FOIA MARKER

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

Folder Title: Cables related to AIDS - 2000 [3]				
Staff Office-Individual: International Health Affairs				
Original OA/ID Number: 3456				
Row: 38	Section: 6	Shelf: 9	Position: 1	Stack: V

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. cable	Re: [HIV/AIDS] (4 pages)	09/18/2000	P1/b(1)
002. cable	Re: [South Africa] (3 pages)	08/28/2000	P1/b(1)

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

FOLDER TITLE:
Cables related to AIDS - 2000 [3]

2007-1550-F
ke2031

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 07, 2000 7:55 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: GPRA REPORT FOR FY-00 AFRP: "JOINING FORCES TO COMBAT HIV/AIDS: PUBLIC EDUCATION AND AWARENESS" PARTICIPANT EVALUATION: DR. JORDAN L. BAKO

ActionAddees: RUEHC/SECSTATE WASHDC 1758
Classification: UNCLASSIFIED
DateTime: 071217Z NOV 00
Distribution: SIT: BABBITT BANBURY BERNARD BYRNE NSC EFROS HARRISG MCLEAN NAPLAN PATTEN SCHWARTZ SHEA SMITH SMITHP WILCOX
Identifier: M4719839
InfoAddees: RUEHOS/AMCONSUL LAGOS 3190
Line1: RAAUZYUW RUEHUJA1771 3121217-UUUU--RHEHAAX.
Line2: ZNR UUUUU ZZH
Line3: R 071217Z NOV 00
Line4: FM AMEMBASSY ABUJA
Originator: AMEMBASSY ABUJA
Precedence: ROUTINE
Profiles: BABBITTJ
BANBURYA
BERNARDK
BYRNEC
CABLES
EFROSL
HARRISG
MCLEANM
NAPLANS
PATTENW
SCHWARTE
SHEAD
SMITHG
SMITHP
WILCOXR
StationRoutingIndicator: RUEHUJA
StationSerialNumber: 1771
TimeOfReceipt: 11/07/2000 08:54:45 ET

UNCLAS ABUJA 1771

STATE FOR ECA/PE/V/G/A FORD; AF/PD SKOP; AF/W MARTSCHENKO
AND MCCOLLUM
LAGOS FOR PAS BISHOP AND LISENBY; USAID HOBGOOD AND GORTON

E.O. 12958: N/A
TAGS: KPAO, SCUL, OEXC, NI
SUBJECT: GPRA REPORT FOR FY-00 AFRP: "JOINING FORCES TO

COMBAT HIV/AIDS: PUBLIC EDUCATION AND AWARENESS"
PARTICIPANT EVALUATION: DR. JORDAN L. BAKO

REF: STATE 105359

1. SUMMARY: "ENLIGHTENING" AND "REWARDING" WERE THE WORDS

USED BY DR. JORDAN BAKO TO DESCRIBE THE "JOINING FORCES TO COMBAT HIV/AIDS" PROGRAM. THE PROJECT HAS HAD A MAJOR IMPACT ON DR. BAKO, RECHANNELING MUCH OF HIS ENERGY INTO WORKING WITH LOCAL NGO GROUPS ON PREVENTION. POST UTILIZED THIS PROGRAM TO EXPOSE DR. BAKO, A KEY MEMBER OF THE NIGERIAN NATIONAL ACTION COMMITTEE ON AIDS (NACA), TO PUBLIC EDUCATION AND AWARENESS MEASURES IN THE U.S. ON HIV/AIDS AND TO FURTHER INTEGRATE NIGERIA INTO THE INTERNATIONAL DISCUSS ON, AND THE SEARCH FOR SOLUTIONS TO, THE GLOBAL SCOURGE. END SUMMARY.

2. DATE: JULY 29 - AUGUST 19, 2000
FISCAL YEAR: FY - 2000
QUARTER: FOURTH

3. ACTIVITY DESCRIPTION: A SPECIAL AFRP ENTITLED "JOINING FORCES TO COMBAT HIV/AIDS: PUBLIC EDUCATION AND AWARENESS."

4. JUSTIFICATION AND OBJECTIVE: AFRICA IS HOME TO OVER 80% OF ALL PEOPLE LIVING WITH HIV/AIDS (PLWHA), AND NIGERIA'S INFECTION RATE IS NOW AT THE STAGE WHEN THE DISEASE TYPICALLY BEGINS SPREADING EXPONENTIALLY. THROUGH THIS PROJECT POST HOPED TO PROVIDE DR. BAKO, AN INFLUENTIAL VOICE IN THE NIGERIAN HIV/AIDS DEBATE, A VEHICLE FOR EXPLORING U.S. PUBLIC HEALTH INITIATIVES ON HIV/AIDS, SHOWCASING THE UNIQUE AND POSITIVE ROLE ADVOCACY AND ACTIVISM HAVE ON POLICY. OTHER OBJECTIVES WERE ALLOWING DR. BAKO TO DISCOVER NEW AND EFFECTIVE PREVENTION TECHNIQUES THAT ARE COST EFFECTIVE AND BENEFICIAL TO COMMUNITIES AT RISK AND PROVIDING HIM AN OPPORTUNITY TO ESTABLISH SUSTAINABLE CONTACTS WITH RELEVANT AMERICAN AND INTERNATIONAL HIV/AIDS HEALTHCARE PROFESSIONALS.

5. MPP UMBRELLA THEMES AND AUDIENCES REACHED: NI-08 (MAINTAIN CAPABILITY TO RESPOND TO NATURAL OR MAN-MADE DISASTERS). DR. BAKO IS SHARING INFORMATION AND IDEAS FROM THE PROGRAM WITH THE NIGERIAN MEDICAL ESTABLISHMENT AND HIV/AIDS ACTIVISTS THROUGH WORKSHOPS, SEMINARS, AND INFORMAL SESSIONS UNDER THE AEGIS OF THE NATIONAL ACTION COMMITTEE ON AIDS (NACA). DR. BAKO HAS ALSO HELD HIGH-LEVEL DISCUSSIONS WITH REPRESENTATIVES OF THE NATIONAL INSTITUTE FOR PHARMACEUTICAL RESEARCH AND DEVELOPMENT (NIPRID) ON USG RESEARCH INTO ALTERNATIVE MEDICAL THERAPY.

6. IMMEDIATE RESULT/IMPACT: VERY GOOD. THE MOST POWERFUL IDEA THAT DR. BAKO HAS RETURNED WITH IS THE IMPORTANCE OF VOLUNTEER AND FAITH-BASED ORGANIZATIONS IN THE U.S. IN CONDUCTING PREVENTION CAMPAIGNS AND MAKING HIV/AIDS A "LIVABLE DISEASE" BY PROVIDING SUPPORT (BOTH MEDICAL AND PERSONAL) TO PEOPLE INFECTED WITH THE VIRUS. THIS IDEA IS THE DRIVING FORCE BEHIND HIS NEW EFFORTS TO HELP NIGERIAN NGOS DEVELOP SIMILAR CAPABILITIES. ADDITIONALLY, THE "JOINING FORCES TO COMBAT HIV/AIDS IN AFRICA NETWORK," FORMED BY THE AFRICAN PARTICIPANTS DURING THIS PROGRAM, IS PROVING TO BE AN INVALUABLE RESOURCE FOR DR. BAKO TO SHARE INFORMATION AND EXPERIENCES AND TO STAY ENERGIZED IN HIS EFFORTS.

7. NON-USG FUNDING SOURCES OR IN-KIND SUPPORT: N/A

8. QUALITY OF U.S. SUPPORT: EXCELLENT. POST APPRECIATES THE EFFORTS OF ECA/PE/V/G/A IN ARRANGING A VERY SUCCESSFUL PROGRAM. DR. BAKO WAS EXTREMELY POSITIVE ABOUT THE PROGRAM AND ITS ORGANIZERS AND THANKED THE U.S. GOVERNMENT FOR THE

OPPORTUNITY TO PARTICIPATE. POST REGRETS THAT ITS SECOND NOMINEE, DR. TIMIEBI KORIPAMO-AGARY, WAS FORCED TO CANCEL AT THE LAST MINUTE DUE TO WORK REQUIREMENTS RELATED TO THE VISIT OF PRESIDENT CLINTON TO NIGERIA. IF A SIMILAR PROGRAM IS OFFERED IN THE FUTURE, POST HOPES DR. AGARY CAN AGAIN BE CONSIDERED FOR PARTICIPATION.
SERPA

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Wednesday, October 11, 2000 11:32 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Harris, Grant T. (AF); Smith, Gayle E. (AF)
Subject:	WEST AFRICAN HIV/AIDS REGIONAL MEETING
ActionAddees:	RUEHDK/AMEMBASSY DAKAR PRIORITY 0301 RUEHBP/AMEMBASSY BAMAKO PRIORITY 0378
Classification:	UNCLASSIFIED
DateTime:	111528Z OCT 00
Distribution:	SIT: BABBITT Bernard BYRNE NSC HARRISG SMITH
Identifier:	M4671399
InfoAddees:	RUEHC/SECSTATE WASHDC 3934 RUEHAB/AMEMBASSY ABIDJAN 0645
Line1:	PAAUZYUW RUEHNJA1640 2851528-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	P 111528Z OCT 00
Line4:	FM AMEMBASSY NDJAMENA
Originator:	AMEMBASSY NDJAMENA
Precedence:	PRIORITY
Profiles:	BABBITTJ BERNARDK BYRNEC CABLES HARRISG SMITHG
StationRoutingIndicator:	RUEHNJ
StationSerialNumber:	1640
TimeOfReceipt:	10/11/2000 11:31:17 ET

UNCLAS NDJAMENA 001640

STATE FOR USAID/AFR/SD, AFR/WCA AND GB/H

E.O. 12958: N/A
TAGS: EAID, SOCI, TBIO, CD
SUBJECT: WEST AFRICAN HIV/AIDS REGIONAL MEETING

REF: (A)NDJAMENA 01568, (B)DAKAR 03973

EMBASSY INTENDS TO BE REPRESENTED BY DCM AT SUBJECT MEETING ON HIV/AIDS. PLEASE DISREGARD REF (A). WOULD APPRECIATE HOTEL RESERVATION AND AIRPORT ASSISTANCE. DCM LOOKS FORWARD TO MEETING CDC AND USAID HPN OFFICERS, AS WELL AS OTHER USAID REPRESENTATIVES ATTENDING THE MEETING, IN AN EFFORT TO DEVELOP A STRATEGY FOR COMBATING THE HIV/AIDS EPIDEMIC IN CHAD.

ROWE

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Tuesday, October 10, 2000 7:58 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Harris, Grant T. (AF); Smith, Gayle E. (AF)
Subject:	WFP PLANS COMPULSORY HIV/AIDS TRAINING FOR DRIVERS
ActionAddees:	RUEHC/SECSTATE WASHDC 1851 RUEHRO/AMEMBASSY ROME 2285
Classification:	UNCLASSIFIED
DateTime:	101147Z OCT 00
Distribution:	SIT: BABBITT Bernard BYRNE NSC HARRISG SMITH
Identifier:	M4669051
InfoAddees:	RUEHDJ/AMEMBASSY DJIBOUTI 4226 RUEHKM/AMEMBASSY KAMPALA 3216 RUEHNR/AMEMBASSY NAIROBI 5874 RUEHAB/AMEMBASSY ABIDJAN 0929 RUEHOR/AMEMBASSY GABORONE 0116 RUEAIIA/CIA WASHDC RUEHPH/CDC ATLANTA GA RHEHAAA/WHITE HOUSE WASHDC RHEHNSC/NSC WASHDC RUEKJCS/SECDEF WASHDC//USDAT:ES// RUCJACC/USCINCCENT MACDILL AFB FL//CCSG//
Line1:	RAAUZYUW RUEHDSA3508 2841147-UUUU--RHEHNSC RHEHAAA.
Line2:	ZNR UUUUU ZZH
Line3:	R 101147Z OCT 00
Line4:	FM AMEMBASSY ADDIS ABABA
Originator:	AMEMBASSY ADDIS ABABA
Precedence:	ROUTINE
Profiles:	BABBITTJ BERNARDK BYRNEC CABLES HARRISG SMITHG
StationRoutingIndicator:	RUEHDS
StationSerialNumber:	3508
TimeOfReceipt:	10/10/2000 07:57:39 ET

UNCLAS SECTION 01 OF 03 ADDIS ABABA 003508

DEPT FOR OES/PCI/SHIPPE, OES/EID, AF/E, AF/EPS/PATARD,
PRM/AAA/LANGE,O'KEEFE, IO/T AND IO/D

DEPT PASS USAID/W FOR AA/AFR/DERRYCK

ROME PASS FODAG

EMBASSIES FOR EST OFFICERS, REOS AND AID MISSIONS

NAIROBI ALSO FOR AID/REDSO/W.KNAUSENBERGER AND D.EVANS

WHITE HOUSE FOR ONAP/PEAC/S.THURMAN

NSC FOR K. BERNARD

CIA FOR NESAF AND DESC

SECDEF FOR OSD/JACKSON

E.O. 12958: NA
TAGS: KHIV, TBIO, PREF, SOCI, SENV, EAID, ET, DJ
SUBJECT: WFP PLANS COMPULSORY HIV/AIDS TRAINING FOR DRIVERS

1. FODAG/ROME AND IO/D: PLEASE NOTE COMMENT AND ACTION REQUEST IN PARA 7.

SUMMARY
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2. WORLD FOOD PROGRAM/ETHIOPIA (WFP) PLANS TO REQUIRE ALL OF THE 2,000 DRIVERS WORKING FOR ITS CONTRACT TRUCKING COMPANIES TO ATTEND HIV/AIDS AWARENESS TRAINING SESSIONS OFFERED BY IMPLEMENTING PARTNER SAVE THE CHILDREN/U.S. AT THE CONCLUSION OF THE TRAINING, DRIVERS WILL BE ISSUED A PHOTO I.D. CARD. WITHOUT THIS I.D., BY A DATE CERTAIN, WFP DJIBOUTI WILL REFUSE TO LOAD A DRIVER'S TRUCK. REGIONAL ENVIRONMENT OFFICER (REO) AND REFUGEE COORDINATOR (REFCOORD) TRAVELED THE ROUTE LINKING ETHIOPIA TO DJIBOUTI, THE ONLY PORT PRESENTLY SERVING ETHIOPIA. INTERVIEWS WITH DRIVERS, HOTEL/BAR OWNERS, SERVICE STATION MANAGERS AND "BAR LADIES" CONFIRMED INTENSE INTEREST IN HIV/AIDS INFORMATION ALONG THE TRUCK CORRIDOR. WE BELIEVE THIS INITIATIVE IS WORTHWHILE, COMMEND IT TO FODAG/ROME AND WFP/HQ AND SUGGEST THAT IT BE CONSIDERED FOR REPLICATION AT OTHER SITES WHERE WFP EMPLOYS LARGE NUMBERS OF TRUCKERS. END SUMMARY.

A LAUDABLE INITIATIVE
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3. WFP'S CONTRACT TRUCKING FIRMS EMPLOY ABOUT 2,000 DRIVERS ENGAGED IN MOVING RELIEF FOOD FROM THE PORT OF DJIBOUTI TO VARIOUS DISTRIBUTION AND WAREHOUSE SITES WITHIN CENTRAL AND NORTHERN ETHIOPIA. EACH DAY, ABOUT A THOUSAND TRUCKS (BOTH WFP AND COMMERCIAL) TRAVERSE THIS ROUTE. REO AND REFCOORD CONFIRMED THIS FIGURE DURING THEIR TRIP ALONG THE TRUCK CORRIDOR. WFP/ETHIOPIA MANAGEMENT, MINDFUL OF THE HISTORY OF HIV/AIDS TRANSMISSION ALONG TRUCK ROUTES, HAS TAKEN THE INITIATIVE TO DESIGN AN OBLIGATORY HIV/AIDS AWARENESS PROGRAM FOR THEIR CONTRACT DRIVERS. DRIVERS WILL ATTEND THREE-HOUR LONG TRAINING SESSIONS AT A SITE NEAR THE PORT OF DJIBOUTI DURING THE DOWN TIME WHEN THEY ARE WAITING TO BE CALLED FORWARD TO LOAD RELIEF GOODS. AT THE CONCLUSION OF THE TRAINING, DRIVERS WILL BE ISSUED AN IDENTIFICATION CARD BEARING THEIR INDIVIDUAL PHOTOGRAPH. WITHOUT THIS I.D., BY A DATE CERTAIN, WFP DJIBOUTI WILL REFUSE TO LOAD A DRIVER'S TRUCK.

4. WFP/ETHIOPIA MANAGEMENT HAS SECURED SUPPORT FOR THIS PROGRAM FROM THE OWNERS OF THEIR CONTRACT TRUCKING FIRMS. WFP/ETHIOPIA MANAGEMENT IS WORKING OUT THE DETAILS OF THE PROGRAM WITH THE MANAGEMENT OF SAVE THE CHILDREN/U.S., WHICH WOULD ACT AS IMPLEMENTING PARTNER.

A THIRST FOR KNOWLEDGE
---

5. WORLD HEALTH ORGANIZATION AND WORLD BANK STATISTICS INDICATE THAT HIV/AIDS PREVALENCE RATES IN COMMUNITIES ALONG THE TRUCK ROUTE, AT ABOUT 20 PERCENT OF ADULTS, ARE TWICE THAT OF THE NATIONAL AVERAGE. REO AND REFCOORD INTERVIEWED DRIVERS, HOTEL/BAR OWNERS, SERVICE STATION MANAGERS AND "BAR LADIES" ALONG THE TRUCK ROUTE. NOTE: MOST OF EMBOFFS'

INTERVIEWS WERE CONDUCTED IN AWASH, WHICH IS THE APPROXIMATE MIDPOINT OF THE TWO-DAY HAUL FROM DJIBOUTI TO NAZARETH IN CENTRAL ETHIOPIA. IF A DRIVER TAKES THE GALAFI-MILE-KOMBOLCHA ROUTE TO NORTHERN ETHIOPIA IT CAN BE DONE IN A SINGLE LONG DAY. END NOTE.
UNCLAS SECTION 02 OF 03 ADDIS ABABA 003508

DEPT FOR OES/PCI/SHIPPE, OES/EID, AF/E, AF/EPS/PATARD, PRM/AAA/LANGE,O'KEEFE, IO/T AND IO/D

DEPT PASS USAID/W FOR AA/AFR/DERRYCK

ROME PASS FODAG

EMBASSIES FOR EST OFFICERS, REOS AND AID MISSIONS

NAIROBI ALSO FOR AID/REDSO/W.KNAUSENBERGER AND D.EVANS

WHITE HOUSE FOR ONAP/PEAC/S.THURMAN

NSC FOR K. BERNARD

CIA FOR NESAF AND DESC

SECDEF FOR OSD/JACKSON

E.O. 12958: NA
TAGS: KHIV, TBIO, PREF, SOCI, SENV, EAID, ET, DJ
SUBJECT: WFP PLANS COMPULSORY HIV/AIDS TRAINING FOR DRIVERS

6. EMBOFFS OFFER THE FOLLOWING FINDINGS DRAWN FROM AN ADMITTEDLY SMALL SAMPLE, BUT NOTE THE SURPRISINGLY HIGH CONSISTENCY OF THE VIEWS EXPRESSED.

-- ALL INTERLOCUTORS WERE INTENSELY INTERESTED IN ANY INFORMATION WE COULD PROVIDE ABOUT THE DISEASE. THERE WAS NO HESITANCY OR SHYNESS TO DISCUSS THE SUBJECT.

-- EMBOFFS SAW NO PUBLIC INFORMATION POSTERS OR SIGNS ALONG THE ROUTE OR IN SERVICE ESTABLISHMENTS, AS IS COMMON ELSEWHERE IN AFRICA. SOME INTERLOCUTORS SAID THEY HAD SEEN SUCH SIGNS AND POSTERS IN PHARMACIES AND IN ADDIS ABABA, BUT NOT ELSEWHERE.

-- INTERLOCUTORS ALL CLAIMED TO HAVE HEARD REPORTS ABOUT HIV/AIDS ON ETHIOPIAN RADIO. THEY ALL POSSESSED THE BASIC KNOWLEDGE THAT THE DISEASE WAS TRANSMITTED BY SEXUAL CONTACT, THAT IT IS FATAL, THAT THERE IS NO CURE AND THAT IT CAN BE PREVENTED THROUGH ABSTINENCE OR THE USE OF CONDOMS. OTHER USEFUL INFORMATION SUCH AS THE FACT THAT ONE CAN TRANSMIT THE DISEASE DESPITE FEELING AND LOOKING PERFECTLY HEALTHY WAS APPARENTLY NOT KNOWN.

