUNTRIES.

-- THE BANK WILL JOIN THE CAMPAIGN FOR AFFORDABLE TREATMENT FOR HIV/AIDS PATIENTS.

-- WILL ASSIST MEMBER COUNTRIES IN AFRICA IN THE FIGHT AGAINST THE PANDEMIC AND WILL INTENSIFY ITS HIV/AIDS CAMPAIGN AT ALL LEVELS.

-- THE WORLD BANK WILL NOT MAKE A COMMITMENT TO PROVIDING GRANTS INSTEAD OF LOANS TO FIGHT THE HIV/AIDS PANDEMIC IN MEMBER COUNTRIES IN
AFRICA.

STATEMENT BY MR. ALASANE DIOP, ILO

-- THERE IS NEED TO PUT TOGETHER, WITH UNICEF, A PROGRAM ADDRESSING ORPHANS AND MIGRANT WORKERS.

-- ILO HOPES TO CONTINUE TO WORK WITH VARIOUS AGENCIES, INCLUDING WHO.

COMMENTS AND OBSERVATIONS FROM THE FLOOR
==========

ZIMBABWE: HAPPY THAT TRADITIONAL HEALERS HAVE BEEN RECOGNIZED IN THE FORUM AND IN THE FINAL DOCUMENT.

UGANDA: ON THE AGENDA - WOULD HAVE LIKED TO SEE A PLEDGE ON LEADERSHIP
FROM THE HEADS OF STATE. THERE IS NEED FOR CLEAR REFERENCES TO ACCOUNTABILITY AND TRANSPARENCY. WE SHOULD
HAVE VALUE FOR MONEY AUDITS TARGETING THOSE THAT HAVE RECEIVED FUNDING.

GABON: CONSENSUS SHOULD BE LOOKED AT AS A COLLABORATIVE WORK. NEED TO
LOOK AT HIV/AIDS DRUGS PRICE REDUCTION AS AN ECONOMIC NOT A POLITICAL ISSUE. NEED TO LOOK AT WAYS TO REDUCE THE COST OF PRODUCTION OF THESE
DRUGS --- WHICH
COULD THEN TRANSLATE INTO LOWERING RETAIL PRICES. SUGGESTED THAT THIS ISSUE SHOULD BE TAKEN UP AT ABUJA AND ECA COULD PLAY A LEAD ROLE ON

SWAZILAND: TRADITIONAL HEALERS GLAD THAT THEY ARE RECOGNIZED AS ONE OF
THE STAKEHOLDERS. EFFORTS WILL BE MADE TO MOBILIZE TRADITIONAL HEALERS
IN ALL AFRICAN COUNTRIES TO
LOOK AT WAYS OF MOVING THE PROCESS FORWARD IN AREA LIKE
UNCLAS SECTION 11 OF 11 ADDIS ABABA 004248

DEPT PASS TO ALAFD COLLECTIVE

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TRAINING AND IMPROVING STANDARDS OF TREATMENT FOR HIV/AIDS PATIENTS.
ALSO A CONTINENTAL NETWORK WILL BE SET-UP WHICH WILL OPERATE AT A FOCUS
GROUP LEVEL IN THE VARIOUS COUNTRIES.

TUNISIA: THERE IS A NEED FOR A SPECIAL FOCUS ON SOUTH-SOUTH
COOPERATION TO SHARE EXPERIENCE AS PART OF IMPLEMENTING THE CONSENSUS
DOCUMENT AND THE PLAN OF ACTION.

NAGY

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Thursday, December 21, 2000 4:20 AM
To:	Bernard, Kenneth W. (HEALTH); Bolan, Christopher J. (VP); Cables; Camp, Donald A. (NESA); Efros, Laura L. (NEC); Riedel, Bruce O. (NESA)
Subject:	HIV/AIDS IN SRI LANKA AND MALDIVES
ActionAddees:	RUEHC/SECSTATE WASHDC 9378
Classification:	UNCLASSIFIED
DateTime:	210930Z DEC 00
Distribution:	SIT: BERNARD Bolan NSC Camp EFROS Riedel
Identifier:	M4791017
InfoAddees:	RUEHNE/AMEMBASSY NEW DELHI 3051 RUEHCG/AMCONSUL CHENNAI 2058 RUEHKA/AMEMBASSY DHAKA 4380 RUEHKT/AMEMBASSY KATHMANDU 0624 RUEHIL/AMEMBASSY ISLAMABAD 1107 RUEHGV/USMISSION GENEVA 0339
Line1:	RAAUZYUW RUEHLMA2746 3560930-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	R 210930Z DEC 00
Line4:	FM AMEMBASSY COLOMBO
Originator:	AMEMBASSY COLOMBO
Precedence:	ROUTINE
Profiles:	BERNARDK BOLANC CABLES CAMPD EFROSL RIEDELB
StationRoutingIndicator:	RUEHLM
StationSerialNumber:	2746
TimeOfReceipt:	12/21/2000 05:19:19 ET

UNCLAS SECTION 01 OF 02 COLOMBO 002746

E.O. 12958: N/A
TAGS: SOCI, TBIO, TSPL, CE, MV
SUBJECT: HIV/AIDS IN SRI LANKA AND MALDIVES

REF: STATE 218661

1. SUMMARY: SRI LANKA AND MALDIVES BOTH COMMEMORATED WORLD AIDS DAY ON DECEMBER 1 WITH A SERIES OF PUBLIC EVENTS. SRI LANKA HAS BEEN RELATIVELY PROACTIVE IN HIV/AIDS EDUCATION AND PREVENTION, AND BEFORE THE FIRST CASE OF HIV WAS DETECTED IN 1986 HAD INITIATED A LIMITED PREVENTION AND CONTROL PROGRAM. GSL AND NGOS ARE ACTIVE BUT LACK RESOURCES. SRI LANKA HAS AN ESTIMATED 7,500 TO 15,000 HIV-INFECTED PEOPLE, OR ABOUT 0.08% OF THE POPULATION, WITH CLOSE TO 500 TOTAL DEATHS REPORTED SINCE 1986. DESPITE THIS RELATIVELY LOW PREVALANCE RATE, MANY FACTORS EXIST IN SRI LANKA TO FACILITATE THE SPREAD OF HIV, INCLUDING LARGE NUMBERS OF YOUNG PEOPLE, AN ONGOING CIVIL CONFLICT, RISE IN PROSTITUTION, LARGE COMMUNITY OF DISPLACED PEOPLE AND MIGRANTS, URBANIZATION, AND PROXIMITY TO INDIA WITH ITS POPULATION OF INFECTED INDIVIDUALS. THE REPUBLIC OF MALDIVES HAS SO FAR BEEN AFFECTED EVEN LESS THAN SRI LANKA, WITH ONLY 11 DOCUMENTED CASES OF HIV, OR 0.004% OF THE POPULATION,

WITH 6 DEATHS SINCE 1991. MALDIVES INITIATED A NATIONAL AIDS PROGRAM IN 1987, FOUR YEARS BEFORE ITS FIRST AIDS CASE, AND HAS TARGETED ITS POPULATIONS AT RISK, INCLUDING SEAMEN, TOURIST RESORT WORKERS, SECONDARY SCHOOL STUDENTS AND HEALTH WORKERS. END SUMMARY.

SRI LANKA - HIV/AIDS PROFILE

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2. SRI LANKA MARKED WORLD AIDS DAY WITH INFORMATION CAMPAIGNS, EVENTS AND PRESS RELEASES IN MUCH OF THE COUNTRY BY GROUPS INCLUDING THE FAMILY PLANNING ASSOCIATION OF SRI LANKA AND ROTARY CLUBS. SRI LANKA'S TIMELY RECOGNITION OF THE THREAT OF HIV/AIDS, BEFORE THE FIRST CASE OF HIV IN SRI LANKA WAS DETECTED IN 1986, RESULTED IN THE INCORPORATION OF PREVENTION AND AWARENESS CAMPAIGNS TO CONTROL HIV/AIDS INTO THE OVERALL STD CONTROL PROGRAM. IN 1986, THE GOVERNMENT (GSL) ESTABLISHED A NATIONAL TASK FORCE FOR PREVENTION AND CONTROL OF AIDS, INCLUDING REPRESENTATIVES OF THE MINISTRY OF HEALTH, CEYLON TOURIST BOARD, THE POLICE AND MINISTRY OF EDUCATION. THIS WAS FOLLOWED BY THE FORMATION OF THE MEDIUM TERM PLAN I AND THE NATIONAL AIDS COMMITTEE IN 1988, THE MEDIUM TERM PLAN II IN 1994, THE UNAIDS THEME GROUP IN 1996, AND A NATIONAL INTEGRATED WORKPLAN IN 1998. TEACHER MANUALS, STUDENT HANDBOOKS AND A BOOKLET FOR PARENTS ON REPRODUCTIVE HEALTH PREPARED BY THE NATIONAL INSTITUTE OF EDUCATION COMPLEMENT THE WORK OF OTHER GROUPS FOR HIV/AIDS PREVENTION AND CONTROL. SRI LANKAN SOCIETY IS RELATIVELY TOLERANT OF LIMITED SEX EDUCATION. ALTHOUGH THE WORLD BANK HAS PROVIDED SOME RESOURCES, HIV/AIDS PREVENTION ACTIVITES STILL LACK ADEQUATE FUNDING. IN A PRIVATE INITIATIVE, A GAY-RIGHTS GROUP COMPANIONS ON A JOURNEY ESTABLISHED AN AIDS HOTLINE IN MID 1999.

3. AN ESTIMATED 7,500 TO 15,000 ADULTS AND CHILDREN WERE LIVING WITH HIV/AIDS AT THE END OF 1999, OUT OF A POPULATION OF 19 MILLION. THE MALE/FEMALE RATIO HAS STEADILY DECLINED SINCE THE PERIOD 1987-1991, WHEN IT WAS 4.1:1, TO ABOUT 1.4:1 IN 2000. AN ESTIMATED 83 PERCENT OF AIDS PATIENTS ARE IN THE 15-49 AGE GROUP; SEXUAL TRANSMISSION ACCOUNTS FOR 82 PERCENT OF INFECTIONS. THE FIRST FEW CASES OF HIV REPORTED IN SRI LANKA WERE AMONG MEN HAVING SEX WITH MEN (MSM). CURRENTLY, EXPERTS BELIEVE 25 PERCENT OF THE REPORTED AIDS CASES AND 11 PERCENT OF ALL REPORTED HIV INFECTIONS RESULTED FROM HOMOSEXUAL ACTIVITY. ALMOST ALL DONATED BLOOD IS TESTED FOR HIV. TRANSMISSIONS BY INJECTION ARE RARE. SINCE 1999, A WIDELY REPRESENTED NATIONAL WORKING GROUP HAS BEEN FORMED TO MAKE NATIONAL ESTIMATES ON AN ANNUAL BASIS.

4. SIGNIFICANT SECTORS OF SRI LAKA'S POPULATION ARE AT RISK:

-- A YOUNG POPULATION, SOME OF WHOM (ESTIMATES RANGE FROM A REALISTIC 2,000 TO A SPECULATIVE 30,000) ENGAGE IN COMMERCIAL SEX WORK (BOTH HETERO- AND HOMOSEXUAL) SEXUAL CHILD ABUSE OCCURS.

-- AN ESTIMATED 675,000 INTERNALLY DISPLACED PERSONS (IDPS), 200,000 OF WHOM LIVE IN CAMPS THOUGHOUT THE

COUNTRY.

-- AN ESTIMATED 96,000 WORKERS IN FREE TRADE ZONES, AND 200,000 WORKERS IN FACTORIES NEARBY, MOST OF WHOM ARE YOUNG AND FEMALE.
UNCLAS SECTION 02 OF 02 COLOMBO 002746

E.O. 12958: N/A
TAGS: SOCI, TBIO, TSPL, CE, MV
SUBJECT: HIV/AIDS IN SRI LANKA AND MALDIVES

-- WORKERS IN THE PLANTATION SECTOR AND FISHING COMMUNITIES. THERE ARE ABOUT 100,000 WORKERS OF INDIAN ORIGIN IN THE PLANTATION SECTOR IN THE CENTRAL PROVINCE. POVERTY, THE DISADVANTAGED STATUS OF WOMEN, UNHYGIENIC LIVING CONDITIONS, LIMITED EDUCATION AND INADEQUATE HEALTH CARE ARE SOME FACTORS WHICH MAKE THIS POPULATION VERY VULNERABLE. AN ESTIMATED ONE MILLION PEOPLE IN THE COASTAL AREAS, INCLUDING 150,000 FISHERMEN, DEPEND ON FISHERIES FOR THEIR LIVELIHOOD. THE SEASONAL PATTERN OF MIGRATION OF MEN FROM ONE AREA TO ANOTHER MAKES BOTH MEN AND WOMEN OF THESE FAMILIES VULNERABLE TO HIV.

-- THE ESTIMATED 600,000 SRI LANKANS, THE MAJORITY OF WHOM ARE WOMEN, WORKING IN THE MIDDLE EAST ARE ALSO SUSCEPTIBLE TO HIV/AIDS.

MALDIVES - HIV/AIDS PROFILE
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5. MALDIVES IS DEVELOPING INDIAN OCEAN ARCHIPELAGO NATION WITH A POPULATION OF APPROXIMATELY 280,000 AND IS HEAVILY DEPENDENT ON THE TOURISM AND FISHERIES INDUSTRIES. BY LAW, ALL MALDIVIANS MUST BE MUSLIM. OF APPROXIMATELY 2,000 ISLANDS, SOME 200 ARE INHABITED, ALTHOUGH ONLY 20 QUALIFY AS MAJOR POPULATION CENTERS. EIGHTY OF THE ISLANDS HOST RESORT HOTEL COMPLEXES, AND TOURISM ACCOUNTS FOR MUCH OF THE COUNTRY'S $250 MILLION GDP. FISHING PROVIDES THE ONLY OTHER MAJOR SOURCE OF HARD CURRENCY.

6. THE GOVERNMENT (GORM) OBSERVED WORLD AIDS DAY THIS YEAR WITH A SPECIAL AIDS AWARENESS SEMINAR, ORGANIZED BY THE DEPARTMENT OF PUBLIC HEALTH (DPH), WHICH TARGETTED WORKERS IN THE COUNTRY'S RESORTS AS WELL AS AGENCIES THAT RECRUIT FOREIGN LABORERS. UNDP, UNICEF AND WHO CONTRIBUTED TO THE PROGRAM.

7. MALDIVES HAS SO FAR EXPERIENCED A RELATIVELY LOW RATE OF HIV INFECTION AND AIDS. AS OF NOVEMBER 2000, THE GORM HAD REGISTERED ONLY 11 CASES. SIX OF THESE PATIENTS HAD DIED. THESE LOW FIGURES CAN BE PARTLY ATTRIBUTED TO MALDIVES' RELATIVELY ENCOURAGING SOCIAL INDICATORS, INCLUDING HIGH LEVELS OF HEALTH CARE, EDUCATION, GDP PER CAPITA, ACCEPTANCE OF FAMILY PLANNING AND LOW MATERNAL MORTALITY RATES, ALL OF WHICH HAVE IMPROVED MARKEDLY OVER THE PAST TWO DECADES. THE COUNTRY HAS SEVERAL AREAS OF POSSIBLE VULNERABILITY TO THE SPREAD OF HIV/AIDS BECAUSE IT: HOSTS MANY FOREIGN WORKERS (27,000, 90% OF WHOM ARE MALE); HAS A YOUNG POPULATION (MORE THAN 50% OF THE POPULATION IS UNDER 16 YEARS OF AGE); SUFFERS FROM OVERCROWDING IN MALE', THE CAPITAL, RISING UNDER- AND

UNEMPLOYMENT, INCREASED USE OF DRUGS AMONG YOUTH, INTERNAL MIGRATION FOR JOBS AT RESORTS, A RELATIVELY HIGH DIVORCE RATE AND "SERIAL MONOGAMY"; HAS MANY SAILORS WHO TRAVEL AWAY FROM THEIR FAMILIES FOR LONG PERIODS; AND IS EXPERIENCING WIDENING INCOME DISPARITIES.

8. DESPITE THESE CHALLENGES, EXPERTS FEEL THE MALDIVES HAS AN OPPORTUNITY TO ARREST THE SPREAD OF HIV BEFORE IT HAS REACHED A SIGNIFICANT PROPORTION IN THE POPULATION. UNDP PLANS TO CONTINUE ITS KEY SUPPORT FOR GORM EFFORTS AT HIV/AIDS EDUCATION AND TRAINING.

WILLS

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Sunday, December 24, 2000 1:12 AM
To:	Bernard, Kenneth W. (HEALTH); Bolan, Christopher J. (VP); Cables; Camp, Donald A. (NESA); Efros, Laura L. (NEC); Malley, Robert (NESA); Pollack, Kenneth M. (NESA); Riedel, Bruce O. (NESA); Sigler, Ralph H. (WHSR)
Subject:	UTTERING THE UNSPEAKABLE: SAUDIS ACKNOWLEDGE THE PRESENCE OF AIDS IN THE KINGDOM
ActionAddees:	RUEHC/SECSTATE WASHDC PRIORITY 3371
Classification:	UNCLASSIFIED
DateTime:	240658Z DEC 00
Distribution:	SIT: BERNARD BOLAN NSC CAMP EFROS MALLEY POLLACK RIEDEL SUM2 PRT: SIT{C2}
Identifier:	M4795542
InfoAddees:	RUEHZM/GULF COOPERATION COUNCIL COLLECTIVE RUEHJI/AMCONSUL JEDDAH 1819 RUQMDH/AMCONSUL DHAHRAN 6304
Line1:	PAAUZYUW RUEHRHA3567 3590658-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	P 240658Z DEC 00
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Originator:	AMEMBASSY RIYADH
Precedence:	PRIORITY
Profiles:	BERNARDK BOLANC CABLES CAMPD EFROSL MALLEYR POLLACKK RIEDELB SIGLERR
StationRoutingIndicator:	RUEHRH
StationSerialNumber:	3567
TimeOfReceipt:	12/24/2000 02:11:18 ET

UNCLAS RIYADH 003567

E.O. 12958: DECL: N/A
TAGS: SOCI, SCUL, PGOV, SA
SUBJECT: UTTERING THE UNSPEAKABLE: SAUDIS ACKNOWLEDGE THE PRESENCE OF AIDS IN THE KINGDOM

REF: RIYADH 3433

1. IN THE RIGIDLY CONSERVATIVE SAUDI SOCIETY, PUBLIC DISCUSSION OF DRUG USE OR SEXUALLY-TRANSMITTED DISEASES SUCH AS AIDS IS STRICTLY TABOO. SUCH DISEASES ARE WIDELY VIEWED BY SAUDIS AS DIVINE PUNISHMENT FOR "DECADENT" AND "IMMORAL" CONDUCT WHICH THEY BELIEVE PERVADES WESTERN SOCIETIES BUT HAS NO PLACE IN THE KINGDOM. AS A RESULT, SAUDI PUBLIC HEALTH OFFICIALS HAVE FOLLOWED A TWO TRACK APPROACH IN DEALING PUBLICLY WITH THE MATTER OF AIDS: ONE, THEY DOWNPLAYED OR EVEN DENIED THE PRESENCE OF THE DISEASE AMONG SAUDI CITIZENS AND TWO, THEY MOVED QUICKLY TO DEPORT HIV POSITIVE FOREIGN NATIONALS. MEDICAL CONTACTS REPORT THAT HIV POSITIVE DIAGNOSES OF SAUDI NATIONALS ARE ROUTINELY COVERED UP WITH FALSE NOTES IN

MEDICAL RECORDS. IN SPITE OF THESE EFFORTS, RUMORS CIRCULATED AMONG LOCALS OF A GROWING NUMBER OF AIDS CASES IN THE KINGDOM.

2. A RECENT FRONT-PAGE ARTICLE IN THE SAUDI-OWNED, LONDON-BASED "AL-SHARQ AL-AWSAT" NEWSPAPER CONTRADICTED THE DENIALS AND CONFIRMED THE RUMORS. ACCORDING TO THE ARTICLE, AN UNNAMED "MEDICAL SOURCE" STATED THAT THERE ARE 375 AIDS PATIENTS IN SAUDI ARABIA AND MADE THE ANNOUNCEMENT AFTER THE WHO ESTIMATED THAT 1000 SAUDIS WOULD BE INFECTED BY THE END OF THE CURRENT YEAR. THE SOURCE STATED THAT MOST OF THE CASES WERE DETECTED AS A RESULT OF BLOOD DONATION SCREENING AND EMPLOYMENT PHYSICALS.

3. THE ARTICLE QUOTED A SAUDI PHYSICIAN WHO STATES THAT THE NUMBER OF INFECTED SAUDIS INCLUDES 30 WOMEN AND 12 CHILDREN: IN MOST CASES, THE WOMEN WERE EXPOSED TO THE DISEASE THROUGH SEXUAL RELATIONS WITH THEIR INFECTED HUSBANDS. ALTHOUGH THE ARTICLE DID NOT BROACH THE TOPIC OF SEXUAL TOURISM BY SAUDI MALES AND ITS LINK TO SEXUALLY-TRANSMITTED DISEASES, IT IS WORTH NOTING THAT MANY SAUDI MALES TRAVEL TO SOUTHEAST ASIA, BEIRUT, CAIRO, CASABLANCA, LONDON, NEW YORK ETC. TO INDULGE IN CONDUCT THAT IS SEVERELY REPRESSED AT HOME. THE SITUATION HAS ATTRACTED THE ATTENTION OF THE SAUDI GOVERNMENT, WHICH NOW REQUIRES MALE PASSENGERS ON DIRECT FLIGHTS TO THAILAND TO OBTAIN A SPECIAL TRAVEL PERMIT FROM THE MINISTRY OF INTERIOR.

4. COMMENT: THE REPORT THAT 375 SAUDI NATIONALS ARE HIV POSITIVE COMES AS LITTLE SURPRISE: AS ONE LOCAL OBSERVER NOTED, ONE MIGHT REASONABLY EXPECT THE NUMBER OF AFFLICTED SAUDIS TO BE EVEN HIGHER GIVEN THE KINGDOM'S ESTIMATED POPULATION OF MORE THAN 13 MILLION CITIZENS AND THE FREQUENCY OF TRAVEL OUTSIDE THE COUNTRY BY SAUDIS WITH FINANCIAL MEANS. THE SURPRISE LIES IN THE FACT THAT THE SAUDIS NOW PUBLICLY ACKNOWLEDGE VIA AN UNNAMED "MEDICAL SOURCE" THE REALITY THAT AIDS AFFLICTS A NATION WHICH PRIDES ITSELF ON ITS STRICT OUTWARD ADHERENCE TO ISLAMIC MORALITY. THE ACKNOWLEDGMENT IS THE LATEST EXAMPLE OF A TREND TOWARD GREATER OPENNESS IN THE NEWS MEDIA, PARTICULARLY ABOUT PUBLIC HEALTH ISSUES (REFTEL).

BRAYSHAW

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Thursday, December 28, 2000 8:57 AM
To:	Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Black, Steven K. (VP); Bruns, Judson L. (Jay) (INTECON); Cables; Davidson, Leslie K. (VP); Duncan, John D. (INTECON); Efros, Laura L. (NEC); Elkind, Jonathan H. (RUE); Fishel, Eugene (Gene) M. (RUE); Harrison, Hope M.(RUE); Hinckley, Steedman (VP); Mclean, Matthew K. (MULTI); Medish, Mark C. (RUE); Naplan, Steven J. (MULTI); Patten, Wendy L. (MULTI); Rosen, Daniel H. (NEC); Samans, Richard (INTECON); Schwartz, Eric P. (MULTI); Shea, Dorothy C. (MULTILAT); Smith, Peter D. R. (MULTI); Strickland, Christopher J. (RUE/INTERN); Weiss, Andrew S. (RUE); Wilcox, Richard M. (MULTI); Wolosky, Lee S. (TNT)
Subject:	WORLD BANK HEALTH PROJECTS DEALING WITH HIV/AIDS AND TUBERCULOSIS HELD UP BY THE COMMUNISTS SENSITIVE BUT UNCLASSIFIED - PROTECT ACCORDINGLY.
ActionAddees:	RUEHC/SECSTATE WASHDC PRIORITY 4280
Classification:	UNCLASSIFIED
DateTime:	281455Z DEC 00
Distribution:	SIT: BABBITT BANBURY BERNARD BLACK BRUNS NSC DAVIDSON DUNCAN EFROS ELKIND FISHEL HARRISON HINCKLEY MCLEAN MEDISH NAPLAN PATTEN ROSEN SAMANS SCHWARTZ SHEA SMITHP STRICKLAND WEISS WILCOX WOLOSKY
Identifier:	M4798880
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Originator:	AMEMBASSY CHISINAU
Precedence:	PRIORITY
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StationRoutingIndicator:	RUEHCH
StationSerialNumber:	3230
TimeOfReceipt:	12/28/2000 09:56:08 ET

UNCLAS CHISINAU 003230

SENSITIVE

DEPT PLEASE PASS TO AID
KIEV FOR USAID

E.O. 12958: N/A
TAGS: PGOV, MD
SUBJECT: WORLD BANK HEALTH PROJECTS DEALING WITH HIV/AIDS AND TUBERCULOSIS HELD UP BY THE COMMUNISTS

SENSITIVE BUT UNCLASSIFIED - PROTECT ACCORDINGLY.