-- SOME OF THE "BAR LADIES" AND YOUNGER DRIVERS SEEMED TO EMBOFFS TO POSSESS THE BASIC FACTS, WHILE NOT TAKING THEM ALL THAT SERIOUSLY.

-- THERE WAS PROCLAIMED UNANIMITY THAT "BAR LADIES" INSISTED ON THE USE OF CONDOMS. ALTHOUGH IT ALSO APPEARED THAT THIS COULD OFTEN BE OVERCOME THROUGH SUCCESSFUL BARGAINING. OF COURSE THE DEGREE TO WHICH THIS INSISTENCE IS MAINTAINED BEHIND CLOSED DOORS IS NOT KNOWN.

-- OLDER DRIVERS SEEMED TO BE VERY SENSITIZED TO THE SERIOUSNESS OF HIV/AIDS, AS THEY HAVE SEEN COLLEAGUES DIE.

-- "BAR LADIES" INDICATED, AND THE DRIVERS CONFIRMED, THAT YOUNGER DRIVERS AFTER A FEW BEERS PRESENTED THE GREATEST RESISTANCE TO THE USE OF CONDOMS. A COMMON CLIENT STRATAGEM IS TO DECLARE "I AM MARRIED AND USUALLY FAITHFUL, SO THERE IS NO NEED FOR ME TO USE A CONDOM."

-- WFP TRUCKERS INSISTED THAT THEY WORKED AT SUCH A FAST PACE THAT THEY SIMPLY LACKED THE TIME AND OPPORTUNITY TO PURSUE RISKY BEHAVIOR, EVEN SHOULD THEY BE TEMPTED TO DO SO.

-- ETHIOPIAN DRIVERS OF BIG RIGS ARE UNIVERSALLY LITERATE IN AMHARIC. ALL THE "BAR LADIES" INTERVIEWED WERE ALSO LITERATE. THEY CAN BE REACHED BY PUBLIC INFORMATION BROCHURES.

-- A 20-YEAR VETERAN OF THE TRUCKER HOTEL/BAR INDUSTRY OFFERED THAT UP UNTIL ABOUT FIVE YEARS AGO CONDOM USE WAS RARE. NOW SHE FELT THAT IT WAS MUCH MORE COMMON. SHE STOCKED CONDOMS IN HER HOTEL ROOMS AND CHARGED DRIVERS ABOUT U.S. DOLLARS 0.12 PER CONDOM WHEN THEY CHECKED OUT (LIKE MINI-BARS IN INTERNATIONAL CLASS HOTELS).

IMPLICATIONS FOR THE WFP HIV/AIDS AWARENESS TRAINING
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7. COMMENT: REO AND REFCOORD WERE SURPRISED BY THE LEVEL OF KNOWLEDGE THAT TRUCKERS AND THEIR SERVICE PROVIDERS

DEPT FOR OES/PCI/SHIPPE, OES/EID, AF/E, AF/EPS/PATARD, PRM/AAA/LANGE,O'KEEFE, IO/T AND IO/D

DEPT PASS USAID/W FOR AA/AFR/DERRYCK

ROME PASS FODAG

EMBASSIES FOR EST OFFICERS, REOS AND AID MISSIONS

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WHITE HOUSE FOR ONAP/PEAC/S.THURMAN

NSC FOR K. BERNARD

CIA FOR NESAF AND DESC

SECDEF FOR OSD/JACKSON

E.O. 12958: NA
TAGS: KHIV, TBIO, PREF, SOCI, SENV, EAID, ET, DJ
SUBJECT: WFP PLANS COMPULSORY HIV/AIDS TRAINING FOR DRIVERS

POSSESSED. WE WERE ALSO STRUCK BY THE PROFESSED THIRST FOR MORE INFORMATION. WE NOTED WFP TRUCKS ALL ALONG THE ROUTE. WE ARE CONVINCED THAT TRAINING THAT RESPONDS TO THE SPECIFIC INFORMATION NEEDS OF TRUCKERS AND REINFORCES SELF-PRESERVATION INSTINCTS WOULD SPREAD BEYOND THE WFP TRUCKERS TO THE GENERAL COMMUNITY ALONG THE ROUTE, BENEFITING COMMERCIAL TRUCKERS AND THE SERVICE PROVIDERS AS WELL. THIS WOULD BE EVEN MORE THE CASE SHOULD THE PROGRAM BE COMBINED WITH DISTRIBUTION OF PUBLIC INFORMATION MATERIALS IN

AMHARIC.

IMITATION IS THE SINCEREST FORM OF PRAISE
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8. COMMENT AND ACTION REQUEST FOR FODAG/ROME: WE COMMEND WFP/ETHIOPIA'S PROPOSAL TO FODAG/ROME. ASSUMING IO/D CONCURRENCE, WE SUGGEST FODAG EXPRESS SUPPORT FOR THIS INITIATIVE TO WFP HEADQUARTERS AND REQUEST EARLIEST POSSIBLE IMPLEMENTATION. GIVEN THE HISTORICAL LINKAGES BETWEEN HIV/AIDS TRANSMISSION AND TRUCKERS, WE BELIEVE THAT THIS PROGRAM IS WORTHY OF CONSIDERATION BY WFP/HQ FOR REPLICATION AT OTHER SITES WHERE WFP EMPLOYS LARGE NUMBERS OF TRUCKERS. END COMMENT AND ACTION REQUEST.

NAGY

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Tuesday, October 03, 2000 11:54 AM
To:	Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; 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:	HIV/AIDS - FEMALE FOREIGN MINISTERS' LETTER
ActionAddees:	RUEHC/SECSTATE WASHDC 6129
Classification:	UNCLASSIFIED
DateTime:	031448Z OCT 00
Distribution:	SIT: BABBITT BANBURY Bernard BYRNE NSC HARRISG MCLEAN NAPLAN PATTEN SCHWARTZ SHEA SMITH SMITHP WILCOX
Identifier:	M4658304
InfoAddees:	RUEADWW/WHITE HOUSE WASHDC RHEHNSC/NSC WASHDC
Line1:	RAAUZYUW RUEHTOA3777 2771448-UUUU--RHEHNSC.
Line2:	ZNR UUUUU ZZH
Line3:	R 031448Z OCT 00
Line4:	FM AMEMBASSY MAPUTO
Originator:	AMEMBASSY MAPUTO
Precedence:	ROUTINE
Profiles:	BABBITTJ BANBURYA BERNARDK BYRNEC CABLES HARRISG MCLEANM NAPLANS PATTENW SCHWARTE SHEAD SMITHG SMITHP WILCOXR
StationRoutingIndicator:	RUEHTO
StationSerialNumber:	3777
TimeOfReceipt:	10/03/2000 11:53:56 ET

UNCLAS MAPUTO 003777

DEPT FOR AF/S AND OES/EID
WHITE HOUSE FOR ONAP - S THURMAN
NSC FOR K BERNARD

E.O. 12958: N/A
TAGS: KHIV, PREL, UNGA, EAID, TBIO, MZ
SUBJ: HIV/AIDS - FEMALE FOREIGN MINISTERS' LETTER

REF: STATE 181739

1. ECON/POL CHIEF AND ECON/POL OFFICER DELIVERED SUBJECT LETTER ON SEPTEMBER 28 TO BALMIRO MALATE, NATIONAL DIRECTOR FOR ECONOMIC AND MULTILATERAL AFFAIRS AT THE MINISTRY OF FOREIGN AFFAIRS AND COOPERATION, AND ON SEPTEMBER 29 TO JORGE FERNANDO TOMO, DEPUTY NATIONAL DIRECTOR OF PLANNING AND COOPERATION AT THE MINISTRY OF

HEALTH. POST ALSO DELIVERED A COPY OF THE LETTER TO JANET MONDLANE, CHAIR OF MOZAMBIQUE'S NEWLY FORMED NATIONAL AIDS COUNCIL.

2. WHILE NEITHER MALATE NOR TOMO OFFERED AN IMMEDIATE REACTION TO THE LETTER, BOTH EXPRESSED APPRECIATION FOR HAVING RECEIVED IT AND FOR USG INTEREST IN HIV/AIDS AS A GLOBAL ISSUE.

LOFTIS

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Friday, October 06, 2000 8:07 AM
To:	Bernard, Kenneth W. (HEALTH); Cables
Subject:	KEEPING AMERICA IN HIV/AIDS LEADERSHIP ROLE
ActionAddees:	SECSTATE WASHDC PRIORITY 2723
Classification:	UNCLASSIFIED
DateTime:	060914Z OCT 00
Distribution:	SIT: Bernard NSC
Identifier:	M4664974
InfoAddees:	////
Line1:	PAAUZYUW RUEHNRA7953 2800914-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	P 060914Z OCT 00
Line4:	FM AMEMBASSY NAIROBI
Originator:	AMEMBASSY NAIROBI
Precedence:	PRIORITY
Profiles:	BERNARDK
	CABLES
StationRoutingIndicator:	RUEHNR
StationSerialNumber:	7953
TimeOfReceipt:	10/06/2000 08:06:25 ET

UNCLAS NAIROBI 007953

OFFICIAL-INFORMAL

DEPARTMENT FOR AF (SUSAN RICE, NANCY POWELL), M/DGP (MARC GROSSMAN), AF/EX (JOE HUGGINS), M/DGP/MED (CEDRIC DUMONT) AID/W (VIVIAN DERRYCK) ONLY

E.O. 12958: N/A
TAGS: KHIV, AMGT, APER, SENV, TBIO, KE
SUBJECT: KEEPING AMERICA IN HIV/AIDS LEADERSHIP ROLE

SUSAN: SINCE MY ARRIVAL IN KENYA A YEAR AGO, I HAVE TRIED TO PUSH THIS MISSION TO TAKE A STRONG LEADERSHIP ROLE IN THE GLOBAL FIGHT AGAINST HIV/AIDS. HIV/AIDS IS AN ENORMOUS PROBLEM HERE. I THINK WE HAVE, AND ARE PUTTING IN PLACE, AN IMPRESSIVE ARRAY OF PROGRAMS WHICH WILL HELP KENYA AND BRING CREDIT TO THE US. HOWEVER, DURING THE PAST SIX MONTHS, I HAVE NOTICED AN ENORMOUS DISPARITY BETWEEN OUR POLICY STATEMENTS ON HIV/AIDS AND SOME OF OUR PERSONNEL PRACTICES DEALING WITH FSNS, AS WELL AS MANY OF USAID'S POLICIES WHICH EXCLUDE HIV-INFECTED KENYANS FROM TRAINING PROGRAMS. THESE INTERNAL POLICIES UNDERMINE OUR SINCERITY AND COMMITMENT IN THE FIGHT AGAINST HIV/AIDS. I HAVE INFORMALLY DISCUSSED MY CONCERN OVER THE LAST SIX MONTHS TO VIVIAN DERRYCK, SANDY THURMAN AND OTHERS. THIS CABLE REFLECTS MY VIEWS AND WHAT THE PROBLEM IS AND HOW TO PROCEED. I AM SENDING A COPY TO DG MARC GROSSMAN, BECAUSE THIS IS A BATTLE THAT AF SHOULD NOT FIGHT ALONE. THE DEPARTMENT NEEDS TO HAVE AN HIV/AIDS POLICY FOR FSN CONCERNS AND DEAL WITH THE USAID ISSUES THAT I'M CONCERNED ABOUT. I HOPE MY THOUGHTS WILL PROVOKE GREATER THINKING.

SUMMARY
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1. THE USG IS THE GLOBAL LEADER IN THE FIGHT AGAINST THE AIDS PANDEMIC, BUT MANY STATE DEPARTMENT AND USAID POLICIES, DEALING WITH FSNS AND USAID-SPONSORED INTERNATIONAL VISITORS, ARE NOT CONSISTENT WITH USG PRINCIPLES AND US LAWS GOVERNING THE TREATMENT OF AMERICAN CITIZENS. FAILURE TO BRING OUR PERSONNEL POLICIES AND ATTITUDES TOWARDS FSNS INTO LINE WITH OUR PRINCIPLES MAY EVENTUALLY EMBARRASS US AND UNDERMINE THE CREDIBILITY OF USG LEADERSHIP IN THE FIGHT AGAINST HIV/AIDS. AT A TIME WHEN THE USG ENCOURAGES INNOVATIVE RESPONSES TO THE EPIDEMIC, IT IS TIME FOR THE USG TO ALSO BE INNOVATIVE BY MODIFYING OUR POLICIES AND PRACTICES IN REGARD TO FSNS LIVING WITH HIV INFECTION. THIS CABLE PROPOSES FOUR SPECIFIC ACTIONS THAT WOULD IMPROVE OUR POLICIES AND PRACTICES IN REGARD TO FSNS AND USAID-SPONSORED INTERNATIONAL VISITOR PROGRAMS. THESE ARE MAINLY RECOMMENDATIONS THAT ARE DIRECTED TOWARD THE AFRICA BUREAU BECAUSE THE HIV/AIDS PANDEMIC IS GREATEST IN AFRICA; HOWEVER, THEY ARE RELEVANT TO THE DEPARTMENT'S TREATMENT OF FSNS WORLDWIDE AND TO USAID'S PROGRAMS GLOBALLY. THERE IS ALSO A PROPOSAL, WHICH WE NEED TO START THINKING SERIOUSLY ABOUT. THAT IS USG SUPPORT FOR THE PROVISION OF ANTIRETROVIRAL (ARV) DRUGS FOR FSNS LIVING WITH HIV INFECTION. END SUMMARY.

GLOBAL LEADER OUT OF STEP WITH ITSELF
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2. THE US IS THE GLOBAL LEADER IN THE FIGHT AGAINST HIV/AIDS, AND NO OTHER GOVERNMENT HAS PUT MORE HIGH-LEVEL POLITICAL EMPHASIS, FINANCIAL RESOURCES OR MEDICAL RESEARCH INTO ADDRESSING THIS PROBLEM. HOWEVER, IN MANY PLACES IN AFRICA AND PROBABLY AROUND THE WORLD, THE POLICIES AND PRACTICES OF EMBASSIES AND USAID MISSIONS ARE NOT ENTIRELY CONSISTENT WITH OUR PROFESSED COMMITMENT TO MOBILIZING A MORE ENLIGHTENED RESPONSE TO AIDS. USG EMPLOYEES WHO ADVOCATE LESS DISCRIMINATORY PRACTICES ON THE PART OF NATIONAL GOVERNMENTS WOULD LOSE CREDIBILITY IF THEIR HOST NATION COUNTERPARTS WERE AWARE OF OFFICIALLY-SANCTIONED POLICIES IN MANY EMBASSIES THAT REQUIRE PRE-EMPLOYMENT HIV TESTING OF PROSPECTIVE FSN EMPLOYEES, AND IN THE CASE OF USAID, HIV TESTING THAT IS ROUTINELY USED TO EXCLUDE HIV POSITIVE CANDIDATES FROM INTERNATIONAL TRAINING OPPORTUNITIES.

3. MEDICAL INSURANCE POLICIES NEGOTIATED BY THE USG FOR FSNS IN AFRICA (AND PROBABLY OTHER PARTS OF THE DEVELOPING WORLD) TYPICALLY EXCLUDE MEDICAL CARE FOR AIDS AND HIV-RELATED CONDITIONS, AND THERE ARE NO USG-SUPPORTED PROGRAMS TO ASSIST HIV-INFECTED FSNS GAIN ACCESS TO INEXPENSIVE DRUGS THAT CAN WARD OFF OPPORTUNISTIC INFECTIONS AMONG HIV CARRIERS OR TO THE NEW ARV THERAPIES THAT ARE WIDELY AVAILABLE. THESE POLICIES AND PRACTICES SHOULD BE BROUGHT INTO LINE WITH OUR PRINCIPLES, OUR LAWS, AND OUR POLICY PRONOUNCEMENTS ON HIV/AIDS.

SOME CLEAR POLICIES ARE REQUIRED
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4. DEVELOPING INNOVATIVE AND MORE COMPREHENSIVE RESPONSES TO AIDS IS ONE OF THE MOST IMPORTANT ACTIONS THAT THE USG CAN TAKE TO ALLEVIATE THE GLOBAL BURDEN OF AIDS. THE PRESIDENTIALLY-MANDATED LIFE INITIATIVE, THE ONE BILLION DOLLAR EX/IM FACILITY FOR (AFRICAN) COUNTRIES TO PURCHASE

DRUGS, THE EXPANSION OF THE CENTERS FOR DISEASE CONTROL (CDC) ACTIVITIES IN HIV/AIDS, AND THE RECENT APPROVAL OF INCREASED--------& UNCLAS SECTION 02 OF 04 NAIROBI 007953

OFFICIAL-INFORMAL

DEPARTMENT FOR AF (SUSAN RICE, NANCY POWELL), M/DGP (MARC GROSSMAN), AF/EX (JOE HUGGINS), M/DGP/MED (CEDRIC DUMONT) AID/W (VIVIAN DERRYCK) ONLY

E.O. 12958: N/A
TAGS: KHIV, AMGT, APER, SENV, TBIO, KE
SUBJECT: KEEPING AMERICA IN HIV/AIDS LEADERSHIP ROLE

USAID FUNDING FOR HIV/AIDS REPRESENT AMERICAN LEADERSHIP IN ADDRESSING THIS PROBLEM. TO REINFORCE THIS LEADERSHIP, WE PROPOSE FOUR ACTIONS THAT THE DEPARTMENT COULD TAKE IN REGARD TO FSNS AND USAID-SPONSORED INTERNATIONAL VISITORS AND TRAINEES. THESE FOUR ACTIONS ARE PRACTICAL AND POSSIBLE AND WITHOUT ENORMOUS RESOURCE IMPLICATIONS. WE ALSO PROPOSE A FIFTH ACTION THAT WOULD HELP ESTABLISH A GLOBAL STANDARD FOR HOW AMERICAN DIPLOMATIC MISSIONS IN AFRICA (AND PERHAPS OTHER PARTS OF THE GLOBE) SHOULD TREAT THEIR HIV INFECTED EMPLOYEES. THIS LAST PROPOSAL IS SIGNIFICANT AND FAR-REACHING AND DOES HAVE POTENTIALLY SIGNIFICANT RESOURCE IMPLICATIONS. HOWEVER, IT IS AN IDEA THAT DESERVES DISCUSSION IN THE FACE OF THIS CRISIS.

FIRST: WE SHOULD DE-STIGMATIZE HIV CARRIERS IN OUR EMPLOYMENT PROCESS. THE PRACTICE OF USING HIV TESTS AS A PRE-EMPLOYMENT SCREENING DEVICE FOR DENYING EMPLOYMENT TO FSNS SHOULD BE PROHIBITED IN ALL AFRICAN (AND USG DIPLOMATIC) POSTS. FSN JOB CANDIDATES WHO ARE HIV-POSITIVE BUT WHO ARE OTHERWISE HEALTHY AND PASS THE MEDICAL EXAM SHOULD BE GIVEN EQUAL CONSIDERATION WITH ALL OTHER CANDIDATES. AFTER BROAD INTERNAL REVIEW OF OUR HIRING POLICIES AND OUR HIV/AIDS PROGRAMS AND STATEMENTS, THE USG MISSION IN KENYA HAS ALREADY IMPLEMENTED THIS CHANGE IN EMPLOYMENT PRACTICES. THIS BRINGS HIV/AIDS INTO LINE WITH OTHER CHRONIC DISEASES.

SECOND: CANDIDATES FOR INTERNATIONAL VISITOR AND TRAINING OPPORTUNITIES SPONSORED BY THE USG SHOULD CONTINUE TO BE REQUIRED TO PASS A MEDICAL EXAM, BUT OTHERWISE HEALTHY INDIVIDUALS WHO ARE HIV-INFECTED (BUT DO NOT HAVE A FULL BLOWN CASE OF AIDS) SHOULD NOT BE EXCLUDED FROM THESE OPPORTUNITIES. IN NAIROBI WE HAVE ALREADY FACED THE EMBARRASSMENT OF TURNING AWAY HIV-INFECTED CANDIDATES FROM USAID-SPONSORED PROGRAMS. SUCH TRAINING OPPORTUNITIES FOR PERSONS WITH HIV INFECTION MAY HELP DEVELOP A CADRE OF LEADERS LIVING WITH HIV INFECTION WHO CONTRIBUTE TO NATIONAL RESPONSES TO THE EPIDEMIC. WE UNDERSTAND THE USAID MISSION IN MALAWI HAS ALREADY IMPLEMENTED THIS PRACTICE. (NOTE: THOSE INDIVIDUALS WHO ARE SICK AND WHO HAVE CLINICALLY DIAGNOSED CASES OF AIDS SHOULD, LIKE INDIVIDUALS WITH TB OR INFECTIOUS MENINGITIS, BE EXCLUDED. END NOTE.) (COMMENT: I HAVE JUST LEARNED TODAY THAT USAID IS PREPARING A QUESTIONNAIRE FOR ITS FIELD MISSIONS TO INVENTORY MISSION POLICIES ON AIDS TESTING OF TRAINEES AND THAT THE RESULTS OF THIS QUESTIONNAIRE WILL INFORM A RE-EXAMINATION OF THE AGENCY'S POLICY ON THIS SUBJECT. THESE APPEAR TO BE GOOD FIRST STEPS, AND I HOPE THAT THIS PROCESS MOVES FORWARD BOLDLY AND RESULTS IN A POLICY THAT BOTH ENABLES AND ENCOURAGES ROUTINE INCLUSION OF HIV-POSITIVE PARTICIPANTS IN USAID TRAINING PROGRAMS. END COMMENT.)