1. (U) USD $20 MILLION IN CREDITS AND LOANS FOR MUCH-NEEDED HEALTH PROJECTS IN MOLDOVA HAS BEEN DELAYED BY THE COMMUNIST DEPUTIES IN PARLIAMENT. IN AUQUST, THE BOARD OF THE WORLD BANK (WB) APPROVED A LONG-TERM LOAN TO THE MOLDOVAN MINISTRY OF HEALTH OF USD $10 MILLION IN CREDITS FOR A HEALTH INVESTMENT FUND (HIF). ADDITIONAL FUNDING FOR HIF PROJECTS CAME FROM THE DUTCH, WITH A LOAN OF USD $8.4 MILLION, AND FROM THE SWEDES. A TOTAL OF USD $20 MILLION WAS AVAILABLE UNDER THIS FUND, WITH MUCH OF THE MONEY EARMARKED FOR AIDS PREVENTION AND TUBERCULOSIS PREVENTION STFATEGIES. ACTIVITIES OF THIS FUND HAD TO BE APPROVED BY PARLIAMENT BY JANUARY 4, 2001.

2. (U) THE PROPOSALS WERE DISCUSSED WITHIN RELEVANT PARLIAMENTARY COMMITTEES AND MET WITH STRONG COMMUNIST PARTY OPPOSITION. ON DECEMBER 28, THE LAST PARLIAMENTARY SESSION BEFORE THE DEADLINE AND BEFORE THE DISSOLUTION OF PARLIAMENT, DEPUTIES DECIDED NOT TO INCLUDE THIS LOAN ON THE AGENDA. THE GOVERNMENT MAY REQUEST AN EXTENSION OF THE DEADLINE, HOWEVER THE COMMUNIST PARTY INTRANSIGENCE, AND THE UPCOMING PARLIAMENTARY ELECTIONS AND SUBSEQUENT PRESIDENTIAL ELECTION, WILL UNDOUBTEDLY DELAY THE PROJECTS' START TILL SUMMER.

3. (U) ACCORDING TO UNICEF EXPERTS, THE AIDS EPIDEMIC IN MOLDOVA IS INCREASINQ RAPIDLY, PRIMARILY DUE TO INTRAVENOUS DRUQ USERS AND COMMERCIAL SEX WORKERS. STATISTICS FROM THE MINISTRY OF HEALTH SHOW 84 PERCENT OF MOLDOVANS WITH HIV/AIDS ARE INTRAVENOUS DRUQ USERS. THE TUBERCULOSIS RATE IN MOLDOVA IS THE HIQHEST IN EUROPE. THE MOLDOVAN MINISTER OF HEALTH HAS STATED THAT THE TB EPIDEMIOLOQICAL SITUATION IS BECOMINQ INCREASINQLY CRITICAL.

4. (U) FROM JUNE 1999 UNTIL OECEMBER 2000, THE WB HAS BEEN WORKINQ WITH THE WORLD HEALTH ORQANIZATION (WHO), UNICEF, UNOP, UNAIOS, NGOS AND THE NATIONAL AIOS CENTER TO DEVELOP AND TEST PREVENTION STRATEQIES AND PROQRAMS. THE MOLDOVAN PROJECT COORDINATION LEADER IS DR. VICTOR VALOVEY OF THE MOLDOVAN MINISTRY OF HEALTH.

5. (SBU) COMMENT: THE REASONS FOR COMMUNIST OPPOSITION TO THE PROQRAM APPEAR ARTIFICIAL AND DIFFICULT TO UNDERSTAND. AS WITH MANY WESTERN ASSISTANCE PROQRAMS, THE COMMUNISTS RAISE SUSPICIONS ABOUT MOTIVATIONS, DEMAND ADDITIONAL DETAILS, AND QUESTION THE INTENDED DISTRIBUTION OF NEW RESOURCES. IN THE END, THEY USUALLY CONCEDE AND ACCEPT THE

PROQRAM, AS WE BELIEVE THEY WILL IN THIS CASE. THEIR TACTICS, HOWEVER, REVEAL DEEPLY INQRAINED SUSPICIONS OF ANYTHINQ WESTERN, AND CANNOT HELP BUT RAISE CONCERNS ABOUT HOW A COMMUNIST-LEAD QOVERNMENT WOULD INTERACT WITH WESTERN DONORS AND INTERNATIONAL FINANCIAL INSTITUTIONS. END COMMENT.
PERINA

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. cable	Re: [Malaysia] (7 pages)	12/14/2000	P1/b(1)

COLLECTION:
Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:
Cables related to AIDS - 2000 [1]

2007-1550-F
ke2029

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Friday, December 01, 2000 11:04 AM
To: Cables
Subject: Addicts Account for 90 Percent of HIV/AIDS Cases in Uzbekistan

ActionAddees:
RAYWBBK/DIO CANBERRA AS
RHEBAAA/DEPT OF ENERGY WASHINGTON DC//IN-1//
RHEFJWC/JWAC DAHLGREN VA
RHEHOND/DIR ONDCP WASHINGTON DC//OR//
RHFJUSC/US CUSTOMS SERVICE WASHINGTON DC
RHFJUSE/USCS FIU SE MIAMI FL
RHFJUSH/USCS TIC BAY ST LOUIS MS
RHFJUSI/USCS AIU LONG BEACH CA
RHHJJAA/JICPAC HONOLULU HI
RHHJJPI/PACOM IDHS HONOLULU HI
RUANJTF/DIRJIATF EAST//J2//
RUCTFOA/MARINCEN MIAMI FL
RUCXGRD/COGARD INTELCOORDCEN WASHINGTON DC
RUCXNIS/DIRNAVCRIMINVSERV WASHINGTON DC
RUCXONI/ONI WASHINGTON DC//2140//
RUCXQAN/MARCORINTACT QUANTICO VA
RUDKAB/ASHGABATBETA
RUDKKC/TASHKENTBETA
RUDKMI/MINSKBETA
RUEABND/DRUG ENFORCEMENT ADMIN HQ WASHINGTON DC//NARC//
RUEABND/DRUG ENFORCEMENT ADMIN HQ WASHINGTON DC//POL//
RUEABNE/EPIC EL PASO TX
RUEADWD/DA WASHINGTON DC//DASG-MIR//
RUEAIIS/STORAGE CENTER FBIS RESTON VA
RUEHC/SECSTATE WASHINGTON DC//INR//
RUEHIL/VOA ISLAMABAD PK
RUEHNT/AMEMBASSY TASHKENT UZ
RUEJDCA/DISA ADNET IMHS WASHINGTON DC
RUEKDIA/DIA WASHINGTON DC
RUEKJCS/SECDEF WASHINGTON DC
RUEOAYA/CDRNGIC CHARLOTTESVILLE VA
RUEPMAX/GISA FT BRAGG NC
RUEPPOG/CDR PSYOPGP FT BRAGG NC//ASOF-POG-SB//
RUEPPOG/CDR4THPSYOPGP FT BRAGG NC//AOCP-POG-SB//
RUEPWDC/DA AMHS WASHINGTON DC
RUETIAA/NSACSS FT GEORGE G MEADE MD
RUHHAEA/NAIC WRIGHT PATTERSON AFB OH
RUKAESE/CDR USASETAF VICENZA IT//AESE-CMO//
RULSADT/NATIONAL DRUG INTELLIGENCE CENTER JOHNSTOWN PA
RUMICEA/USCINCCENT INTEL CEN MACDILL AFB FL
RUQVKEW/AFIWC KELLY AFB TX//OSKC//
RUWGTCG/COMPACAREA COGARD ALAMEDA CA//PI//
RUWGTCH/JIATF WEST
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ACCT FBWA-EWDK

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UNCLAS

WARNING: TOPIC: DOMESTIC POLITICAL, HEALTH, INTERNATIONAL POLITICAL, NARCOTICS

SERIAL: CEP20001201000182

COUNTRY: RUSSIA, UZBEKISTAN

SUBJ: Addicts Account for 90 Percent of HIV/AIDS Cases in Uzbekistan

SOURCE: Moscow Nezavisimaya Gazeta in Russian 01 Dec 00 P5

TEXT:

[Yuriy Yegorov report: "The 'Plague of the 20th Century' Has Reached Uzbekistan Also: the Disease Has Even Penetrated Remote Villages"]

[FBIS Translated Text] Tashkent--Just two or three years ago HIV infection and AIDS were looked on in Uzbekistan with detachment, as if by a movie-theater audience that was viewing horror films. And few people really recognized that this "monster" was by no means a screen fright and that sooner or later it would become a rather horrible local reality. Although there were also people who did understand, of course. The medical specialists primarily. Today they are saying bluntly that the AIDS epidemiological situation in Uzbekistan is becoming increasingly fraught.

How many persons infected with HIV are there in this Central Asian country? It is believed here that much statistical information is regarded as a most important state secret, about which only certain of the select few are allowed to know. For this reason the number of persons infected with HIV and AIDS patients is not to be publicized either. It is known merely that whereas last year there were only 25 persons officially registered as being infected, now this figure has risen many times over.

Just a month ago doctors of Khorezm and Karakalpakstan attempted with unconcealed pride to claim that their territories were devoid of HIV infection, to which the leadership of the republic's Ministry of Health responded gloomily: you are not looking hard enough, colleagues, you have it also. And, indeed, just a month went by, and today carriers of the HIV infection have been found in these regions, which were considered safe, also.

World AIDS Day is being commemorated for the second time in Uzbekistan this year. Mass activities of a preventive focus will be conducted in this connection in the center of Tashkent and in the capital's student area.

Uzbekistan, which was relatively recently sanctimonious and in which it was considered impossible to speak publicly about safe sex, prostitution, and homosexuality, is today becoming used to speaking out loud about all these problems, and the word "condom," uttered out loud, does not induce blushing and a bashful averting

of the gaze. It has to be acknowledged, incidentally, that, despite the abundance of this so necessary means of protection against disease on sale in Uzbekistan, high-quality products are too expensive for a person of average means.

HIV infection in Uzbekistan is not sexually transmitted, in the main, as a matter of fact, but as a result of intravenous drug injection. Back in 1998 the republic's Ministry of Health requested that the mission of the Joint UN HIV/AIDS Program (UNAIDS) study the drug addiction situation in Tashkent. As a result of a study, it was established that no fewer than 15,000 mainlining drug addicts live in Tashkent and that there are many males of a nontraditional sexual orientation also. It was here that the blow was to have been expected.

Considering that Uzbekistan had no practical experience of the fight against HIV infection, the Ministry of Health requested on behalf of the government that the UN mission in Uzbekistan and UNAIDS develop a joint project to reinforce all the possibilities for preventing the spread of AIDS. This project, called Promotion of a Multisector Effective Response to HIV/AIDS/Sexually Transmitted Diseases and Drug Abuse in Uzbekistan, was drawn up and signed in the UN mission in Uzbekistan exactly a year ago. The newly organized Republic Aids Center of the Uzbekistan Ministry of Health became its executive agency.

The project is designed to perform a key role in increasing national and regional AIDS prevention centers and improving interaction between government institutions and nongovernmental organizations, enhance the level of public awareness, and perform particular work with at-risk groups. As far as the "multisector aspect" of the project is concerned, a multitude of the most varied departments and institutions, youth and nongovernmental organizations, religious figures, and representatives of the news media are being enlisted in its implementation.

"Confidential centers" organized in practically all provinces of Uzbekistan have begun to operate successfully. And their number will grow. The center opened in the small township of Angi-Yul has drug addicts' particular confidence. No fewer than 20 addicts come here daily to exchange needles. According to Ministry of Health information, incidentally, the number of addicts in the total numbers of registered HIV/AIDS patients constituted in the first half of 2000 some 90 percent.

[Description of Source: Moscow Nezavisimaya Gazeta in Russian -- Daily Moscow newspaper financed by Boris Berezovskiy and often serving as his mouthpiece; it is aimed largely at an elite audience.]

(endall)

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Friday, December 01, 2000 2:58 AM
To: Bernard, Kenneth W. (HEALTH); Cables; Christy, Gene B. (ASIA); Jarrett, Kenneth H. (ASIA); Osius, Theodore G. (VP); Pritchard, Charles (Jack) L. (ASIA); Smith, Holly M. (ASIA); Tighe, Mary P. (ASIA)
Subject: AIDS IN CHINA: YUNNAN PROVINCE CONFRONTS HIV ------- SUMMARY -------

ActionAddees: RUEHC/SECSTATE WASHDC IMMEDIATE 1089
Classification: UNCLASSIFIED
DateTime: 010820Z DEC 00
Distribution: SIT: Bernard NSC CHRISTY JARRETT OSIUS PRITCHARD SMITHH TIGHE
PRT: OVP ostp thurman VP
Identifier: M4757634
InfoAddees: RUEHPH/CDC ATLANTA GA PRIORITY
RHEHAAA/WHITE HOUSE WASHDC PRIORITY
RUEABND/DEA HQS WASHDC PRIORITY
RUEKDIA/DIA WASHDC PRIORITY
RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE
RUEHGO/AMEMBASSY RANGOON 3372
RUEHVN/AMEMBASSY VIENTIANE 3006
RUEHSB/AMEMBASSY HARARE 0062
RUEHSH/AMCONSUL SHENYANG 0545
RUESLE/AMCONSUL SHANGHAI 5809
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Precedence: IMMEDIATE
Profiles: BERNARDK
CABLES
CHRISTYG
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StationRoutingIndicator: RUEHBJ
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TimeOfReceipt: 12/01/2000 03:57:43 ET

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STATE FOR OES, OES/EID, OES/PCI, AND EAP/CM
STATE PASS NIH/FOGARTY CENTER FOR HOLT
STATE PASS NIH FOR NIAIDS/JOHNSTON
STATE PASS HHS FOR SATCHER, NOVOTNY, HOHMAN, AND PHS
STATE PASS USAID FOR G/ERIKA BARTH
WHITE HOUSE FOR OSTP AND OVP
WHITE HOUSE FOR NSC/BERNARD AND JARRETT, AIDS/THURMAN

E.O. 12356: N/A
TAGS: KHIV, SOCI, PGOV, EAID, PHUM, PREL, CH
SUBJECT: AIDS IN CHINA: YUNNAN PROVINCE CONFRONTS HIV

SUMMARY
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1. HIV/AIDS FIRST APPEARED IN CHINA'S YUNNAN PROVINCE IN THE LATE 1980'S. CURRENTLY, YUNNAN HAS 50 PERCENT OF CHINA'S CUMULATIVE HIV CASES (ALTHOUGH XINJIANG NOW HAS MORE NEW INFECTIONS). SHARING OF NEEDLES BY INTRAVENOUS DRUG USERS REMAINS THE PRIMARY MODE OF HIV TRANSMISSION IN YUNNAN, ALTHOUGH A FLOURISHING SEX/TOURISM TRADE MAY MAKE HETEROSEXUAL SEX THE PRIMARY TRANSMISSION MODE WITHIN A FEW YEARS. YUNNAN'S DIVERSE AND MOBILE POPULATION; MOUNTAINOUS TERRAIN; LONG INTERNATIONAL BORDER; HIGH RATES OF POVERTY; HIGH RATES OF DRUG ABUSE; AND LOW LEVELS OF EDUCATION, LITERACY, AND HIV AWARENESS ARE OBSTACLES TO HIV PREVENTION. LOCAL OFFICIALS AND NGO'S HOPE THAT THE U.S. GOVERNMENT WILL PROVIDE FINANCIAL OR TECHNICAL ASSISTANCE TO YUNNAN, TO SUPPORT LOCAL EFFORTS TO FIGHT HIV. END SUMMARY.

FIFTY PERCENT OF CHINA'S CUMULATIVE HIV INFECTIONS
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2. HIV HIT YUNNAN PROVINCE EARLY AND HARD. YUNNAN'S HIV-INFECTED POPULATION, LARGELY INTRAVENOUS DRUG USERS, ACCOUNT FOR 50 PERCENT OF ALL CHINESE HIV INFECTIONS. MOST OF YUNNAN'S HIV-INFECTED POPULATION APPEAR TO BE DRUG ADDICTS, ACCORDING TO SOME YUNNAN PROVINCIAL HEALTH OFFICIALS, 80 PERCENT OF HIV WAS TRANSMITTED THROUGH INTRAVENOUS DRUG USE BUT ONLY SEVEN PERCENT OF TRANSMISSION CAME THROUGH SEX. SOME EXPERTS SUSPECT THAT THE APPEARANCE OF AN OVERWHELMING PROPORTION OF DRUG ADDICTS IN THE YUNNAN HIV PICTURE MAY BE DUE TO FAULTY TESTING. TESTING DRUG ADDICTS IN DETENTION CENTERS IS RELATIVELY EASY. GOING OUT INTO SOCIETY AND TESTING PROSTITUTES, THEIR CLIENTS, AND THE GENERAL POPULATION IS MUCH HARDER. FUNDING IS ALSO A BIG PROBLEM. ALTHOUGH KUNMING AUTHORITIES HAVE INVESTED HEAVILY IN THE PROVINCE'S INFRASTRUCTURE, FUNDING FOR HIV PREVENTION AND MONITORING SEEMS TO BE A MUCH LOWER PRIORITY.

3. NOW THAT HIV HAS SPREAD TO EVERY CHINESE PROVINCE, YUNNAN'S SHARE IN OVERALL HIV INCIDENCE IN CHINA DROPS EACH YEAR. IN 1999, XINJIANG HAD THE HIGHEST NUMBER OF NEW HIV CASES. THERE IS ALREADY OVERLAP BETWEEN IV DRUG USERS AND THE GENERAL POPULATION SINCE SOME PROSTITUTES ARE ALSO INTRAVENOUS DRUG USERS. SINCE 1994, HIV INFECTION RATES IN YUNNAN HAVE MORE THAN DOUBLED EACH YEAR. AN OCTOBER 2000 REPORT FROM THE YUNNAN HEALTH AND ANTI-EPIDEMIC STATION (SEE PARAGRAPH FIVE BELOW) ESTIMATES THAT THE 1999 PREVALENCE OF HIV AMONG YUNNAN INTRAVENOUS BLOOD USERS WAS 28 PERCENT AMONG BOTH STD PATIENTS AND TWO PERCENT AMONG INFANTS BORN AND PROSTITUTES. THERE ARE ABOUT 1500 PREGNANT WOMEN AND 500 NEWBORNS WITH HIV IN YUNNAN PROVINCE EACH YEAR. ESTIMATES OF HIV INFECTION RATES FOR CHINA AS A WHOLE RANGE WIDELY FROM AS LOW AS 100,000 TO WELL OVER 1 MILLION, AND ARE INCREASING BY ABOUT 30 PERCENT ANNUALLY.

HIV SPREAD FROM YUNNAN ALONG DRUG ROUTES
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4. HIV WAS FIRST DETECTED IN YUNNAN IN 1989. HIV HAS MOSTLY SPREAD AMONG INTRAVENOUS DRUG USERS. EIGHTY PERCENT OF CHINA'S ILLEGAL DRUG TRAFFIC PASSES THROUGH YUNNAN, WHICH LIES JUST NORTH OF THE GOLDEN TRIANGLE. CHINESE RESEARCH ON THE GENETICS OF HIV (THERE ARE
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FIVE TYPES OF HIV VIRUS IN CHINA) HAVE SHOWN THAT HIV HAS SPREAD ALONG THE MAIN DRUG ROUTES FROM YUNNAN THROUGH SICHUAN AND GANSU TO XINJIANG AS WELL AS FROM YUNNAN EASTWARDS TO GUANGDONG PROVINCE. EIGHTY PERCENT OF THE DRUGS IN CHINA ARE DISTRIBUTED THROUGH YUNNAN.

OCTOBER 2000 JOURNAL ARTICLE: YUNNAN HIV TRENDS
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5. YUNNAN PROVINCIAL HEALTH AND ANTI-EPIDEMIC CENTER OFFICIALS, IN AN OCTOBER 2000 ARTICLE IN THE "JOURNAL FOR CHINA AIDS/STD PREVENTION AND CONTROL," WROTE THAT IT TOOK 12 YEARS FOR HIV TO SPREAD THROUGHOUT THE YUNNAN DRUG USER POPULATION. BASED ON REPORTING FROM 42 SENTINEL SITES, THE YUNNAN CENTER ESTIMATES 1999 HIV PREVALENCE AMONG IV DRUG USERS WAS 28 PERCENT, TWO PERCENT IN PROSTITUTES (AND ONE PERCENT IN THEIR CLIENTS) AND TWO PERCENT AMONG STD PATIENTS. (NOTE: THE GANSU AND SICHUAN PROVINCIAL HIV MONITORING STATIONS ESTIMATED THE PROPORTION OF INTRAVENOUS DRUG USERS INFECTED WITH HIV IN 1999 TO HAVE BEEN TWO PERCENT IN GANSU AND SIX PERCENT IN SICHUAN. END NOTE.) THE PROPORTION OF PROSTITUTES WITH HIV IN YUNNAN IS EXPECTED TO EXCEED FIVE PERCENT BY 2005. IT TOOK 12 YEARS FROM ITS DISCOVERY UNTIL 1999 FOR HIV TO SPREAD TO ALL OF YUNNAN PROVINCE'S TWELVE PREFECTURES. IN THE MOSTLY SERIOUSLY AFFECTED ONE-THIRD OF THE PREFECTURES, HIV PREVALENCE AMONG INTRAVENOUS DRUG USERS RANGES FROM 48 PERCENT TO 75 PERCENT. (COMMENT: THESE NUMBERS SHOULD BE TAKEN WITH RESERVE SINCE THERE IS ONLY ONE EPIDEMIC STATION IN YUNNAN THAT FOLLOWS PROSTITUTES AND THEIR CLIENTS. THE IMPORTANT MESSAGE HERE IS THAT HIV CONTINUES TO MOVE FROM SEVERAL HIGH-RISK GROUPS INTO THE GENERAL POPULATION. THE RAPID DEVELOPMENT OF THE YUNNAN TOURIST INDUSTRY MAY WELL CREATE FAVORABLE CONDITIONS FOR THE SPREAD OF STD'S

AND HIV. END COMMENT.)

MOST HIV FUNDING COMES FROM THE PROVINCE
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6. YUNNAN HEALTH OFFICIALS SAID THAT MOST OF THEIR FUNDING IS RECEIVED FROM THE PROVINCIAL LEVEL. THE PROVINCIAL GOVERNMENT HAS GENERALLY ALLOCATED RMB 1 MILLION (USD 125,000) FOR HIV PREVENTION AND CONTROL IN THE PROVINCE; RECENTLY THIS AMOUNT WAS RAISED TO RMB 3 MILLION (USD 375,000). IN ADDITION, THE PROVINCE HAS COOPERATED WITH SEVERAL INTERNATIONAL ORGANIZATIONS AND NON GOVERNMENTAL ORGANIZATIONS (NGOS) INCLUDING, UNICEF, UNDP, WHO, AUSTRALIAN RED CROSS, OXFAM, DOCTORS WITHOUT BORDERS, AND SAVE THE CHILDREN. YUNNAN PROVINCE HAS ALSO RECEIVED FOREIGN ASSISTANCE FROM THE UNITED KINGDOM AND AUSTRALIA.

PROVINCIAL OFFICIALS MORE OPEN THAN LOCALS
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7. PROVINCIAL OFFICIALS HAVE MORE LIBERAL ATTITUDES AND ARE MORE OPEN THAN LOCAL OFFICIALS ABOUT HIV. A LOCAL NGO REPRESENTATIVE PRAISED THE DEDICATION AND COMMITMENT OF THE YUNNAN PROVINCIAL HEALTH BUREAU AND ITS HIV PREVENTION AND CONTROL STAFF. AUTHORITIES IN DEHONG PREFECTURE AND RUILI COUNTY, YUNNAN'S EARLIEST AND STILL BIGGEST HIV HOTSPOTS, ARE NOT SO OPEN. A 1999 INTERNAL REGULATION PROHIBITED THE DISCUSSION OF THE HIV SITUATION IN DEHONG PREFECTURE WITH OUTSIDERS. IN THIS CASE "OUTSIDERS" WERE NOT LIMITED TO FOREIGNERS, BUT INCLUDED CHINESE OFFICIALS AND MEDIA
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FROM OUTSIDE OF DEHONG PREFECTURE AS WELL. DIFFICULTIES THE CENTRAL GOVERNMENT HAS IN UNDERSTANDING THE PROVINCES AND IN IMPLEMENTING POLICY SEEM TO BE REPLICATED IN THE RELATIONSHIP BETWEEN THE PROVINCE AND THE PREFECTURAL AND COUNTY GOVERNMENTS.

YUNNAN'S UNIQUE CHARACTERISTICS POSE CHALLENGES
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8. DR. CHEN HONG, DEPUTY DIRECTOR-GENERAL OF THE YUNNAN PROVINCIAL HEALTH BUREAU, DISCUSSED HIV IN YUNNAN WITH EMBOFF. CHEN SAID THAT THE YUNNAN

GOVERNMENT IS AWARE OF U.S. EFFORTS TO FIGHT HIV AND WOULD WELCOME U.S. GOVERNMENT ASSISTANCE. CHEN OUTLINED THE MAJOR DIFFICULTIES IN FIGHTING HIV IN YUNNAN PROVINCE:

-- DIVERSE POPULATION: ONE THIRD OF YUNNAN'S 41 MILLION PEOPLE BELONG TO ONE OF TWENTY-FIVE ETHNIC MINORITIES. MANY OF YUNNAN'S RURAL PEOPLE ARE POOR AND UNEDUCATED.

-- DRUG ABUSE IS RAMPANT.

-- MOBILE POPULATION: MANY MIGRANT WORKERS CARRY DISEASE WITH THEM AS THEY MOVE BACK AND FORTH BETWEEN THE CITY AND THE COUNTRYSIDE. THE DEVELOPMENT OF TOURISM (COMMENT: AND WITH IT PROSTITUTION. END COMMENT) ARE ALSO IMPORTANT.

-- A POROUS INTERNATIONAL BORDER: MUCH OF YUNNAN'S POPULATION LIVES ALONG ITS 4000-KILOMETER LONG BORDER WITH LAOS, VIETNAM AND MYANMAR. EIGHT OF YUNNAN'S SIXTEEN PREFECTURES AND TWENTY-SIX COUNTIES ARE ON THE BORDER.

-- TRANSPORTATION/TOPOGRAPHY: YUNNAN IS 94 PERCENT MOUNTAINS AND HILLS. CLOUDS CAUGHT IN ITS MANY VALLEYS MAY HAVE GIVEN YUNNAN ITS NAME: SOUTH OF THE CLOUDS. YUNNAN HAS ONLY EIGHT AIRPORTS. DIFFICULT JOURNEYS BY ROAD ARE SOMETIMES THE ONLY WAY TO MOVE AMONG MANY CITIES AND TOWNSHIPS. POOR TRANSPORTATION MAKES IT HARDER TO COLLECT INFORMATION AND TO CARRY OUT HIV PREVENTION AND CONTROL PROGRAMS AND ACTIVITIES.

-- LOW AWARENESS: THERE IS A GREAT NEED FOR MORE FUNDING IN THE AREA OF HEALTH EDUCATION. CURRENTLY, HIV EDUCATION AND AWARENESS EFFORTS ONLY REACH 20 PERCENT OF THE POPULATION. DR. CHEN POINTED OUT THAT INFORMATION AND EDUCATION CAMPAIGNS HAVE BEEN SUCCESSFUL; IN COUNTIES WHERE PROGRAMS HAVE BEEN IMPLEMENTED, HE REPORTED, OVER 50 PERCENT OF THE POPULATION HAS SOME KNOWLEDGE OF HIV.

-- LIMITED RESOURCES: HIV TESTING LABS ARE NOT WELL EQUIPPED AND THERE IS A NEED FOR GOOD VEHICLES TO PROVIDE SERVICES. ALTHOUGH THE GOVERNMENT HAS INCREASINGLY RECOGNIZED THE IMPORTANCE OF HIV CONTROL, DUE TO EXTREMELY LIMITED RESOURCES, HIV PREVENTION AND CONTROL PROGRAMS IN THE PROVINCE ARE STILL GROSSLY UNDER-FUNDED.

PRUEHER

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Monday, December 04, 2000 1:53 AM
To:	Bernard, Kenneth W. (HEALTH); Bolan, Christopher J. (VP); Cables; Camp, Donald A. (NESA); Efros, Laura L. (NEC); Riedel, Bruce O. (NESA)
Subject:	HIV/AIDS IN NORTHEAST INDIA
ActionAddees:	RUEHNE/AMEMBASSY NEW DELHI 3300 RUEHC/SECSTATE WASHDC 2567
Classification:	UNCLASSIFIED
DateTime:	040641Z DEC 00
Distribution:	SIT: BERNARD Bolan NSC Camp EFROS Riedel
Identifier:	M4760706
InfoAddees:	RUEHGO/AMEMBASSY RANGOON 0112 RUEHKA/AMEMBASSY DHAKA 0568 RUEHKT/AMEMBASSY KATHMANDU 0342 RUEHCG/AMCONSUL CHENNAI 1838 RUSBAY/AMCONSUL MUMBAI 1447
Line1:	RAAUZYUW RUEHNEC0610 3390641-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	R 040641Z DEC 00
Line4:	FM AMCONSUL CALCUTTA
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Profiles:	BERNARDK BOLANC CABLES CAMPD EFROSL RIEDELB
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E.O. 12958: N/A
TAGS: TBIO, SENV, IN
SUBJECT: HIV/AIDS IN NORTHEAST INDIA

1. SUMMARY AND INTRODUCTION: AS PRIME MINISTER VAJPAYEE NOTED DURING A 1999 MANIPUR VISIT, HIV/AIDS IS ONE OF INDIA'S BIGGEST CHALLENGES -- PARTICULARLY IN THE NORTHEAST. WITH FEWER THAN THREE PERCENT OF INDIA'S PEOPLE, THE NORTHEAST HAS NINE PERCENT OF ITS DETECTED HIV CASES. ALL STATES HAVE REPORTED HIV INCIDENCE. THE REGION'S HIV RATE IS 53 PER THOUSAND BLOOD SAMPLES TESTED, COMPARED TO THE NATIONAL AVERAGE OF 27 PER THOUSAND. INDIA'S HIGHEST HIV PREVALENCE RATE OF 149 PER THOUSAND IS IN MANIPUR. SINCE 1990, WHEN THE NORTHEAST'S FIRST HIV CLUSTER WAS DETECTED AMONG INTRAVENOUS DRUG USERS, INFECTION HAS TAKEN FIRM ROOTS AND IS NO LONGER CONFINED TO A SPECIFIC GROUP. MANIPUR HAS REPORTED 706 AIDS CASES TO DATE, AS AGAINST 30 IN 1995. RESPONSES HAVE BEEN VARIED, WITH NGOS PLAYING PIONEERING ROLES. MANIPUR HAS BEEN PROGRESSIVE IN

ADOPTING MEASURES TO ADDRESS THE ISSUE, BUT THE RAPID SPREAD OF HIV CONTINUES. ITS GREATEST IMPACT IS ON THE STATE'S SOCIAL AND HEALTH CARE SECTORS, WITH THE RISING NUMBER OF SEVERELY ILL PEOPLE PUTTING PRESSURE ON AN INADEQUATE SUPPORT SYSTEM. THE NORTHEAST AS A WHOLE HAS YET TO COME TO GRIPS WITH THE REALITY OF HIV, OR TO LOOK AT WORKABLE SOLUTIONS. U.S. ADVANCES COULD HELP IN UNDERSTANDING AND IMPLEMENTING EFFECTIVE INTERVENTIONS. THIS REPORT FULFILS A POST REPORTING PLAN REQUIREMENT. END SUMMARY AND INTRODUCTION.

BACKGROUND
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2. NORTHEAST INDIA COMPRISES EIGHT STATES -- ARUNACHAL PRADESH, ASSAM, MANIPUR, MEGHALAYA, MIZORAM, NAGALAND, TRIPURA, AND SIKKIM. IT SHARES LONG, POROUS BORDERS WITH BANGLADESH, BURMA AND NEPAL. CROSS BORDER (INTERNATIONAL AND STATE) MOVEMENTS ARE COMMON WITH CULTURAL AND ETHNIC SIMILARITIES ALLOWING EASY INTERMINGLING. THE REGION HAS SIGNIFICANT TRIBAL POPULATION, AND IS ECONOMICALLY VERY WEAK. AN AVERAGE 40 PERCENT OF THE PEOPLE LIVE BELOW THE POVERTY LINE, UNEMPLOYMENT IS HIGH ESPECIALLY AMONG THE YOUNG AND ORGANIZED SECTOR JOBS ARE FEW. ADDITIONALLY, THERE IS LITTLE OR NO ENTERTAINMENT OR SOCIAL ACTIVITY AFTER SUNDOWN FOR THE YOUNG. MOST STATES HAVE A HIGHER LITERACY RATE THAN THE NATIONAL AVERAGE, BUT SCHOOL DROPOUT RATES ARE HIGH TOO. ALL STATES BUT ASSAM DEPEND WHOLLY ON ROAD TRANSPORT FOR GOODS SUPPLY. THERE IS POLITICAL AND SOCIAL TURMOIL, INSURGENCY AND ETHNIC UNREST. SECURITY FORCES ARE OMNIPRESENT. PROXIMITY TO BURMA HAS DRAWN THE NORTHEAST INTO THE DRUG ROUTE. EASY ACCESS TO SOUTH EAST ASIAN HEROIN AND FRUSTRATION HAS LED TO RAMPANT DRUG ABUSE AMONG THE YOUTH. ALL THESE FACTORS HAVE IMPINGED DIRECTLY OR INDIRECTLY ON THE NORTHEAST'S COURSE OF HIV INFECTION.

HIV VULNERABILITY AND TRANSMISSION PATTERNS
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3. INTRAVENOUS DRUG USE IS INSEPARABLE FROM THE HIV ISSUE IN THE NORTHEAST. NEEDLE/SYRINGE SHARING AND WIDESPREAD UNPROTECTED SEX ARE MAJOR ROUTES OF HIV TRANSMISSION FROM IDUS TO THE GENERAL POPULATION. MANIPUR HAS ESTIMATED 20-30,000 HEROIN USERS AND HALF ARE INJECTORS. THEY ARE MOSTLY 15 TO 35 YEARS, UNMARRIED, UNEMPLOYED AND SEXUALLY ACTIVE. ABOUT 25 PERCENT UNMARRIED MALES AND 15 PERCENT UNMARRIED FEMALES HAVE PRE-MARITAL SEX, AND 20 PERCENT OF UNMARRIED MALES HAVE MULTIPLE SEX PARTNERS. CONDOM USE IS 8-9 PERCENT. THE PATTERN IS SIMILAR IN OTHER STATES.

4. THERE IS, HOWEVER, AN AMOUNT OF HETEROGENEITY IN HIV SPREAD AMONG INTRAVENOUS DRUG USERS (IDUS). WHILE 70-80 PERCENT OF IDUS IN MANIPUR ARE HIV INFECTED, THE RATE AMONG NAGALAND AND MIZORAM IDUS IS LESS THAN 10 PERCENT. ANOTHER DIFFERENCE IS THE SUBSTANCE OF ABUSE. WHILE 80-90 PERCENT PURE HEROIN (KNOWN AS NO. 4) IS POPULAR IN THE NORTHEAST, ABOUT 6000 IDUS IN MIZORAM INJECT OFF-THE-COUNTER PAINKILLERS SPASMOPROXYVON (CODE NAMED "S") OR PROXYVON ("P"). THE POWDER IS DISSOLVED AND
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INJECTED. THIS HABIT RUPTURES SUPERFICIAL VEINS WITHIN MONTHS AND ADDICTS BEGIN TO INJECT INTO VEINS IN THE NECK, GROIN OR MUSCLE TISSUE. TWO TO SIX IDUS INJECT TOGETHER. MORE THAN ONE USER PER FAMILY IS COMMON; OFTEN HUSBAND AND WIFE OR TWO-THREE BROTHERS SHARE THE HABIT. ABOUT HALF OF IDUS HAVE MULTIPLE SEX PARTNERS AND CONDOMS ARE RARELY USED. MIZORAM HAD 97 DRUG RELATED DEATHS IN 1999 AND ANOTHER 98 IN THE FIRST EIGHT MONTHS OF 2000, THE ONLY STATE TO RECORD SUCH DEATHS. IDUS IN ASSAM AND MEGHALAYA ALSO TURN TO PROXYVON AS IT IS CHEAPER AND MORE READILY AVAILABLE THAN HEROIN.

5. UNLIKE ELSEWHERE IN INDIA, SEX WORKERS ARE STREET BASED AND NOT BROTHEL BASED. FLOATING ("FLYING") SEX WORKERS INTERACT WITH THE LARGE POPULATION OF SECURITY PERSONNEL, LONG-DISTANCE TRUCK DRIVERS AND MIGRANT WORKERS. TEA STALLS AND HIGHWAY STOPS SERVE AS CONTACT POINTS. THE MIZORAM SOCIAL WELFARE DEPARTMENT ESTIMATES 880 SEX WORKERS IN AIZAWL; THEY ALSO OPERATE IN OTHER TOWNS AND IN VILLAGES BORDERING ASSAM TO CATER TO ARMY PERSONNEL. ASSAM-BASED AIDS PREVENTION SOCIETY ESTIMATES ABOUT 2000 SEX WORKERS IN THE GUWAHATI AREA. THE SURVEY ALSO NOTED 15 YEAR-OLD GIRLS WERE IN THE TRADE, AND WOMEN FROM NEPAL AND BANGLADESH. OTHER STATES TOO HAVE SIGNIFICANT NUMBER OF SEX WORKERS. WOMEN ALSO TRAVEL (TO CALCUTTA, DELHI, AND MUMBAI) FOR SEX WORK. OUTREACH TO WOMEN INVOLVED IS ALMOST IMPOSSIBLE.

6. ABANDONED WIVES, WIDOWS, SCHOOL DROPOUTS AND YOUNG GIRLS FROM POOR RURAL BACKGROUNDS OR WITH THE NEED TO SUPPORT A DRUG HABIT ARE DRAWN INTO THE SEX TRADE. NGOS WORKING TO REHABILITATE WIDOWS OF AIDS VICTIMS IN MANIPUR ESTIMATE AT LEAST 1000 SUCH WIDOWS. YOUNG GIRLS ARE SUSCEPTIBLE BECAUSE OF HIGH HIV RATE AMONG IDUS WHO ARE MOSTLY SEXUALLY ACTIVE YOUNG MEN. REPRODUCTIVE HEALTH EDUCATION FOR ADOLESCENT GIRLS IS NON-EXISTENT. TRUCK DRIVERS, AWAY FROM HOME FOR LONG PERIODS AND KNOWN FOR HIGH-RISK BEHAVIOR, ARE ALSO PERCEIVED AS VULNERABLE. A TRUCKERS STUDY AT A MAIN HIGHWAY STOP IN ASSAM (GATEWAY TO NORTHEAST) FOUND 82 PERCENT HAD REGULAR CONTACT WITH SEX WORKERS ALONG THE HIGHWAY, 15 PERCENT HAD HOMOSEXUAL EXPERIENCE AND 36 PERCENT HAD HAD SEXUALLY TRANSMITTED DISEASES (STD). THE MOST VULNERABLE AMONG CHILDREN ARE THOSE OF HIV INFECTED MOTHERS AND ORPHANS.

7. ONE NEGLECTED GROUP IS MEN WHO HAVE SEX WITH MEN. FOCUS GROUP DISCUSSIONS ORGANIZED BY NGOS REVEALED THERE COULD BE AS MANY AS 2000 HOMOSEXUALS IN AND AROUND IMPHAL; LITTLE IS KNOWN ABOUT THEIR PROFILE OR BEHAVIOR.

SCOPE OF THE PROBLEM
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8. THE NORTHEAST HAS LESS THAN 3 PERCENT OF INDIA'S POPULATION BUT 9 PERCENT OF ITS DETECTED HIV CASES. SCREENINGS INDICATE AN HIV SERO-POSITIVE RATE OF 53 PER THOUSAND BLOOD SAMPLES TESTED AGAINST THE NATIONAL AVERAGE OF 27 PER THOUSAND.

SERO-SURVEILLANCE FOR HIV INFECTION
(SEPTEMBER 1986 TILL SEPTEMBER 2000)

SERO-SCREENED	HIV POSITIVE	CUMULATIVE AIDS CASES	HIV SERO-PREVALENCE RATE PER 1000

ARUNACHAL PRADESH	495	3	1	--
ASSAM	34890	295	71	8.4/1000
MANIPUR	49607	7886	706	159/1000
MEGHALAYA	14250	61	8	4.2/1000
MIZORAM	49357	154	15	3.3/1000
NAGALAND	17165	739	72	43/1000
SIKKIM	637	12	2	18.8/1000
TRIPURA	6727	9	0	1.3/1000
NORTHEAST	173128	9159	875	53/1000
*INDIA	3665092	101900	12481	27/1000

SOURCE: STATE AIDS CONTROL SOCIETY, SEPTEMBER 2000
*NATIONAL AIDS CONTROL ORGANIZATION (NACO)
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INDIA'S SERO-SURVEILLANCE DESIGN IS SUCH THAT ONLY INDIVIDUALS VISITING SPECIFIC SITES ARE INCLUDED IN THE SAMPLING. THE TRACK RECORD OF NACO'S STATE SURVEILLANCE SYSTEM HAS BEEN CRITICIZED. SENTINEL SURVEILLANCE TESTING IS UNLINKED AND ANONYMOUS.

9. HIV/AIDS TREND IN MANIPUR (COMBINED SERO- AND SENTINEL SURVEILLANCE FIGURES):

	1986-1990	1991-1995	1996-2000	TOTAL
NOS. SCREENED	8769	31549	30119	70437
HIV POSITIVE CASES	961	3167	6392	10520
AIDS CASES	4	100	602	706
DEATHS DUE TO AIDS	4	26	113	143

WITH LESS THAN 0.02 PERCENT OF INDIA'S PEOPLE, MANIPUR HAS OVER 10 PERCENT OF ITS KNOWN HIV CASES. SERO-POSITIVITY HAS RISEN FROM 98 PER THOUSAND SAMPLES TESTED IN 1995 TO 149 PER THOUSAND TILL SEPTEMBER 2000. HIV SCREENING OF IDUS BETWEEN 1986 AND 1989 DID NOT REVEAL INFECTIONS BUT IN 1989-90, 54 PERCENT WERE INFECTED (A PATTERN RESEMBLING THE OUTBREAK AMONG IDUS IN THAILAND).

10. OFFICIALS AND NGOS ESTIMATE THAT TODAY 10,000-15,000 PEOPLE ARE LIVING WITH AIDS OR AIDS RELATED DISEASES IN MANIPUR. OF ITS OVER 10,000 HIV CASES, 60 PERCENT ARE 21 TO 30 YEARS, FEMALE-MALE RATIO IS 1:14 AND 68 PERCENT ARE IDUS. LIFE AFTER INFECTION IS SHORTER THAN IN COUNTRIES WHERE TREATMENT IS AVAILABLE AND NUTRITION ADEQUATE, AND SURVIVAL OF AIDS VICTIMS LIMITED.

11. THE HIV SITUATION IN MIZORAM AND NAGALAND IS LESS SEVERE AND NOT UNLIKE THAT OF MANIPUR TEN YEARS AGO. THE REMAINING STATES IN THE REGION PRESENT A DIFFERENT CONTEXT. HIV SPREAD

IS AT AN EARLY STAGE AND LITTLE HAS BEEN STUDIED OR DOCUMENTED AND SURVEILLANCE ACTIVITY HAS DECLINED. ARUNACHAL, WHICH HAS RECORDED THREE HIV CASES, HAD AN AIDS DEATH IN 1997: A LOCAL, WHO IT WAS ASSUMED WAS INFECTED THROUGH BLOOD TRANSFUSION FOR AN OPERATION HE UNDERWENT IN MUMBAI. ASSAM AND MEGHALAYA ARE THE NORTHEAST'S EDUCATIONAL CENTERS DRAWING STUDENTS FROM ALL OVER THE REGION INCLUDING AREAS WHERE HIV IS WELL ESTABLISHED. THIS HAS LED TO A NOTION THAT HIV IS A PROBLEM OF INTER-STATE STUDENTS AND ONE THAT REMAINS RESTRICTED TO THEM. AN AUSTRALIA-FUNDED 1999 SURVEY FOUND SHARING INJECTING EQUIPMENT WAS COMMON AMONG IDUS, BOTH INDIGENOUS AND FROM OUTSIDE. THE TEA INDUSTRY IN ASSAM AND MINING IN MEGHALAYA ATTRACT MIGRANT LABOR AND SUPPORT SERVICES HAVE ARISEN THAT INCLUDE TRANSPORT AND SEX WORK.

CHANGING SCENARIO AND BROADER RISKS
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12. HIV IN THE NORTHEAST IS NO LONGER RESTRICTED TO IDUS ALONE. INFECTION AMONG OTHER GROUPS -- SPOUSES AND SEX PARTNERS OF IDUS, SEX WORKERS, BLOOD DONORS, CHILDREN OF HIV INFECTED MOTHERS -- IS ADDING MOMENTUM TO ITS SPREAD. HETEROSEXUAL SPREAD OUTSIDE THE COMMERCIAL AREA, HOWEVER, IS NOT WELL DESCRIBED. MORE AND MORE STD (SEXUALLY TRANSMITTED DISEASES) CLINIC USERS ARE TESTING POSITIVE, YET MOST PEOPLE WITH STD SYMPTOMS DO NOT ATTEND CLINICS (LESS THAN 10 PERCENT OF STD CASES IN INDIA ATTEND GOVERNMENT SPONSORED CLINICS) DUE TO CONCERNS ABOUT CONFIDENTIALITY. TRADITIONAL CULTURAL BARRIERS TO OPEN DISCUSSION ON SEXUALITY CONTINUE TO RESTRICT INCREASED CONDOM USE.

13. IN AN US-SUPPORTED STUDY AMONG 161 WIVES OF HIV-POSITIVE IDUS IN MANIPUR'S CAPITAL IMPHAL, 45 PERCENT WERE INFECTED; 23 PERCENT OF INFECTIONS WERE ATTRIBUTABLE TO STD. IN ANOTHER SAMPLE STUDY, 24 PERCENT OF NON-INJECTING STREET-BASED FEMALE SEX WORKERS AND 50 PERCENT INJECTING SEX WORKERS WERE HIV INFECTED. CHILDREN BORN TO HIV MOTHERS HAVE BEGUN TO FORM A SIGNIFICANT PART OF THE STATE'S HIV POPULATION. SO FAR, 188 HIV POSITIVE CHILDREN BELOW 10 YEARS HAVE BEEN REPORTED. NGOS (AND THE AUSAID STUDY) ESTIMATE MORE THAN 500 PEDIATRIC HIV CASES IN MANIPUR. SCREENINGS IN SEPTEMBER INDICATED 3.9 PERCENT WOMEN AT ANTENATAL CLINICS AND 12 PERCENT (4.1 PERCENT IN 1994) STD CLINIC USERS WERE HIV POSITIVE.
UNCLAS SECTION 04 OF 07 CALCUTTA 0610

NEW DELHI FOR ECON AND SCIENCE OFFICE
DEPT. FOR OES/SCT, OES/PCI/SA, OES/EID,
PASS DHHS/PHS/OIRH FOR NIH/FIC
ALSO FOR SA/INDIA DESK OFFICER
USAID/ANE, USAID/G

E.O. 12958: N/A
TAGS: TBIO, SENV, IN
SUBJECT: HIV/AIDS IN NORTHEAST INDIA

14. A SENIOR DOCTOR AT MANIPUR'S HIV REFERRAL HOSPITAL NOTES THAT "SATELLITE" EPIDEMICS ARE FOLLOWING HIV. TB HAS EMERGED AS A MAJOR CONTRIBUTOR TO HIV IMPACT. THE STATE HAD 30,000 ACTIVE TB CASES IN 1998, 45 PERCENT HIGHER THAN IN 1993. TESTING AT THE IMPHAL TB CENTER REVEALS A RISE IN HIV RATE FROM 3.2 PERCENT IN 1994 TO 14.8 PERCENT IN 1998. OVER 60 PERCENT OF HIV CASES DEVELOP TB. A 1998 STUDY AMONG IDUS IN THE CHRISTIAN TRIBAL HILL DISTRICT OF CHURACHANDPUR SHOWED 44 PERCENT HEPATITIS B INCIDENCE, 92 PERCENT HEPATITIS C ALONG

WITH 76 PERCENT HIV INFECTION. HERPES ZOSTER (IN THE 15-45 AGE GROUP, WHICH IS UNUSUAL), ORAL CANDIDIASIS (SORES), AND JAUNDICE ARE COMMON AMONG IDUS. THESE RECOGNIZABLE CLINICAL MANIFESTATIONS HELP CONFIRM HIV INFECTION IN THE ABSENCE OF ADEQUATE DIAGNOSTIC FACILITIES.

15. HIV SEROPOSITIVITY AMONG IDUS IN NAGALAND HAS FALLEN TO 8 PERCENT FROM 39 PERCENT IN 1994, BUT HAS TRIPLED AMONG STD (4.8 PERCENT) AND ANTENATAL (2 PERCENT; IT IS 5 PERCENT IN THE BORDER DISTRICT OF TUENSANG) CLINIC ATTENDEES. TWELVE OF ITS 72 REPORTED AIDS CASES ARE CHILDREN. NGOS QUESTION THE OFFICIAL CLAIM THAT HIV HAS FALLEN AMONG IDUS, NOTING THAT SCREENING IS VERY SELECTIVE. AN NGO WORKING IN TUENSANG NOTES HIV IS SPREADING INTO RURAL BORDER TOWNS.

16. HIV WAS FIRST DETECTED IN MIZORAM AMONG IDUS IN 1990 AND TWO YEARS LATER AMONG STD CLINIC PATIENTS. HIV PREVALENCE IN THIS GROUP HAS RISEN FROM ONE PERCENT IN 1994 TO EIGHT PERCENT IN 1998, BUT IT HAS REMAINED STABLE AT 8-10 PERCENT AMONG IDUS. MOTHER-TO-CHILD INFECTION WAS NOTED IN 1993. OF THE DETECTED 154 HIV CASES (MAINLY AIZAWL RESIDENTS), 76 ARE STD PATIENTS AND 65 IDUS.

17. MEGHALAYA'S FIRST HIV CASE (1990) WAS A MANIPURI STUDENT BEING TREATED AT A LOCAL DETOXIFICATION CENTER. SUBSEQUENTLY HIV WAS DETECTED (1994) AMONG BLOOD DONORS AND STD PATIENTS. BY 1998, HIV WAS NOTED AMONG ANTENATAL CLINIC ATTENDEES REFLECTING SPREAD INTO THE COMMUNITY.