THIRD A COMPREHENSIVE AIDS EDUCATION, PREVENTION, AND MITIGATION PROGRAM SHOULD BE PUT IN PLACE IN ALL US MISSIONS FOR OUR FSN EMPLOYEE. ROUTINE EDUCATIONAL SESSIONS SHOULD BE HELD, COORDINATED BY THE MEDICAL UNIT IN COLLABORATION WITH USAID AND CDC. ALL FSNS SHOULD BE ACTIVELY ENCOURAGED TO PARTICIPATE IN VOLUNTARY HIV COUNSELING AND TESTING PROGRAMS, AND HIV-POSITIVE FSNS SHOULD BE REFERRED TO USG-SUPPORTED PROGRAMS (RUN BY PRIVATE CLINICIANS AND NGOS OUTSIDE THE MISSION) WHICH PROVIDE ON-GOING COUNSELING, LEGAL ADVICE, AND OTHER SUPPORTIVE SERVICES. USG MISSIONS IN A NUMBER OF COUNTRIES IN AFRICA HAVE ALREADY INITIATED SOME OR ALL OF THESE ACTIONS, BUT SUCH A PROGRAM SHOULD BECOME THE STANDARD EVERYWHERE.

FOURTH: I RECOMMEND AF BUREAU AND THE DEPARTMENT CONSIDER DEVELOPING AND FUNDING A PACKAGE OF BASIC MEDICAL SERVICES FOR FSNS WITH HIV INFECTION. THESE BASIC SERVICES SHOULD INCLUDE:

A. SCREENING AND TREATMENT FOR TB,

B. TB-PREVENTIVE THERAPY FOR HIV POSITIVE FSNS WHO DO NOT YET HAVE ACTIVE TB DISEASE,

C. ANTIBIOTIC TREATMENT (COTRIMAXAZOLE) TO REDUCE OPPORTUNISTIC INFECTIONS, ACCORDING TO STANDARD GUIDELINES,

D. ROUTINE LAB TESTS,

E. FOR PREGNANT FSNS, INTERVENTIONS TO PREVENT MOTHER TO CHILD TRANSMISSION OF HIV INFECTION,

F. ROUTINE COUNSELING TO ASSIST HIV-POSITIVE FSNS COPE WITH THE MANY SOCIAL AND EMOTIONAL COMPLICATIONS OF LIVING WITH THE INFECTION. THE US MISSION IN KENYA (THROUGH ITS HIV/AIDS WORKING GROUP) IS CURRENTLY INVESTIGATING THE COSTS OF SUCH A BASIC PACKAGE OF SERVICES AND

IDENTIFYING LOCAL MEDICAL ESTABLISHMENTS THAT MIGHT BE ABLE TO DELIVER THESE SERVICES TO OUR FSNS LIVING WITH HIV.

THINKING AHEAD:
ANTI-RETROVIRALS FOR FSNS

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5. THE FIFTH PROPOSAL IS MORE COMPLEX, EXPENSIVE AND FAR-REACHING, BUT IT IS INTENDED TO ADDRESS (NOT RUN FROM) SOME OF THE MEDICAL ISSUES WE ALL FACE AND TO PUT US IN A LEADERSHIP ROLE. WE BELIEVE THAT THE USG SHOULD SERIOUSLY CONSIDER PROVIDING ARV DRUGS FOR FSN EMPLOYEES LIVING WITH HIV INFECTION. WITH THESE TREATMENTS, HIV DISEASE HAS EVOLVED FROM A FRIGHTENING SPECTER TO A SERIOUS, CHRONIC DISEASE IN DEVELOPED COUNTRIES. MAKING THESE SAME DRUGS MORE READILY AVAILABLE IN AFRICA HAS BEEN DIFFICULT, CONTENTIOUS AND SOMETIMES NEARLY IMPOSSIBLE.

6. RECENT DEVELOPMENTS ON THE INTERNATIONAL SCENE MAKE THIS PROPOSAL POTENTIALLY MORE PRACTICAL THAN IN THE PAST. PHARMACEUTICAL FIRMS HAVE PLEDGED TO REDUCE THE COSTS OF ARV

DRUGS IN AFRICA, AND ADVANCES IN TESTING TECHNOLOGIES ARE GRADUALLY REDUCING THE COST OF THE LAB TESTS NECESSARY FOR PROPER MONITORING OF PATIENTS RECEIVING THESE DRUGS. THE POOL OF PHYSICIANS AND MEDICAL INSTITUTIONS IN AFRICA WITH THE SKILLS TO ADMINISTER THESE DRUGS IS INCREASING. BY PARTNERING WITH OTHER DIPLOMATIC MISSIONS AND INTERNATIONAL AGENCIES, IT MAY BE POSSIBLE TO NEGOTIATE REDUCED PRICES FOR THESE DRUGS.

7. ALTHOUGH IT MAY BE EXPENSIVE FOR USG AGENCIES TO PROVIDE THE DRUGS TO FSNS, WE ALREADY (IN SOME POSTS) INCUR SIGNIFICANT COSTS BECAUSE OF HIGH RATES OF ABSENTEEISM DUE TO ILLNESS. FURTHER, THE COSTS OF RECRUITING, SELECTING, AND TRAINING REPLACEMENTS FOR WORKERS WHO DIE PREMATURELY BECAUSE THEY DO NOT RECEIVE TREATMENT IS ALSO EXPENSIVE. FINALLY, THERE IS A CONSIDERABLE COST TO THE USG IN TERMS OF POOR MORALE, BOTH FOR THOSE FSNS NOW LIVING WITH HIV INFECTION AND FOR THOSE FSNS WHO OBSERVE THE PROLONGED DECLINE IN HEALTH OF THEIR CO-WORKERS.

GOOD REASONS TO CONSIDER
ALL THESE PROPOSALS
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8. WE PROPOSE THAT THE AFRICA BUREAU, THE DEPARTMENT AND OTHER USG AGENCIES WORKING IN AFRICA CONSIDER ALL THE ABOVE SUGGESTIONS, INCLUDING THE PROPOSAL TO PROVIDE ARV THERAPIES, FOR THE FOLLOWING REASONS AND CONSIDERATIONS:

-- IN MANY OF THE NATIONS WITH HIGH RATES OF HIV PREVALENCE, FSNS ARE AMONG THE MOST HIGHLY SKILLED AND PRODUCTIVE EMPLOYEES AND ARE AMONG THE MOST EFFECTIVE SUPPORTERS OF DEMOCRACY AND GOOD GOVERNANCE IN DEVELOPING COUNTRIES. THE PREMATURE DEATH OF THESE EMPLOYEES IS NOT ONLY A LOSS TO THE USG BUT ALSO TO THEIR NATIONS. EXTENDING THE LIVES OF THESE EMPLOYEES WILL BENEFIT NOT ONLY THEIR FAMILIES AND THE US MISSION, BUT WOULD ALSO BE AN IMPORTANT CONTRIBUTION TO THE DEVELOPMENT OF THESE COUNTRIES.

-- THE US MISSION WOULD PROVIDE LEADERSHIP TO ALL OTHER DIPLOMATIC MISSIONS AND DEVELOPMENT AGENCIES. OTHER INTERNATIONAL AGENCIES (E.G. UNICEF) ARE CONSIDERING THIS ACTION, AND IT WOULD BE PREFERABLE FOR THE USG TO BE A LEADER RATHER THAN A FOLLOWER.

-- THE USG WOULD BE MAKING A PROFOUND STATEMENT OF SUPPORT AND AFFIRMATION TO FSN EMPLOYEES WHO ARE LIVING WITH HIV INFECTION. THE POSITIVE IMPACT ON MORALE AND LOYALTY TO THE USG WOULD BE INCALCULABLE.

-- THE US MISSION WOULD REDUCE ABSENTEEISM, IMPROVE RETENTION, LENGTHEN THE PRODUCTIVE LIVES OF FSN EMPLOYEES AND REDUCE COSTS INCURRED IN RECRUITING AND TRAINING REPLACEMENT EMPLOYEES.

-- BY MAKING ARV THERAPY AVAILABLE, THE USG WOULD ENCOURAGE MORE FSNS TO BE TESTED FOR HIV WHILE THEY ARE STILL WELL, WHICH IS A VERY IMPORTANT ACTION NOT ONLY FOR DIAGNOSIS AND EARLY ACCESS TO CARE, BUT ALSO FOR PREVENTION OF TRANSMISSION OF THE VIRUS TO THEIR PARTNERS AND INFANTS. IT IS LIKELY THAT THESE FSNS MAY BECOME LEADERS IN PROMOTING OPENNESS ABOUT HIV INFECTION, THUS CONTRIBUTING TO THE EFFORTS TO DE-STIGMATIZE AIDS.

-- THE USG WOULD TRANSFORM PUBLIC STATEMENTS AND PLEDGES INTO REAL AND TANGIBLE ACTIONS WHICH WOULD HAVE A PROFOUND AND

POSITIVE IMPACT ON THE LIVES OF THE FSNS WHO ARE ESSENTIAL TO THE SUCCESS OF OUR WORK IN AFRICA AND ELSEWHERE, AND WHO ARE AN ESSENTIAL RESOURCE OF USG MISSIONS OVERSEAS.

SUMMARY
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9. WE REALIZE THAT THIS IDEA TO PROVIDE FSNS WITH DRUGS THAT WILL PREVENT OPPORTUNISTIC INFECTIONS, AND MORE CRITICALLY TO PROVIDE ARVS TO EMPLOYEES, IS A COMPLEX PROPOSAL WITH FINANCIAL AND PRACTICAL RAMIFICATIONS. THERE ARE MANY DIFFICULT ISSUES WHICH WOULD HAVE TO BE RESOLVED -- WHETHER THE USG WOULD PAY FOR THE DRUGS FOR SPOUSES AND CHILDREN OF FSNS, WHETHER ACCESS TO THIS BENEFIT WOULD BE LIMITED TO FSNS WITH A CERTAIN LENGTH OF TENURE, WHETHER THERE WOULD BE "COST-SHARING" ON THE PART OF FSNS -- AND MANY OTHER DECISIONS WHICH ARE NOT EASY TO MAKE. HOWEVER, WE BELIEVE THAT THESE ISSUES CAN BE RESOLVED BY WORKING TOGETHER WITH OUR FSNS TO DEVELOP A SUITABLE PROGRAM.

10. WE ENCOURAGE THE AFRICA BUREAU AND THE DEPARTMENT TO REVIEW AND CONSIDER THESE PROPOSALS WHICH WE BELIEVE COULD HAVE A PROFOUND -- AND POSITIVE -- IMPACT ON THE LIVES OF FSN EMPLOYEES. THEY COULD ALSO HAVE A WIDER BENEFIT IN THE PREVENTION AND MITIGATION OF THE AIDS PANDEMIC IN AFRICA, IN LINE WITH RECENT PRESIDENTIAL INITIATIVES AND STATEMENTS.

11. I AM REMINDED THAT WHEN SOUTH AFRICAN PRESIDENT THABO MBEKI VISITED THE US IN MAY, PRESIDENT CLINTON SPOKE OF THE GLOBAL HIV/AIDS PANDEMIC AS A THREAT TO US SECURITY. TO COMBAT THIS THREAT WE ARE MOBILIZING VAST AMOUNTS OF FINANCIAL, TECHNICAL AND HUMAN RESOURCES. THESE EFFORTS WILL BE LESS EFFECTIVE IF WE NEGLECT TO PROTECT OUR OWN HUMAN RESOURCES, OUR OWN FSNS.

12. AT POST, I HAVE SHARED THIS MESSAGE WITH THE STATE MEDICAL DOCTORS, THE DIRECTOR OF THE CDC OFFICE, THE DIRECTOR OF THE WALTER REED-BASED U.S. ARMY MEDICAL RESEARCH UNIT, THE DIRECTORS AND SENIOR HEALTH STAFF OF USAID/KENYA AND USAID/REDSO AND THE EMBASSY ADMINISTRATIVE STAFF.
CARSON

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Thursday, October 12, 2000 1:41 PM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Blinken, Antony J. (EUR); Bowles, Ian A. (ENV); Byrne, Catherine E. (AF); Cables; Crawford, Bernard T. (RECORDS); Davidson, Leslie K. (VP); Greenwood, Thomas C. (SEE); Harris, Grant T. (AF); Kass, Nicholas S. (EUR); Munter, Cameron P. (EUR); Norland, Richard B. (EUR); Orfini, Michael H. (VP); Smith, Gayle E. (AF); Yee, Hoyt B. (EUR)
Subject:	US-EU COOPERATION ON HIV/AIDS, MALARIA AND TUBERCULOSIS: CHAD
ActionAddees:	RUEHC/SECSTATE WASHDC 3941
Classification:	UNCLASSIFIED
DateTime:	121446Z OCT 00
Distribution:	SIT: BABBITT Bernard BLINKEN BOWLES BYRNE NSC CRAWFORD DAVIDSON GREENWOOD HARRISG KASS MUNTER NORLAND ORFINI SMITH YEE
Identifier:	M4674151
InfoAddees:	RUEHZO/OAU COLLECTIVE RUEHFR/AMEMBASSY PARIS 1123 RUEHLO/AMEMBASSY LONDON 0561
Line1:	RAAUZYUW RUEHNJA1660 2861446-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	R 121446Z OCT 00
Line4:	FM AMEMBASSY NDJAMENA
Originator:	AMEMBASSY NDJAMENA
Precedence:	ROUTINE
Profiles:	BABBITTJ BERNARDK BLINKENA BOWLESI BYRNEC CABLES CRAWFORB DAVIDSOL GREENWOT HARRISG KASSN MUNTERC NORLANDR ORFINIM SMITHG YEEH
StationRoutingIndicator:	RUEHNJ
StationSerialNumber:	1660
TimeOfReceipt:	10/12/2000 13:40:16 ET

UNCLAS NDJAMENA 001660

PARIS FOR WILLIAMS

LONDON FOR PFLAUMER

DEPT. G, J. CHOW; OES/EID, N. CARTER-FOSTER;
AF/EPS, R. PATARD; EUR/ERA, WALSER/HUIZINGA,
AF/C, DEBBIE LOPES DA ROSA

E.O. 12958: N/A
TAGS: PREL, SOCI, KHIV, TBIO, EUN, CD
SUBJECT: US-EU COOPERATION ON HIV/AIDS, MALARIA AND
TUBERCULOSIS: CHAD

REF: STATE 152319

1. SUMMARY. CHARGE D'AFFAIRES ATTENDED MEETING ON OCTOBER 9 CONVENED BY FRENCH DCM AND ATTENDED BY EU REPRESENTATIVES TO EXPLORE WAYS OF MORE CLOSELY COORDINATING U.S. AND EU EFFORTS AGAINST HIV/AIDS, TUBERCULOSIS AND MALARIA IN CHAD. THE GROUP CONCLUDED THAT A THOROUGH LOOK AT WHAT IS ALREADY GOING ON IN THESE AREAS SHOULD BE TAKEN IN ORDER TO IDENTIFY THE MOST APPROPRIATE AREAS FOR INTERVENTION. AIDS AWARENESS WAS IDENTIFIED AS AN AREA OF NEED ON WHICH THE U.S. AND EU COULD BEGIN TO FOCUS IMMEDIATELY WITH EXISTING RESOURCES. THE EU ALREADY HAS RESOURCES THAT IT CAN TAP IN THIS EFFORT. THE U.S. EMBASSY COMMITTED TO LOOKING FOR ADDITIONAL RESOURCES THAT COULD BE BROUGHT TO BEAR IN THE FIGHT AGAINST THESE DISEASES. THE GROUP AGREED TO MEET AGAIN ON OCT. 25 TO USE ANY ADDITIONAL INFORMATION DEVELOPED IN THE INTERIM TO ADOPT A MORE DEFINITIVE STRATEGY FOR COOPERATION.

2. CHARGE D'AFFAIRES ATTENDED A MEETING ON OCT. 9 CALLED BY LUC FURMAN, FRENCH DCM, TO EXPLORE WAYS OF MORE CLOSELY COORDINATING U.S. AND EU EFFORTS AGAINST HIV/AIDS, TUBERCULOSIS AND MALARIA IN CHAD. THE MEETING WAS ALSO ATTENDED BY KATHERINE MANCIP, FRENCH ATTACHE FOR COOPERATION IN HEALTH, FRANCESCO LUCIANI AND BERNARD FRANCOIS, EU ECONOMIC COUNSELORS.

3. THE CHARGE INFORMED THE GROUP THAT THE USG HAD NO USAID MISSION IN CHAD AND THAT THE USG AT PRESENT WAS PROVIDING NO DIRECT FUNDING FOR ACTIVITIES TO COMBAT THESE DISEASES, BUT THAT THE USG WAS SUPPORTING SUCH EFFORTS INDIRECTLY VIA ITS CONTRIBUTIONS TO INTERNATIONAL ORGANIZATIONS SUCH AS THE WHO, WORLD BANK AND UNESCO. THE CHARGE ALSO APPRISED THE GROUP OF ITS EXISTING ACTION PLAN FOR RESPONDING TO HIV/AIDS IN CHAD WHICH ENTAILS EXPANDING CURRENT INITIATIVES UTILIZING EXISTING RESOURCES WHILE ACTIVELY PURSUING OTHER FUNDING OPTIONS. EXPANDING CURRENT PROGRAMS INCLUDES ENHANCED POLICY DIALOGUE, I.E., RAISING THE PROFILE OF HIV/AIDS BY HAVING SENIOR POST OFFICERS RAISE THE ISSUE IN MEETINGS WITH SENIOR GOC OFFICIALS. EXPANDING CURRENT PROGRAMS ALSO INCLUDES CONTINUING EDUCATIONAL ACTIVITIES THROUGH THE PUBLIC DIPLOMACY OFFICE AND REMAINING ALERT TO OPPORTUNITIES FOR PROVIDING EXCESS PROPERTY ORIGINATING FROM THE DOD HUMANITARIAN ASSISTANCE PROGRAM TO BENEFIT CHAD'S NATIONAL PROGRAM FOR AIDS CONTROL. THE U.S. EMBASSY IS ALSO A MEMBER OF THE UN THEME GROUP ON HIV/AIDS, IN WHICH HOST COUNTRY OFFICIALS AND OTHER DONORS PARTICIPATE FOR COORDINATION PURPOSES.

4. EU REPRESENTATIVES NOTED THE TENDANCY OF THE GOC TO DEPEND ON FUNDING AGENCIES TO RUN THEIR PROGRAMS. THEY ALSO NOTED THAT THE EU ALREADY HAS PROGRAMS FOR MALARIA AND TUBERCULOSIS, HOWEVER, THEIR PREFERRED APPROACH IS TO SUPPORT SECTORS GLOBALLY--STRENGTHENING LOCAL INSTITUTIONS. WITH REGARD TO MALARIA, THE EU REPS CITED UNINTERRUPTED MAINTENANCE OF SUPPLIES AND DISTRIBUTION OF MEDICATIONS AS PROBLEM AREAS THAT NEED TO BE ADDRESSED, AS WELL AS SENSITIZING THE POPULATION TO PREVENTION MEASURES SUCH AS USE OF MOSQUITO NETS.