OFFICIAL RESPONSE UNEVEN
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18. THE NATIONAL AIDS CONTROL ORGANIZATION (NACO) PHASE II BEGAN IN 1999 WITH A $250 MILLION WORLD BANK CREDIT. IN 1998 NACO REVAMPED STATE LEVEL ORGANIZATION URGING STATES TO FORM AIDS CONTROL SOCIETIES TO DEAL EXCLUSIVELY WITH HIV/AIDS. THIS WAS TO OVERCOME PROBLEMS OF FUND TRANSFER THAT THROUGH STATE GOVERNMENTS HAD LED TO DIVERSION AND DELAYS. NOW IT GOES DIRECTLY TO SOCIETIES, ALTHOUGH MOST OF THEM IN THE NORTHEAST HAD YEAR-END UNSPENT MONEY. NGOS SAY THE NEW SYSTEM IS A MARKED IMPROVEMENT DESPITE CONCERN THAT FUNDS ARE TOO THINLY SPREAD MAKING PROGRAMS UNSUSTAINABLE.

19. PERFORMANCES OF SOCIETIES VARY FROM FAIR (MANIPUR), TO MIDDLING (MIZORAM, NAGALAND), TO POOR (MEGHALAYA, ASSAM, SIKKIM, TRIPURA). ACTIVITIES AND FACILITIES REMAIN CONCENTRATED IN AND AROUND CAPITAL CITIES, ALTHOUGH EFFORTS ARE SLIGHTLY MORE WIDESPREAD IN MANIPUR AND NAGALAND. THE MANIPUR AIDS CONTROL SOCIETY (MACS, ONE OF INDIA'S FIRST SUCH ORGANIZATIONS) GOT OFF TO A GOOD START, BUT TROUBLES BEGAN IN 1999 WHEN DIRECTOR DR. KHOMDON SINGH LISAM WAS SUMMARILY REMOVED; THE CASE IS PENDING IN COURT. THE ACTION HAS SEVERELY CURTAILED THE EFFECTIVENESS OF MACS.

20. EACH STATE NOW HAS A PHYSICIAN RESPONSIBLE FOR AIDS MANAGEMENT (PRAM) TO SCRUTINIZE HIV TEST RESULTS AND DIAGNOSE AIDS CASES FOR REPORTING TO NACO. GIVEN THE MAGNITUDE AND MATURITY OF THE STATE EPIDEMIC, THE PRAM IN MANIPUR SAYS ONE PHYSICIAN OR HOSPITAL IS INADEQUATE TO MONITOR AND MANAGE AIDS CASES. MOREOVER THE ARRANGEMENT SIGNALED TO OTHER PHYSICIANS THAT AIDS CASES SHOULD BE REFERRED "ONLY" TO THE PRAM. HE NOTES OVERLOAD ON THE SYSTEM AND PERSONNEL BURNOUT DUE TO THIS CENTRALIZED MANAGEMENT. THERE IS A MOVE TO APPOINT DISTRICT PRAMS.

NEW DELHI FOR ECON AND SCIENCE OFFICE
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E.O. 12958: N/A
TAGS: TBIO, SENV, IN
SUBJECT: HIV/AIDS IN NORTHEAST INDIA

21. THE NORTHEAST'S SENTINEL SURVEILLANCE MECHANISM IS IN PLACE, BUT OBSERVERS SAY THERE IS LIMITED REPORTING OF AIDS CASES OR AIDS RELATED DEATHS (TRIBAL COMMUNITIES TEND TO BURY THEIR DEAD NEAR HOME AND HENCE DO NOT REGISTER DEATHS). INITIATIVES HAVE LED TO HIV TESTING OF BLOOD DONORS AND LICENSING OF BLOOD BANKS, BUT 40-50 PERCENT OF BLOOD PRODUCTS ARE STILL NOT SCREENED PROPERLY IN THE NORTHEAST. POOR SUPPLY COVERAGE AND INADEQUATE STORAGE FACILITIES IN RURAL AND REMOTE AREAS ARE LARGELY UNRESOLVED WITH BLOOD OFTEN TRANSFUSED WITHOUT TESTING. STD CLINICS OPERATE WITH SUPPORT FROM NACO, BUT BETTER STD CONTROL AND MANAGEMENT AS A MEANS TO CONTROL HIV SPREAD IS IMPERATIVE.

STRATEGY: HARM MINIMIZATION
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22. THE CURRENT FOCUS REMAINS ON INTERVENTION AMONG HIGH-RISK GROUPS TO COUNTER HIV/AIDS. A PROJECT FOR RAPID INTERVENTION AND CARE (RIAC) BEGAN -- AGAIN IN A LIMITED FASHION -- A YEAR AGO IN MANIPUR, MIZORAM AND NAGALAND. IT SEEKS TO REDUCE HIV SPREAD AMONG IDUS WITH COMMUNITY EDUCATION, COUNSELING, NEEDLE/SYRINGE EXCHANGE, BLEACH AND TEACH PROGRAM, VOLUNTARY HIV TESTS, CONDOM PROMOTION, AND HOME BASED CARE. SOME APPROACHES ARE NOVEL. A CHRISTIAN TRIBAL WOMEN'S GROUP ORGANIZED A "CHRISTMAS WITHOUT AIDS" WORKSHOP IN CHURACHANDPUR LAST DECEMBER AND DISTRIBUTED CONDOMS TO WOMEN, WHILE THE NORTHEAST SOCIETY FOR PROMOTION OF YOUTH AND MASSES HANGS BOXES WITH CONDOMS ON TREES ALONG HIGHWAYS. THE SOCIAL AWARENESS AND SERVICE ORGANIZATION (SASO) HAS INTRODUCED SUBSTITUTION THERAPY FOR BEHAVIOR CHANGE FROM INJECTING TO ORAL CONSUMPTION WITH SUPERVISED BUPRENORPHINE DOSAGE. SASO, ALTHOUGH IT HAS SIGNED UP AROUND 450 CLIENTS, IS FINDING THE TASK DIFFICULT BECAUSE OF SUSPICION THAT IT WOULD LEAD TO A NEW DRUG OF CHOICE. THERE ARE ANECDOTES OF FAMILIES WITH THEIR OWN SOLUTION: PARENTS ENCOURAGING ALCOHOL USE INSTEAD OF INJECTING DRUGS WHILE A MOTHER IN AIZAWL BUYS PROXYVON FOR HER SON TO INJECT IN ISOLATION FROM OTHER IDUS TO LIMIT THE POTENTIAL FOR SHARING EQUIPMENT.

23. MANIPUR IS OFTEN CITED AS AN EXAMPLE OF A SUCCESSFUL HARM MINIMIZATION RESPONSE IN ASIA DESPITE LIMITED REACH AND COVERAGE OF THE PROGRAMS. NGO EFFORTS TO CHECK HIV SPREAD AMONG IDUS ARE NOW ENDORSED BY MACS. INDIA'S DRAFT NATIONAL AIDS POLICY DOES NOT INCLUDE HARM REDUCTION STRATEGIES, BUT MANIPUR DEEMS THEM ESSENTIAL FOR THE STATE TO REDUCE HIV SPREAD THROUGH IDUS. UNLIKE MANIPUR, THERE IS NO OFFICIAL APPROVAL OF NEEDLE/SYRINGE EXCHANGE PROGRAMS IN MIZORAM AND NAGALAND ALTHOUGH NGOS HAVE BEGUN SUCH PROGRAMS IN A SMALL WAY. THE FOCUS THROUGHOUT THE REGION, HOWEVER, IS ON REDUCING THE HARM OF ILLICIT DRUG USE AND TACKLING PROBLEMS EMERGING FROM THE ABUSE OF LEGAL DRUGS REMAINS ELUSIVE. MANIPUR CLAIMS IT NEEDS NATIONAL AND INTERNATIONAL RESEARCH SUPPORT FOR EFFECTIVE

IMPLEMENTATION OF NACO PROGRAMS. THE INDIAN COUNCIL FOR MEDICAL RESEARCH (ICMR) PLANS TO SET UP UNITS IN MANIPUR, MIZORAM, NAGALAND AND CALCUTTA. ICMR'S IMPHAL UNIT, WHICH WAS DOING PIONEERING WORK ON HIV/AIDS IN THE NORTHEAST, WAS ABRUPTLY CLOSED IN 1997.

TREATMENT
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24. CLINICAL DECISION MAKING IN MANIPUR HAS BECOME MORE SPECIFIC WITH PHYSICIANS ABLE TO PRESCRIBE MEDICATION TO REDUCE AIDS PROGRESSION. ANTI-RETROVIRAL MEDICINES ARE NOW AVAILABLE IN IMPHAL. PRICES FOR A MONTH'S SUPPLY HAVE DROPPED FROM THE EQUIVALENT OF ABOUT $450 TO ABOUT $225. EVEN SO, THE COST IS BEYOND THE PURCHASING POWER OF MOST PEOPLE IN A REGION WHERE UNEMPLOYMENT IS ENDEMIC. THOSE WHO CAN AFFORD IT PREFER OUT-OF-STATE TREATMENT AS PRIVACY IS AT A PREMIUM WITHIN THE SOCIALLY INTERTWINED COMMUNITIES. A SENIOR STATE POLICE OFFICER SENT HIS SON AND PREGNANT DAUGHTER-IN-LAW TO DELHI ALMOST OVERNIGHT AFTER THEY TESTED HIV POSITIVE, YET THEIR STATUS WAS AN OPEN SECRET IN IMPHAL WITHIN DAYS.
UNCLAS SECTION 06 OF 07 CALCUTTA 0610

NEW DELHI FOR ECON AND SCIENCE OFFICE
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25. TO PREVENT MOTHER-TO-CHILD TRANSMISSION, CONSENTING PREGNANT HIV WOMEN CAN ACCESS FREE AZT AT THE REFERRAL HOSPITAL IN IMPHAL. THE COURSE BEGINS IN THE 36TH WEEK OF PREGNANCY. IT CONSISTS OF A WEEKLY TABLET TO BE TAKEN BY THE WOMAN AT THE HOSPITAL WHERE SHE HAS TO DELIVER (A REQUIREMENT WHICH EXPERTS SAY IS LIKELY TO RESTRICT ENROLLMENT IN NACO'S MULTI-CENTER PROJECT AS AT LEAST TWO-THIRDS OF INDIAN WOMEN DELIVER AT HOME). IN THE SIX MONTHS OF THE PROGRAM IN IMPHAL, 11 BABIES HAVE BEEN BORN, WITH ONE HIV-POSITIVE. FOR ONE YEAR A RESEARCHER HAS BEEN CONDUCTING TRIAL USE OF NEVIRAPINE, AT THE ONSET OF LABOR PAIN WITH A PEDIATRIC SUSPENSION DOSE TO THE BABY. A TREATMENT THAT IS MANY TIMES CHEAPER, MINIMAL LOGISTIC SUPPORT IS NEEDED, AND NO SIDE EFFECTS EXIST OTHER THAN A MILD SKIN RASH. THE "DRUG HOLIDAY" (BEGIN ANTI-VIRUS MEDICATION, STOP ONCE THE VIRAL LOAD IS DOWN AND RESTART WHEN IT RISES AGAIN) IS SAID TO BE FINDING FAVOR AMONG TREATMENT PROVIDERS. THE NEED FOR TERMINAL CARE OF PEOPLE WITH AIDS HAS LED MACS TO BEGIN SUPPORT FOR HOSPICE SERVICES.

26. THE NORTHEAST'S PUBLIC HEALTH CARE SYSTEM IS WOEFULLY INADEQUATE AND ALREADY OVERBURDENED DEALING WITH OTHER DISEASES (MALARIA IS RAMPANT). RURAL AREAS, WHERE DRUG AND HIV RELATED DEATHS ARE BEING OBSERVED, HAVE EVEN FEWER FACILITIES. BASIC SUPPLIES (GLOVES, DISPOSABLES), NEEDED TO PREVENT HIV SPREAD IN HEALTH CARE, ARE NEVER ENOUGH. THE PRIVATE SECTOR MOSTLY COMPRISES GOVERNMENT-EMPLOYED DOCTORS PRACTICING FROM HOME. MISSIONARY HOSPITALS EXIST BUT THEY ARE INADEQUATELY EQUIPPED.

COMMUNITY AND NGO RESPONSE
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27. COMMUNITY RESPONSE IN THE NORTHEAST HAS BEEN LARGELY DEPENDENT ON NGOS AND COMMUNITY BASED ORGANIZATIONS. CHURCHES HAVE PLAYED A MAJOR ROLE IN MIZORAM, MANIPUR HILL DISTRICTS AND TO SOME EXTENT IN NAGALAND, BUT NOT SO IN MEGHALAYA. THOUGH WELL INTENTIONED, CHURCHES DO NOT ALWAYS UNDERSTAND THE COMPLEXITIES: AT A BARE-BONES DE-ADDICTION CENTER, ONE OF THE FIRST IN CHURACHANDPUR, IDUS ARE CHAINED TO BEDS, FED BOILED POTATOES AND RICE AND GIVEN SPIRITUAL COUNSELING. MOST COMMUNITY AND CHURCH SPONSORED ANTI-DRUG PROGRAMS ARE ABSTINENCE ORIENTED WITH LITTLE OR NO FLEXIBILITY AND HIGH RELAPSE RATES. ONE SUCH HOME IN MIZORAM, CALLED THE "SINNER'S FRIENDS" WHERE ALMOST ALL RESIDENTS HAVE BEEN ADMITTED UNDER PARENTAL PRESSURE, IS TUCKED AWAY IN IDYLLIC SURROUNDINGS BUT IN A REMOTE FOREST AREA, 45 MINUTES DRIVE OUTSIDE AIZAWL. WHERE THE DIRECTOR IS EMPHATIC THAT THE RISKS OF ALCOHOL ABUSE ARE AS BAD, IF NOT WORSE, THAN DRUG ABUSE.

28. NGO-STATE INTERFACE ON HIV/AIDS BEGAN POORLY. NGOS, LEFT OUT OF THE INTERVENTION DESIGN PROCESS, BEGAN THEIR OWN INDEPENDENT EFFORTS, UNCOORDINATED AND UNDER-FUNDED. SEVERAL HAD DEVELOPED IN RESPONSE TO ALCOHOL AND DRUG ABUSE NEEDS. RELATIONS IMPROVED WITH THE AIDS SOCIETIES THAT WERE REQUIRED TO HAVE AN NGO ADVISOR. THERE ARE AROUND A HUNDRED ANTI-DRUG ABUSE/HIV RELATED NGOS (MANY LED AND STAFFED BY FORMER DRUG USERS) IN MANIPUR. YET THERE IS A SHORTAGE OF SKILLED PERSONNEL TO ASSESS NEEDS AND DESIGN COST EFFECTIVE AND APPROPRIATE INTERVENTION STRATEGIES, TO BUILD TEAMS OF INDIVIDUALS WITH DIFFERENT EXPERTISE AND DEVELOP A MONITORING AND EVALUATION SYSTEM.

29. NGOS IN MANIPUR, MIZORAM AND NAGALAND ARE ACTIVE IN THE RIAC PROJECT. TWO NGOS HAVE BEEN SELECTED TO DEVELOP TWO TEN-BED HOSPICES IN MANIPUR. THE STATE HAS BECOME KNOWN FOR SUCH COOPERATIVE VENTURES BUT PROBLEMS ALSO EXIST. NGO SELECTION IS NOT ALWAYS IMPARTIAL, AND THERE ARE COMPLAINTS OF HIGH-HANDEDNESS ON THE PART OF SOCIETIES (MODIFYING PROJECTS WITHOUT NGO CONSULTATION). A NEW TREND HAS SEEN PEOPLE LIVING WITH HIV FORMING NETWORKS LINKED TO THE NATIONAL NETWORK OF POSITIVE PEOPLE IN INDIA. TO PROMOTE NGO NETWORKING ON HIV/AIDS IN THE NORTHEAST, POST'S PUBLIC AFFAIRS (PA) OFFICE HELD TWO SUCCESSFUL MULTI-MEDIA EVENTS IN NAGALAND AND ASSAM THIS YEAR.
UNCLAS SECTION 07 OF 07 CALCUTTA 0610

NEW DELHI FOR ECON AND SCIENCE OFFICE
DEPT. FOR OES/SCT, OES/PCI/SA, OES/EID,
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E.O. 12958: N/A
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DONOR ACTIVITY
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30. THERE IS DIVISION OF DONORS (AS TO WHO GOES WHERE) BY NACO. WHILE WORLD BANK FUNDS CONTINUE TO SUPPORT NACO PLANS IN THE NORTHEAST, DONOR ACTIVITY HAS REDUCED SINCE 1998. DONORS IN THE FIRST PHASE INCLUDED WHO/GLOBAL AIDS PROGRAM, UNAIDS AND INTERNATIONAL DEVELOPMENT AGENCIES OF AUSTRALIA (AUSAID), SWEDEN (SIDA), AND UK (DFID). INTERNATIONAL NGOS SUCH AS OXFAM AND TEAR AUSTRALIA HAVE BEEN, AND REMAIN, INVOLVED. THE

INITIAL FOCUS WAS ON INFORMATION, EDUCATION AND COMMUNICATION, COUNSELING, AND OUTREACH, AND SUBSEQUENTLY ON HOME-BASED CARE. THE CONTINUUM OF CARE PROJECT IN MANIPUR, WHICH BEGAN AS A STATE/NGO PILOT EFFORT FUNDED BY OXFAM, WHO, DFID AND UNAIDS, HAS BEEN EXTENDED AND IS CURRENTLY SUPPORTED BY OXFAM ALONE. THE COORDINATOR OF THE PROJECT HAS BEEN SELECTED TO PARTICIPATE IN PA'S INTERNATIONAL VISITOR PROGRAM ON HIV/AIDS IN THE US. DFID IS ASSISTING SEXUAL HEALTH PROJECTS AND THE EUROPEAN UNION (VIA SHARAN IN DELHI) SASO'S SUBSTITUTION THERAPY. AN INDO-AUSTRALIAN ASSISTANCE PROGRAM HAS PROPOSED CAPACITY BUILDING PROJECTS IN MANIPUR, MEGHALAYA, AND MIZORAM.

COMMENT
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31. THE NORTHEAST'S HIV SURVEILLANCE DATA HAS A LONG WAY TO GO, BUT THERE IS NO DOUBT THAT THE WELL-DOCUMENTED MANIPUR EPIDEMIC HAS THE POTENTIAL TO ADVERSELY AFFECT NEIGHBORING STATES. IT IS A WAKE UP CALL FOR THE REGION AS A WHOLE, WHICH IS YET TO COME TO GRIPS WITH THE REALITY OF HIV AND TO LOOK AT POLICIES, RESEARCH AND INTERVENTIONS TO MITIGATE THE THREAT. AS IS EVIDENT IN MANIPUR, NO ONE STRATEGY WOULD SUFFICE TO TACKLE THE VARIOUS ASPECTS OF BOTH DRUG ABUSE AND HIV/AIDS SPREAD. A COMPREHENSIVE RANGE OF RESPONSES AND LONG-TERM PLANNING ARE NEEDED. US ADVANCES COULD HELP IN THE UNDERSTANDING AND EFFECTIVE IMPLEMENTATION, AND FILL GAPS BETWEEN WHAT WORKS BEST IN REDUCING HARM AND REAL LIFE PRACTICES.

SANDROLINI

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Wednesday, November 15, 2000 3:44 AM
To:	Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Cables; Christy, Gene B. (ASIA); Efros, Laura L. (NEC); Ehrendreich, Joel (WHSR); Jarrett, Kenneth H. (ASIA); Mclean, Matthew K. (MULTI); Osius, Theodore G. (VP); Pritchard, Charles (Jack) L. (ASIA); Schwartz, Eric P. (MULTI); Smith, Holly M. (ASIA); Tighe, Mary P. (ASIA); Wilcox, Richard M. (MULTI)
Subject:	HIV IMPACT ASSESSMENT TOOL LAUNCHED
ActionAddees:	RUEHC/SECSTATE WASHDC 8017
Classification:	UNCLASSIFIED
DateTime:	150513Z NOV 00
Distribution:	SIT: BABBITT BANBURY BERNARD NSC CHRISTY EFROS Ehrendreich JARRETT MCLEAN OSIUS PRITCHARD SCHWARTZ SMITHH TIGHE WILCOX
Identifier:	M4732102
InfoAddees:	RUSBAY/AMCONSUL MUMBAI 0014 RUEHBK/AMEMBASSY BANGKOK 1624 RUEHNE/AMEMBASSY NEW DELHI 0111 RUEHSU/AMEMBASSY SUVA 0005
Line1:	RAAUZYUW RUEHKLA2514 3200513-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	R 150513Z NOV 00
Line4:	FM AMEMBASSY KUALA LUMPUR
Originator:	AMEMBASSY KUALA LUMPUR
Precedence:	ROUTINE
Profiles:	BABBITTJ BANBURYA BERNARDK CABLES CHRISTYG EFROSL EHRENDRJ JARRETTK MCLEANM OSIUST PRITCHAC SCHWARTE SMITHH TIGHEM WILCOXR
StationRoutingIndicator:	RUEHKL
StationSerialNumber:	2514
TimeOfReceipt:	11/15/2000 04:43:14 ET

UNCLAS KUALA LUMPUR 002514

DEPARTMENT FOR OES/EID

E.O. 12958: N/A
TAGS: SENV, KHIV, MY
SUBJECT: HIV IMPACT ASSESSMENT TOOL LAUNCHED

1. THE UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP) OFFICE IN MALAYSIA LAUNCHED A NEW TOOL FOR ASSESSING THE IMPACT OF HIV/AIDS ON DEVELOPMENT PROJECTS IN KUALA LUMPUR. THE HIV/AIDS IMPACT ASSESSMENT (HIA) TOOL IS MODELED ON THE ENVIRONMENTAL IMPACT ASSESSMENT (EIA) THAT IS COMMONLY USED TO ASSESS PROJECT IMPACT

ON THE ENVIRONMENT. THE HIA USES POPULATION MOVEMENTS CAUSED BY DEVELOPMENT PROJECTS TO ESTIMATE THE IMPACT OF THE PROJECTS ON THE SPREAD OF HIV/AIDS. THE CREATORS OF THE HIA HOPE THAT DEVELOPMENT PROJECT ARCHITECTS WILL EMPLOY IT TO MINIMIZE THE UNINTENDED IMPACT ON HIV OF PROJECTS.

2. THE UNDP SPONSORED THE HIA TOOL'S DEVELOPMENT BY RESEARCHERS AT UNIVERSITI SAINS MALAYSIA, IN PENANG. IN ORDER TO ENSURE THAT THE DEVELOPMENT TEAM HAD A BROAD RANGE OF COUNTRY EXPERIENCES, THREE PARTNERS WERE BROUGHT INTO THE HIA DEVELOPMENT PROCESS: DEEMED UNIVERSITY, MUMBAI, UNIVERSITY OF THE SOUTH PACIFIC, FIJI, AND MAHIDOL UNIVERSITY, THAILAND.

3. THE DEVELOPMENT TEAM FOCUSED ON POPULATION MOVEMENTS CAUSED BY DEVELOPMENT PROJECTS AS THE PRIMARY VARIABLE WITH A MEASURABLE IMPACT ON HIV/AIDS. THE HIA TOOL USES ESTIMATES OF MIGRATION AND AVERAGE HIV PREVALENCE RATES AMONG THE DIFFERENT POPULATIONS AFFECTED BY THE PROJECT, ALONG WITH THEIR RISK BEHAVIOR AND RISK ENVIRONMENT, TO EXTRAPOLATE ADDITIONAL HIV/AIDS TRANSMISSION ATTRIBUTABLE TO THE DEVELOPMENT PROJECT. THE GROUP USED THE EXAMPLE OF A DAM PROJECT AS THE TYPE OF PROJECT WHERE THE DISPLACEMENT OF POPULATIONS, THE INTRODUCTION OF MANY OUTSIDE WORKERS AND SERVICE PROVIDERS, AND THE POSSIBLE INCREASE IN TOURISM COULD SUBSTANTIALLY AFFECT HIV INFECTION.

4. IN ITS CURRENT FORM, THE HIA TOOL DOES NOT INVOLVE GATHERING ADDITIONAL DATA OR DOING SPECIFIC RESEARCH ON THE POPULATIONS INVOLVED. THE DEVELOPMENT TEAM FELT THAT IT WAS IMPORTANT TO KEEP THE TOOL AS SIMPLE AS POSSIBLE TO MAINTAIN A LOW BURDEN FOR IMPLEMENTATION. PERFORMING AN HIA ENTAILS GATHERING EXISTING DATA ON RELEVANT FACTORS, SUCH AS HIV PREVALENCE RATES, AGE DISTRIBUTION, PREVALENCE RATES FOR OTHER SEXUALLY TRANSMITTED DISEASES AND TUBERCULOSIS, EDUCATION LEVEL, AND MARITAL STATUS FOR THE DIFFERENT POPULATION GROUPS AFFECTED BY THE PROJECT. THIS DATA IS PLUGGED INTO A FORMULA DEVELOPED BY THE RESEARCHERS TO ESTIMATE THE ADDITIONAL HIV INFECTIONS, THE COSTS OF TREATMENT AND THE COSTS TO SOCIETY OF THE HIGHER HIV INFECTION RATES.