5. THE GROUP AGREED THAT IT NEEDED MORE INFORMATION ON

EXACTLY WHAT OTHER AGENCIES IN COUNTRY ARE DOING TO FIGHT THESE DISEASES IN ORDER TO IDENTIFY APPROPRIATE INTERVENTIONS. THE WORLD BANK, WHO AND UNICEF ARE KNOWN TO HAVE PROGRAMS TO FIGHT HIV/AIDS. THE GROUP ALSO AGREED TO FOCUS ITS EFFORTS ON WORKING WITH EXISTING PROGRAMS AND ON STRENGTHENING HOST COUNTRY CAPACITY TO FIGHT THESE DISEASES RATHER THAN CREATING AND OPERATING NEW PROGRAMS. IN ADDITION, THE GROUP AGREED TO CONTINUE ITS INDIVIDUAL HIV/AIDS AWARENESS EFFORTS USING EXISTING RESOURCES. THE U.S. EMBASSY COMMITTED TO AGGRESSIVELY SEEKING NEW FUNDING SOURCES TO BROADEN ITS RESOURCE BASE. THE EU ALREADY HAS FUNDS THAT CAN BE USED FOR TRAINING NURSES AND OTHER MEDICAL SERVICE PROVIDERS. FINALLY, THE GROUP AGREED TO MEET AGAIN ON OCT. 25 TO USE ANY ADDITIONAL INFORMATION DEVELOPED IN THE INTERIM TO ADOPT A MORE DEFINITIVE STRATEGY FOR COOPERATION. ROWE

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Thursday, September 28, 2000 1:37 PM
To: Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; 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: MAURITANIAN PARTICIPANT IN WEST AFRICAN HIV/AIDS REGIONAL MEETING

ActionAddees: RUEHDK/AMEMBASSY DAKAR PRIORITY 4679
RUEHBP/AMEMBASSY BAMAKO PRIORITY 9217
RUEHAB/AMEMBASSY ABIDJAN PRIORITY 0178
Classification: UNCLASSIFIED
DateTime: 281545Z SEP 00
Distribution: SIT: BABBITT BANBURY Bernard BYRNE NSC HARRISG MCLEAN NAPLAN PATTEN SCHWARTZ SHEA SMITH SMITHP WILCOX
Identifier: M4650749
InfoAddees: RUEHC/SECSTATE WASHDC 0934
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Line2: ZNR UUUUU ZZH
Line3: P 281545Z SEP 00
Line4: FM AMEMBASSY NOUAKCHOTT
Originator: AMEMBASSY NOUAKCHOTT
Precedence: PRIORITY
Profiles: BABBITTJ
BANBURYA
BERNARDK
BYRNEC
CABLES
HARRISG
MCLEANM
NAPLANS
PATTENW
SCHWARTE
SHEAD
SMITHG
SMITHP
WILCOXR
StationRoutingIndicator: RUEHNK
StationSerialNumber: 2283
TimeOfReceipt: 09/28/2000 13:36:18 ET

UNCLAS NOUAKCHOTT 002283

DEPT PASS TO USAID-AFR/SD, AFR/WCA, GB/H
DAKAR FOR USAID DEPDIR PFINE
BAMAKO FOR USAID DIRECTOR
ABIDJAN FOR HIV OFFICER

E.O. 12958: N/A
TAGS: EAID, SOCI, OTRA, MR
SUBJECT: MAURITANIAN PARTICIPANT IN WEST AFRICAN HIV/AIDS REGIONAL MEETING

REF: DAKAR 3973

1. EMBASSY MAURITANIA WILL SEND A PARTICIPANT TO THE SUBJECT MEETING IN BAMAKO NOVEMBER 6-8.

2. PARTICIPANT WILL BE EITHER DCM CAROL COLLOTON OR ALTERNATIVELY SELF-HELP COORDINATOR OUMAR MBARECK. USAID BAMAKO IS REQUESTED TO RESERVE A SINGLE ROOM FOR THE MAURITANIAN PARTICIPANT FOR THE FOUR NIGHTS OF NOVEMBER 5-8. POST WILL CONFIRM NAME OF PARTICIPANT AND TRAVEL PLANS AS SOON AS THEY ARE DETERMINED.

3. DRAFT AGENDA AND OTHER INFORMATION PERTAINING TO THE MEETING SHOULD BE SENT TO THE ATTENTION OF CAROL COLLOTON. FOSTER

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Wednesday, September 20, 2000 11:27 AM
To: Babbitt, James F. (VP); Banbury, Anthony "Tony" N. (MULTI); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; 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: NIGERIA POPULATION ESTIMATE BY UNICEF HIV/AIDS CHIEF--140 MILLION

ActionAddees: RUEHC/SECSTATE WASHDC PRIORITY 2326
Classification: UNCLASSIFIED
DateTime: 201455Z SEP 00
Distribution: SIT: BABBITT BANBURY Bernard BYRNE NSC HARRISG MCLEAN NAPLAN PATTEN SCHWARTZ SHEA SMITH SMITHP WILCOX
Identifier: M4636731
InfoAddees: RUEHUJA/AMEMBASSY ABUJA PRIORITY 2632
Line1: PAAUZYUW RUEHOSA2932 2641455-UUUU--RHEHAAX.
Line2: ZNR UUUUU ZZH
Line3: P 201455Z SEP 00
Line4: FM AMCONSUL LAGOS
Originator: AMCONSUL LAGOS
Precedence: PRIORITY
Profiles: BABBITTJ
BANBURYA
BERNARDK
BYRNEC
CABLES
HARRISG
MCLEANM
NAPLANS
PATTENW
SCHWARTE
SHEAD
SMITHG
SMITHP
WILCOXR
StationRoutingIndicator: RUEHOS
StationSerialNumber: 2932
TimeOfReceipt: 09/20/2000 11:26:49 ET

UNCLAS LAGOS 002932

PARIS AND LONDON FOR AFRICA WATCH OFFICERS

STATE FOR DRL/IL

DEPT. OF LABOR FOR ILAB

E.O. 12958: N/A
TAGS: ELAB, ECON, SOCI, PHUM, INR/AA
SUBJECT: NIGERIA POPULATION ESTIMATE BY UNICEF HIV/AIDS CHIEF--140 MILLION

1. SUMMARY: UNITED NATIONS CHILDREN'S FUND CHIEF OF HEALTH AND NUTRITION ESTIMATES THE CURRENT NIGERIA POPULATION AT 140 MILLION. HIGH-LEVEL GON OFFICIALS ARE COMMITTED TO FIGHTING THE HIV/AIDS EPIDEMIC, BUT LACK A FOCUSED STRATEGY AND ARE FAILING TO MOBILIZE STATE AND LOCAL GOVERNMENT OFFICALS. END SUMMARY.

2. KOEN VANORMELINGEN, CHIEF OF HEALTH AND NUTRITION FOR UNICEF IN NIGERIA, MET WITH LABOFF AND USDOL OFFICIALS PETER MAMACOS AND CELESTE HELM TO DISCUSS ONGOING HIV/AIDS PREVENTION AND TRAINING PROGRAMS. IN THE COURSE OF THE DISCUSSION, VANORMELINGEN STATED THAT UNICEF HAD ARRIVED AT A FAR HIGHER POPULATION ESTIMATE THAN IS GENERALLY ACCEPTED AMONG INTERNATIONAL DONORS.

3. BASED ON WORLD BANK DATA, THE USAID MISSION AT POST ESTIMATES NIGERIA'S CURRENT POPULATION AT 123 MILLION. DFID, THE UK COUNTERPART AGENCY, ESTIMATES A POPULATION OF 120 MILLION. ACCORDING TO VANORMELINGEN, HOWEVER, 140 MILLION IS THE "MOST CONSERVATIVE ESTIMATE" OF THE COUNTRY'S POPULATION. DUE TO RAPID URBANIZATION, VANORMELINGEN ESTIMATES THAT 60 PERCENT OF NIGERIA'S POPULATION IS URBAN-BASED, WITH 12-15 MILLION PERSONS LIVING IN THE LAGOS METROPOLIS.

4. UNICEF DERIVES THIS POPULATION ESTIMATE FROM A RECENT HOUSE-TO-HOUSE SURVEY PERFORMED IN CONJUNCTION WITH A NATIONAL IMMUNIZATION PROGRAM. THE SURVEY FOUND THAT THERE ARE CURRENTLY 38 MILLION NIGERIAN CHILDREN UNDER THE AGE OF FIVE. ACCORDING TO VANORMELINGEN, IT IS STANDARD PRACTICE TO TAKE THE UNDER-FIVE POPULATION FIGURE AND MULTIPLY TIMES FIVE (OR, MORE CONSERVATIVELY, TIMES FOUR) TO EXTRAPOLATE A TOTAL POPULATION FIGURE. SINCE FOUR TIMES 38 MILLION EXCEEDS 150 MILLION, VANORMELINGEN BELIEVES 140 MILLION IS A VALID, ALBEIT CONSERVATIVE, CURRENT POPULATION ESTIMATE. (NOTE: BOTH USAID AND DFID CAUTIONED AGAINST ESTIMATING TOTAL POPULATION BASED ON STATISTICS FROM A HOUSEHOLD SURVEY DESIGNED FOR NON-CENSUS PURPOSES. END NOTE).

5. ON HIV/AIDS AWARENESS AND PREVENTION PROGRAMS, UNICEF IS CURRENTLY DEVELOPING A PROGRAM FOR IN-HOUSE UN STAFF THAT IT INTENDS TO LATER ADAPT TO PRIVATE SECTOR WORKPLACES. THE UN AGENCY IS ALSO INTEGRATING HIV AWARENESS IN ITS NON-FORMAL EDUCATION EFFORTS WITH WORKING CHILDREN. VANORMELINGEN EXPRESSED AN INTEREST IN PARTNERING WITH OTHER PUBLIC AND PRIVATE DONORS ON HIV/AIDS PROGRAMS FOR WORKING CHILDREN. UNICEF IS ACTIVELY PARTNERING WITH THE CENTER FOR DISEASE CONTROL AND DFID ON OTHER ASPECTS OF ITS HIV/AIDS PROGRAM. THE UN AGENCY IS CURRENTLY SPENDING 1.4 MILLION USD/YEAR ON HIV/AIDS TRAINING, AWARENESS, AND PREVENTION PROGRAMS.

6. VANORMELINGEN CHARACTERIZES THE GON'S HIV/AIDS EFFORTS AS STRONG ON HIGH-LEVEL COMMITMENT BUT SORELY LACKING IN FUNDING, FOCUSED STRATEGY OR AN ADEQUATE STRUCTURAL RESPONSE. THE GON IS "STILL WORKING WITH THE SAME PEOPLE" AND MAKING NO HEADWAY ON DEVELOPING STATE AND LOCAL CAPACITY TO ADDRESS THE GROWING PROBLEM. ACCORDING TO THE UNICEF CHIEF, MOST GOVERNMENT STAKEHOLDERS ARE IN DENIAL AS TO THE SCOPE OF THE EPIDEMIC. DUE TO THE LACK OF CLEAR POLITICAL PAYBACK FROM HIV/AIDS TRAINING AND PREVENTION PROGRAMS, AIDS WORKERS ARE UNABLE TO GENERATE SUPPORT FOR TRAINING AND PREVENTION PROGRAMS AT THE LOCAL LEVEL. ACCORDING TO THE UNICEF HEALTH CHIEF THE GON HAS RELEASED ONLY .5 MILLION USD IN FUNDS TO THE NATIONAL ACTION COMMITTEE ON AIDS, DESPITE HAVING BUDGETED OVER SIX MILLION USD.

7. COMMENT: IF ACCURATE, THE UNICEF HEALTH CHIEF'S

POPULATION ESTIMATE ONLY INCREASES THE STAKES FOR NIGERIA'S SOCIAL DEVELOPMENT PROGRAMS. THE DISPARITY BETWEEN GON BUDGETARY ALLOCATIONS AND DISBURSEMENTS IS COMMON ACROSS ALL MINISTRIES. PERHAPS MORE TROUBLING, VANORMELINGEN'S FINDING THAT THE GON HAS YET TO "GET IT" ON HIV/AIDS MEANS THAT THE EPIDEMIC IS ADVANCING LARGELY UNADDRESSED. END COMMENT.

SERPA

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. cable	Re: [HIV/AIDS] (4 pages)	09/18/2000	P1/b(1)

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

FOLDER TITLE:
Cables related to AIDS - 2000 [3]

2007-1550-F
ke2031

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, August 29, 2000 10:37 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Bruns, Judson L. (Jay) (INTECON); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Duncan, John D. (INTECON/DOS); Harris, Grant T. (AF); Lin, Christina Y. (INTECON/INTERN); Smith, Gayle E. (AF)
Subject:	HIV/AIDS IN THE SOUTH AFRICAN MINING INDUSTRY
ActionAddees:	RUEHC/SECSTATE WASHDC PRIORITY 4461
Classification:	UNCLASSIFIED
DateTime:	291421Z AUG 00
Distribution:	SIT: BABBITT Bernard BRUNS BYRNE NSC DEMPSEY DUNCAN HARRISG LIN SMITH
Identifier:	M4603912
InfoAddees:	RHEHAAA/WHITE HOUSE WASHDC RUCPDOC/USDOC WASHDC RHEHNSC/NSC WASHDC RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
Line1:	PAAUZYUW RUEHSAA6807 2421421-UUUU--RHEHNSC RHEHAAA.
Line2:	ZNR UUUUU ZZH
Line3:	P 291421Z AUG 00
Line4:	FM AMEMBASSY PRETORIA
Originator:	AMEMBASSY PRETORIA
Precedence:	PRIORITY
Profiles:	BABBITTJ BERNARDK BRUNSJ BYRNEC CABLES DEMPSEYN DUNCANJ HARRISG LINC SMITHG
StationRoutingIndicator:	RUEHSA
StationSerialNumber:	6807
TimeOfReceipt:	08/29/2000 10:35:55 ET

UNCLAS SECTION 01 OF 03 PRETORIA 006807

AF FOR A/S RICE, DAS SCHNEIDEMAN
AF/S FOR A. RENDER
OES FOR N. CARTER-FOSTER
WHITE HOUSE ONAP FOR DIRECTOR S. THURMAN

E.O. 12958: N/A
TAGS: EMIN, EIND, KHIV, SOCI, TBIO, SF
SUBJECT: HIV/AIDS IN THE SOUTH AFRICAN MINING INDUSTRY

1. SUMMARY: THE SOUTH AFRICAN MINING INDUSTRY WILL BE AFFECTED DRAMATICALLY BY THE HIV/AIDS PANDEMIC IN SOUTHERN AFRICA. OVER THE NEXT DECADE LARGE NUMBERS OF PRODUCTIVE WORKERS - UNSKILLED, SEMI-SKILLED, SKILLED AND MANAGERIAL - WILL DIE WELL BEFORE RETIREMENT AGE. THIS CALAMITY, NOW INEVITABLE SHORT OF A MEDICAL MIRACLE, WILL HAVE A MAJOR SOCIAL AND ECONOMIC IMPACT ON SOUTH AFRICA.

2. COMPANIES IN THE MINING SECTOR ARE BEGINNING TO GRAPPLE WITH THE ENORMITY OF THE HIV/AIDS IMPACT ON

THEIR PRODUCTIVITY, SKILLS DEVELOPMENT, HUMAN RESOURCES MANAGEMENT AND PROFITABILITY. HARD DATA ON THE EXTENT OF INFECTION IS DIFFICULT TO OBTAIN BECAUSE OF LEGAL AND CONTRACTUAL BARRIERS TO SCREENING AND TESTING. FORECASTS OF THE TIMING AND SEVERITY OF THE ONSET OF ACTUAL ILLNESS ARE PROBLEMATIC AT BEST. MINING COMPANIES ARE REDESIGNING EMPLOYEE BENEFIT PLANS TO REDUCE THE FINANCIAL RISK ASSOCIATED WITH THE PANDEMIC'S PROGRESS. BENEFITS SUCH AS MEDICAL CARE, LIFE INSURANCE AND RETIREMENT PLANS WILL BE MORE RESTRICTIVE IN TERMS OF COVERAGE AND MORE EXPENSIVE IN THE FUTURE. MANY SOUTH AFRICAN COMPANIES ARE RETHINKING THEIR BUSINESS MODELS WITH AN EYE TOWARD REDUCING THEIR EXPOSURE TO THE SOCIAL AND FINANCIAL IMPACTS OF HIV/AIDS. THE MINING INDUSTRY, AFTER YEARS OF DENIAL, IS IN THE VANGUARD OF THIS MOVEMENT. END SUMMARY.

THE DECADE TO COME - UNCHARTED TERRITORY

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3. THE MINING INDUSTRY, BY ANY STANDARD A "PEOPLE-DEPENDENT" INDUSTRY, IS THE EPICENTER OF THE HIV/AIDS PANDEMIC IN SOUTH AFRICA, ONE OF THE COUNTRIES ON THE AFRICAN CONTINENT MOST THREATENED BY THE VIRUS. UNLIKE THE PLAGUE IN EUROPE DURING THE MIDDLE AGES OR INFLUENZA EARLY IN THE 20TH CENTURY, WHICH DISPROPORTIONATELY AFFECTED THE YOUNG AND THE ELDERLY, HIV/AIDS TAKES ITS TOLL ON INDIVIDUALS DURING THEIR MOST PRODUCTIVE YEARS. THE DISEASE LEAVES BEHIND "CONSUMERS" WHILE ELIMINATING LARGE NUMBERS OF PRODUCTIVE WORKERS. PROVIDING FOR THE YOUNG AND THE OLD WHEN THE FAMILY BREADWINNER IS NO LONGER ABLE TO WORK IS A PROBLEM THAT WILL ONLY GET WORSE IN COMING YEARS. FATALISM, GENDER EXPLOITATION AND CULTURAL DISINTEGRATION, THE ROOTS OF THE HIV/AIDS PHENOMENON, WERE, IN LARGE MEASURE, ABETTED BY THE LABOR PRACTICES FOLLOWED IN THE SOUTH AFRICAN MINING INDUSTRY DURING THE LAST CENTURY. NOW THE INDUSTRY IS FACED WITH THE SOCIAL AND EPIDEMIOLOGICAL CONSEQUENCES.

4. HOW BEST TO MANAGE THIS CREEPING CALAMITY AND PRESERVE CORPORATE VALUE IS NOW A TASK THAT HAS SEIZED MANY COMPANIES IN THE MINING INDUSTRY. AMONG MINING INDUSTRY WORKERS, MOSTLY MALE AND CLUSTERED IN THE 20 TO 39-YEAR-OLD AGE GROUP, THE HIGHEST-RISK AGE SEGMENT, 30 PERCENT INFECTION RATES ARE NO LONGER EXTRAORDINARY AMONG FIRMS IN THIS INDUSTRY. BUT THE INFECTION RATE IN THE MINING INDUSTRY IS NO LONGER THE POINT. THE INEVITABLE IMPACT OF THE CURRENT SITUATION IS THAT ONE-THIRD OF THE WORKERS IN THE SOUTH AFRICAN MINING INDUSTRY WILL DIE DURING THE NEXT TEN YEARS. SEVEN YEARS AGO BETWEEN 2 AND 4 PERCENT OF THE SOUTH AFRICAN POPULATION WERE HIV POSITIVE. UNFORTUNATELY, NO ONE IN THE MINING INDUSTRY, OR IN THE GOVERNMENT, WAS SEIZED BY THE GRAVITY OF THIS FACT. ONE SOUTH AFRICAN PUBLIC HEALTH CONSULTANT NOTES THAT HIV-RELATED ILLNESSES, ALREADY A SERIOUS PROBLEM, ARE ONE-TENTH OF WHAT THEY WILL BE IN THE NEAR FUTURE. NEXT YEAR, FOR THE FIRST TIME, DEATHS FROM HIV-RELATED ILLNESSES WILL EXCEED ALL OTHER CAUSES OF DEATH AMONG WORKERS IN SOUTH AFRICA. THE FUTURE IMPACT OF THIS DISEASE ON PRODUCTIVITY, SKILLS DEVELOPMENT, HUMAN RESOURCES MANAGEMENT AND,

ULTIMATELY, CORPORATE PROFITABILITY, IS LIKELY TO BE SUBSTANTIAL.

IT HAS TO BE MEASURED BEFORE IT CAN BE MANAGED

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5. YET MANY FIRMS IN THE MINING SECTOR REMAIN ESSENTIALLY IN THE DARK ABOUT THE PARAMETERS OF THE PROBLEM THAT THEY WILL FACE. WHILE MANY COMPANIES ACKNOWLEDGE THE NEED FOR PROACTIVE PLANNING TO REDUCE THE IMPACT OF HIV/AIDS ON BOTH EMPLOYEES AND EMPLOYER,

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E.O. 12958: N/A
TAGS: EMIN, EIND, KHIV, SOCI, TBIO, SF
SUBJECT: HIV/AIDS IN THE SOUTH AFRICAN MINING INDUSTRY

POOR MONITORING AND MEASUREMENT OF THE DISEASE'S ADVANCE LEAVE THEM WITH LITTLE HARD INFORMATION TO BASE DECISIONS UPON. PREVALENCE MEASUREMENTS ARE LIMITED IN SCOPE AND FIRMS ARE FORCED TO EXTRAPOLATE UPON SMALL DATA BASES. MOST NATIONAL DATA IN SOUTH AFRICA RELATES ONLY TO PREGNANT WOMEN AND FIRMS ARE PROSCRIBED BY LAW (THE EMPLOYMENT EQUITY ACT OF 1998) FROM CONDUCTING MANDATORY HIV/AIDS SCREENING OR TESTING. THE LEGAL AND COLLECTIVE BARGAINING RESTRAINTS ON COLLECTING CURRENT HIV/AIDS PREVALENCE INFORMATION AMONG MINEWORKERS IS BECOMING A SIGNIFICANT ISSUE IN THE INDUSTRY.

6. AT THE MOST LABOR-INTENSIVE MINES IN SOUTH AFRICA (THE DEEP UNDERGROUND MINES), LOCAL FIRMS SAY THAT LABOR EXPENSES ACCOUNT FOR AROUND 50 PERCENT OF TOTAL OPERATING COSTS. AT MORE MECHANIZED MINES (OPEN PIT OPERATIONS), LABOR COSTS ARE AROUND 35 PERCENT OF TOTAL COSTS. LABOR COST INCREASES ATTRIBUTABLE DIRECTLY AND INDIRECTLY TO THE HIV/AIDS PANDEMIC ARE EXPECTED TO BE IN THE 10-15 PERCENT RANGE. THE MORE MECHANIZED MINES ARE PARTICULARLY CONCERNED ABOUT THE COST OF REPLACING SKILLED MACHINERY OPERATORS. WIDELY CIRCULATED MINING INDUSTRY FIGURES HERE PEG THE COST OF REPLACING SEMI-SKILLED, SKILLED AND PROFESSIONAL EMPLOYEES AT R45,000, R250,000 AND R700,000 RESPECTIVELY. ONE COMPANY ESTIMATES THAT THE COST OF LOSING A MANAGERIAL-LEVEL EMPLOYEE IS 5 TO 7 TIMES THE INDIVIDUAL'S SALARY. MOREOVER, COMPANIES REPORT THAT THEIR EFFORTS TOWARD IMPLEMENTING AFFIRMATIVE ACTION PROGRAMS ARE HAVING THE EFFECT OF INCREASING THE PREVALENCE OF HIV/AIDS INFECTIONS AMONG MANAGERS. THE 10 TO 15 PERCENT INCREASES EXPECTED IN A MAJOR COST CATEGORY LIKE LABOR ARE CAUSING SOME IN THE INDUSTRY TO WORRY ABOUT THE FUTURE COMPETITIVENESS OF SOUTH AFRICA'S MINING SECTOR. LOWER EMPLOYEE PRODUCTIVITY THAN IN NORTH AMERICAN OR AUSTRALIAN MINES MEANS THAT AFRICAN OPERATIONS ARE ALREADY ON THE HIGH END OF THE COST CURVE.

LIMITING FINANCIAL RISK

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7. OF GROWING CONCERN TO MANY SOUTH AFRICAN MINING COMPANIES IS THE IMPACT THAT HIV/AIDS WILL HAVE ON COSTS, PARTICULARLY THE COST OF EMPLOYEE BENEFIT PLANS. THE REAL COSTS ASSOCIATED WITH HIV/AIDS WON'T BECOME APPARENT UNTIL THE LARGE NUMBERS OF INFECTED INDIVIDUALS ENTER THE ILLNESS PHASE OF THE DISEASE. SOUTH AFRICA WILL EXPERIENCE THIS MANIFESTATION OF THE PANDEMIC DURING THE NEXT DECADE. SINCE IT IS DIFFICULT TO DETERMINE THE ACTUAL PREVALENCE OF THE INFECTION IN A SPECIFIC WORKING POPULATION, THE LIKELY PACE OF THE DISEASE'S ADVANCE AND THE DISTRIBUTION OF EMPLOYEE LOSSES IN THE COMPANY (AGE, JOB CATEGORY, SKILLS ETC.), MANY FIRMS ARE BEGINNING TO SCALE BACK NOW ON BENEFITS AS A DEFENSIVE MEASURE. PENSION AND DISABILITY PLANS, LIFE INSURANCE AND MEDICAL AID SCHEMES ARE BEING SCRUTINIZED WITH AN EYE TOWARD REDUCING THE FIRM'S FINANCIAL EXPOSURE.

8. MORE HOME CARE AND HOSPICE CARE FOR TERMINALLY-ILL EMPLOYEES IS BEING CONSIDERED AS A MEANS OF MOVING THEM OUT OF A HIGH COST HOSPITAL ENVIRONMENT. ONE LARGE SOUTH AFRICAN COAL COMPANY SAYS INSTITUTIONALIZATION OF AN HIV/AIDS VICTIM COSTS RAND 300 PER DAY. IN ADDITION, MANY FIRMS ARE TERMINATING THEIR COMPREHENSIVE COMPANY-PROVIDED HEALTH CARE IN FAVOR OF ENROLLING EMPLOYEES IN MEDICAL AID SCHEMES, AN HMO-LIKE APPROACH THAT FACILITATES EXPENSE MANAGEMENT. THESE PROGRAMS USUALLY HAVE MORE RESTRICTIVE BENEFITS AND REPRESENT A MOVE AWAY FROM AN OPEN-ENDED COMMITMENT TO AN EMPLOYEE'S MEDICAL NEEDS IN A COMPANY CLINIC OR HOSPITAL. TODAY MANY FIRMS ARE FINDING THEIR HOSPITAL BEDS FILLED LARGELY WITH HIV/AIDS VICTIMS, MANY OF WHOM REMAIN FOR EXTENDED PERIODS. THE TREND IS TOWARD HOME AND HOSPICE CARE AND EVEN RESTRICTING COMPANY MEDICAL FACILITIES TO EMPLOYEES SUFFERING FROM OCCUPATIONALLY-RELATED INJURIES AND ILLNESSES - ALL IN THE INTEREST OF BRINGING MEDICAL EXPENSES UNDER CONTROL.

9. WORSENING MORTALITY AT YOUNGER AGES (ESPECIALLY BETWEEN THE AGES OF 18 AND 45) WILL INCREASE THE COST OF GROUP LIFE INSURANCE DRAMATICALLY AT AGES WHERE TRADITIONALLY IT HAS BEEN RELATIVELY INEXPENSIVE. SOME BENEFIT CONSULTANTS FORECAST A DOUBLING OF THE COST OF GROUP LIFE COVERAGE OVER THE NEXT FIVE YEARS AND A QUADRUPLING OVER THE NEXT DECADE. THE LIKELY RESULT

AF FOR A/S RICE, DAS SCHNEIDEMAN
AF/S FOR A. RENDER
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E.O. 12958: N/A
TAGS: EMIN, EIND, KHIV, SOCI, TBIO, SF
SUBJECT: HIV/AIDS IN THE SOUTH AFRICAN MINING INDUSTRY

WILL BE BENEFIT REDUCTIONS, A DIFFICULT CIRCUMSTANCE IN VIEW OF THE FACT THAT MANY WORKERS WILL LEAVE YOUNG CHILDREN, ADDING TO THE NUMBER OF "AIDS ORPHANS." IN CONTRAST, THE COST OF DISABILITY BENEFITS WILL PROBABLY NOT BE AFFECTED ADVERSELY BY THE PANDEMIC. IN THE MINING INDUSTRY THE TIME PERIOD BETWEEN THE ONSET OF COMPLETE DISABILITY AND DEATH IS ABOUT TWO YEARS,

DEPENDING ON THE TREATMENT RECEIVED AND THE GENERAL STATE OF THE VICTIM'S HEALTH. THE IMPACT OF HIV/AIDS ON DISABILITY WILL THEREFORE BE LIMITED TO AN INCREASE IN DISABILITY INCIDENCE, BUT THE DISABILITY PERIOD IS UNLIKELY TO LAST FOR LONG.

CORPORATE SURVIVAL STRATEGIES

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10. THE ONWARD MARCH OF THE HIV/AIDS PANDEMIC THROUGH SOUTH AFRICAN SOCIETY HAS MANY COMPANIES, NOT JUST THOSE IN THE MINING INDUSTRY, SCRAMBLING TO ADAPT THEIR BUSINESS MODELS TO THE REALITY OF THE CHANGES THAT WILL OCCUR DURING THE NEXT DECADE. WE HAVE HEARD ONE REPORT THAT A LOCAL RETAILER HAS DECIDED TO MAKE A MOVE AWAY FROM A MARKETING STRATEGY FOCUSED ON CREDIT SALES TO MORE OF A DEBIT CARD/CASH ORIENTATION. NO DOUBT MANY OTHER BUSINESS MODELS WILL ALSO BE MODIFIED IN AN ATTEMPT TO DODGE THE HIV/AIDS BULLET. IN THE MINING SECTOR FIRMS ARE TALKING ABOUT SUCH STRATEGIES AS LATER RETIREMENT DATES FOR EMPLOYEES WHO LIVE THAT LONG AND MICRO-SKILLING RATHER THAN MULTI-SKILLING FOR EMPLOYEES TO CUT DOWN ON TRAINING EXPENSES AND TO LESSEN THE OPERATIONAL IMPACT OF LOST WORKERS. THERE IS DISCUSSION OF THE FUTURE NEED TO IMPORT THE SKILLS NEEDED TO KEEP THE INDUSTRY RUNNING AND, AS A NECESSARY PRELUDE TO THAT, REVISION OF SOUTH AFRICA'S RESTRICTIVE LABOR LAWS.

11. THROUGHOUT THE SOUTH AFRICAN BUSINESS ESTABLISHMENT THE REALIZATION IS SINKING IN THAT, OVER THE NEXT DECADE, DEATH DURING AN EMPLOYEE'S ACTIVE SERVICE LIFE RATHER THAN AFTER RETIREMENT WILL BECOME THE NORM. THIS FACT HAS ENORMOUS RAMIFICATIONS FOR MANY KINDS OF BUSINESSES. THE MINING INDUSTRY MAY BE EARLIER THAN SOME IN TRYING TO REACT TO THE IMPACT THAT HIV/AIDS WILL HAVE ON SOUTH AFRICAN SOCIETY. EVENTUALLY, HOWEVER, ALL FIRMS WILL HAVE TO CONFRONT THE REALITY OF THE HIV/AIDS CRISIS. LEWIS

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. cable	Re: [South Africa] (3 pages)	08/28/2000	P1/b(1)

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

FOLDER TITLE:
Cables related to AIDS - 2000 [3]

2007-1550-F
ke2031

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).
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Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Tuesday, August 29, 2000 10:37 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Bruns, Judson L. (Jay) (INTECON); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Duncan, John D. (INTECON/DOS); Harris, Grant T. (AF); Lin, Christina Y. (INTECON/INTERN); Smith, Gayle E. (AF)
Subject:	HIV/AIDS IN THE SOUTH AFRICAN MINING INDUSTRY
ActionAddees:	RUEHC/SECSTATE WASHDC PRIORITY 4461
Classification:	UNCLASSIFIED
DateTime:	291421Z AUG 00
Distribution:	SIT: BABBITT Bernard BRUNS BYRNE NSC DEMPSEY DUNCAN HARRISG LIN SMITH
Identifier:	M4603912
InfoAddees:	RHEHAAA/WHITE HOUSE WASHDC RUCPDOC/USDOC WASHDC RHEHNSC/NSC WASHDC RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
Line1:	PAAUZYUW RUEHSAA6807 2421421-UUUU--RHEHNSC RHEHAAA.
Line2:	ZNR UUUUU ZZH
Line3:	P 291421Z AUG 00
Line4:	FM AMEMBASSY PRETORIA
Originator:	AMEMBASSY PRETORIA
Precedence:	PRIORITY
Profiles:	BABBITTJ BERNARDK BRUNSJ BYRNEC CABLES DEMPSEYN DUNCANJ HARRISG LINC SMITHG
StationRoutingIndicator:	RUEHSA
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TimeOfReceipt:	08/29/2000 10:35:55 ET

UNCLAS SECTION 01 OF 03 PRETORIA 006807

AF FOR A/S RICE, DAS SCHNEIDEMAN
AF/S FOR A. RENDER
OES FOR N. CARTER-FOSTER
WHITE HOUSE ONAP FOR DIRECTOR S. THURMAN

E.O. 12958: N/A
TAGS: EMIN, EIND, KHIV, SOCI, TBIO, SF
SUBJECT: HIV/AIDS IN THE SOUTH AFRICAN MINING INDUSTRY

1. SUMMARY: THE SOUTH AFRICAN MINING INDUSTRY WILL BE AFFECTED DRAMATICALLY BY THE HIV/AIDS PANDEMIC IN SOUTHERN AFRICA. OVER THE NEXT DECADE LARGE NUMBERS OF PRODUCTIVE WORKERS - UNSKILLED, SEMI-SKILLED, SKILLED AND MANAGERIAL - WILL DIE WELL BEFORE RETIREMENT AGE. THIS CALAMITY, NOW INEVITABLE SHORT OF A MEDICAL MIRACLE, WILL HAVE A MAJOR SOCIAL AND ECONOMIC IMPACT ON SOUTH AFRICA.

2. COMPANIES IN THE MINING SECTOR ARE BEGINNING TO GRAPPLE WITH THE ENORMITY OF THE HIV/AIDS IMPACT ON

THEIR PRODUCTIVITY, SKILLS DEVELOPMENT, HUMAN RESOURCES MANAGEMENT AND PROFITABILITY. HARD DATA ON THE EXTENT OF INFECTION IS DIFFICULT TO OBTAIN BECAUSE OF LEGAL AND CONTRACTUAL BARRIERS TO SCREENING AND TESTING. FORECASTS OF THE TIMING AND SEVERITY OF THE ONSET OF ACTUAL ILLNESS ARE PROBLEMATIC AT BEST. MINING COMPANIES ARE REDESIGNING EMPLOYEE BENEFIT PLANS TO REDUCE THE FINANCIAL RISK ASSOCIATED WITH THE PANDEMIC'S PROGRESS. BENEFITS SUCH AS MEDICAL CARE, LIFE INSURANCE AND RETIREMENT PLANS WILL BE MORE RESTRICTIVE IN TERMS OF COVERAGE AND MORE EXPENSIVE IN THE FUTURE. MANY SOUTH AFRICAN COMPANIES ARE RETHINKING THEIR BUSINESS MODELS WITH AN EYE TOWARD REDUCING THEIR EXPOSURE TO THE SOCIAL AND FINANCIAL IMPACTS OF HIV/AIDS. THE MINING INDUSTRY, AFTER YEARS OF DENIAL, IS IN THE VANGUARD OF THIS MOVEMENT. END SUMMARY.

THE DECADE TO COME - UNCHARTED TERRITORY

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3. THE MINING INDUSTRY, BY ANY STANDARD A "PEOPLE-DEPENDENT" INDUSTRY, IS THE EPICENTER OF THE HIV/AIDS PANDEMIC IN SOUTH AFRICA, ONE OF THE COUNTRIES ON THE AFRICAN CONTINENT MOST THREATENED BY THE VIRUS. UNLIKE THE PLAGUE IN EUROPE DURING THE MIDDLE AGES OR INFLUENZA EARLY IN THE 2OTH CENTURY, WHICH DISPROPORTIONATELY AFFECTED THE YOUNG AND THE ELDERLY, HIV/AIDS TAKES ITS TOLL ON INDIVIDUALS DURING THEIR MOST PRODUCTIVE YEARS. THE DISEASE LEAVES BEHIND "CONSUMERS" WHILE ELIMINATING LARGE NUMBERS OF PRODUCTIVE WORKERS. PROVIDING FOR THE YOUNG AND THE OLD WHEN THE FAMILY BREADWINNER IS NO LONGER ABLE TO WORK IS A PROBLEM THAT WILL ONLY GET WORSE IN COMING YEARS. FATALISM, GENDER EXPLOITATION AND CULTURAL DISINTEGRATION, THE ROOTS OF THE HIV/AIDS PHENOMENON, WERE, IN LARGE MEASURE, ABETTED BY THE LABOR PRACTICES FOLLOWED IN THE SOUTH AFRICAN MINING INDUSTRY DURING THE LAST CENTURY. NOW THE INDUSTRY IS FACED WITH THE SOCIAL AND EPIDEMIOLOGICAL CONSEQUENCES.

4. HOW BEST TO MANAGE THIS CREEPING CALAMITY AND PRESERVE CORPORATE VALUE IS NOW A TASK THAT HAS SEIZED MANY COMPANIES IN THE MINING INDUSTRY. AMONG MINING INDUSTRY WORKERS, MOSTLY MALE AND CLUSTERED IN THE 20 TO 39-YEAR-OLD AGE GROUP, THE HIGHEST-RISK AGE SEGMENT, 30 PERCENT INFECTION RATES ARE NO LONGER EXTRAORDINARY AMONG FIRMS IN THIS INDUSTRY. BUT THE INFECTION RATE IN THE MINING INDUSTRY IS NO LONGER THE POINT. THE INEVITABLE IMPACT OF THE CURRENT SITUATION IS THAT ONE-THIRD OF THE WORKERS IN THE SOUTH AFRICAN MINING INDUSTRY WILL DIE DURING THE NEXT TEN YEARS. SEVEN YEARS AGO BETWEEN 2 AND 4 PERCENT OF THE SOUTH AFRICAN POPULATION WERE HIV POSITIVE. UNFORTUNATELY, NO ONE IN THE MINING INDUSTRY, OR IN THE GOVERNMENT, WAS SEIZED BY THE GRAVITY OF THIS FACT. ONE SOUTH AFRICAN PUBLIC HEALTH CONSULTANT NOTES THAT HIV-RELATED ILLNESSES, ALREADY A SERIOUS PROBLEM, ARE ONE-TENTH OF WHAT THEY WILL BE IN THE NEAR FUTURE. NEXT YEAR, FOR THE FIRST TIME, DEATHS FROM HIV-RELATED ILLNESSES WILL EXCEED ALL OTHER CAUSES OF DEATH AMONG WORKERS IN SOUTH AFRICA. THE FUTURE IMPACT OF THIS DISEASE ON PRODUCTIVITY, SKILLS DEVELOPMENT, HUMAN RESOURCES MANAGEMENT AND,

ULTIMATELY, CORPORATE PROFITABILITY, IS LIKELY TO BE SUBSTANTIAL.

IT HAS TO BE MEASURED BEFORE IT CAN BE MANAGED

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5. YET MANY FIRMS IN THE MINING SECTOR REMAIN ESSENTIALLY IN THE DARK ABOUT THE PARAMETERS OF THE PROBLEM THAT THEY WILL FACE. WHILE MANY COMPANIES ACKNOWLEDGE THE NEED FOR PROACTIVE PLANNING TO REDUCE THE IMPACT OF HIV/AIDS ON BOTH EMPLOYEES AND EMPLOYER, UNCLAS SECTION 02 OF 03 PRETORIA 006807

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E.O. 12958: N/A
TAGS: EMIN, EIND, KHIV, SOCI, TBIO, SF
SUBJECT: HIV/AIDS IN THE SOUTH AFRICAN MINING INDUSTRY

POOR MONITORING AND MEASUREMENT OF THE DISEASE'S ADVANCE LEAVE THEM WITH LITTLE HARD INFORMATION TO BASE DECISIONS UPON. PREVALENCE MEASUREMENTS ARE LIMITED IN SCOPE AND FIRMS ARE FORCED TO EXTRAPOLATE UPON SMALL DATA BASES. MOST NATIONAL DATA IN SOUTH AFRICA RELATES ONLY TO PREGNANT WOMEN AND FIRMS ARE PROSCRIBED BY LAW (THE EMPLOYMENT EQUITY ACT OF 1998) FROM CONDUCTING MANDATORY HIV/AIDS SCREENING OR TESTING. THE LEGAL AND COLLECTIVE BARGAINING RESTRAINTS ON COLLECTING CURRENT HIV/AIDS PREVALENCE INFORMATION AMONG MINEWORKERS IS BECOMING A SIGNIFICANT ISSUE IN THE INDUSTRY.