5. THE RESEARCHERS PLAN TO TEST THE HIA TOOL IN SEVERAL PILOT PROJECTS TO REFINE THEIR STATISTICAL MODEL BEFORE SEEKING WIDER IMPLEMENTATION. RESEARCHERS IN INDIA AND FIJI ARE CURRENTLY IN DISCUSSIONS WITH THEIR LOCAL GOVERNMENTS TO TEST THE HIA AS PART OF DEVELOPMENT PROJECTS. THAILAND'S PARTICIPANTS ON THE DEVELOPMENT TEAM ARE FOCUSING ON DATA RESEARCH WITH THE GOAL OF DEVELOPING ADDITIONAL DATA TO FILL IN GAPS IN THE CURRENT TOOL. AS A RESULT, THEY DO NOT PLAN TO APPLY THE TOOL TO A TEST SITE IN THAILAND YET. THE TOOL'S DEVELOPERS HOPE THAT THE TOOL WILL GAIN ACCEPTANCE SIMILAR TO THAT NOW ENJOYED BY EIA'S, WHICH TODAY ARE CONSIDERED AN INTEGRAL PART OF THE PROJECT DEVELOPMENT PROCESS.

6. THE FULL HIV IMPACT ASSESSMENT TOOL REPORT WILL SOON BE AVAILABLE ELECTRONICALLY AND CAN BE OBTAINED

THROUGH UNDP'S REGIONAL BUREAU FOR ASIA AND THE PACIFIC IN NEW YORK BY CONTACTING BENJAMIN BROWN AT BENJAMIN.BROWN(AT)UNDP.ORG. PASCOE

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Wednesday, November 15, 2000 11:11 AM
To:	Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Cables; Efros, Laura L. (NEC); Hammer, Michael A. (INTERAM); Hanley, Timothy P. (INTERAM/INTERN); Hollis, Caryn C. (INTERAM); Mattingly, Amanda C. (INTERAM/Intern); Mclean, Matthew K. (MULTI); Merletti, Roger D. (INTERAM); Naplan, Steven J. (MULTI); Orfini, Michael H. (VP); Patten, Wendy L. (MULTI); Schwartz, Eric P. (MULTI); Shea, Dorothy C. (MULTILAT); Smith, Peter D. R. (MULTI); Valenzuela, Arturo A. (INTERAM); Wallace, Joanna B. (INTERAM); Wilcox, Richard M. (MULTI)
Subject:	PHYSICIAN CHALLENGES OFFICIAL HIV/AIDS STATISTICS FOR ANTIGUA/BARBUDA.
ActionAddees:	RUEHC/SECSTATE WASHDC 9655 RUEHGV/USMISSION GENEVA 0138 RUEHSP/AMEMBASSY PORT OF SPAIN 7415 RUEHDG/AMEMBASSY SANTO DOMINGO 4021 RUEHGE/AMEMBASSY GEORGETOWN 0819 RUEHPO/AMEMBASSY PARAMARIBO 0647 RUEHGR/AMEMBASSY GRENADA 0454 RUEHKG/AMEMBASSY KINGSTON 3037 RHEHNSC/NSC WASHDC RHEHAAA/WHITE HOUSE WASHDC
Classification:	UNCLASSIFIED
DateTime:	151506Z NOV 00
Distribution:	SIT: BABBITT BANBURY BERNARD NSC EFROS HAMMER HANLEY HOLLIS MATTINGLY MCLEAN MERLETTI NAPLAN ORFINI PATTEN SCHWARTZ SHEA SMITHP VALENZUELA WALLACE WILCOX
Identifier:	M4732904
InfoAddees:	////
Line1:	RAAUZYUW RUEHWNA2157 3201506-UUUU--RHEHAAA RHEHNSC.
Line2:	ZNR UUUUU ZZH
Line3:	R 151506Z NOV 00
Line4:	FM AMEMBASSY BRIDGETOWN
Originator:	AMEMBASSY BRIDGETOWN
Precedence:	ROUTINE
Profiles:	BABBITTJ BANBURYA BERNARDK CABLES EFROSL HAMMERM HANLEYT HOLLISC MATTINGA MCLEANM MERLETTR NAPLANS ORFINIM PATTENW SCHWARTE SHEAD SMITHP VALENZUA WALLACEJ WILCOXR
StationRoutingIndicator:	RUEHWN
StationSerialNumber:	2157
TimeOfReceipt:	11/15/2000 12:10:42 ET

UNCLAS BRIDGETOWN 002157

DEPT FOR WHA/CAR PALSUP AND MBARNES
KINGSTON USAID FOR MJORDAN
USAID FOR GB (GILLESPIE)
HHS FOR OS/OIA (HOHMAN), OSOPHS (GOOSBY)
NIH FOR FIC, NIAID, NICHD, NCI
NSC FOR KEN BERNARD, WHITE HOUSE FOR ONAP

E.O. 12958: N/A
TAGS: TBIO, TPHY, KHIV, WHO, AC, XL
SUBJECT: PHYSICIAN CHALLENGES OFFICIAL HIV/AIDS STATISTICS FOR ANTIGUA/BARBUDA.

REF: A) GENEVA 5501 B) STATE 185611

1. ACCORDING TO AN OCTOBER 27 ARTICLE IN THE "ANTIGUA SUN" NEWSPAPER, ANTIGUA AND BARBUDA'S AIDS SECRETARIAT, HEADED BY FELICITY AYMER, HAD REPORTED 307 NOTIFICATIONS OF INDIVIDUALS WITH HIV/AIDS. OF THE 307, 116 PERSONS WERE SUFFERING FROM AIDS: 81 ADULT MALES, 25 ADULT FEMALES, AND 10 CHILDREN (FOUR MALES, SIX FEMALES). THE REMAINING 191 WERE TESTED HIV POSITIVE: 86 MEN, 97 WOMEN, AND EIGHT CHILDREN. THE AIDS SECRETARIAT REPORT SAID THAT FOR THE FIRST SIX MONTHS OF 2000, SEVEN NEW CASES WERE RECORDED: FIVE MALES, ONE FEMALE AND ONE MALE CHILD. FOUR DEATHS FROM AIDS WERE REPORTED DURING THAT PERIOD, ACCORDING TO THE SECRETARIAT.

2. THE SAME ARTICLE STATED THAT A PRIVATE PHYSICIAN TRACKING HIV/AIDS HAD ASSERTED THAT THERE WERE ONE THOUSAND PERSONS IN ANTIGUA AND BARBUDA AFFLICTED WITH HIV/AIDS. THE PAPER SAID THAT THE PHYSICIAN, DR. PRINCE RAMSEY, ALSO REPORTED THAT IN RECENT MONTHS THERE HAD BEEN SEVERAL NEW NOTIFICATIONS OF YOUNG ADULTS, AGED 19 TO 25, SUFFERING FROM HIV/AIDS IN ANTIGUA AND BARBUDA.

3. THE NEWSPAPER ARTICLE DID NOT ATTEMPT TO EXPLAIN THE DISCREPANCY BETWEEN THE PRIVATE PHYSICIAN'S ASSERTIONS AND THOSE OF THE AIDS SECRETARIAT.
DALEY

PEAC

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Thursday, November 16, 2000 5:25 AM
To:	Bernard, Kenneth W. (HEALTH); Cables; Efros, Laura L. (NEC); Hammer, Michael A. (INTERAM); Hanley, Timothy P. (INTERAM/INTERN); Hollis, Caryn C. (INTERAM); Mattingly, Amanda C. (INTERAM/Intern); Merletti, Roger D. (INTERAM); Orfini, Michael H. (VP); Valenzuela, Arturo A. (INTERAM); Wallace, Joanna B. (INTERAM)
Subject:	HIV/AIDS COORDINATOR: SURINAME
ActionAddees:	RUEHC/SECSTATE WASHDC 2543
Classification:	UNCLASSIFIED
DateTime:	160945Z NOV 00
Distribution:	SIT: BERNARD NSC EFROS HAMMER HANLEY HOLLIS MATTINGLY MERLETTI ORFINI VALENZUELA WALLACE
Identifier:	M4734419
InfoAddees:	RHEHAAA/WHITE HOUSE WASHDC RUEADWW/NSC WASHDC
Line1:	RAAUZYUW RUEHPOA0946 3210945-UUUU--RHEHAAA.
Line2:	ZNR UUUUU ZZH
Line3:	R 160945Z NOV 00
Line4:	FM AMEMBASSY PARAMARIBO
Originator:	AMEMBASSY PARAMARIBO
Precedence:	ROUTINE
Profiles:	BERNARDK CABLES EFROSL HAMMERM HANLEYT HOLLISC MATTINGA MERLETTR ORFINIM VALENZUA WALLACEJ
StationRoutingIndicator:	RUEHPO
StationSerialNumber:	0946
TimeOfReceipt:	11/16/2000 06:24:04 ET

UNCLAS PARAMARIBO 000946

DEPT FOR OES/EID AND WHA/CAR
NSC FOR KEN BERNARD
WHITE HOUSE FOR ONAP

E.O. 12958: N/A
TAGS: KHIV, SENV, PREL, NS
SUBJECT: HIV/AIDS COORDINATOR: SURINAME

REF: STATE 185611

THE GOVERNMENT OF SURINAME HAS APPOINTED JENNY GEERLINGS-SIMONS TO BE THE HIV/AIDS COORDINATOR. MS. SIMONS IS A MEMBER OF THE NATIONAL ASSEMBLY AND A PROMINENT MEMBER OF THE NATIONAL DEMOCRATIC PARTY (NDP), AN OPPOSITION PARTY.

JOHNSON

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Thursday, December 07, 2000 5:32 AM
To:	Andreasen, Steven P. (DEFENSE); Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Binnendijk, Johannes A. (Hans) (DEFENSE); Bolan, Christopher J. (VP); Cables; Camp, Donald A. (NESA); Clarke, Richard A. (TNT); Cressey, Roger W. (TNT); Efros, Laura L. (NEC); Kurtz, Paul B. (TNT); McCarthy, Mary O. (INTEL); Mclean, Matthew K. (MULTI); Mitchell, Donald A. (INTEL); Naplan, Steven J. (MULTI); Patten, Wendy L. (MULTI); Riedel, Bruce O. (NESA); Schwartz, Eric P. (MULTI); Shea, Dorothy C. (MULTILAT); Smith, Peter D. R. (MULTI); Tucker, Maureen E. (NONPRO); Wilcox, Richard M. (MULTI)
Subject:	AIDS IN PAKISTAN: A UNIQUE OPPORTUNITY TO MAKE A DIFFERENCE SUMMARY AND ACTION REQUEST ----------
ActionAddees:	RUEHC/SECSTATE WASHDC PRIORITY 2164
Classification:	UNCLASSIFIED
DateTime:	071040Z DEC 00
Distribution:	SIT: ANDREASEN BABBITT BANBURY BERNARD BINNENDIJK BOLAN NSC CAMP CLARKER CRESSEY EFROS KURTZ MCCARTHY MCLEAN MITCHELL NAPLAN PATTEN RIEDEL SCHWARTZ SHEA SMITHP TUCKER WILCOX
Identifier:	M4767263
InfoAddees:	RUEHKP/AMCONSUL KARACHI 0311 RUEHLH/AMCONSUL LAHORE 8324 RUSBPW/AMCONSUL PESHAWAR 2576 RUEHNE/AMEMBASSY NEW DELHI 9294 RUEHKA/AMEMBASSY DHAKA 7812 RUEHKT/AMEMBASSY KATHMANDU 7971 RUEHLM/AMEMBASSY COLOMBO 7466 RUEHRC/USDA FAS WASHDC 3713 RUEHGV/USMISSION GENEVA 1375
Line1:	PAAUZYUW RUEHILA7544 3421040-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	P 071040Z DEC 00
Line4:	FM AMEMBASSY ISLAMABAD
Originator:	AMEMBASSY ISLAMABAD
Precedence:	PRIORITY
Profiles:	ANDREASS BABBITTJ BANBURYA BERNARDK BINNENDH BOLANC CABLES CAMPD CLARKER CRESSEYR EFROSL KURTZP MCCARTHM MCLEANM MITCHELD NAPLANS PATTENW RIEDELB SCHWARTE SHEAD SMITHP TUCKERM WILCOXR
StationRoutingIndicator:	RUEHIL

StationSerialNumber: 7544
TimeOfReceipt: 12/07/2000 06:31:56 ET

UNCLAS SECTION 01 OF 04 ISLAMABAD 007544

DEPT FOR SA/MAYNARD AND SA/PAB/LUNSTEAD

DEPT PLEASE PASS TO USAID FOR AID/ANE

NEW DELHI FOR USAID - NORTH AND BEVER

E.O. 12958: N/A
TAGS: ECON, SOCI, EAID, PK
SUBJECT: AIDS IN PAKISTAN: A UNIQUE OPPORTUNITY TO MAKE A DIFFERENCE

SUMMARY AND ACTION REQUEST
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1. THE RECENT VISIT OF A USAID ASSESSMENT TEAM TO PAKISTAN PROVIDED AN OPPORTUNITY FOR A BRIEFING ON AIDS IN PAKISTAN FROM THE UN AND SENIOR GOP HEALTH OFFICIALS. THE BRIEFING'S KEY MESSAGE WAS THAT PAKISTAN OFFERS AN OPPORTUNITY NOT FOUND ELSEWHERE: AS A HIGH-RISK/LOW-PREVALENCE COUNTRY THERE IS A CHANCE TO PREVENT A FULL-SCALE EPIDEMIC IN THE WORLD'S SEVENTH MOST POPULOUS COUNTRY. THERE WAS ANOTHER KEY MESSAGE AS WELL, HOWEVER: PAKISTAN DESPERATELY AND URGENTLY NEEDS DONOR ASSISTANCE TO SEIZE THIS OPPORTUNITY.

2. ACTION REQUEST: IN LIGHT OF "NOTWITHSTANDING" LANGUAGE FOR HIV/AIDS ASSISTANCE IN THE FY2001 FOREIGN OPERATIONS ACT, POST REQUESTS THAT SIGNIFICANT FUNDING BE SOUGHT OUT FY-01 FUNDS FOR RESEARCH ON AND THE PREVENTION, TREATMENT, AND CONTROL OF AIDS IN PAKISTAN AS PART OF THE USG'S REGIONAL STRATEGY TO COMBAT AIDS IN SOUTH ASIA.

INTRODUCTION
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3. VISITING USAID NEW DELHI DIRECTOR WALTER NORTH AND ECONOFF MET ON NOVEMBER 17 WITH UN RESIDENT COORDINATOR ONDER YUCER, UNAIDS PAKISTAN COUNTRY PROGRAM ADVISER DR. SHOULTZ, UNDCP DIRECTOR FOR PAKISTAN BERNARD FRAHI, GOP SECRETARY OF HEALTH EJAZ RAHIM, EXECUTIVE DIRECTOR OF PAKISTAN'S NATIONAL INSTITUTE OF HEALTH DR. DIL AND PROGRAM MANAGER FOR PAKISTAN'S NATIONAL AIDS PROGRAM DR. KAZI. THIS JOINT UN-GOP GROUP PROVIDED A FULL BRIEFING ON THE CURRENT INCIDENCE, VULNERABILITY AND RESPONSE EFFORTS REGARDING HIV/AIDS IN PAKISTAN.

THE CURRENT AIDS SITUATION IN PAKISTAN
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4. PAKISTAN'S FIRST INDIGENOUS AIDS CASE WAS REPORTED IN 1987 IN LAHORE. SINCE THEN THERE HAVE BEEN SEVERAL PHASES TO THE EPIDEMIC. IN THE FIRST STAGE (1980S) MOST CASES WERE REPORTED FROM KARACHI, A PORT CITY THAT IS PAKISTAN'S LARGEST, AND MOSTLY OCCURRED AMONG NON-PAKISTANIS. IN THE SECOND STAGE (1990-1995) AN INCREASING NUMBER OF PAKISTANIS LIVING OR TRAVELLING ABROAD BECAME INFECTED WITH HIV AND RETURNED TO

PAKISTAN, SUBSEQUENTLY SPREADING THE INFECTION DOMESTICALLY. IN THE THIRD STAGE (1995-1999), CASES OF HIV AND AIDS INCREASINGLY BEGAN TO APPEAR AMONG GROUPS SUCH AS SEX WORKERS, DRUG ABUSERS AND JAIL INMATES. TRANSPORT WORKERS AND MIGRANT LABOR ALSO BEGAN TO SPREAD THE INFECTION ALONG PRINCIPAL TRADE ROUTES IN PAKISTAN. INADEQUATE STERILIZATION TECHNIQUES AND INAPPROPRIATE USE OF MEDICAL EQUIPMENT ALSO CONTRIBUTED TO INCREASING THE SPREAD OF AIDS.

5. THE CURRENT NUMBER OF REPORTED CASES IN PAKISTAN IS 1700, BUT EVERYONE AGREES THAT THE SURVEILLANCE SYSTEMS ARE POOR. A BETTER ESTIMATE OF THE NUMBER OF CASES IS ABOUT 80,000 PERSONS THAT ARE HIV-POSITIVE. CASES HAVE BEEN REPORTED FROM ALL OVER PAKISTAN. MOST TRANSMITTAL IS THOUGHT TO BE HETEROSEXUAL (37 PERCENT), WITH 18 PERCENT OF INFECTIONS RELATED TO CONTAMINATED BLOOD OR BLOOD PRODUCTS. TRANSMITTAL MODES FOR 35 PERCENT OF THE REPORTED CASES, HOWEVER, ARE UNKNOWN. MEN ACCOUNT FOR 87 PERCENT OF THE REPORTED CASES, WITH MOST (68 PERCENT) BEING BETWEEN THE AGES OF 20 TO 49.

PAKISTAN'S VULNERABILITY TO AIDS
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6. PAKISTAN, THUS, IS CURRENTLY CONSIDERED A HIGH-RISK/LOW-PREVALENCE COUNTRY, BUT ONE THAT CAN QUICKLY CHANGE TO HIGH-PREVALENCE FOR SEVERAL REASONS. THE EXTREME (AND GROWING LEVEL OF) POVERTY IN PAKISTAN LIMITS ACCESS OF MUCH OF THE POPULATION TO EDUCATION, HEALTH AND OTHER SOCIAL SERVICES. POVERTY ALSO INCREASES VULNERABILITY TO AIDS, BY DRIVING PEOPLE INTO THE SEX

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INDUSTRY OR TO DRUG ABUSE.

7. GENDER INEQUALITY MEANS THAT WOMEN SUFFER SOCIAL AND ECONOMIC DISADVANTAGES IN PAKISTAN. WOMEN HAVE A LIMITED ABILITY TO PROTECT THEMSELVES FROM HIV INFECTION DUE TO LOWER LITERACY, LIMITED MOBILITY, AND LESS AUTONOMY WITHIN THE HOUSEHOLD.

8. YOUNG PEOPLE ARE ALSO AT RISK. PAKISTAN HAS AN UNUSUALLY YOUNG POPULATION, WITH 63 PERCENT BEING BELOW 25 YEARS IN AGE. SOCIAL TABOOS RELATED TO SEXUALITY CURRENTLY LIMIT DISCUSSION AND EDUCATION ABOUT AIDS AND ITS PREVENTION FOR YOUNG PEOPLE. ALTHOUGH THERE IS A STIGMA ABOUT HOMOSEXUALITY IN PAKISTAN, SEX BETWEEN MEN IS THOUGH TO BE COMMON IN CERTAIN AREAS, SUCH AS IN THE TRUCK-DRIVER INDUSTRY AND IN JAILS. FREQUENTLY YOUNGER MEN ARE EXPLOITED BY OLDER MEN FOR SEX IN THESE SITUATIONS. MARRIAGE FOR YOUNG WOMEN OFTEN OCCURS BETWEEN THE AGES OF 15 TO 19, WHEN THEY ARE VULNERABLE

TO EXPLOITATION.

9. SIGNIFICANT ILLEGAL DRUG USE IN PAKISTAN ALSO RAISES CONCERNS ABOUT THE POTENTIAL FOR TRANSMISSION OF HIV. THE CURRENT ESTIMATE OF DRUG ADDICTS HERE IS FOUR MILLION. INJECTING DRUG USE IS THOUGH TO BE INCREASINGLY COMMON.

10. THE HIGH NUMBERS OF EXTERNAL AND INTERNAL MIGRANT WORKERS IN PAKISTAN CREATE CONDITIONS, SUCH AS ISOLATION AND LONELINESS, THAT MAKE THESE WORKERS VULNERABLE TO INFECTION. EXTERNAL MIGRANTS NUMBER FOUR MILLION. STUDIES OF RETURNING DEPORTEES FROM THE GULF STATES HAVE SHOWN A HIGH LEVEL OF HIV INFECTION. WHILE LITTLE HARD DATA ARE AVAILABLE REGARDING DOMESTIC MIGRANTS, MANY PAKISTANIS MIGRATE TO WORK IN ROAD TRANSPORT, AGRICULTURE, AND FROM RURAL AREAS TO THE CITIES.

11. POOR PROCEDURES FOR BLOOD COLLECTION AND TRANSFUSION, AND UNSTERILIZED MEDICAL EQUIPMENT ARE THOUGH TO CONTRIBUTE SIGNIFICANTLY TO AIDS TRANSMISSION HERE. ALTHOUGH FACILITIES FOR BLOOD SCREENING EXIST, THE ACTUAL PROCESS OF SCREENING IS NEITHER REGULAR NOR UNIVERSAL. SIXTY PERCENT OF BLOOD BANKS ARE IN THE PRIVATE SECTOR, AND ARE NOT PART OF THE GOVERNMENT'S SAFE BLOOD INITIATIVE (ALTHOUGH AN ORDINANCE TO REGULATE BLOOD SAFETY IS PENDING FINAL APPROVAL). WIDESPREAD USE AND RE-USE OF UNSTERILIZED EQUIPMENT, LACK OF INFECTION CONTROL PROCEDURES, AND OVER-USE OF INJECTIONS TO TREAT PATIENTS ALSO POSE PROBLEMS.

12. PAKISTAN IS ALSO CONSIDERED VULNERABLE BECAUSE OF DENIAL FROM POLICY-MAKERS ACROSS THE BOARD. IN THE ABSENCE OF VISIBLE, LARGE EPIDEMIC, FUNDING FOR HIV PREVENTION IS STILL INADEQUATE.

THE RESPONSE FROM THE GOVERNMENT
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13. A FEDERAL COMMITTEE ON AIDS WAS ESTABLISHED EARLY ON, IN 1987, WITH THE CREATION OF A NATIONAL AIDS PROGRAM (NAP) IN 1988. FUNDING FOR THE NAP BEGAN IN 1990, ALTHOUGH ACTUAL BUDGETARY ALLOCATIONS HAVE FREQUENTLY FALLEN SHORT OF THE AMOUNTS PROGRAMMED. (FOR EXAMPLE, FROM 1994 TO 1997 ONLY ABOUT 15 PERCENT OF THE AMOUNT COMMITTED HAD BEEN MADE AVAILABLE.)

14. HEALTH, IN FACT, FALLS UNDER PROVINCIAL AUTHORITY IN PAKISTAN, AND IN 1995 THE NAP ESTABLISHED PROVINCIAL IMPLEMENTATION UNITS IN EACH OF THE PROVINCES. ALTHOUGH EACH PROVINCE WAS TO DEVELOP A PROGRAM AND BUDGET FOR AID CONTROL, ONLY SINDH AND BALUCHISTAN RECEIVED FUNDING FROM THE PROVINCIAL HEALTH DEPARTMENTS.

15. OTHER GOVERNMENT MINISTRIES HAVE DONE LITTLE WORK ON HIV/AIDS. THE MINISTRY OF LABOR AND MANPOWER IS IMPLEMENTING A PROJECT FUNDED BY UNAIDS THROUGH THE ILO TO PROVIDE HIV/AIDS EDUCATION TO ORGANIZED WORKERS THROUGHOUT THE COUNTRY. THE PROGRAM COORDINATOR, DR. OROOJ, HAS UNDERTAKEN A SURVEY OF WORKERS AND IS RUNNING

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SENSITIZATION WORKSHOPS, INCLUDING ONE THAT TARGETED SENIOR FEDERAL OFFICIALS.

THE RESPONSE FROM NGOS AND CBOS
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16. UNAIDS ESTIMATES THAT OVER 72 NGOS ARE CURRENTLY INVOLVED IN HIV/AIDS-RELATED ACTIVITIES IN PAKISTAN. NGO CONSORTIA HAVE BEEN FORMED IN MOST OF THE PROVINCES AND THE NAP AND PROVINCIAL IMPLEMENTATION UNITS ARE PROVIDING SOME TECHNICAL SUPPORT. ONLY TWO NGOS ARE KNOWN TO BE WORKING SPECIFICALLY WITH INFECTED PERSONS: NEW LIGHT IN LAHORE, AND ORPHAN REFUGEES AND AID INTERNATIONAL IN PESHAWAR. MOST OF THE LOCAL NGOS ARE SELF-FINANCED OR RELY ON COMMUNITY CONTRIBUTIONS.

17. INTERNATIONAL NGOS WORKING ON HIV/AIDS IN PAKISTAN INCLUDE CATHOLIC RELIEF SERVICES (AWARENESS TRAINING FOR SCHOOL TEACHERS), FUTURES GROUP (INCLUDES AIDS TRAINING IN ITS REPRODUCTIVE HEALTH TRAINING PROGRAM FOR PARAMEDICS), INTERNATIONAL RESCUE COMMITTEE AND SAVE THE CHILDREN(US) (AS PART OF A UNHCR-FUNDED REPRODUCTIVE HEALTH PROJECT), MERCY CORPS INTERNATIONAL (AS PART OF AFGHAN REFUGEES HEALTH PROGRAM FUNDED BY UNHCR), POPULATION SERVICES INTERNATIONAL (AIDS AWARENESS PROGRAM TARGETTING TRUCK DRIVERS), AND SAVE THE CHILDREN (UK) (AIDS PREVENTION PROGRAM FOR STUDENTS.)

THE RESPONSE FROM THE UN SYSTEM AND OTHER DONORS
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18. UNAIDS DESCRIBES THE SUPPORT OF THE UN AND OF BILATERAL DONORS AS INSTRUMENTAL IN THE DEVELOPMENT AND CONTINUANCE OF AIDS PROGRAMS AND ACTIVITIES HERE. SEVEN UN AGENCIES COSPONSOR UNAIDS WORK HERE. UNAIDS HAS PROVIDED TECHNICAL AND FINANCIAL ASSISTANCE TO GOVERNMENT ENTITIES, NGOS AND THE PRIVATE SECTOR SINCE 1996 THROUGH FUNDING FROM UNFPA, UNDP, UNAIDS IN GENEVA, AND THE GOVERNMENTS OF NORWAY AND JAPAN. THIS YEAR THESE CONTRIBUTIONS WILL BE ABOUT USD 1.5 MILLION. UNDP, UNICEF, UNDCP, UNESCO, UNFPA, WHO AND THE WORLD BANK HAVE ALL WORKED ON HIV/AIDS IN PAKISTAN. UNHCR IS ACTIVE IN HIV/AIDS PREVENTION EFFORTS FOR AFGHAN REFUGEES HERE.

19. BILATERAL DONORS HAVE INCLUDED THE JAPANESE AND NORWEGIAN GOVERNMENTS DONATIONS TO UNAIDS (ABOUT USD 200,000 EACH). THE EU, DFID AND THE GOVERNMENT OF THE NETHERLANDS SUPPORT THE SOCIAL ACTION PROGRAM, WHICH FUNDS THE NAP. (NOTE: THE SOCIAL ACTION PROGRAM IS A SEGMENT OF THE GOP BUDGET SUPPORTED BY DONORS AND THAT IS PROTECTED FROM BUDGET CUTS. END NOTE.) UNAIDS' COUNTRY PROGRAM ADVISER ADVISED THAT THE UK'S DEVELOPMENT AGENCY, DFID, WILL BE MAKING A DIRECT CONTRIBUTION TO AIDS PREVENTION BY FUNDING AN STD STUDY TO BE CARRIED OUT BE RESEARCH INSTITUTES AND NGOS. THE

DESIGN PHASE OF THE STUDY IS EXPECTED TO COST ABOUT BPS 250,000, WITH THE STUDY COSTING ABOUT BPS 1 TO 2 MILLION. DFID IS ALSO GOING TO DO A DRUG PROJECT OF UP TO BPS 5 MILLION THAT WILL INCLUDE AN HIV COMPONENT. THE CANADIAN DEVELOPMENT AGENCY, CIDA, IS GOING TO PROVIDE A LOT OF SUPPORT TO REFORM THE BLOOD TRANSFUSION SYSTEM.

WHAT IS NEEDED
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20. UNAIDS STRESSED THAT THERE IS A REAL OPPORTUNITY TO PREVENT THE SPREAD OF HIV/AIDS IN PAKISTAN. THERE IS STILL A LOW PREVALENCE OF INFECTION. THE STRATEGIC PLANNING PROCESS IS UNDERWAY, AND THE CURRENT GOP LEADERSHIP IS RECEPTIVE AND COMMITTED TO WORKING ON PREVENTING AIDS. EXPENDITURES IN THE FEDERAL BUDGET FOR AIDS ARE NOW PROTECTED BECAUSE THEY ARE INCLUDED IN THE SOCIAL ACTION PROGRAM. TO QUOTE THE MAY 2000 ANALYSIS OF HIV/AIDS IN PAKISTAN, A JOINT UNAIDS AND GOP HEALTH MINISTRY PUBLICATION: "PAKISTAN IS AT A CRUCIAL JUNCTURE IN ITS RESPONSE TO THE THREAT OF HIV/AIDS. THOUGH HIV PREVALENCE IS STILL LOW, THERE IS NO ROOM FOR COMPLACENCY AND THE TIME TO TAKE ACTION IS NOW. TIMELY AND EFFECTIVE ACTION MAY HELP TO PREVENT THE ONSLAUGHT
UNCLAS SECTION 04 OF 04 ISLAMABAD 007544

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E.O. 12958: N/A
TAGS: ECON, SOCI, EAID, PK
SUBJECT: AIDS IN PAKISTAN: A UNIQUE OPPORTUNITY TO MAKE A DIFFERENCE

OF A GENERALIZED HIV/AIDS EPIDEMIC, THEREBY MAKING PAKISTAN ONE OF THE FEW COUNTRIES IN THE WORLD TO HAVE LEARNED FROM THE MISTAKES AND SUCCESSES OF OTHER COUNTRIES."

21. UNAIDS AND THE GOP HAVE IDENTIFIED THE FOLLOWING SIX PRIORITY AREAS FOR COMBATING HIV/AIDS IN PAKISTAN:

-- DEVELOPING STRONGER, MORE EFFECTIVE AND MULTISECTORAL PARTNERSHIPS AT ALL LEVELS IN THE STRUGGLE AGAINST HIV/AIDS IN PAKISTAN;

-- TARGETED AND EFFECTIVE APPROACHES TO GROUPS AT HIGHER RISK AND OTHER VULNERABLE GROUPS;

-- AN INCREASINGLY EFFECTIVE MONITORING SYSTEM AND AN ENHANCED RESEARCH PROGRAM;

-- A DECREASE IN RISKS RELATED TO UNSAFE BLOOD AND BLOOD PRODUCTS;

-- INCREASED PUBLIC AWARENESS OF HIV/AIDS; AND

-- IMPROVED CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS.

22. UNAIDS AND THE GOP HAVE DEVELOPED A DRAFT NATIONAL

HIV/AIDS STRATEGIC FRAMEWORK 2001-2006 WITH DETAILED OBJECTIVE AND STRATEGIES TO ADDRESS EACH OF THESE PRIORITIES. THE FRAMEWORK ALSO IDENTIFIES KEY PARTNERS FOR EACH OBJECTIVE. A COPY OF THIS DRAFT HAS BEEN FAXED TO SA/PAB.

COMMENT
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23. THE HIV/AIDS SITUATION IN PAKISTAN IS SIMPLE AND, TO US, COMPELLING: ASSISTANCE IS NEEDED NOW TO PREVENT A FULL-SCALE EPIDEMIC IN THIS NATION OF 140 MILLION PEOPLE, THE WORLD'S SEVENTH MOST POPULOUS COUNTRY. PAKISTAN'S NEIGHBOR, INDIA, ALREADY HAS THE WORLD'S LARGEST NUMBER OF AIDS CASES. MONEY GOES A LOT FURTHER WHEN IT IS SPENT ON PREVENTION OF THIS DISEASE THAN ON DEALING WITH ITS CONSEQUENCES OF VASTLY INCREASED HEALTH COSTS, PARENT-LESS FAMILIES, AND THE LOSS OF THE MOST PRODUCTIVE WORKERS IN THE ECONOMY. THE GOVERNMENT IS SUPPORTIVE OF HIV/AIDS PROGRAMS, ESPECIALLY IN THE KEY HEALTH MINISTRY.

24. IT IS POST'S UNDERSTANDING THE USG ASSISTANCE FOR HIV/AIDS EXISTS OR IS PROPOSED FOR INDIA, BANGLADESH AND NEPAL AND THAT THERE IS THE OPPORTUNITY TO PROVIDE ASSISTANCE ON HIV/AIDS TO PAKISTAN DUE TO "NOTWITHSTANDING LANGUAGE" IN THE FY-01 FOREIGN OPERATIONS ACT. AS A WORLDWIDE LEADER IN THE FIGHT AGAINST AIDS, WE ALSO NEED TO LEAD ON FIGHTING AIDS IN PAKISTAN. IF IT IS TRUE THAT WE HAVE A DEEP COMMITMENT TO PREVENT AIDS, TO LEAVE OUT PAKISTAN'S 140 MILLION IS AT BEST, AN EMBARRASSMENT, AND, AT WORSE, A TRAGEDY IN THE MAKING. (TO BE FRANK, WE ARE ALSO POLITICALLY VULNERABLE IF WE IGNORE PAKISTAN'S LARGELY MUSLIM POPULATION.) AND PAKISTAN IS AND SHOULD BE CONSIDERED A KEY PART OF THE REGIONAL STRATEGY ON AIDS, BECAUSE OF THE HIGH LEVEL OF MIGRANT LABOR AND OTHER CONTACTS WITH NEIGHBORING COUNTRIES. IN THIS SITUATION, THE GOAL SHOULD TRANSCEND POLITICS, IN THE SAME VEIN AS WE ARE SPENDING LARGE AMOUNTS HERE TO ERADICATE POLIO. THE BRITISH AND THE CANADIANS GET THE PICTURE; SO SHOULD WE.

MILAM

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Tuesday, December 05, 2000 2:26 AM
To:	Bernard, Kenneth W. (HEALTH); Bolan, Christopher J. (VP); Cables; Efros, Laura L. (NEC); Malley, Robert (NESA); Riedel, Bruce O. (NESA)
Subject:	HIV/AIDS - PALESTINIAN UNDERDIAGNOSIS, POSSIBLE ISRAELI CARELESSNESS.
ActionAddees:	RUEHC/SECSTATE WASHDC IMMEDIATE 2860 RHEHAAA/WHITE HOUSE WASHDC IMMEDIATE
Classification:	UNCLASSIFIED
DateTime:	050708Z DEC 00
Distribution:	SIT: BERNARD BOLAN NSC EFROS MALLEY RIEDEL
Identifier:	M4762728
InfoAddees:	RUEHJM/AMCONSUL JERUSALEM 0608
Line1:	OAAUZYUW RUEHTVA6197 3400708-UUUU--RHEHAAA.
Line2:	ZNR UUUUU ZZH
Line3:	O 050708Z DEC 00
Line4:	FM AMEMBASSY TEL AVIV
Originator:	AMEMBASSY TEL AVIV
Precedence:	IMMEDIATE
Profiles:	BERNARDK BOLANC CABLES EFROSL MALLEYR RIEDELB
StationRoutingIndicator:	RUEHTV
StationSerialNumber:	6197
TimeOfReceipt:	12/05/2000 03:25:43 ET

UNCLAS SECTION 01 OF 02 TEL AVIV 006197

FOR NEA/IPA AND NEA/PPR

FOR OES/EID-NANCY CARTER-FOSTER

WHITE HOUSE FOR ONAP

USAID FOR G/PHN/AIDS

DHHS FOR NIH/OFFICE OF AIDS RESEARCH

E.O. 12958: N/A
TAGS: TBIO, KHIV, KPAO, OPRC, KWBG, EAID, IS,
SUBJECT: HIV/AIDS - PALESTINIAN UNDERDIAGNOSIS, POSSIBLE
ISRAELI CARELESSNESS.

REF: TEL AVIV 6034

WEST BANK/GAZA AT RISK AND UNDER-DIAGNOSED
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1. THE WEST BANK AND GAZA STRIP HAVE SIX OF THE HIGH-
RISK FACTORS FOR THE SPREAD OF HIV/AIDS. THESE ARE:

-- INTRAVENOUS DRUG USE;
-- COMMERCIAL SEX (PROSTITUTION);
-- WIDESPREAD HOMOSEXUAL ACTIVITY;
-- "MOBILE MEN WITH MONEY", IE, PALESTINIAN WORKERS WHO
VISIT ISRAELI PROSTITUTES (MAINLY FROM RUSSIA) BEFORE

RETURNING HOME TO THE WEST BANK OR GAZA. (NB: THE AID WB/G MISSION HAS DOCUMENTED CASES OF PALESTINIAN WORKERS WHO HAVE BECOME INFECTED WITH THE HIV AND TRANSMITTED IT TO THEIR SPOUSES.);
-- POOR PROTECTION OF THE BLOOD SUPPLY; AND
-- LOW USAGE OF CONDOMS.

PALESTINIAN SOCIETY IS HIGHLY CONSERVATIVE WITH RESPECT TO EXTRAMARITAL SEX AND DRUG ABUSE, WHICH MEANS THAT THE VELOCITY OF THE SPREAD OF HIV/AIDS MAY BE SLOWER THAN IN AFRICA AND SOUTHEAST ASIA. ON THE OTHER HAND, THIS CONSERVATISM MEANS THAT INDIVIDUALS, PARTICULARLY WOMEN, MAY BE MORE RELUCTANT TO SEEK INFORMATION ABOUT SAFE SEXUAL PRACTICES OR TO SEEK TESTING AND TREATMENT FOR HIV/AIDS.

2. IT APPEARS THAT HIV/AIDS IS SERIOUSLY UNDER-DIAGNOSED AND UNDER-REPORTED IN THE WEST BANK AND GAZA. STATISTICS PUBLISHED BY THE PALESTINIAN MINISTRY OF HEALTH SHOW A TOTAL OF FIVE CURRENT CASES (3 IN THE WEST BANK, 2 IN GAZA), AND THREE IDENTIFIED CARRIERS (ALL IN GAZA). THE OFFICIAL CUMULATIVE TOTAL OF PALESTINIAN HIV/AIDS CASES IS PUT AT 30. OUR AID WEST BANK/GAZA MISSION NOTES THAT CONDOMS ARE NOT IN WIDESPREAD USE AMONG PALESTINIANS, AND THE MOST COMMON METHOD OF FAMILY PLANNING (WHEN IT IS PRACTICED) IS THE IUD. SOCIAL CONSERVATISM INHIBITS OPEN DISCUSSION AND DISSEMINATION OF ACCURATE INFORMATION ON HIV/AIDS.

3. ACCORDING TO DR SHLOMO MAAYAN, DIRECTOR OF THE AIDS CENTER AT HADASSAH HOSPITAL IN JERUSALEM, AND DR ASSAD RIMLAWI IN RAMALLAH, WHO IS IN CHARGE OF HIV/AIDS IN THE WEST BANK, THESE FIGURES ARE "A CASE OF GREAT UNDER-DIAGNOSIS...THERE'S MORE TO THE HIV STORY THAN IS BEING TOLD." DRS MAAYAN AND RIMLAWI POINT OUT THAT THE PALESTINIAN AUTHORITY HAS NO HIV TESTING SYSTEM SET UP, SAVE FOR SOME TESTING OF BLOOD IN BLOOD BANKS. (NOTE: THIS COMPARES WITH A NATIONWIDE NETWORK OF TEST CENTERS, INCLUDING CONFIDENTIAL ONES, IN ISRAEL.) MAAYAN AND RIMLAWI CURRENTLY TREAT SIX PALESTINIANS WITH HIV/AIDS AT HADASSAH. THEY TOLD US THAT MEDICATIONS ARE AVAILABLE IN THE PALESTINIAN AUTHORITY, ALTHOUGH THE VARIETY IS NOT AS LARGE AS THAT AVAILABLE IN ISRAEL. NO VIRAL LOAD TESTING TO MONITOR THE EFFECTIVENESS OF TREATMENT IS AVAILABLE IN THE PALESTINIAN AUTHORITY. PATIENTS ARE USUALLY MONITORED, IRREGULARLY, AT HADASSAH.

ISRAELIS PLAY WITH FIRE?
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4. ISRAEL SHARES SEVERAL OF THE HIV/AIDS HIGH-RISK FACTORS WITH THE WEST BANK/GAZA (DRUG USE, PROSTITUTION, WIDESPREAD HOMOSEXUAL ACTIVITY, AND RELATIVELY LOW CONDOM USAGE). IN ADDITION, ISRAEL HAS A SEX TOURISM INDUSTRY, BOTH HETERO- AND HOMOSEXUAL.

5. ACCORDING TO A MINISTRY OF HEALTH SURVEY OF 800 ISRAELIS BETWEEN 18 AND 45 YEARS, WHILE ALL KNEW THAT HIV/AIDS IS SEXUALLY TRANSMITTED, ONLY 50% USED CONDOMS. TWO-THIRDS OF THE SAMPLE GROUP WERE SINGLE AND WITHOUT A STEADY PARTNER, BUT ONLY 32% OF THE SINGLES SAID THEY REGULARLY USED A CONDOM.

6. AS REPORTED REFTEL, AT THE END OF 1999, 2400 ISRAELIS WERE LIVING WITH HIV/AIDS. OF THOSE, 700 WERE WOMEN BETWEEN 15 AND 49 YEARS, AND FEWER THAN 100 WERE CHILDREN (0-15). DURING 1999, FEWER THAN 100 PEOPLE DIED OF AIDS. ACCORDING TO THE HEALTH MINISTRY, A CUMULATIVE TOTAL OF 600 PEOPLE DIAGNOSED IN ISRAEL WITH
UNCLAS SECTION 02 OF 02 TEL AVIV 006197

FOR NEA/IPA AND NEA/PPR

FOR OES/EID-NANCY CARTER-FOSTER

WHITE HOUSE FOR ONAP

USAID FOR G/PHN/AIDS

DHHS FOR NIH/OFFICE OF AIDS RESEARCH

E.O. 12958: N/A
TAGS: TBIO, KHIV, KPAO, OPRC, KWBG, EAID, IS,
SUBJECT: HIV/AIDS - PALESTINIAN UNDERDIAGNOSIS, POSSIBLE ISRAELI CARELESSNESS.

HIV/AIDS HAVE DIED EITHER HERE OR ABROAD.

INDYK

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Tuesday, January 02, 2001 7:48 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Efros, Laura L. (NEC); Harris, Grant T. (AF); Smith, Gayle E. (AF)
Subject:	MOVING TOWARD ANTI-AIDS PROGRAM FOR TOGO'S MILITARY
ActionAddees:	RUEHC/SECSTATE WASHDC PRIORITY 0403
Classification:	UNCLASSIFIED
DateTime:	021135Z JAN 01
Distribution:	SIT: BABBITT BERNARD BYRNE NSC EFROS HARRISG SMITH
Identifier:	M4802406
InfoAddees:	RUEHZK/ECOWAS COLLECTIVE RUEHAB/USDAO ABIDJAN IV RUFGNOA/USCINCEUR VAIHINGEN GE//ECJ4/ECJ5/PLAD// RUEKJCS/SECDEF WASHDC RUEHPH/CDC ATLANTA
Line1:	PAAUZYUW RUEHPCA0004 0021135-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH (CCY STRAGGLER DELETED ADB17409 MSI1974 507A)
Line3:	P 021135Z JAN 01
Line4:	FM AMEMBASSY LOME
Originator:	AMEMBASSY LOME
Precedence:	PRIORITY
Profiles:	BABBITTJ BERNARDK BYRNEC CABLES EFROSL HARRISG SMITHG
StationRoutingIndicator:	RUEHPC
StationSerialNumber:	0004
TimeOfReceipt:	01/02/2001 08:47:40 ET

UNCLAS LOME 000004

C O R R E C T E D C O P Y DELETING END OF TEXT STRAGGLER

STATE FOR G, AF/W, AF/RA, OES, S/RPP - JOE BOWAB

ABIDJAN ALSO FOR FHA - VALERIE KOSCELNICK

DAKAR ALSO FOR AID/WARP - FELIX AWANTANG

SECDEF FOR OSD/ISA - DHAMON, JPOWERS AND OSD/ACSS

E.O. 12958: N/A
TAGS: KHIV, MASS, MARR, TBIO, PREL, TO
SUBJECT: MOVING TOWARD ANTI-AIDS PROGRAM FOR TOGO'S MILITARY

REFS: A) 2000 LOME 003202, B) 2000 LOME 003141

1. SUMMARY: AT YEAR'S END, THE MISSION HAS MOVED CLOSER TO DEVELOPING A COMPREHENSIVE ANTI-HIV/AIDS PROGRAM TARGETING TOGO'S ARMED FORCES (FAT). TO FOLLOW UP ON AMBASSADOR'S DISCUSSIONS WITH PRESIDENT EYADEMA AND CHIEF OF STAFF OF THE ARMED FORCES (REFTELS), WE INVITED THE REGIONAL RESIDENT ADVISOR OF FAMILY HEALTH INTERNATIONAL'S WEST AFRICA PROGRAM, BASED IN ABIDJAN AND ACTIVE IN AIDS WORK, TO MEET FAT LEADERS. ON THE BASIS OF THESE DECEMBER MEETINGS IN

LOME, FHI HAS DECIDED TO CONDUCT IN-DEPTH NEEDS ASSESSMENT HERE IN JANUARY 2001. THIS EFFORT IS MISSION'S LATEST VENTURE IN EXPANDING WAYS TO MEET KEY MPP GOAL -- SLOWING THE SPREAD OF HIV/AIDS IN TOGO. END SUMMARY.

BACKGROUND
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2. THE USAID MISSION CLOSED IN LOME IN 1994. SINCE THEN, TOGO HAS BEEN A NON-PRESENCE COUNTRY, RECEIVING FUNDING THROUGH THE SANTE FAMILIAL ET PREVENTION DE SIDA (SFPS) UMBRELLA NGO. AID RECENTLY EXTENDED ITS COMMITMENT TO SFPS FOR ANOTHER THREE YEARS. SFPS DIRECTS THE WORK OF NGOS, LIKE PSI, AND OTHERS IN AIDS PREVENTION AS WELL AS REPRODUCTIVE AND CHILDREN'S HEALTH ISSUES. THE ANNUAL SFPS BUDGET IS APPROXIMATELY USD 3 MILLION. SFPS'S REGIONAL HQ IS IN ABIDJAN WHERE IT WORKS DIRECTLY WITH USAID/FHA AND FHI.

INVITATION TO FHI
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3. WE ASKED CHRISTINE SOW, FHI'S RESIDENT ADVISOR FOR WEST AFRICA, AT A SEPTEMBER WARP MEETING ON HIV/AIDS TO COME TO LOME. FROM DEC 17-20, IN ADDITION TO CONDUCTING AN UNRELATED ASSESSMENT, SOW ALSO MET WITH KEY MILITARY LEADERS TO GAUGE LOCAL INTEREST AND THE FEASIBILITY OF SUCH A PROGRAM. THE AMBASSADOR ACCOMPANIED HER AND SFPS TOGO DIRECTOR PAUL SOSSA TO A MEETING WITH MINDEF BG ASSANI TIDJANI AND DCM WENT WITH HER TO SESSIONS WITH FAT CHIEF OF STAFF COL ZAKARI NANDJA AND NATIONAL AIDS COMMITTEE CHAIRMAN COL DR. KPANTE BASSABI. TIDJANI PLEDGED HIS COMPLETE SUPPORT TO AN AIDS PROGRAM. THE OTHER OFFICERS ALSO APPEARED TO EMBRACE THE PROPOSED PROGRAM. IN LIGHT OF THEIR RESPONSES, SOW AND FHI PLEDGED TO FUND A CONSULTANT TO CARRY OUT AN ASSESSMENT MISSION WITH THE FAT IN TOGO IN JANUARY. FHI IS ALREADY PLANNING PROGRAMS WITH THE MILITARY IN NIGERIA AND THE UNIFORMED SERVICES IN NEIGHBORING GHANA (MILITARY AND POLICE).

WHERE ARE THE RESOURCES?
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4. FUNDING SUCH A COMPREHENSIVE PROGRAM -- PREVENTION, SURVEILLANCE, VCT, CARE -- COULD BE SUBSTANTIAL. WE ARE ACTIVELY LOOKING FOR RESOURCES. AS AN INDICATION OF MISSION'S COMMITMENT TO THIS INITIATIVE, WE ARE PROPOSING TO USE USD 100,000 IN PRIOR-YEAR CIVIC ACTION FUNDING AS SEED MONEY. WE HAVE BEGUN PRELIMINARY DISCUSSIONS WITH USAID AS WELL AS DOD, WHICH RECEIVED MONEY UNDER THE LIFE INITIATIVE THIS YEAR. ONE BENEFIT OF SUCH A PROGRAM IS THAT IT WILL FOCUS ON THE APPROXIMATELY 10,000-MEMBER MILITARY FORCE, ONE OF THE 'HIGH-RISK' POPULATIONS, BUT ONE THAT CAN BE FOLLOWED AND TESTED WELL INTO THE FUTURE. IT OFFERS AN UNPARALLELED OPPORTUNITY TO STUDY A CONTROLLED POPULATION AS WELL AS HELPING TO PROTECT SATELLITE CIVILIAN POPULATIONS (FAMILY, SEX WORKERS, ETC.) WHOSE PROXIMITY TO THE MILITARY PUT THEM AT RISK.