6. AT THE MOST LABOR-INTENSIVE MINES IN SOUTH AFRICA (THE DEEP UNDERGROUND MINES), LOCAL FIRMS SAY THAT LABOR EXPENSES ACCOUNT FOR AROUND 50 PERCENT OF TOTAL OPERATING COSTS. AT MORE MECHANIZED MINES (OPEN PIT OPERATIONS), LABOR COSTS ARE AROUND 35 PERCENT OF TOTAL COSTS. LABOR COST INCREASES ATTRIBUTABLE DIRECTLY AND INDIRECTLY TO THE HIV/AIDS PANDEMIC ARE EXPECTED TO BE IN THE 10-15 PERCENT RANGE. THE MORE MECHANIZED MINES ARE PARTICULARLY CONCERNED ABOUT THE COST OF REPLACING SKILLED MACHINERY OPERATORS. WIDELY CIRCULATED MINING INDUSTRY FIGURES HERE PEG THE COST OF REPLACING SEMI-SKILLED, SKILLED AND PROFESSIONAL EMPLOYEES AT R45,000, R250,000 AND R700,000 RESPECTIVELY. ONE COMPANY ESTIMATES THAT THE COST OF LOSING A MANAGERIAL-LEVEL EMPLOYEE IS 5 TO 7 TIMES THE INDIVIDUAL'S SALARY. MOREOVER, COMPANIES REPORT THAT THEIR EFFORTS TOWARD IMPLEMENTING AFFIRMATIVE ACTION PROGRAMS ARE HAVING THE EFFECT OF INCREASING THE PREVALENCE OF HIV/AIDS INFECTIONS AMONG MANAGERS. THE 10 TO 15 PERCENT INCREASES EXPECTED IN A MAJOR COST CATEGORY LIKE LABOR ARE CAUSING SOME IN THE INDUSTRY TO WORRY ABOUT THE FUTURE COMPETITIVENESS OF SOUTH AFRICA'S MINING SECTOR. LOWER EMPLOYEE PRODUCTIVITY THAN IN NORTH AMERICAN OR AUSTRALIAN MINES MEANS THAT AFRICAN OPERATIONS ARE ALREADY ON THE HIGH END OF THE COST CURVE.

LIMITING FINANCIAL RISK

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7. OF GROWING CONCERN TO MANY SOUTH AFRICAN MINING COMPANIES IS THE IMPACT THAT HIV/AIDS WILL HAVE ON COSTS, PARTICULARLY THE COST OF EMPLOYEE BENEFIT PLANS. THE REAL COSTS ASSOCIATED WITH HIV/AIDS WON'T BECOME APPARENT UNTIL THE LARGE NUMBERS OF INFECTED INDIVIDUALS ENTER THE ILLNESS PHASE OF THE DISEASE. SOUTH AFRICA WILL EXPERIENCE THIS MANIFESTATION OF THE PANDEMIC DURING THE NEXT DECADE. SINCE IT IS DIFFICULT TO DETERMINE THE ACTUAL PREVALENCE OF THE INFECTION IN A SPECIFIC WORKING POPULATION, THE LIKELY PACE OF THE DISEASE'S ADVANCE AND THE DISTRIBUTION OF EMPLOYEE LOSSES IN THE COMPANY (AGE, JOB CATEGORY, SKILLS ETC.), MANY FIRMS ARE BEGINNING TO SCALE BACK NOW ON BENEFITS AS A DEFENSIVE MEASURE. PENSION AND DISABILITY PLANS, LIFE INSURANCE AND MEDICAL AID SCHEMES ARE BEING SCRUTINIZED WITH AN EYE TOWARD REDUCING THE FIRM'S FINANCIAL EXPOSURE.

8. MORE HOME CARE AND HOSPICE CARE FOR TERMINALLY-ILL EMPLOYEES IS BEING CONSIDERED AS A MEANS OF MOVING THEM OUT OF A HIGH COST HOSPITAL ENVIRONMENT. ONE LARGE SOUTH AFRICAN COAL COMPANY SAYS INSTITUTIONALIZATION OF AN HIV/AIDS VICTIM COSTS RAND 300 PER DAY. IN ADDITION, MANY FIRMS ARE TERMINATING THEIR COMPREHENSIVE COMPANY-PROVIDED HEALTH CARE IN FAVOR OF ENROLLING EMPLOYEES IN MEDICAL AID SCHEMES, AN HMO-LIKE APPROACH THAT FACILITATES EXPENSE MANAGEMENT. THESE PROGRAMS USUALLY HAVE MORE RESTRICTIVE BENEFITS AND REPRESENT A MOVE AWAY FROM AN OPEN-ENDED COMMITMENT TO AN EMPLOYEE'S MEDICAL NEEDS IN A COMPANY CLINIC OR HOSPITAL. TODAY MANY FIRMS ARE FINDING THEIR HOSPITAL BEDS FILLED LARGELY WITH HIV/AIDS VICTIMS, MANY OF WHOM REMAIN FOR EXTENDED PERIODS. THE TREND IS TOWARD HOME AND HOSPICE CARE AND EVEN RESTRICTING COMPANY MEDICAL FACILITIES TO EMPLOYEES SUFFERING FROM OCCUPATIONALLY-RELATED INJURIES AND ILLNESSES - ALL IN THE INTEREST OF BRINGING MEDICAL EXPENSES UNDER CONTROL.

9. WORSENING MORTALITY AT YOUNGER AGES (ESPECIALLY BETWEEN THE AGES OF 18 AND 45) WILL INCREASE THE COST OF GROUP LIFE INSURANCE DRAMATICALLY AT AGES WHERE TRADITIONALLY IT HAS BEEN RELATIVELY INEXPENSIVE. SOME BENEFIT CONSULTANTS FORECAST A DOUBLING OF THE COST OF GROUP LIFE COVERAGE OVER THE NEXT FIVE YEARS AND A QUADRUPLING OVER THE NEXT DECADE. THE LIKELY RESULT

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E.O. 12958: N/A
TAGS: EMIN, EIND, KHIV, SOCI, TBIO, SF
SUBJECT: HIV/AIDS IN THE SOUTH AFRICAN MINING INDUSTRY

WILL BE BENEFIT REDUCTIONS, A DIFFICULT CIRCUMSTANCE IN VIEW OF THE FACT THAT MANY WORKERS WILL LEAVE YOUNG CHILDREN, ADDING TO THE NUMBER OF "AIDS ORPHANS." IN CONTRAST, THE COST OF DISABILITY BENEFITS WILL PROBABLY NOT BE AFFECTED ADVERSELY BY THE PANDEMIC. IN THE MINING INDUSTRY THE TIME PERIOD BETWEEN THE ONSET OF COMPLETE DISABILITY AND DEATH IS ABOUT TWO YEARS,

DEPENDING ON THE TREATMENT RECEIVED AND THE GENERAL STATE OF THE VICTIM'S HEALTH. THE IMPACT OF HIV/AIDS ON DISABILITY WILL THEREFORE BE LIMITED TO AN INCREASE IN DISABILITY INCIDENCE, BUT THE DISABILITY PERIOD IS UNLIKELY TO LAST FOR LONG.

CORPORATE SURVIVAL STRATEGIES

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10. THE ONWARD MARCH OF THE HIV/AIDS PANDEMIC THROUGH SOUTH AFRICAN SOCIETY HAS MANY COMPANIES, NOT JUST THOSE IN THE MINING INDUSTRY, SCRAMBLING TO ADAPT THEIR BUSINESS MODELS TO THE REALITY OF THE CHANGES THAT WILL OCCUR DURING THE NEXT DECADE. WE HAVE HEARD ONE REPORT THAT A LOCAL RETAILER HAS DECIDED TO MAKE A MOVE AWAY FROM A MARKETING STRATEGY FOCUSED ON CREDIT SALES TO MORE OF A DEBIT CARD/CASH ORIENTATION. NO DOUBT MANY OTHER BUSINESS MODELS WILL ALSO BE MODIFIED IN AN ATTEMPT TO DODGE THE HIV/AIDS BULLET. IN THE MINING SECTOR FIRMS ARE TALKING ABOUT SUCH STRATEGIES AS LATER RETIREMENT DATES FOR EMPLOYEES WHO LIVE THAT LONG AND MICRO-SKILLING RATHER THAN MULTI-SKILLING FOR EMPLOYEES TO CUT DOWN ON TRAINING EXPENSES AND TO LESSEN THE OPERATIONAL IMPACT OF LOST WORKERS. THERE IS DISCUSSION OF THE FUTURE NEED TO IMPORT THE SKILLS NEEDED TO KEEP THE INDUSTRY RUNNING AND, AS A NECESSARY PRELUDE TO THAT, REVISION OF SOUTH AFRICA'S RESTRICTIVE LABOR LAWS.

11. THROUGHOUT THE SOUTH AFRICAN BUSINESS ESTABLISHMENT THE REALIZATION IS SINKING IN THAT, OVER THE NEXT DECADE, DEATH DURING AN EMPLOYEE'S ACTIVE SERVICE LIFE RATHER THAN AFTER RETIREMENT WILL BECOME THE NORM. THIS FACT HAS ENORMOUS RAMIFICATIONS FOR MANY KINDS OF BUSINESSES. THE MINING INDUSTRY MAY BE EARLIER THAN SOME IN TRYING TO REACT TO THE IMPACT THAT HIV/AIDS WILL HAVE ON SOUTH AFRICAN SOCIETY. EVENTUALLY, HOWEVER, ALL FIRMS WILL HAVE TO CONFRONT THE REALITY OF THE HIV/AIDS CRISIS. LEWIS

Bernard, Kenneth W. (HEALTH) Mike Casella - 55770

From:	WHSR
Sent:	Friday, August 18, 2000 4:24 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Harris, Grant T. (AF); ODonohue, Peter A. (AF); Smith, Gayle E. (AF); Tabak, Lauren B. (AF/INTERN)
Subject:	KING MSWATI CONVENES THE NATION TO DISCUSS THE HIV/AIDS CRISIS
ActionAddees:	RUEHC/SECSTATE WASHDC 5525
Classification:	UNCLASSIFIED
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Distribution:	SIT: BABBITT Bernard BYRNE NSC DEMPSEY HARRISG ODONOHUE SMITH TABAK
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InfoAddees:	RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
Line1:	RAAUZYUW RUEHMBA1803 2301340-UUUU--RHEHAAX.
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Line3:	R 171340Z AUG 00
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Originator:	AMEMBASSY MBABANE
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Profiles:	BABBITTJ BERNARDK BYRNEC CABLES DEMPSEYN HARRISG ODONOHUP SMITHG TABAKL
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UNCLAS SECTION 01 OF 02 MBABANE 001803

E.O. 12958: N/A
TAGS: CVIS, SOCI, WZ
SUBJECT: KING MSWATI CONVENES THE NATION TO DISCUSS
THE HIV/AIDS CRISIS

1. SUMMARY: KING MSWATI III SUMMONED THE NATION (INDABA) TO AN EXTRAORDINARY, AND UNPRECEDENTED, MEETING ON TUESDAY, AUGUST 15, TO HEAR VIEWS ON THE HIV/AIDS CRISIS IN SWAZILAND AND WHAT SHOULD BE DONE ABOUT IT. OVER SEVEN HUNDRED INDIVIDUALS REPRESENTING EVERY PUBLIC, PRIVATE, ACADEMIC, NGO, AND INTERNATIONAL ENTITY EVEN REMOTELY ASSOCIATED WITH PROGRAMS ON THE PANDEMIC GATHERED THAT DAY AT THE CONVENTION CENTER TO MAKE PRESENTATIONS TO HIS MAJESTY. COMMENTS, COMPLAINTS, AND SUGGESTIONS WERE HEARD FROM MANY INDIVIDUALS, INCLUDING TRADITIONAL HEALERS, ALL OF WHICH WAS TO BE DOCUMENTED SO THAT A WRITTEN RECORD CAN BE COMPLETED AND DISTRIBUTED LATER TO ALL INTERESTED PARTIES. THE TIMING OF THE MEETING COINCIDES WITH THE DRAFTING BY THE GOVERNMENT OF A NATIONAL STRATEGY AND PROGRAM ON HIV/AIDS WHICH WILL SERVE AS THE FOCAL POINT AND FOUNDATION FOR GOVERNMENT EFFORTS, AS WELL AS FOR MANY POTENTIAL PRIVATE AND INTERNATIONAL DONORS, SO THAT DUPLICATION OF EFFORT AND RESOURCES CAN BE AVOIDED. END SUMMARY

2. ON AUGUST 15 KING MSWATI SUMMONED THE NATION TO MEET WITH HIM TO DISCUSS THE HIV/AIDS CRISIS. IN AN UNPRECEDENTED MOVE, DIPLOMATIC MISSIONS AND OTHER FOREIGN INSTITUTIONS WERE INVITED TO PARTICIPATE IN THE EVENT AT THE CONVENTION CENTER WHICH LASTED NINE FULL HOURS. THE PROGRAM CONSISTED OF SEVERAL ORAL PRESENTATIONS BY A LONG LIST OF PERSONS REPRESENTING THE BROAD SPECTRUM OF SWAZI SOCIETY, E.G. CHIEFS, MEDICAL PROFESSIONALS, PERSONS AFFLICTED WITH THE DISEASE, EMPLOYERS, LABOR UNIONS, TEACHERS, MILITARY, MEMBERS OF THE ROYAL FAMILY, NGOS, BUREAUCRATS, AND MANY OTHERS. DEPUTY PRIME MINISTER ARTHUR KOZA, CHAIRMAN OF THE CABINET'S AIDS CRISIS TASK FORCE SERVED AS MASTER OF CEREMONIES AND INTRODUCED THE PRIME MINISTER WHO, IN TURN, INTRODUCED THE KING WHO OPENED THE MEETING. IN HIS ADDRESS, KING MSWATI DESCRIBED THE PROBLEM AS A QUOTE NATIONAL DISASTER UNQUOTE AND THE SINGLE MOST URGENT CHALLENGE FACING THIS SMALL KINGDOM. HE STATED THAT EVERY SWAZI CITIZEN MUST BECOME ENGAGED ON THE ISSUE AND PARTICIPATE FULLY IN THE ATTEMPT TO REVERSE THE DEVASTATION WHICH THE PANDEMIC IS WREAKING ON THE COUNTRY.

3. SEVERAL IDEAS AND RECOMMENDATIONS FOR ACTION WERE PUT FORWARD DURING THE COURSE OF THE DAY. THESE RANGED FROM MAKING MEDICATIONS MORE WIDELY AVAILABLE AT MORE REASONABLE PRICES TO RETAINING STRICKEN EMPLOYEES ON INDUSTRY PAYROLLS WHILE PROVIDING LEGAL, AS WELL AS, MEDICAL COUNSELLING. A MAJORITY OF THE SPEAKERS SEEMED TO FAVOR UNIVERSAL TESTING WITH COUNSELLING. IN A REMARK WHICH DREW LOUD AND MOSTLY POSITIVE REACTION FROM THE AUDIENCE, THE SPOKESMAN FOR THE CHIEFS STATED THAT MARRIAGES SHOULD NO LONGER BE ALLOWED WITHOUT TESTING IN ADVANCE. THIS WAS FOLLOWED BY SHOCKED AND OVERWHELMINGLY NEGATIVE REACTION TO STATEMENTS MADE BY A SENIOR PRINCE TO THE EFFECT THAT PERSONS CARRYING THE VIRUS OUGHT TO BE ISOLATED FROM THE REST OF THE POPULATION IN SPECIAL INSTITUTIONS. NOTWITHSTANDING THIS EPISODE, ALMOST ALL SPEAKERS URGED COMPASSION IN DEALING WITH THE VICTIMS OF THIS HORRIBLE DISEASE WHICH WAS THE FOCUS OF THE SPECIAL INTERVENTION ON BEHALF OF CHILDREN MADE BY THE UNICEF REPRESENTATIVE WHO REPRESENTED THE DIPLOMATIC CORPS.

4. THE KING REMAINED IN THE CONVENTION CENTER FOR THE FULL NINE HOURS AND LISTENED ATTENTIVELY THROUGHOUT THE PROCEEDINGS TO ALL SPEAKERS. WE ARE TOLD THAT A TRANSCRIPT SUMMARIZING THE MOST IMPORTANT POINTS MADE BY THE SPEAKERS WILL BE PREPARED AND DISTRIBUTED TO ALL INTERESTED PARTIES IN THE NEAR FUTURE. IN THE MEANTIME, A WRITTEN SUMMARY OF THE CURRENT SITUATION FACING SWAZILAND, AND PREPARED BY THE TASK FORCE, WAS DISTRIBUTED TO EACH PERSON AT THE BEGINNING OF THE EVENT. SELECTED STATEMENTS FROM THAT DOCUMENT ARE QUOTED BELOW TO ESTABLISH THE CONTEXT FOR THE SITUATION THIS SMALL COUNTRY FINDS ITSELF IN.
THE UNITED NATIONS HAS CATEGORIZED THE KINGDOM OF SWAZILAND AS BEING AMONG THE FIVE QUOTE WORST AFFECTED COUNTRIES UNQUOTE IN THE WORLD IN TERMS OF NUMBERS INFECTED WITH HIV. ACCURATE STATISTICS ARE DIFFICULT TO DRAW UP, BUT SOME ESTIMATES MAKE TRULY FRIGHTENING READING:

-- UP TO 25 PERCENT OF THE TOTAL POPULATION ARE CURRENTLY INFECTED WITH HIV.

-- AROUND 40 PERCENT OF ALL PREGNANT WOMEN ARE HIV POSITIVE.

-- 15 PERCENT OF ALL NEWBORN BABIES ARE HIV POSITIVE
UNCLAS SECTION 02 OF 02 MBABANE 001803

E.O. 12958: N/A
TAGS: CVIS, SOCI, WZ
SUBJECT: KING MSWATI CONVENES THE NATION TO DISCUSS THE HIV/AIDS CRISIS

-- 65 PERCENT OF ALL HOSPITAL BEDS ARE OCCUPIED BY TB VICTIMS, OF WHICH 85 PERCENT ARE HIV POSITIVE.

-- LIFE EXPECTANCY IS EXPECTED TO DROP FROM 59 TO 38 YEARS BY 2005, AND TO 30 BY 2010.

-- AROUND 200,000 SWAZIS - OUT OF A POPULATION OF ONE MILLION - WILL DIE OF AIDS-RELATED ILLNESSES BY 2010.

5. THE TASK FORCE DOCUMENT CONTINUES AS FOLLOWS: A KEY FACTOR IN THE FIGHT AGAINST AIDS IN THE KINGDOM IS THE EXTENT OF POVERTY AMONGST THE SWAZI PEOPLE. AROUND 60 PERCENT OF THE POPULATION ARE LIVING BELOW THE POVERTY LINE OF U.S. DOLS 2 A DAY, AND THE RESULTING LACK OF EDUCATION AND GENERAL IGNORANCE ABOUT MEDICAL MATTERS CONTRIBUTES TO THE HIGH PREVALENCE OF THE DISEASE. POVERTY HAS LED TO A HIGH LEVEL OF UNEMPLOYMENT WHICH IN TURN INCREASES THE SPREAD OF AIDS AMONGST ALL TOO MANY WITH VERY LITTLE ELSE TO DO. THUS, POVERTY ALLEVIATION AND JOB CREATION ARE VERY MUCH A PART OF THE CAMPAIGN AGAINST AIDS. THE KINGDOM OF SWAZILAND IS FACING THE WORST CRISIS OF ITS THREE HUNDRED-YEAR HISTORY. 25 PERCENT OF HER PEOPLE WILL DIE FROM AIDS RELATED ILLNESSES WITHIN THE NEXT FEW YEARS AND THAT FIGURE COULD WELL DOUBLE IF THERE IS NO REVERSAL IN THE CURRENT TREND. SWAZILAND IS 100 PERCENT COMMITTED TO THE FIGHT BUT SIMPLY CANNOT AFFORD THE MASSIVE COSTS INVOLVED. THE SWAZI PEOPLE ARE IN DESPERATE NEED OF FINANCIAL SUPPORT FROM EVERY POSSIBLE SOURCE, TO HELP THEM TO OVERCOME THIS NATIONAL DISASTER AND TO GIVE THE KINGDOM SOME HOPE FOR THE FUTURE.

6. COMMENT: THE MEETING OF AUGUST 15, AND THE ACTION PLAN BEING DRAWN UP BY THE TASK FORCE, ARE COINCIDING TO BRING SOME FOCUS TO SWAZILAND'S DIRECTION IN THE FIGHT AGAINST THE PANDEMIC, AS WELL AS A GOOD BEGINNING IN THE EFFORT TO COORDINATE THE WIDE ARRAY OF SMALL PROGRAMS CURRENTLY BEING IMPLEMENTED HERE BY VARIOUS AGENCIES. CLEARLY, KING MSWATI IS DOING ALL THAT HE CAN TO MOBILIZE THE GOVERNMENT AND POTENTIAL INTERNATIONAL DONORS TO DO MORE. HE IS ALSO ATTEMPTING TO MOBILIZE THE CITIZENRY THROUGH THEIR TRADITIONAL LEADERS, THE CHIEFS, THREE HUNDRED OF WHOM WERE PRESENT AT THE CONVENTION CENTER ON TUESDAY. AS CONGRESSMAN JAMES MCDERMOTT PUT IT DURING HIS PUBLIC PRONOUNCEMENTS ON HIV/AIDS HERE LAST WEEK, SWAZILAND

WILL HAVE TO FIGURE OUT A WAY TO COMMUNICATE EFFECTIVELY WITH PEOPLE AT THE GRASSROOTS LEVEL THE NEED FOR, AND THE URGENCY OF, CHANGES IN SEXUAL BEHAVIOR IF SOME HOPE OF REVERSING THE ALARMING TRENDS IS EVER TO BE ACHIEVED. THE U.S. GOVERNMENT NEEDS TO DETERMINE HOW IT CAN ASSIST COUNTRIES LIKE SWAZILAND, WHOSE RESOURCES ARE EXTREMELY LIMITED, IN THIS EFFORT.