COMMENT
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5. TOGO IS THE SECOND MOST HIV-AFFECTED COUNTRY IN WEST AFRICA, AFTER COTE D'IVOIRE, AND WE ARE SHARPENING THE

MISSION'S FOCUS ON THIS CHALLENGE TO TRY AND SLOW THE INFECTION'S RATE OF GROWTH HERE. WE ARE "MAINSTREAMING" OUR HIV/AIDS AWARENESS ACTIVITIES INTO ALL ASPECTS OF OUR DIALOGUE WITH THE TOGOLESE -- GOT, RULING PARTY, OPPOSITION, CIVIL SOCIETY -- JUST AS THE PEACE CORPS HAS MADE ALL ITS VOLUNTEERS HERE INTO PRIMARY OR SECONDARY AIDS AWARENESS ACTIVISTS. NO SERIOUS NATIONWIDE EFFORT IN TOGO CAN LEAVE THE MILITARY OUT OF BOUNDS, THOUGH. WORKING WITH OTHER DONORS, AND MOBILIZING WHAT RESOURCES WE CAN, WE INTEND TO TRY AND PLUG THIS GAP.

FITZGERALD

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. cable	Re: [South Africa] (4 pages)	12/27/2000	P1/b(1)

COLLECTION:
Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:
Cables related to AIDS - 2000 [1]

2007-1550-F
ke2029

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Wednesday, December 27, 2000 4:03 AM
To: Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Efros, Laura L. (NEC); Harris, Grant T. (AF); Mclean, Matthew K. (MULTI); Naplan, Steven J. (MULTI); Patten, Wendy L. (MULTI); Schwartz, Eric P. (MULTI); Shea, Dorothy C. (MULTILAT); Smith, Gayle E. (AF); Smith, Peter D. R. (MULTI); Wilcox, Richard M. (MULTI)
Subject: AMBASSADOR COMMISSIONS HIV/AIDS WALL IN HARARE FUNDED BY THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

ActionAddees: RUEHC/SECSTATE WASHDC 7842
Classification: UNCLASSIFIED
DateTime: 150912Z DEC 00
Distribution: SIT: BABBITT BANBURY BERNARD BYRNE NSC EFROS HARRISG MCLEAN NAPLAN PATTEN SCHWARTZ SHEA SMITH SMITHP WILCOX
PRT: USTR{P\\SOCKS\GRD-2PS,O6}
Identifier: M4797300
InfoAddees: RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
RUEHPH/CDC ATLANTA GA
Line1: RAAUZYUW RUEHSBA7068 3500912-UUUU--RHEHAAX.
Line2: ZNR UUUUU ZZH
Line3: R 150912Z DEC 00 ZDK
Line4: FM AMEMBASSY HARARE
Originator: AMEMBASSY HARARE
Precedence: ROUTINE
Profiles: BABBITTJ
BANBURYA
BERNARDK
BYRNEC
CABLES
EFROSL
HARRISG
MCLEANM
NAPLANS
PATTENW
SCHWARTE
SHEAD
SMITHG
SMITHP
WILCOXR
StationRoutingIndicator: RUEHSB
StationSerialNumber: 7068
TimeOfReceipt: 12/27/2000 05:01:42 ET

UNCLAS HARARE 007068

LONDON FOR CHARLES GURNEY

PARIS FOR BISA WILLIAMS

PASS USTR FOR ROSA WHITAKER

E.O. 12958: N/A
TAGS: TBIO, PREL, SOCI, CDC, ZI
SUBJECT: AMBASSADOR COMMISSIONS HIV/AIDS WALL IN HARARE FUNDED BY THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

1. ON DECEMBER 13, THE U.S. MISSION HELPED CELEBRATE THE

ROLLING OUT OF A NEW HIV/AIDS INITIATIVE IN ZIMBABWE. THE "AIDS WALL: HEALING THE COMMUNITY" IS A Z-SHAPED WALL COVERED WITH CERAMIC TILES PAINTED BY LOCAL ARTISTS FROM RUWA, ZIMBABWE. THE AIDS WALL STANDS IN THE OUTDOOR SCULPTURE GARDEN OF THE NATIONAL GALLERY IN DOWNTOWN HARARE. THE TILES DEPICT IN FRANK, POIGNANT BUT ALSO HUMOROUS WAYS THE IMPACT THAT AIDS IS HAVING ON BOTH URBAN AND RURAL COMMUNITIES IN ZIMBABWE. APPEARING ON ONE SIDE OF THE WALL ARE THE NAMES OF THE ARTISTS, CDC ZIMBABWE AND THAT OF AMBASSADOR TOM MCDONALD AS AN ACKNOWLEDGMENT TO THEIR COLLECTIVE CONTRIBUTION TO THE FIGHT AGAINST HIV/AIDS IN ZIMBABWE. THE PROJECT WAS CONCEIVED BY JOYCE KOHL, A FULBRIGHT SCHOLAR, IMPLEMENTED BY ROS BYRNE POTTERY FACTORY AND THEIR ARTISTS, AND FUNDED BY THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AS PART OF CDC'S EFFORTS TO COUNTERACT THE RELATIVE INVISIBILITY OF THIS OVERWHELMING BUT SILENT EPIDEMIC, TO PROMOTE MOBILIZATION OF COMMUNITIES TO ADDRESS THE EPIDEMIC.

2. THE UNVEILING ALSO PROVIDED CDC AND ZIMBABWEAN OFFICIALS AN OPPORTUNITY TO RECOGNIZE DEPARTING AMERICAN AMBASSADOR, TOM MCDONALD, FOR HIS UNTIRING COMMITMENT TO THE ERADICATION OF AND ADVOCACY ON HIV/AIDS. UNVEILING THE WALL, AMBASSADOR MCDONALD REITERATED THE UNITED STATES' COMMITMENT TO ASSIST THE PEOPLE OF ZIMBABWE IN THEIR BATTLE AGAINST HIV/AIDS, DESPITE POLITICAL PROBLEMS AFFECTING THE RELATIONSHIP BETWEEN THE TWO COUNTRIES. DR. DAVID PARIRENYATWA, DEPUTY MINISTER OF HEALTH AND CHILD WELFARE, APPLAUDED THE U.S. EMBASSY, THE ARTISTS, THE FULBRIGHT SCHOLARS PROGRAM, AND THE NATIONAL GALLERY OF ZIMBABWE FOR THIS INNOVATIVE COLLABORATION. THE DEPUTY MINISTER STATED THAT HE HOPED AND BELIEVED THAT THIS WALL WOULD BECOME PART OF A PROCESS OF BREAKING THE SILENCE AROUND HIV/AIDS IN ZIMBABWE, THE FIRST STEP TO FINDING SOLUTIONS TO STOP THE EPIDEMIC.

3. IN ZIMBABWE, CDC WORKS PRINCIPALLY TO STRENGTHEN BIOMEDICAL AND BEHAVIORAL INTERVENTIONS IN PREVENTION AND CARE FOR HIV/AIDS, BUT ALSO WORKS TO STIMULATE EDUCATION, AWARENESS, AND SOCIAL MOBILIZATION THROUGH TARGETED COMMUNITY INTERVENTIONS, SUCH AS THE AIDS WALL.

MCDONALD

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. cable	Re: [UNAIDS] (6 pages)	12/06/2000	P1/b(1)

COLLECTION:
Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:
Cables related to AIDS - 2000 [1]

2007-1550-F
ke2029

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
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P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Monday, December 04, 2000 6:59 AM
To: Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Efros, Laura L. (NEC); Harris, Grant T. (AF); Mclean, Matthew K. (MULTI); Naplan, Steven J. (MULTI); Patten, Wendy L. (MULTI); Schwartz, Eric P. (MULTI); Shea, Dorothy C. (MULTILAT); Smith, Gayle E. (AF); Smith, Peter D. R. (MULTI); Wilcox, Richard M. (MULTI)
Subject: RESULTS REPORT: DVC ON "AIDS IN THE PRISON SYSTEM"

ActionAddees: RUEHC/SECSTATE WASHDC 6309
Classification: UNCLASSIFIED
DateTime: 041225Z DEC 00
Distribution: SIT: BABBITT BANBURY BERNARD BYRNE NSC EFROS HARRISG MCLEAN NAPLAN PATTEN SCHWARTZ SHEA SMITH SMITHP WILCOX
Identifier: M4761102
InfoAddees: RUEHTN/AMCONSUL CAPE TOWN 3858
RUEHDU/AMCONSUL DURBAN 1187
RUEHJO/AMCONSUL JOHANNESBURG 4334
Line1: RAAUZYUW RUEHSAA9212 3391225-UUUU--RHEHAAX.
Line2: ZNR UUUUU ZZH
Line3: R 041225Z DEC 00
Line4: FM AMEMBASSY PRETORIA
Originator: AMEMBASSY PRETORIA
Precedence: ROUTINE
Profiles: BABBITTJ
BANBURYA
BERNARDK
BYRNEC
CABLES
EFROSL
HARRISG
MCLEANM
NAPLANS
PATTENW
SCHWARTE
SHEAD
SMITHG
SMITHP
WILCOXR
StationRoutingIndicator: RUEHSA
StationSerialNumber: 9212
TimeOfReceipt: 12/04/2000 07:58:31 ET

UNCLAS SECTION 01 OF 02 PRETORIA 009212

DEPT. FOR IIP/G/AF DANZ, IIP/T/GIC LACOVEY, IIP/XX
BRUCKNER, AF/PD SANDERS, COX

AMCONSULS FOR PAS

E.O. 12958: N/A
TAGS: OIIP, KHIV, PREL, EAID, SOCI, SF
SUBJECT: RESULTS REPORT: DVC ON "AIDS IN THE PRISON SYSTEM"

REF: PRETORIA 8389

A. DESCRIPTION OF ACTIVITY: AS PART OF ITS MULTI-FACETED PROGRAMMING TO MARK WORLD AIDS DAY, PAS SOUTH

AFRICA-INCLUDING EMBASSY PRETORIA AND CONSTITUTENT POSTS IN CAPE TOWN, DURBAN AND JOHANNESBURG--HOSTED DIGITAL VIDEO CONFERENCES ON THE SUBJECT "AIDS IN THE PRISON SYSTEM." OUR AMERICAN GUEST SPEAKERS WERE CAPT. NEWTON E. KENDIG, M.D., MEDICAL DIRECTOR OF THE FEDERAL BUREAU OF PRISONS IN WASHINGTON, D.C., AND MS. JACKIE WALKER, THE AIDS INFORMATION COORDINATOR FOR THE NATIONAL PRISON PROJECT OF THE AMERICAN CIVIL LIBERTIES UNION. SOUTH AFRICAN PANELISTS AND GUESTS INCLUDED RANKING OFFICIALS FROM THE DEPARTMENT OF CORRECTIONS, THE MINISTRY OF SAFETY AND SECURITY, NATIONAL AND PROVINCIAL DEPARTMENTS OF HEALTH, VARIOUS HUMAN RIGHTS AND PRISONERS RIGHTS GROUPS, PRISON OFFICIALS AND MEDIA.

B. DATE, FISCAL YEAR AND QUARTER: NOVEMBER 30, 2000; FY01, QUARTER ONE.

C. JUSTIFICATION AND OBJECTIVE: AFRICA, ESPECIALLY SOUTHERN AFRICA, HAS THE LARGEST NUMBER OF HIV POSITIVE PEOPLE IN THE WORLD. DEALING WITH THE ISSUE IS A TOP PRIORITY BOTH FOR THE SOUTH AFRICAN GOVERNMENT AND THIS MISSION. THE PROBLEMS OF HIV/AIDS IN THE LARGER POPULATION HERE--STIGMATIZATION, QUESTIONS OF CONFIDENTIALITY, UNAVAILABILITY OR LIMITED AVAILABILITY OF ANTI-RETROVIRAL DRUGS, ETC.--ARE COMPOUNDED IN THE PRISON SYSTEM, WHERE OVERCROWDING IS RAMPANT, DANGEROUS INITIATION RIGHTS AND SEXUAL ATTACKS ARE COMMON, AND ADDITIONAL RESOURCES ARE LIMITED OR ONLY GRUDGINGLY PROVIDED. POST WANTED TO OFFER SOUTH AFRICAN PENAL AUTHORITIES A LOOK AT WAYS THE UNITED STATES WAS DEALING WITH HIV/AIDS WITHIN A VERY SPECIFIC POPULATION GROUP.

D. TRACKER NUMBER, MPP STRATEGIC GOAL, AUDIENCE REACHED: TRACKER NO. 11919; MPP GOAL - GLOBAL ISSUES: HIV-AIDS; AUDIENCE REACHED: PRISON AND HEALTH OFFICIALS, MEMBERS OF HUMAN RIGHTS AND PRISONER RIHGHTS GROUPS, PSYCHOLOGISTS, SOCIAL WORKERS AND POLICE OFFICIALS IN THE CORRECTIONAL SYSTEM, AND MEDIA.

E. RESULTS/IMPACT: EXCELLENT. EACH PARTICIPATING POST ATTRACTED A HIGH LEVEL AND COMMITTED GROUP TO THIS DVC. AMONG THE OFFICIALS IN ATTENDANCE WERE THE NATIONAL COORDINATOR FOR HIV/AIDS PROGRAMS IN THE MINISTRY OF SAFETY AND SECURITY, THE PRESIDENT OF THE SOUTH AFRICAN PRISONERS HUMAN RIGHTS ORGANIZATION, THE REGIONAL DIRECTOR OF THE INDEPENDENT COMPLAINTS DIRECTORATE, THE HEAD OF THE GAUTENG HEALTH DEPARTMENT, THE MEDICAL DIRECTOR OF THE JOHANNESBURG PRISON SYSTEM, AND THE DIRECTOR OF CAPE TOWN'S HEALTH SERVICES. ALSO PARTICIPATING WERE REPRESENTATIVES FROM THE LAWYERS FOR HUMAN RIGHTS AND SEVERAL OTHER NGOS (INCLUDING THE FUTURES GROUP INTERNATIONAL), NURSES, SOCIAL WORKERS, PSYCOLOGISTS, ETC. FROM PRISONS AND OTHER CORRECTIONAL FACILITIES IN OUR VARIOUS CONSULAR DISTRICTS, AND THE MEDIA. IN JOHANNESBURG, THE AMERICAN CITIZENS SERVICES OFFICER ALSO ATTENDED THE DVC, CEMENTING RELATIONSHIPS WITH THE PRISON AUTHORITIES THERE.

THE INTEREST IN THE TOPIC WAS SO GREAT THAT BOTH DVCS, EACH MEANT TO LAST ONE HOUR, WENT ON 15 MINUTES BEYOND THE SCHEDULED TIME. SUBJECTS DISCUSSED INCLUDED EDUCATING PRISONERS AND WARDERS ABOUT HIV/AIDS, THE WISDOM (OR LACK THEREOF) OF MANDATORY AIDS TESTING AND OF SEGREGATING DIFFERENT KINDS OF PRISONERS, THE CONFIDENTIALITY OF

MEDICAL RECORDS, TREATMENT REGIMES AVAILABLE, DIETARY REQUIRMENTS FOR HIV+ PRISONERS, AND HANDLING PRISONER RELEASE PROGRAMS.

EACH OF THE WASHINGTON-BASED SPEAKERS PROMISED TO MAKE AVAILABLE TO THE SOUTH AFRICAN PANELISTS INFORMATION ON WEBSITES AND RESEARCH REPORTS DEALING SPECIFICALLY WITH THE ISSUES DISCUSSED. WITHIN HALF AN HOUR OF THE DVC ENDING, IIP'S SANDY BRUCKNER HAD THE INFORMATION ON THE FAX TO THE POSTS, WHICH ARE SHARING THE INFORMATION WITH PARTICIPANTS. SEVERAL POSTS WERE ALSO ABLE TO PROVIDE IMMEDIATELY TO PARTICIPANTS THE U.S. PUBLIC HEALTH SERVICE GUIDELINES USED BY AMERICAN PRISON AUTHORITIES.

MEDIA: CAPE TOWN-HEADQUARTED NATIONAL INDEPENT NETWORK E-TV OPENED ITS EVENING NEWSCAST THAT NIGHT WITH A REPORT ON THE DVC. REPRESENTATIVES FROM SEVERAL OTHER MEDIA ORGANIZTIONS, INCLUDING BUSH RADIO AND DIE BURGER IN CAPE TOWN, AND BUSINESS DAY IN JOHANNBURG WERE ALSO PRESENT.
UNCLAS SECTION 02 OF 02 PRETORIA 009212

DEPT. FOR IIP/G/AF DANZ, IIP/T/GIC LACOVEY, IIP/XX BRUCKNER, AF/PD SANDERS, COX

AMCONSULS FOR PAS

E.O. 12958: N/A
TAGS: OIIP, KHIV, PREL, EAID, SOCI, SF
SUBJECT: RESULTS REPORT: DVC ON "AIDS IN THE PRISON SYSTEM"

WE EXPECT (AND WILL REPORT ON) ADDITIONAL COVERAGE.

F. NON-USG SOURCES OF SUPPORT: NONE.

G. QUALITY OF U.S. SUPPORT AND IIP OFFICES INVOLVED. GOOD TO EXCELLENT. AS USUAL SANDY BRUCKNER DID A SUBERB JOB OF COORDINATING THE BACK-TO-BACK DVCS THE POST HAD REQUESTED. IIP/T/GIC'S CINDY LA COVEY FOUND US EXCELLENT SPEAKERS IN CAPT. KENDIG AND AND JACKIE WALKER. THERE WERE SOME COMMUNICATION GLITCHES BETWEEN WASHINGTON AND THE POSTS, DUE IN PART TO OUR PD CONNECTIONS WITH WASHINGTON HAVING BEEN DOWN FOR OVER TWO WEEKS, BUT THIS WAS SOLVED IN TIME FOR US TO PUT ON A GREAT PROGRAM. WE THANK ALL INVOLVED FOR THEIR HELP.

LEWIS

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Monday, December 04, 2000 1:40 AM
To:	Bernard, Kenneth W. (HEALTH); Cables; Christy, Gene B. (ASIA); Efros, Laura L. (NEC); Jarrett, Kenneth H. (ASIA); Osius, Theodore G. (VP); Pritchard, Charles (Jack) L. (ASIA); Smith, Holly M. (ASIA); Tighe, Mary P. (ASIA)
Subject:	FACT SHEET ON HIV/AIDS IN ETHIOPIA
ActionAddees:	RUEHC/SECSTATE WASHDC 2449 RUEHPH/CDC ATLANTA GA RHEHAAA/WHITE HOUSE WASHDC RHEHNSC/NSC WASHDC RUEAIIA/CIA WASHDC RUEKJCS/SECDEF WASHDC//OSD/P.JACKSON RUCNDT/USMISSION USUN NEW YORK 4137
Classification:	UNCLASSIFIED
DateTime:	040725Z DEC 00
Distribution:	SIT: BERNARD NSC CHRISTY EFROS JARRETT OSIUS PRITCHARD SMITHH TIGHE
Identifier:	M4760669
InfoAddees:	RUEHAE/AMEMBASSY ASMARA 6665 RUEHAB/AMEMBASSY ABIDJAN 0941 RUEHOR/AMEMBASSY GABORONE 0127 RUEHDJ/AMEMBASSY DJIBOUTI 4272 RUEHNR/AMEMBASSY NAIROBI 5980 RUEHKM/AMEMBASSY KAMPALA 3238 RUEHLGB/AMEMBASSY KIGALI 0902 RUEHPL/AMEMBASSY PORT LOUIS 0692 RUEHAN/AMEMBASSY ANTANANARIVO 1359 RUEHDR/AMEMBASSY DAR ES SALAAM 4973
Line1:	RAAUZYUW RUEHDSA4139 3390725-UUUU--RHEHNSC RHEHAAA.
Line2:	ZNR UUUUU ZZH
Line3:	R 040725Z DEC 00
Line4:	FM AMEMBASSY ADDIS ABABA
Originator:	AMEMBASSY ADDIS ABABA
Precedence:	ROUTINE
Profiles:	BERNARDK CABLES CHRISTYG EFROSL JARRETTK OSIUST PRITCHAC SMITHH TIGHEM
StationRoutingIndicator:	RUEHDS
StationSerialNumber:	4139
TimeOfReceipt:	12/04/2000 02:39:38 ET

UNCLAS SECTION 01 OF 07 ADDIS ABABA 004139

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WARD, AF/EPS PATARD

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G/PHN/HN

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NAIROBI ALSO FOR USAID/REDSO EVANS AND KNAUSENBERGER

WHITE HOUSE FOR ONAP/PEAC/S.THURMAN

NSC FOR KEN BERNARD

CIA FOR DESC AND NESAF

E.O. 12958: N/A
TAGS: KHIV, TBIO, SOCI, SENV, EAID, ET
SUBJECT: FACT SHEET ON HIV/AIDS IN ETHIOPIA

1. NOTE FROM REO: THIS MESSAGE WAS PREPARED BY USAID/ETHIOPIA. REGIONAL ENVIRONMENT OFFICER FOR EAST AFRICA (REO) IS FORWARDING THIS PAPER TO INTERESTED READERS THROUGHOUT THE USG. REO SUGGESTS THAT EMBASSY ENVIRONMENT, SCIENCE, TECHNOLOGY AND HEALTH OFFICERS IN EAST AFRICA CONSIDER PERFORMING SIMILAR CABLE PREPARATION SERVICES TO PRODUCE THE MAXIMUM BENEFIT TO THE USG FROM THE TOP QUALITY TECHNICAL ANALYSIS ON ESTH ISSUES AVAILABLE FROM OUR HIGHLY EXPERT USAID COLLEAGUES. END NOTE.

HIV INFECTION
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2. ETHIOPIA IS AMONG THE MOST HEAVILY AFFECTED COUNTRIES IN THE WORLD BY THE HIV/AIDS EPIDEMIC. UNAIDS ESTIMATED THAT BY THE END OF 1999, ABOUT 3 MILLION PEOPLE WERE LIVING WITH HIV/AIDS MAKING ETHIOPIA THE NATION WITH THE THIRD HIGHEST NUMBER OF INFECTED PERSONS. THOUGH ETHIOPIA CONSTITUTES ONLY 1% OF THE WORLD'S POPULATION, IT CONTRIBUTES ABOUT 9% OF THE WORLD'S HIV/AIDS CASES.

3. IT IS BELIEVED THAT HIV/AIDS STARTED TO SPREAD IN ETHIOPIA IN THE EARLY 1980S. THE FIRST EVIDENCE OF HIV INFECTION (I.E. SERO POSITIVE FOR HIV-1 ANTIBODIES) DATES FROM 1984.

4. WHILE THE FIRST HIV INFECTION WAS REPORTED IN 1984, BY 1989 IT WAS ESTIMATED THAT THE ADULT HIV PREVALENCE HAD INCREASED TO 2.7 PERCENT. THE ESTIMATED ADULT PREVALENCE IN 1991 WAS 7.1 PERCENT AND THIS HAS INCREASED TO 7.4% BY MID 1998. THE ESTIMATED PERCENT OF ADULTS AGED 15 TO 49 INFECTED WITH HIV CURRENTLY IS 10.6%.

5. THE 1986 SERO-PREVALENCE STUDIES SHOWED A 17% PREVALENCE RATE AMONG COMMERCIAL SEX WORKERS (CSWS) IN MAJOR TOWNS IN THE COUNTRY. BY 1991, THIS RATE HAD INCREASED TO 60-70% AMONG THE SAME GROUP.

6. THE CURRENT URBAN SENTINEL SURVEILLANCE DATA SHOWS A PREVALENCE RATE OF 15% AMONG 15-24 YEAR OLD PREGNANT WOMEN ATTENDING ANTENATAL CLINIC (ANC) IN ADDIS ABABA AND 13.4% FOR OTHER URBAN AREAS.

7. THE US EMBASSY REPORTS AN HIV PREVALENCE RATE OF OVER 50% AMONG THOSE APPLYING FOR IMMIGRANT VISA.

8. REO NOTE: A RESPECTED ADDIS ABABA MEDICAL LABORATORY REPORTED TO REO AN HIV PREVALENCE RATE OF 15.7% OF THOSE TESTED. TESTS ARE NORMALLY FOR PURPOSES OF OBTAINING VISAS, PRE-EMPLOYMENT OR PRE-MARITAL. END REO NOTE.

AIDS CASES

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9. THE FIRST AIDS CASE IN ETHIOPIA WAS REPORTED IN 1986. BY MID-1999, THERE WERE MORE THAN 65,000 AIDS CASES REPORTED. AS OF JUNE 2000, THERE HAVE BEEN 83,487 CASES OF AIDS REPORTED BY THE MINISTRY OF HEALTH. THESE REPORTED CASES ARE THE VISIBLE PART OF THE EPIDEMIC, OTHERWISE THE AIDS CASES TO DATE ARE ESTIMATED TO BE MUCH HIGHER- AROUND
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USAID/W FOR AA/AFR/ DERRYCK, AFR/SD GALLEGOS, G/ENV/DAA, G/PHN/HN

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SUBJECT: FACT SHEET ON HIV/AIDS IN ETHIOPIA

400,000.

10. ABOUT 91 PERCENT OF REPORTED AIDS CASES OCCUR IN ADULTS BETWEEN THE AGES OF 15 TO 49. SINCE THIS IS THE MOST ECONOMICALLY PRODUCTIVE PART OF THE POPULATION, THE RELATED MORBIDITY AND MORTALITY RATES CONSTITUTE AN IMPORTANT ECONOMIC BURDEN TO THE COUNTRY.

11. THERE ARE ROUGHLY AN EQUAL NUMBER OF MALE AND FEMALE HIV/AIDS CASES. THIS IS BECAUSE MOST INFECTION IS ACQUIRED THROUGH SEXUAL CONTACT. MOREOVER, THE PEAK AGES FOR AIDS CASES ARE BETWEEN 20-29 FOR FEMALES AND 25-34 FOR MALES. THE NUMBER OF FEMALES INFECTED IN THE 15-19 AGE GROUP IS MUCH HIGHER THAN FOR MALES IN THE SAME AGE GROUP. THIS IS DUE TO EARLIER SEXUAL ACTIVITY BY YOUNG FEMALES (USUALLY WITH OLDER PARTNERS).

12. ABOUT 75 PERCENT OF NEW HIV INFECTIONS ARE DUE TO THE PRACTICE OF MULTIPLE PARTNER SEXUAL CONTACT WHEREAS THE REMAINING 24% ARE THROUGH PRENATAL TRANSMISSION. A SMALL NUMBER OF NEW INFECTIONS ARE DUE TO TRANSFUSIONS OF CONTAMINATED BLOOD AND UNSAFE INJECTION PRACTICES.

AIDS ORPHANS
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13. TO DATE, IT IS ESTIMATED THAT THERE ARE ABOUT 750,000 HIV/AIDS ORPHANS EXISTING IN THE COUNTRY. THIS NUMBER IS PROJECTED TO INCREASE TO 980,000 BY THE YEAR 2002 AND TO 2.1 MILLIONS BY 2014.

NATIONAL RESPONSE: IMPROVED POLICY ENVIRONMENT AND CREATION

OF INSTITUTIONAL FRAMEWORK FOR THE HIV/AIDS PREVENTION AND MITIGATION PROGRAM
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14. THE NATIONAL HIV/AIDS POLICY WAS ENDORSED BY THE COUNCIL OF MINISTERS IN AUGUST OF 1998. THE POLICY IDENTIFIES STRATEGIES TO PREVENT HIV INFECTION AND MITIGATE IMPACTS OF THE EPIDEMIC. BUILDING ON THIS NATIONAL POLICY, THE GOVERNMENT OF ETHIOPIA HAS ISSUED A NATIONAL MULTI-SECTORAL HIV/AIDS STRATEGIC PLAN FOR 2000-2004.

15. REFLECTING THE INCREASING RECOGNITION OF HIV/AIDS AS A HEALTH, DEVELOPMENT, POLITICAL, ECONOMIC, AND SOCIAL PROBLEM, THE GOVERNMENT OF ETHIOPIA HAS CHARTERED A NEW NATIONAL HIV COUNCIL. THIS COUNCIL IS CHAIRED BY THE PRESIDENT OF ETHIOPIA AND INVOLVES LEADERS FROM MULTIPLE SECTORS. A SECRETARIAT OPERATES UNDER THE OFFICE OF THE PRIME MINISTER AND IS CHARGED WITH IMPLEMENTING THE COUNCIL'S RECOMMENDATIONS. THE RELATIONSHIP OF THE SECRETARIAT TO THE MINISTRY OF HEALTH AND THE FUTURE ROLE OF THE MINISTRY IN HIV PROGRAMS VIS-.-VIS THE COUNCIL HAS NOT YET BEEN DEFINED.

16. SEVERAL OF THE REGIONAL STATES HAVE ESTABLISHED BOARDS TO COORDINATE THE MULTI-SECTORAL EFFORT FOR THE PREVENTION OF HIV/AIDS. IN THE SOUTHWESTERN STATE (SNNPR), A USAID/ETHIOPIA FOCUS REGION, A BOARD HAS BEEN ESTABLISHED AT THE REGIONAL LEVEL AND ZONAL BOARDS ARE BEING
UNCLAS SECTION 03 OF 07 ADDIS ABABA 004139

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USAID/W FOR AA/AFR/ DERRYCK, AFR/SD GALLEGOS, G/ENV/DAA, G/PHN/HN

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ESTABLISHED IN SOME OF THE ZONES.

USAID/ETHIOPIA'S RESPONSE
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17. USAIDS' RESPONSE TO THE HIV/AIDS IN ETHIOPIAN BEGAN IN 1992 WITH THE IMPLEMENTATION OF THE SUPPORT TO AIDS CONTROL (STAC) PROJECT. THROUGH ITS IMPLEMENTING AGENCY, AIDSCAP, USAID/ETHIOPIA IN PARTNERSHIP WITH ETHIOPIAN GOVERNMENT MINISTRIES AND NGOS, CARRIED OUT SEVERAL PIONEERING ACTIVITIES. THESE INCLUDED, AMONG OTHERS, INFORMATION, EDUCATION AND COMMUNICATION/BEHAVIORAL CHANGE

COMMUNICATION, SYNDROMIC MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS, AND PROMOTION OF CONDOM USE.

18. IN 1998, USAID/ETHIOPIA DEVELOPED A REVISED AND EXPANDED HIV/AIDS INTERVENTION PACKAGE. THIS PACKAGE EMPHASIZES IMPROVING THE AIDS POLICY ENVIRONMENT, INCREASING AWARENESS AND IMPROVING ACCESS TO QUALITY OF STI/HIV/AIDS SERVICES. TO THIS EFFECT, USAID/ETHIOPIA EMPLOYS A VARIETY OF MECHANISMS, INCLUDING WORKING WITH THE PUBLIC SECTOR, THE NGO SECTOR AND FAITH-BASED INSTITUTIONS, PROVIDING GRANTS AND COOPERATIVE AGREEMENTS TO PATHFINDER INTERNATIONAL AND POPULATION SERVICES INTERNATIONAL.

MAJOR ACHIEVEMENTS TO DATE
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19. NATIONAL HIV/AID POLICY ADOPTED: THROUGH THE PROVISION OF NON-PROJECT ASSISTANCE, THE NATIONAL HIV/AIDS POLICY WAS ADOPTED AND STRATEGIES FOR IMPLEMENTATION DEVELOPED. THE ADOPTION OF THE POLICY HAS CREATED AN IMPROVED ENVIRONMENT FOR ALL SECTORS IN THE AREA OF HIV/AIDS PREVENTION AND MITIGATION. OUR SUPPORT TO THE POLICY PROJECT, AND IN PARTICULAR SUPPORT TO HIGH LEVEL ADVOCACY, HAS ALSO HAD A DIRECT IMPACT ON MAKING HIV/AIDS A NATIONAL ISSUE.

20. INCREASED CONDOM USE: THROUGH OUR SUPPORT TO DKT/PSI, OVER 100 MILLION CONDOMS HAVE BEEN SOCIALLY MARKETED. IN FACT, 80% OF CONDOM SALES AND DISTRIBUTION (ALL CONDOMS ARE PROCURED BY USAID) IN ETHIOPIA IS HANDLED THROUGH DKT/PSI. THROUGH OUR SUPPORT USE OF CONDOMS IN GENERAL AND SPECIFICALLY AMONG NON-REGULAR SEXUAL PARTNERS (INCLUDING IN THE ADOLESCENT AGE GROUP) HAS INCREASED.

21. HIV/AIDS AWARENESS CREATION: THROUGH OUR SUPPORT TO PATHFINDER, PREVENTION ACTIVITIES HAVE BEEN INSTITUTED WITH FAITH-BASED INSTITUTIONS INCLUDING THE ETHIOPIAN ORTHODOX CHURCH, THE ETHIOPIAN SUPREME ISLAMIC COUNCIL, AND THE EVANGELICAL CHURCH. THROUGH OUR SUPPORT, THESE FAITH-BASED INSTITUTIONS HAVE EMBRACED HIV PREVENTION AND HAVE BECOME INVOLVED IN AN ARRAY OF PREVENTION ACTIVITIES.

22. QUALITY OF SERVICES: THROUGH OUR SUPPORT TO WHO, WE HAVE PROVIDED DRUGS, SUPPLIES AND TRAINING TO SERVICE PROVIDERS WHICH HAS RESULTED IN IMPROVEMENT IN THE QUALITY OF STI (SEXUALLY TRANSMITTED INFECTIONS) SERVICES PROVIDED.

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E.O. 12958: N/A
TAGS: KHIV, TBIO, SOCI, SENV, EAID, ET
SUBJECT: FACT SHEET ON HIV/AIDS IN ETHIOPIA

FUTURE DIRECTION: MULTISECTORAL RESPONSE TO HIV/AIDS
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23. GIVEN THAT HIV/AIDS IS A MAJOR DEVELOPMENT CRISIS THAT AFFECTS ALL SECTORS, USAID/ETHIOPIA IS RESPONDING TO THE EPIDEMIC THROUGH A MULTI-SECTORAL APPROACH. USAID/ETHIOPIA WILL ADDRESS THE IMPACT OF HIV/AIDS IN ALL FIVE OF ITS STRATEGIC OBJECTIVES ACKNOWLEDGING THAT THE ONLY WAY TO HALT THE EPIDEMIC IS TO HAVE A COORDINATED RESPONSE IN THE PREVENTION AND MITIGATION OF THE DISEASE.

A. DEMOCRACY AND GOVERNANCE

HIV/ADIS IS NOT ONLY A HUMAN TRAGEDY BUT ALSO A HUMAN RIGHTS ISSUE. PEOPLE LIVING WITH HIV/AIDS (PLWHA) IN ETHIOPIA OFTEN FACE OSTRACISM, STIGMA, REJECTION AND ISOLATION BY COMMUNITY MEMBERS, FAMILY AND FRIENDS. THE HIV/AIDS POLICY OF THE ETHIOPIAN GOVERNMENT HAS CLEARLY INDICATED THE NEED TO ENSURE THE PROTECTION OF HUMAN RIGHTS OF PLWHA. HOWEVER, THERE IS NO SPECIFIC PROVISION IN ETHIOPIAN LAW TO PROTECT THE HUMAN RIGHTS AND DIGNITY OF PLWHA AND THEIR ASSOCIATES. TO THIS END THE DEMOCRACY AND GOVERNANCE STRATEGIC OBJECTIVE WILL SUPPORT THE CROSS-SECTORAL THEME IN THE FOLLOWING WAYS:

-- ENHANCE THE CAPACITY OF RELEVANT NGOS WITH REGARD TO BOTH SERVICE DELIVERY AND ADVOCACY;

-- TRAIN JUDGES AND SUPPORT ADVOCACY ORGANIZATIONS TO SAFE GUARD THE RIGHTS OF PEOPLE LIVING WITH HIV/AIDS AND THEIR DEPENDANTS AND SURVIVORS;

-- ENHANCE THE EFFICIENT USE OF FINANCIAL RESOURCES IN THE HEALTH SECTOR, INCLUDING HIV-AIDS.

B. AGRICULTURE

THE AGRICULTURAL SECTOR IS THE BACKBONE OF THE COUNTRY'S ECONOMY AS IT CONTRIBUTES TO APPROXIMATELY 50% OF GDP AND IS THE LIVELIHOOD OF 85% OF ETHIOPIANS. HIV/AIDS IS A THREAT TO SUSTAINABLE AGRICULTURE AND RURAL DEVELOPMENT THROUGH ITS SYSTEMIC IMPACT. THE LOSS OF WORKERS AT THE CRUCIAL PERIODS OF PLANTING AND HARVESTING CAN SIGNIFICANTLY REDUCE THE SIZE OF THE HARVEST. IN COUNTRIES WHERE FOOD SECURITY HAS BEEN A CONTINUOUS ISSUE BECAUSE OF DROUGHT, ANY DECLINES IN HOUSEHOLD PRODUCTION CAN HAVE SERIOUS CONSEQUENCES. ACTIVITIES UNDER THIS STRATEGIC OBJECTIVE (SO) WILL INCLUDE:

-- SUPPORT THE PROMOTION OF HIV/AIDS EDUCATION AMONG AGRICULTURAL EXTENSION STAFF;
-- PARTNER WITH COOPERATING AGENCIES IN WORKING WITH COOPERATIVE PROMOTION BUREAUS IN INCORPORATING HIV/AIDS AWARENESS IN THE TRAINING OF COOPERATIVE BOARD OF DIRECTORS AND MANAGERS ; AND

-- EXPLORE THE POSSIBILITY OF POSITIONING SOCIALLY MARKETED

CONDOMS WITHIN THE COOPERATIVE SHOPS, TARGETING THE COFFEE COOPERATIVES AS THE FIRST POINT OF ENTRY INTO THIS NEW ACTIVITY.
UNCLAS SECTION 05 OF 07 ADDIS ABABA 004139

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C. EDUCATION

AIDS AFFECTS THE EDUCATION SECTOR IN AT LEAST THREE WAYS: I) THE SUPPLY OF EXPERIENCED TEACHERS WILL BE REDUCED BY AIDS-RELATED ILLNESS AND DEATH; II) CHILDREN MAY BE KEPT OUT OF SCHOOL IF THEY ARE NEEDED AT HOME TO CARE FOR SICK FAMILY MEMBERS OR TO WORK IN THE FIELDS; AND III) CHILDREN MAY DROP OUT OF SCHOOL IF THEIR FAMILIES CANNOT AFFORD SCHOOL FEES DUE TO REDUCED HOUSEHOLD INCOME AS A RESULT OF AN AIDS DEATH. ADDITIONALLY, TEENAGE CHILDREN, AND NOTABLY THOSE OUT-OF-SCHOOL ARE ESPECIALLY SUSCEPTIBLE TO HIV INFECTION. THEREFORE, THE EDUCATION SYSTEM ALSO FACES A SPECIAL CHALLENGE TO EDUCATE STUDENTS ABOUT AIDS AND EQUIP THEM TO PROTECT THEMSELVES. SPECIFIC ACTIVITIES UNDER THIS SO INCLUDE:

-- COLLABORATION WITHIN RELEVANT MINISTRIES/OFFICES TO DEVELOP SYLLABI AND TO IDENTIFY MATERIALS THAT COULD BE ADAPTED TO IMPROVED FOR PRIMARY SCHOOL USE;

-- TA AND TRAINING IN DEVELOPMENT OF CURRICULUM AND MATERIALS/MEDIA ON SPECIFIC TOPICS;

-- CHALLENGE GRANTS/AWARDS TO INDIVIDUALS AND GROUPS FOR CREATIVE MEDIA (SCRIPTS, THEATER, PUPPET SHOWS) APPROPRIATE FOR PRIMARY SCHOOL STUDENTS ON THE IDENTIFIED TOPICS; AND

-- SOCIAL MARKETING OF CONDOMS BY TRAINED STUDENTS IN DORMITORIES AS AN APPROPRIATE WAY TO INCREASE SUPPLY AS WELL AS PROVIDE MODEST INCOME FOR NEEDY STUDENTS.

D. FOOD AND HUMANITARIAN ASSISTANCE

THE IMPACT OF HIV/AIDS AT THE HOUSEHOLD LEVEL IS MORE IMMEDIATE THAN THAT AT THE MACRO-ECONOMIC LEVEL. HIV INFECTION IS MORE PREVALENT AMONG THE PRODUCTIVE AGE

GROUPS, WHO ARE THE INCOME EARNERS OF THE FAMILY. THE DEATH OF SUCH INDIVIDUALS RESULTS IN A LOSS OF INCOME FOR THE FAMILY. IN ADDITION, CARING FOR THE INFECTED AND ORPHANS INCREASES THE DEMAND FOR EXTRA RESOURCES AT THE HOUSEHOLD LEVEL. UNDER THIS STRATEGIC OBJECTIVE, THE ACTIVITY TO ALLEVIATE POVERTY AND ACUTE HUNGER IS:

-- COLLABORATE WITH LOCAL NGOS PROVIDING HOME BASED CARE AND SUPPORT TO PEOPLE AFFECTED BY HIV/AIDS. FOOD ASSISTANCE WILL BE PROVIDED TO INDIVIDUAL FAMILIES AND INSTITUTIONS SO THAT A MORE COMPREHENSIVE PACKAGE OF SERVICES CAN BE PROVIDED AT THE COMMUNITY LEVEL.

UNDER THE ESSENTIAL SERVICES FOR HEALTH IN ETHIOPIA SO
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24. ETHIOPIA HAS AN ALREADY OVERBURDENED HEALTH CARE SYSTEM THAT IS UNABLE TO DEAL WITH THE ADDED BURDEN FROM THE HIV EPIDEMIC. AS THE EPIDEMIC PROGRESSES, THE NUMBER OF PEOPLE SEEKING SERVICES WILL INCREASE DRAMATICALLY ALONG WITH A CORRESPONDING INCREASE IN COSTS FOR MEDICAL CARE AND DRUGS, AS WELL AS COSTS RELATED TO FUNERAL EXPENSES. THE HEALTH SECTOR WILL FURTHER BE CHALLENGED BY THE REDUCTION
UNCLAS SECTION 06 OF 07 ADDIS ABABA 004139

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IN THE EFFECTIVENESS OF THE LABOR FORCE CAUSED BY INCREASED STRESS AND BURN OUT OF STAFF, ABSENTEEISM OF STAFF DUE TO THE NEED TO CARE FOR SICK FAMILY MEMBERS AS WELL AS INCREASED MORBIDITY AND MORTALITY AMONGST HEALTH CARE STAFF.

25. SPECIFIC INTERVENTIONS TO ADDRESS THE PREVENTION AND MITIGATION OF HIV/AIDS IN THE GENERAL POPULATION INCLUDE INFORMATION, BEHAVIOR CHANGE COMMUNICATIONS; VOLUNTARY COUNSELING AND TESTING; CONDOM PROMOTION AND AVAILABILITY; EXPANDED AND IMPROVED SERVICES TO PREVENT AND TREAT SEXUALLY TRANSMITTED DISEASES AND THE CARE OF ORPHANS AND CHILDREN AFFECTED BY HIV/AIDS. SPECIFICALLY, THIS SO WILL WORK TOWARDS:

-- IMPROVED POLICY ENVIRONMENT WITH CONTINUED FOCUS ON ADVOCACY AT LOWER LEVELS THROUGH CIVIC SOCIETIES INCLUDING

DE-STIGMATIZATION OF HIV/AIDS CASES;

-- INTENSIFIED EFFORTS TO PREVENT THE SPREAD OF HIV/AIDS THROUGH SCALING UP OF CURRENT ACTIVITIES (CONDOM SOCIAL MARKETING, INFLUENCING EDUCATION COMMUNICATION/BEHAVIORAL CHANGE COMMUNICATION -- IEC/BCC);

-- IMPROVED CARE AND SUPPORT SERVICES FOR THOSE AFFECTED WITH HIV/AIDS INCLUDING ORPHANS, THROUGH FAITH-BASED AND CIVIC SOCIETIES IN ORDER TO MITIGATE THE IMPACT OF HIV/AIDS;

-- INCREASED AWARENESS AND RISK REDUCTION ACTIVITIES AMONG YOUTH THROUGH IEC/BCC AND FAMILY LIFE EDUCATION AT PRIMARY SCHOOL LEVEL;

-- PREVENTION AND MITIGATION OF HIV/AIDS ALONG THE ETHIOPIA-DJIBOUTI TRUCK ROUTE AND BORDER; AND

-- IMPROVED ACCESS TO QUALITY OF HIV/AIDS SERVICES THROUGH PROVISION OF SUPPLIES AND SYSTEM STRENGTHENING.

CENTERS FOR DISEASE CONTROL (CDC) INPUT
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26. CDC, THROUGH THE LIFE INITIATIVE PROGRAM, WILL PROVIDE SUPPORT TO SPECIFIC INTERVENTIONS THAT ENHANCE HIV/AIDS PREVENTION AND MITIGATION EFFORTS IN ETHIOPIA. CDC'S MAJOR AND INITIAL FOCUS IN ETHIOPIA WILL BE ON:

-- ESTABLISHING VOLUNTARY COUNSELING AND TESTING (VCT) CENTERS IN SELECTED URBAN AND RURAL SETTINGS (MOBILE SERVICE);

-- WORKING TOWARDS A FULLY FUNCTIONAL NATIONAL ANTENATAL CLINIC BASED SENTINEL SURVEILLANCE SYSTEM;

-- CONDUCTING A RAPID INTEGRATED BIOLOGICAL/BEHAVIORAL HIV/SEXUALLY TRANSMITTED INFECTIONS (STI) ASSESSMENT SURVEY AMONG HIGH RISK AND BRIDGING POPULATION NATIONALLY INCLUDING ALONG THE ETHIO-DJIBOUTI TRUCK ROUTE AND BORDER;

-- ENHANCING THE CAPACITY OF THE REFERENCE AND REGIONAL
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CIA FOR DESC AND NESAF

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SUBJECT: FACT SHEET ON HIV/AIDS IN ETHIOPIA

LABORATORIES TO SUPPORT SURVEILLANCE AND VCT;

-- ESTABLISHING OR STRENGTHENING AN HIV/AIDS/TB/STI RESOURCE CENTER; AND

-- SUPPORTING THE PUBLICATION OF A REGULAR NATIONAL HIV/AIDS/STI BULLETIN.

NAGY

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. cable	Re: [Call] (2 pages)	12/01/2000	P1/b(1)

COLLECTION:
Clinton Presidential Records
National Security Council
International Health Affairs
OA/Box Number: 3456

FOLDER TITLE:
Cables related to AIDS - 2000 [1]

2007-1550-F
ke2029

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Tuesday, November 28, 2000 6:14 AM
To: Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Efros, Laura L. (NEC); Harris, Grant T. (AF); Mclean, Matthew K. (MULTI); Naplan, Steven J. (MULTI); Patten, Wendy L. (MULTI); Schwartz, Eric P. (MULTI); Shea, Dorothy C. (MULTILAT); Smith, Gayle E. (AF); Smith, Peter D. R. (MULTI); Wilcox, Richard M. (MULTI)
Subject: ERITREA: PRESS COVERAGE OF HIV/AIDS

ActionAddees: RUEHC/SECSTATE WASHDC 8622
Classification: UNCLASSIFIED
DateTime: 270454Z NOV 00
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InfoAddees: RUEHDS/AMEMBASSY ADDIS ABABA 3102
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DEPARTMENT FOR R/MR, IIP/GAF, AF/PD DOWLING AND
GUICHARD, AF/E
MEREDITH, AF/RA/PA (SEGESVARY)

E.O. 12958: N/A
TAGS: TBIO, PREL, PROP, ET
SUBJECT: ERITREA: PRESS COVERAGE OF HIV/AIDS

1. SUMMARY. HIV/AIDS IS SELDOM COVERED BY THE LOCAL INDEPENDENT PRESS. WHEN THERE IS COVERAGE IT IS USUALLY RESTRICTED TO A SUMMARY ACCOUNT OF A SEMINAR HELD BY THE MINISTRY OF HEALTH (MOH). STATISTICS ARE NOT ROUTINELY PRINTED AND THE EDITORIAL COMMENTARY REPORTED IN PARAGRAPH THREE MARKS A FIRST. END SUMMARY.

2. THE THURSDAY EDITION (11/16) OF THE INDEPENDENT WEEKLY MEKALIH (CIRCULATION 10,000) PRINTED A FRONT PAGE ARTICLE COVERING A RECENT SEMINAR HOSTED BY THE CHAMBER OF COMMERCE. THE ARTICLE QUOTED THE RURAL INTRODUCTION OF INFECTION RATES GIVEN BY ERITREA'S NATIONAL HIV/AIDS COORDINATOR, DR. ESKINDER. (DR. ESKINDER STATED THAT AIDS HAS ENTERED INTO TWENTY TO THIRTY PERCENT OF RURAL COMMUNITIES, THOUGH THE INFECTION RATES IN THOSE COMMUNITIES WAS NOT MENTIONED.)

3. THE MONDAY (11/20) EDITION OF TSIGHENAI (INDEPENDENT WEEKLY, FOCUSED ON ERITREA'S ARABIC-SPEAKING POPULATION, CIRCULATION 10,000) CARRIED AN EDITORIAL WHICH EXHORTS ERITREANS TO PRACTICE SAFE SEX. THE PIECE ENDORSES THE MOH'S AWARENESS EFFORTS. THIS IS THE FIRST EDITORIAL ON THIS ISSUE THAT POST IS AWARE OF.

4. THE THURSDAY (11/23) EDITION OF THE GOVERNMENT-OWNED HADAS ERITREA CARRIED A LARGE FRONT PAGE ARTICLE CONCERNING A SEMINAR GIVEN BY TWO SEROPOSITIVE VISITORS FROM RWANDA. HOWEVER, THE PIECE ADDRESSED THE PANDEMIC IN AFRICA IN GENERAL AND GAVE NO STATISTICS REGARDING THE DISEASE'S SPREAD IN ERITREA.

5. PAS/ASMARA WILL CONTINUE TO MONITOR THIS NEW-FOUND OPENNESS. IN THE PAST, REFUSAL TO DISCUSS THIS PANDEMIC AND DENIAL OF AIDS-RELATED DEATHS HAVE BEEN A STUMBLING BLOCK TO CURBING THE SPREAD OF THE DISEASE IN ERITREA.

6. POST COMMENT: IN DECEMBER, 1999, POST WAS UNABLE TO SUBSTANTIATETHE VALIDITY OF A JOURNALIST'S ALLEGATION THAT THE MOH REFUSED TO SUPPLY HIM WITH INFECTION RATES FOR ERITREA AND THREATENED HIM WITH RETALIATION, IF HE WERE TO PROCEED WITH PUBLISHINGAN ARTICLE DETAILING THOSE RATES. THE JOURNALIST WAS SUBSEQUENTLY DETAINED FOR VERIFICATION OF HIS DRAFT STATUS AND SENT TO THE FRONT, WHENCE HE DEFECTED TO ETHIOPIA AND PRODUCED ARTICLES FOR THE WALTA INFORMATION CENTER CONDEMNING HARASSMENT OF THE PRESS IN ERITREA.

CLARKE