JOHNSON

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Wednesday, August 09, 2000 6:51 PM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Blinken, Antony J. (EUR); Byrne, Catherine E. (AF); Cables; Crawford, Bernard T. (RECORDS); Davidson, Leslie K. (VP); Dempsey, Nora B. (AF); Greenwood, Thomas C. (SEE); Harris, Grant T. (AF); Kass, Nicholas S. (EUR); Munter, Cameron P. (EUR); Norland, Richard B. (EUR); ODonohue, Peter A. (AF); Smith, Gayle E. (AF); Tabak, Lauren B. (AF/INTERN); Yee, Hoyt B. (EUR)
Subject:	U.S.-EU COOPERATION ON HIV/AIDS, MALARIA AND TUBERCULOSIS IN AFRICA
ActionAddees:	ALL AFRICAN DIPLOMATIC POSTS PRIORITY
Classification:	UNCLASSIFIED
DateTime:	092232Z AUG 00
Distribution:	SIT: BABBITT Bernard BLINKEN BYRNE NSC CRAWFORD DAVIDSON DEMPSEY GREENWOOD HARRISG KASS MUNTER NORLAND ODONOHUE SMITH TABAK YEE
Identifier:	M4577060
InfoAddees:	ALL EUROPEAN UNION POST COLLECTIVE PRIORITY RUEHAS/AMEMBASSY ALGIERS 0000 RUEHEG/AMEMBASSY CAIRO 0000 RUEHRB/AMEMBASSY RABAT 0000 RUEHTU/AMEMBASSY TUNIS 0000
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Line2:	ZNR UUUUU ZZH
Line3:	P 092232Z AUG 00
Line4:	FM SECSTATE WASHDC
Originator:	SECSTATE WASHDC
Precedence:	PRIORITY
Profiles:	BABBITTJ BERNARDK BLINKENA BYRNEC CABLES CRAWFORB DAVIDSOL DEMPSEYN GREENWOT HARRISG KASSN MUNTERC NORLANDR ODONOHUP SMITHG TABAKL YEEH
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UNCLAS STATE 152319

E.O. 12958: N/A
TAGS: PREL, SOCI, KHIV, TBIO, EUN
SUBJECT: U.S.-EU COOPERATION ON HIV/AIDS, MALARIA AND TUBERCULOSIS IN AFRICA

1. THIS IS AN ACTION REQUEST. PARA TWO CONTAINS A MESSAGE FROM UNDER SECRETARY OF STATE FOR GLOBAL-AFFAIRS FRANK E. LOY TO ALL U.S. AMBASSADORS IN AFRICA.

2. BEGIN MESSAGE FROM UNDER SECRETARY LOY:

THE UNITED STATES AND THE EUROPEAN UNION DECIDED, AT THE RECENT SUMMIT IN QUELUZ, PORTUGAL, ON MAY 31, 2000, TO INTENSIFY THEIR COOPERATION IN FIGHTING HIV/AIDS, MALARIA AND TUBERCULOSIS IN AFRICA. THE JOINT STATEMENT ADOPTED ON THAT OCCASION (SEE PARA 6) COMMITS BOTH PARTIES TO WORK TOGETHER TO ADVANCE THE FOLLOWING FOUR OBJECTIVES: DEVELOP INTERNATIONAL PARTNERSHIPS; RAISE AWARENESS IN AFRICA AND ELSEWHERE AMONG POLITICAL LEADERS AND THE GENERAL PUBLIC; IMPROVE RESEARCH AND DEVELOPMENT OF NEW MEDICINES, INCREASE ACCESS TO CURRENT TREATMENTS AND VACCINES; AND MOBILIZE RESOURCES. MORE SPECIFIC AREAS OF POTENTIAL COOPERATION SUPPORT EACH OF THESE OBJECTIVES.

THE UNITED STATES AND THE EUROPEAN UNION AGREED, AS REFLECTED IN THEIR SUMMIT STATEMENT, TO MOBILIZE DIPLOMATS AND REPRESENTATIVES IN EACH CONCERNED COUNTRY TO WORK WITH NATIONAL LEADERS AND OTHERS TO INTENSIFY CO-OPERATIVE ACTIONS, TO SHARE RELEVANT INFORMATION NEEDED TO ENCOURAGE PREVENTION, AND TO STRENGTHEN LOCAL CAPACITY TO DELIVER NECESSARY HEALTH SERVICES AND TREATMENTS FOR HIV/AIDS, MALARIA AND TUBERCULOSIS.

THE QUELUZ COMMITMENT RESPONDS TO GROWING INTERNATIONAL CONCERN OVER THE THREAT THESE DISEASES POSE TO THE PEOPLE OF AFRICA. THESE CONCERNS WERE ALSO REITERATED IN JANUARY BEFORE THE UN SECURITY COUNCIL, AT THE AFRICA-EUROPE SUMMIT IN APRIL AND AT THE G8 SUMMIT IN OKINAWA IN JULY. IN THE COMING MONTHS, WORK MUST CONTINUE TO IDENTIFY AND IMPLEMENT CONCRETE ACTIONS IN RESPONSE TO THE THREAT POSED BY HIV/AIDS, MALARIA AND TUBERCULOSIS.

AS THESE DISEASES PROLIFERATE UNABATED, THEIR COLLECTIVE IMPACT UPON AFRICAN NATIONS WILL EXTEND BEYOND THE HEALTH SECTOR AND BEGIN TO ERODE ECONOMIC DEVELOPMENT, SOCIAL COHESION, AND POLITICAL STABILITY. CONFRONTING THESE INFECTIOUS DISEASES THEN BECOMES A MAJOR FOREIGN POLICY CONCERN REQUIRING AN INTENSIFIED EFFORT. THE SECRETARY BELIEVES THAT THE DEPARTMENT MUST PLAY A LEADING ROLE IN THE STRUGGLE AGAINST THESE DISEASES AND STRONGLY ENDORSES NEW AND CREATIVE AVENUES FOR COLLABORATION AMONG THE US, EU, AND AFRICAN NATIONS. ON HER BEHALF, I URGE YOU TO PARTICIPATE IN THIS CRITICAL EFFORT. I REQUEST THAT YOU MAKEE CONTACT WITH REPRESENTATIVES OF THE EU PRESIDENCY (FRANCE) AND THE EUROPEAN COMMISSION, AS WELL AS AMBASSADORS FROM EU NATIONS, IN YOUR COUNTRY TO SHARE INFORMATION, ASSESS HOST COUNTRY NEEDS, AND EXPLORE WAYS OF INTENSIFYING CO-OPERATION. FOR EXAMPLE, AMBASSADORS MAY DECIDE TO CONDUCT A JOINTLY COORDINATED PUBLIC OUTREACH CAMPAIGN. GIVEN THAT THE SITUATION WILL VARY FROM COUNTRY TO COUNTRY, YOU AND YOUR COLLEAGUES IN THE FIELD ARE CLEARLY BEST PLACED TO DETERMINE THE STEPS NECESSARY TO CONVERT IDEAS INTO ACTIONS. ONE ASPECT WHERE YOUR INPUT WOULD BE PARTICULARLY APPRECIATED IS THE QUESTION OF HOW TO INCREASE PUBLIC AWARENESS AND RESPONSIVENESS TO THE HEALTH CRISIS IN YOUR HOST COUNTRY.

YOUR EFFORTS ARE INTENDED TO BUILD UPON ALREADY EXISTING PROGRAMS AND ACTIVITIES, NOT TO SUPPLANT OR DUPLICATE THEM. A HELPFUL GUIDE IS STATE CABLE 34645, WHICH CALLS FOR POSTS TO GENERATE AN ACTION PLAN ON HIV/AIDS. YOUR POST'S

RESPONSE MAY FORM THE BASIS OF DISCUSSION WITH YOUR COUNTERPARTS.

THE UNITED STATES HAS AND WILL CONTINUE TO TAKE AN ACTIVE LEAD IN THE DEVELOPMENT OF NEW STRATEGIES AND INTERNATIONAL PARTNERSHIPS TO MEET THE CHALLENGES OF THE AFRICAN HEALTH CRISIS. WE ARE COMMITTED TO WORKING CLOSELY WITH THE FRENCH PRESIDENCY AND THE EUROPEAN COMMISSION IN RESPONSE TO THIS BURGEONING THREAT.

YOU SHOULD INITIATE CONTACTS WITH YOUR COUNTERPARTS AS SOON AS POSSIBLE. BY OCTOBER 1, I REQUEST A REPORT THAT INCLUDES ACTIONS ALREADY UNDERTAKEN AS WELL AS RECOMMENDATIONS FOR FUTURE U.S.-EU INITIATIVES THAT SUPPORT THE SUMMIT STATEMENT ON HEALTH COOPERATION. THE REPORT MAY ALSO INCLUDE THE PROJECTED LEVEL OF COOPERATION OR RESOURCES NEEDED FOR FUTURE COLLABORATIONS, AND DISCUSS PROPOSALS THAT MAY REQUIRE LONGER TERM ATTENTION.

I THANK YOU FOR YOUR ASSISTANCE ON THIS IMPORTANT MATTER.

END TEXT OF MESSAGE FROM UNDER SECRETARY LOY.

3. A PARALLEL LETTER CONTAINING SIMILAR OPERATIONAL INSTRUCTIONS IS BEING SENT TO ALL AFRICAN POSTS INCLUDING NORTH AFRICA BY CHRIS PATTEN, COMMISSIONER FOR EXTERNAL RELATIONS, AND POUL NIELSON, COMMISSIONER FOR DEVELOPMENT. FOR THE EU PRESIDENCY MINISTER OF FOREIGN AFFAIRS VEDRINE WILL WRITE A SIMILAR LETTER TO THE FRENCH AMBASSADORS IN AFRICA. --

4. FYI: EU COMMISSIONER FOR DEVELOPMENT NIELSON IS PREPARING FOR TRANSMISSION IN THE AUTUMN A COMMUNICATION TO THE EUROPEAN COUNCIL ON THE SUBJECT OF HIV/AIDS AND INFECTIOUS DISEASES IN AFRICA. HE WILL ALSO LEAD A MAJOR SEPTEMBER 28 ROUNDTABLE ON THE TOPIC. THE EVENT WILL BE ORGANIZED IN COOPERATION WITH WHO AND WILL INVOLVE THE PARTICIPATION OF KEY PARTNERS FROM THE DEVELOPING WORLD, PHARMACEUTICAL INDUSTRIES, RESEARCH INSTITUTIONS, THE DONOR COMMUNITY AND NGO'S. WE ALSO EXPECT THE SUBJECT WILL BE DISCUSSED AT THE NEXT US-EU SUMMIT ON DECEMBER 18 IN WASHINGTON.

5. WHEN RESPONDING TO THIS REQUEST, PLEASE MAKE SURE RESPONSES ARE SLUGGED FOR G (J CHOW); OES/EID (N CARTER-FOSTER); AF/EPS (RPATARD) AND EUR/ERA (WALSER/HUIZINGA).

6. TEXT OF U.S./EU SUMMIT STATEMENT ON ACCELERATED ACTION ON HIV/AIDS, MALARIA AND TUBERCULOSIS IN AFRICA:

FEW CHALLENGES ARE MORE PROFOUNDLY DISTURBING OR MORE FAR-REACHING THAN THE COLLECTIVE THREAT POSED TO THE CITIZENS OF AFRICA BY THREE MAJOR COMMUNICABLE DISEASES: HIV/AIDS, MALARIA AND TUBERCULOSIS.

WHILE THE SCOPE OF THE THREAT IS GLOBAL, AFRICA BEARS A DISPROPORTIONATE SHARE OF THE SUFFERING CAUSED BY THESE DISEASES. THIS YEAR ALONE, HIV/AIDS WILL CLAIM MORE THAN TWO MILLION LIVES IN AFRICA WHILE MORE THAN A MILLION WILL BE LOST TO MALARIA AND TUBERCULOSIS. WHILE THERE HAVE BEEN SOME NOTABLE POSITIVE DEVELOPMENTS IN AFRICA, THE DEVASTATING EFFECTS OF THESE DISEASES THREATEN TO REVERSE DECADES OF DEVELOPMENT AND TO ROB AN ENTIRE GENERATION OF HOPE FOR A BETTER FUTURE. THIS HEALTH CRISIS IN MUCH OF AFRICA CONTRIBUTES TO A VICIOUS CYCLE OF DISEASE AND POVERTY, ERODING SECURITY AND UNDERMINING SOCIAL AND ECONOMIC DEVELOPMENT AND POVERTY REDUCTION.

WE, THE U.S. AND THE EU, REITERATE OUR COMMITMENT TO COMBAT HIV/AIDS, MALARIA AND TUBERCULOSIS. TOGETHER WITH OTHER COUNTRIES AND INTERNATIONAL ORGANIZATIONS, WE ARE ALREADY MAKING A MAJOR EFFORT. WE ACKNOWLEDGE THE EXTENSIVE WORK BEING DONE IN THIS FIELD BY MANY INTERNATIONAL ORGANIZATIONS, SUCH AS WHO, WORLD BANK AND UNAIDS. BUT THE SCALE OF THE PROBLEM REQUIRES NEW MECHANISMS TO MOBILIZE INTERNATIONAL OPINION, RESOURCES AND TO TAKE APPROPRIATE ACTION TO ASSIST AFRICAN COUNTRIES.

WE WELCOME THE WORK DONE IN THE UN SECURITY COUNCIL DURING THE JANUARY 2000 U.S. PRESIDENCY. IN THE CAIRO DECLARATION AND THE ACTION PLAN OF APRIL 2000, THE EU AND AFRICAN LEADERS PLEDGED THEIR COMMITMENT TO PURSUE FURTHER ACTION IN THIS FIELD. THE RENEWAL OF THE ACP-EU PARTNERSHIP AGREEMENT IN JUNE 2000 WILL HIGHLIGHT THE NEED TO WORK WITH THE AFRICAN, CARIBBEAN AND PACIFIC PARTNERS ON A COMPREHENSIVE APPROACH IN THE CONTEXT OF POVERTY REDUCTION. WE ARE LOOKING FORWARD TO THE G8 INITIATIVES ON COMMUNICABLE DISEASES AND POVERTY AT THE UPCOMING SUMMIT IN OKINAWA.

TODAY, AT THE U.S.-EU SUMMIT, WE AGREED TO JOIN FORCES AND TO DEVELOP NEW MECHANISMS AND PARTNERSHIPS IN RESPONSE TO THE THREATS POSED BY HIV/AIDS, MALARIA AND TUBERCULOSIS. THIS WILL BECOME PART OF OUR GLOBAL AGENDA. WE WILL WORK TOGETHER TO ADVANCE THE FOLLOWING OBJECTIVES:

INTERNATIONAL PARTNERSHIPS

-- HAVING REINFORCED OUR OWN COMMITMENT, WE CALL UPON OTHERS IN THE INTERNATIONAL COMMUNITY TO JOIN US IN COMBATING HIV/AIDS AND CONTROLLING MALARIA AND TUBERCULOSIS IN AFRICA.

-- WE WILL WELCOME AND ENCOURAGE INITIATIVES AIMED AT DEVELOPING INTERNATIONAL PARTNERSHIPS WITH THE WHO, UNAIDS AND OTHER UN AGENCIES, THE DONOR COMMUNITY, GOVERNMENTS IN DEVELOPED AS WELL AS DEVELOPING COUNTRIES, THE PHARMACEUTICAL INDUSTRY AND CIVIL SOCIETY TO DEVELOP NEW AND CO-ORDINATED INTERNATIONAL RESPONSES, SUSTAIN SUCCESSFUL NATIONAL HEALTH STRATEGIES, AND IMPROVE ACCESS TO DRUGS.

-- WE RECOGNIZE THE CENTRAL ROLE AND RESPONSIBILITIES OF GOVERNMENTS IN AFRICA IN SETTING PRIORITIES AND CO-ORDINATING COUNTRY EFFORTS, AND CALL UPON OUR PARTNERS TO SUPPORT SUCH NATIONAL OWNERSHIP.

-- WE WILL MOBILIZE OUR DIPLOMATS AND OTHER REPRESENTATIVES IN EACH CONCERNED COUNTRY TO WORK WITH NATIONAL LEADERS AND OTHERS TO INTENSIFY CO-OPERATIVE ACTIONS, TO SHARE RELEVANT INFORMATION NEEDED TO ENCOURAGE PREVENTION, AND TO STRENGTHEN LOCAL CAPACITY TO DELIVER NECESSARY HEALTH SERVICES AND TREATMENTS FOR HIV/AIDS, MALARIA AND TUBERCULOSIS.

PUBLIC AWARENESS

-- WE WILL CO-OPERATE TO INCREASE PUBLIC AWARENESS OF THE SCOPE OF THE CRISIS AND TO PROPAGATE EFFECTIVE HEALTH AND PREVENTION MEASURES. THE ROLES OF PRIMARY HEALTH CARE SERVICES AND BASIC EDUCATION ARE CRUCIAL, AS ARE INFORMATION AND OTHER DISEASE-TARGETED CAMPAIGNS.

-- WE CALL UPON POLITICAL LEADERS IN AFRICA AND ELSEWHERE TO

ENCOURAGE INFORMATION AND EDUCATION CAMPAIGNS, INCLUDING ON HOW TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV/AIDS. WE WELCOME THE SUCCESS IN SOME COUNTRIES, WHERE STRONG POLITICAL LEADERSHIP, OPENNESS TO THE ISSUES, AND FLEXIBLE RESPONSES COME TOGETHER.

DRUGS AND VACCINES: RESEARCH AND ACCESSIBILITY

-- TOGETHER WITH DEVELOPING COUNTRY PARTNERS AND WITH INDUSTRY, WE WILL STRENGTHEN OUR RESEARCH AND DEVELOPMENT

CO-OPERATION IN THE FIGHT AGAINST THESE POVERTY-RELATED DISEASES. IN THIS RESPECT, WE CALL FOR ENLARGED PARTNERSHIPS AIMED AT SPEEDING UP RESEARCH AND DEVELOPMENT. WE WILL EXPLORE NEW METHODS OF EVALUATING DRUGS AND VACCINES, INCLUDING STRENGTHENING CAPACITY AND TRAINING IN THOSE COUNTRIES MOST IMPACTED BY THESE DISEASES.

-- IN ORDER TO MAKE NEW DRUGS, VACCINES AND OTHER PUBLIC HEALTH INTERVENTION METHODS AVAILABLE FASTER, WE WILL STIMULATE INCREASED LINKS BETWEEN OUR RESPECTIVE RESEARCH ACTIVITIES AND CO-ORDINATE RESEARCH TASKS.

-- WE WILL SUPPORT THE INTRODUCTION OF NEW FINANCIAL, LEGAL AND INVESTMENT INCENTIVES DESIGNED TO MAKE DRUGS AND VACCINES MORE ACCESSIBLE AND AFFORDABLE TO COUNTRIES IN NEED. TO THIS END, WE WILL ENCOURAGE PARTNERSHIPS AND INTERNATIONAL INITIATIVES, SUCH AS THE GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION (GAVI), THE MULTILATERAL INITIATIVE ON MALARIA, AND THE EU-ACP VACCINE INDEPENDENCE INITIATIVE IN AFRICA.

RESOURCES

-- THE U.S. AND EU WILL SEEK INCREASED GOVERNMENTAL AND PRIVATE RESOURCES DEDICATED TO THE FIGHT AGAINST HIV/AIDS, MALARIA AND TUBERCULOSIS, INCLUDING THROUGH MULTILATERAL ORGANIZATIONS AND INSTITUTIONS. WE ACKNOWLEDGE AND ENCOURAGE THE IMPORTANT ROLE OF INDUSTRY, NGOS AND CIVIL SOCIETY.

-- IN THHE WORLD BANK AND REGIONAL DEVELOPMENT-BANKS, WE WILL SUPPORT INCREASED FINANCIAL RESOURCES FOR BASIC HEALTH CARE SYSTEMS NEEDED TO COMBAT THESE DISEASES.

-- WE WILL SUPPORT GOVERNMENTS THAT UNDERTAKE TO IMPROVE THEIR HEALTH SYSTEMS WITH RESOURCES MADE AVAILABLE UNDER THE HIGHLY INDEBTED POOR COUNTRIES DEBT RELIEF INITIATIVE AND THROUGH THE IMPLEMENTATION OF THE POVERTY REDUCTION STRATEGIES DEVELOPED IN CONSULTATION WITH CIVIL SOCIETY AND INTERNATIONAL DONORS.

END TEXT OF U.S./EU SUMMIT STATEMENT ON ACCELERATED ACTION ON HIV/AIDS, MALARIA AND TUBERCULOSIS IN AFRICA.
ALBRIGHT

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Thursday, August 03, 2000 5:10 PM
To: Babbitt, James F. (VP); Banbury, Anthony N. (MULTI); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Feldman, Daniel F. (MULTI); Harris, Grant T. (AF); Mclean, Matthew K. (MULTI); Naplan, Steven J. (MULTI); Patten, Wendy L. (MULTI); Schwartz, Eric P. (MULTI); Smith, Gayle E. (AF); Smith, Peter D. R. (MULTI); Tabak, Lauren B. (AF/INTERN); Wilcox, Richard M. (MULTI)
Subject: THE PEACE CORPS AND HIV/AIDS: TIME TO RE-OPEN IN BOTSWANA?

ActionAddees: SECSTATE WASHDC 5332
Classification: UNCLASSIFIED
DateTime: 031449Z AUG 00
Distribution: SIT: BABBITT BANBURY Bernard BYRNE NSC DEMPSEY FELDMAN HARRISG MCLEAN NAPLAN PATTEN SCHWARTZ SMITH SMITHP TABAK WILCOX
Identifier: M4568811
InfoAddees: ////
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Line2: ZNR UUUUU ZZH
Line3: R 031449Z AUG 00
Line4: FM AMEMBASSY GABORONE
Originator: AMEMBASSY GABORONE
Precedence: ROUTINE
Profiles: BABBITTJ
BANBURYA
BERNARDK
BYRNEC
CABLES
DEMPSEYN
FELDMAND
HARRISG
MCLEANM
NAPLANS
PATTENW
SCHWARTE
SMITHG
SMITHP
TABAKL
WILCOXR
StationRoutingIndicator: RUEHOR
StationSerialNumber: 3620
TimeOfReceipt: 08/03/2000 17:08:58 ET

UNCLAS GABORONE 003620

TOPEC

FOR PEACE CORPS DIRECTOR MARK SCHNEIDER

STATE FOR AF/S AND OES/EID

ALSO PASS WHITE HOUSE FOR ONAP DIRECTOR SANDRA THURMAN

FROM AMBASSADOR

E.O. 12958: N/A

TAGS: KHIV, EAID, AMGT, BC
SUBJECT: THE PEACE CORPS AND HIV/AIDS: TIME TO RE-OPEN IN BOTSWANA?

1. I WOULD LIKE TO COMMEND YOU ON YOUR NEW PROGRAM TO TRAIN 2,400 PEACE CORPS VOLUNTEERS IN AFRICA ON AIDS PREVENTION. FOR THOSE OF US WHO OBSERVE THE DEVASTATING RESULTS OF THIS PANDEMIC FIRST-HAND, YOUR INITIATIVE IS A VERY WELCOME DEVELOPMENT.

2. HERE IN BOTSWANA, WE LOOK ON OURSELVES AS CLOSE TO "GROUND ZERO" IN THE FIGHT AGAINST HIV/AIDS. THE UNAIDS PROGRAM NOW ESTIMATES THAT 35.8 PERCENT OF ADULTS AGED 15-49 ARE ALREADY HIV POSITIVE, THE HIGHEST PREVALENCE RATE IN THE WORLD. UNAIDS ALSO CLAIMS -- USING A FIGURE THAT I ACCEPT AS ACCURATE BUT STILL HAVE A HARD TIME COMPREHENDING -- THAT NO FEWER THAN TWO-THIRDS OF TODAY'S 15-YEAR-OLD BOYS IN BOTSWANA WILL DIE PREMATURELY OF AIDS. THE EPIDEMIC CLEARLY PUTS AT RISK THE MANY ACCOMPLISHMENTS OF BOTSWANA AS A LONGSTANDING DEMOCRACY THAT RESPECTS HUMAN RIGHTS, CAREFULLY HUSBANDS ITS RESOURCES, AND HAS ACHIEVED THE HIGHEST ECONOMIC GROWTH RATE IN THE WORLD OVER THE LAST THREE DECADES.

3. WE ARE DOING EVERYTHING WE CAN HERE TO FOCUS ON THE EPIDEMIC, AND THE RECENTLY ANNOUNCED PROPOSAL BY THE BILL AND MELINDA GATES FOUNDATION AND MERCK TO CREATE A USD 100 MILLION "BOTSWANA COMPREHENSIVE HIV/AIDS PARTNERSHIP," IF IMPLEMENTED, WILL BE A HUGE STEP IN THE RIGHT DIRECTION. NEVERTHELESS, WE ARE HAMSTRUNG BY THE DECISION IN THE MID-1990S TO PHASE OUT THE USAID AND PEACE CORPS PROGRAMS ON THE GROUNDS THAT BOTSWANA HAD "GRADUATED" FROM THE NEED FOR DEVELOPMENT ASSISTANCE. THAT MAY HAVE BEEN A REASONABLE DECISION BASED ON THE FACTS AVAILABLE AT THE TIME, BUT THE INTERVENING EXPLOSION OF THE HIV EPIDEMIC PUTS AN ENTIRELY NEW LIGHT ON THE SITUATION. BOTSWANA REMAINS "IMPOVERISHED" WHEN IT COMES TO THE SKILLED STAFF NECESSARY TO MOUNT A MULTI-SECTORAL RESPONSE ON A SCALE COMMENSURATE WITH THE MAGNITUDE OF THE PANDEMIC.

4. I BELIEVE THERE NOW IS A COMPELLING NEED FOR A PEACE CORPS PROGRAM IN BOTSWANA FOCUSED SPECIFICALLY ON HIV/AIDS. THE VOLUNTEERS WOULD WORK IN THE HEALTH AND EDUCATION SECTORS AS THEIR PRIMARY ASSIGNMENT. THEIR WORK COULD RUN THE GAMUT OF HIV/AIDS RELATED PROGRAMS, WITH A PARTICULAR EMPHASIS ON HELPING DEVELOP, COORDINATE AND MONITOR EFFORTS AT THE COMMUNITY LEVEL. THESE COULD INCLUDE COMMUNITY EDUCATION AND COUNSELING, SCHOOL-BASED PROGRAMS, EDUCATION ON PREVENTING MOTHER-TO-CHILD TRANSMISSION, ORPHAN IDENTIFICATION AND SUPPORT, MOBILIZING COMMUNITIES TO GO THROUGH VOLUNTARY COUNSELING AND TESTING, HOME-BASED CARE, ETC.

5. THE GOVERNMENT OF BOTSWANA CAME TO THIS BATTLE LATE, BUT THEY NOW ARE ESTABLISHING A BROAD-BASED PROGRAM TO FIGHT THE EPIDEMIC. PRESIDENT MOGAE RAISES THE NEED FOR PREVENTION IN EVERY PUBLIC SPEECH, AND HE RECENTLY RECEIVED AN AWARD FROM THE MEDUNSA TRUST IN WASHINGTON FOR HIS LEADERSHIP ON THE ISSUE. HE HAS CREATED A NATIONAL AIDS COORDINATING

AGENCY THAT DEALS WITH HIV USING A MULTI-SECTORAL APPROACH. OUR CENTERS FOR DISEASE CONTROL OFFICE HAS EXCELLENT WORKING RELATIONSHIPS WITH THE MINISTRY OF HEALTH, AND CDC WOULD BE PLEASED TO PROVIDE TECHNICAL ASSISTANCE, TRAINING AND LOGISTICAL SUPPORT TO PCV'S WORKING IN AREAS RELATED TO CDC'S COMPREHENSIVE HIV/AIDS PROGRAM IN BOTSWANA. THE MINISTER OF HEALTH AND I HAVE MADE SEVERAL JOINT APPEARANCES AT HIV/AIDS EVENTS, AND FROM OUR CONVERSATIONS I KNOW THAT SHE WOULD BE VERY SUPPORTIVE OF A PEACE CORPS PRESENCE, PARTICULARLY IN THE EDUCATION EFFORT AT THE GRASS ROOTS LEVEL.

6. ALTHOUGH I ONLY ARRIVED HERE LAST DECEMBER, IT QUICKLY BECAME CLEAR THAT THE PEACE CORPS, AS ONE WOULD EXPECT, HAD BEEN WELL-LOVED AND HIGHLY POPULAR DURING ITS DECADES-LONG PRESENCE IN BOTSWANA. I HAVE HEARD CABINET MINISTERS EXTOL THE VIRTUES OF THEIR PEACE CORPS TEACHERS FROM BACK IN SECONDARY SCHOOL. IN A WONDERFUL STORY OF BOTSWANA'S APPRECIATION FOR THE PEACE CORPS -- AND OF ITS RELATIVE ECONOMIC PROSPERITY, BEFORE THE EXTENT OF THE HIV EPIDEMIC WAS KNOWN -- I AM TOLD THAT THE GOB WAS SO INTERESTED IN HAVING THE PEACE CORPS STAY ON WHEN THE USG DECIDED TO TERMINATE THE PROGRAM THAT IT OFFERED TO PAY THE OPERATING COSTS ITSELF. I AM TOTALLY CONFIDENT THAT THE PEACE CORPS WOULD BE WELCOMED BACK IF WE RAISED THE ISSUE WITH THE GOVERNMENT.

7. ON A PERSONAL NOTE, THIS IS THE FIRST AFRICAN COUNTRY IN WHICH I HAVE SERVED WHERE THERE HAS BEEN NO PEACE CORPS PROGRAM, AND I HAVE TO ADMIT THAT I MISS THEM. HIGHLY MOTIVATED VOLUNTEERS PRESENT A VERY HUMAN SIDE TO THE U.S. PRESENCE IN A COUNTRY. I WAS ABLE TO HOST A DINNER FOR YOUR PREDECESSOR WHEN HE VISITED MY PREVIOUS POST, DAR ES SALAAM; I WOULD BE PLEASED TO DO THE SAME FOR YOU IF YOU WOULD HAVE ANY INTEREST IN PURSUING THE POSSIBILITY OF RE-ESTABLISHING A PEACE CORPS PROGRAM SPECIFICALLY TARGETED AT HIV/AIDS HERE.

8. AGAIN, CONGRATULATIONS ON YOUR HIV/AIDS INITIATIVE. IT DEALS WITH ONE OF THE CENTRAL CHALLENGES IMPEDING DEVELOPMENT ON THIS CONTINENT AND DESERVES HIGHEST PRAISE.

LANGE

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Tuesday, July 11, 2000 3:44 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Harris, Grant T. (AF); Smith, Gayle E. (AF); Tabak, Lauren B. (AF/INTERN)
Subject:	GATES, MERCK PLEDGE $100 MILLION TO COMBAT AIDS IN BOTSWANA
ActionAddees:	RUEHC/SECSTATE WASHDC 5174
Classification:	UNCLASSIFIED
DateTime:	110716Z JUL 00
Distribution:	SIT: BABBITT Bernard BYRNE NSC DEMPSEY HARRISG SMITH TABAK
Identifier:	M4530842
InfoAddees:	RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY RUEHGV/USMISSION GENEVA 0138 RUEHPH/CDC ATLANTA GA RHEHAAA/THE WHITE HOUSE WASHINGTON DC
Line1:	RAAUZYUW RUEHORA3254 1930716-UUUU--RHEHAAA.
Line2:	ZNR UUUUU ZZH
Line3:	R 110716Z JUL 00
Line4:	FM AMEMBASSY GABORONE
Originator:	AMEMBASSY GABORONE
Precedence:	ROUTINE
Profiles:	BABBITTJ BERNARDK BYRNEC CABLES DEMPSEYN HARRISG SMITHG TABAKL
StationRoutingIndicator:	RUEHOR
StationSerialNumber:	3254
TimeOfReceipt:	07/11/2000 03:43:17 ET

UNCLAS GABORONE 003254

UNCLASSIFIED

WHITE HOUSE FOR ONAP DIRECTOR THURMAN
DEPT FOR AF/S AND AF/EPS
DEPT ALSO FOR OES/EID - CARTER-FOSTER
CDC FOR GAYLE
DEPT PASS AID FOR AFR/SA, AFR/SD AND G/PHN
PRETORIA FOR AID - YAMASHITA AND RUSSELL

E.O. 12958: N/A
TAGS: KHIV, PREL, EAID, BC
SUBJECT: GATES, MERCK PLEDGE $100 MILLION TO COMBAT AIDS
IN BOTSWANA

1. (U) THE BILL AND MELINDA GATES FOUNDATION, MERCK AND THE GOVERNMENT OF BOTSWANA HAVE SIGNED A $100 MILLION AGREEMENT TO CREATE THE "BOTSWANA COMPREHENSIVE HIV/AIDS PARTNERSHIP." THE AGREEMENT AIMS TO IMPROVE THE OVERALL STATE OF HIV/AIDS PREVENTION, CARE AND TREATMENT IN BOTSWANA, WHICH HAS THE HIGHEST HIV INFECTION RATE IN THE WORLD. THE UN REPORTS THAT THIS PARTNERSHIP IS THE FIRST COMPREHENSIVE INITIATIVE LAUNCHED IN CONJUNCTION WITH THE RECENTLY ANNOUNCED

UN/INDUSTRY COLLABORATION.

2. (U) DURING A JULY 7 COURTESY CALL ON THE AMBASSADOR, PROF. MAX ESSEX OF THE HARVARD AIDS INSTITUTE DESCRIBED THE PROGRAM AND NOTED THAT PRESIDENT MOGAE HAD APPROVED IT THE PREVIOUS DAY. OVER A FIVE-YEAR PERIOD, THE GATES FOUNDATION WILL CONTRIBUTE $50 MILLION TO HELP BOTSWANA STRENGTHEN ITS PRIMARY HEALTH CARE SYSTEM. MERCK WILL PROVIDE AN EQUIVALENT AMOUNT OF SUPPORT THROUGH THE DEVELOPMENT AND MANAGEMENT OF THE PROGRAM AND THE CONTRIBUTION OF ANTI-RETROVIRAL MEDICINES. BASED ON INITIAL RESULTS, THE PARTNERS WILL WORK TOGETHER WITH GLOBAL HEALTH AND DEVELOPMENT AGENCIES SUCH AS THE JOINT UN PROGRAM ON HIV/AIDS, DONORS, THE HARVARD AIDS INSTITUTE, CDC, AND OTHER POTENTIAL SPONSORS TO SECURE LONG-TERM SUSTAINABILITY OF THE PROGRAM.

3. (U) THE PROJECT WILL BEGIN WITH AN EXPANSION OF EDUCATION AND VOLUNTARY TESTING AND COUNSELING PROGRAMS, AND PROCEED TO IMPLEMENT APPROPRIATE INTERVENTIONS. AS THE PROJECT ADVANCES, ACCESS TO HIV TREATMENT AND CARE WILL EXPAND, IN STEP WITH HEALTH-CARE INFRASTRUCTURE IMPROVEMENTS, INCLUDING TREATMENTS FOR TUBERCULOSIS, HIV-RELATED OPPORTUNISTIC INFECTIONS, AND HIV INFECTION.

4. (U) A LOCAL, MULTI-DISCIPLINARY TEAM WILL MANAGE THE PROGRAM, WITH THE ULTIMATE GOAL OF BRINGING ABOUT LEADERSHIP AND COMMITMENT WITHIN BOTSWANA. THE IN-COUNTRY TEAM WILL INCLUDE PARTICIPANTS FROM BOTSWANA AND MERCK. AN ADVISORY PANEL OF KEY STAKEHOLDERS AND GLOBAL EXPERTS WILL PROVIDE OVERSIGHT OF THE PROJECT.

5. (U) COMMENT: IN LIGHT OF THE RECENT UNAIDS REPORT, WHICH REVEALED A 35.8% HIV INFECTION RATE AMONG ADULTS BETWEEN THE AGES OF 15 AND 49 IN BOTSWANA (THE HIGHEST IN THE WORLD), THE GATES-MERCK DONATION IS AN ESPECIALLY POSITIVE DEVELOPMENT. WE HOPE TO DO WHATEVER WE CAN TO ASSIST THE BOTSWANA COMPREHENSIVE HIV/AIDS PARTNERSHIP IN COMBATTING THIS SCOURGE. THE HUGE SCOPE OF THE AGREEMENT -- $100 MILLIION OVER 5 YEARS -- WILL POSE A REAL TEST OF BOTSWANA'S CAPACITY TO EFFECTIVELY ABSORB SUCH AN INFLUX OF NEW RESOURCES.

LANGE

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Monday, June 19, 2000 11:41 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Smith, Gayle E. (AF); Tabak, Lauren B. (AF/INTERN)
Subject:	MISSION RESPONSE TO HIV/AIDS PANDEMIC
ActionAddees:	RUEHC/SECSTATE WASHDC 4200
Classification:	UNCLASSIFIED
DateTime:	191507Z JUN 00
Distribution:	SIT: BABBITT Bernard BYRNE NSC DEMPSEY SMITH TABAK
Identifier:	M4498668
InfoAddees:	RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY RUEHC/DEPT OF LABOR WASHDC RUEHPH/CDC ATLANTA GA RUEAUSA/HHS WASHDC
Line1:	RAAUZYUW RUEHLGA2680 1711507-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	R 191507Z JUN 00
Line4:	FM AMEMBASSY LILONGWE
Originator:	AMEMBASSY LILONGWE
Precedence:	ROUTINE
Profiles:	BABBITTJ BERNARDK BYRNEC CABLES DEMPSEYN SMITHG TABAKL
StationRoutingIndicator:	RUEHLG
StationSerialNumber:	2680
TimeOfReceipt:	06/19/2000 11:40:03 ET

UNCLAS SECTION 01 OF 05 LILONGWE 002680

DEPT FOR AF/PDAS POWELL, AF/DAS SCHNEIDMAN, AND AF/S

CDC FOR WEAKLAND

LONDON FOR DRAGNICH AND PFLAUMER

DOL FOR ILAB M. DESHAZER

DOL ALSO FOR ILAB CELESTE HELM, S.HAHN, AND P.MAMACOS

E.O. 12958: N/A
TAGS: SOCI, ECON, PREL, EAID, KHIV, MI
SUBJECT: MISSION RESPONSE TO HIV/AIDS PANDEMIC

REF: (A) LILONGWE 2662, (B) LILONGWE 2205,
(C) LILONGWE 2098, (D) SECSTATE 46855,
(E) SECSTATE 34645

1. SUMMARY. MALAWI'S NATIONAL AIDS SECRETARIAT (NAS) ESTIMATES THAT NEARLY 750,000 OF THE NATION'S 9.8 MILLION CITIZENS ARE HIV POSITIVE. CREDIBLE ESTIMATES PLACE THE NATIONWIDE HIV INFECTION RATE FOR ADULTS AT 14 PERCENT, WITH INFECTION RATES IN URBAN AND RURAL AREAS PEAKING AT APPROXIMATELY 26 AND 12 PERCENT RESPECTIVELY. AIDS IS THE LEADING CAUSE OF DEATH FOR ADULT MALAWIANS AGED 15-

49. IN A SPEECH IN OCTOBER 1999, PRESIDENT MULUZI CHARACTERIZED THE PANDEMIC AS THE "SINGLE MOST SERIOUS CHALLENGE FACING THIS NATION TODAY." THE U.S. MISSION TO MALAWI HAS BEEN ENGAGED IN THE FIGHT AGAINST HIV/AIDS SINCE 1993. ALL MISSION ELEMENTS PARTAKE IN OUR EFFORTS TO COMBAT THE PANDEMIC. BELOW PLEASE FIND A SECTION-BY-SECTION DESCRIPTION -- REFLECTING ONGOING AND PLANNED ACTIVITIES -- OF THE MISSION'S HIV/AIDS STRATEGY. END SUMMARY.

EMBASSY - CHIEF OF MISSION & FRONT OFFICE

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2. LILONGWE'S HIV/AIDS MISSION STRATEGY INCLUDES THE FOLLOWING FRONT-OFFICE-BASED PRACTICES/INITIATIVES:

-- THE AMBASSADOR LEADS AND COORDINATES COUNTRY TEAM EFFORTS REGARDING HIV/AIDS.

-- THE AMBASSADOR HAS DIRECTED THAT ALL MISSION PERSONNEL MENTION HIV/AIDS IN ANY PUBLIC REMARKS/SPEECHES.

-- THE AMBASSADOR ARRANGES FOR PERIODIC CDC BRIEFINGS AND DEMONSTRATIONS FOR THE COUNTRY TEAM.

-- THE FRONT OFFICE ENCOURAGES COUNTRY TEAM TO HOLD AIDS AWARENESS TRAINING WITH STAFF.

-- POST'S MISSION PROGRAM PLAN (MPP) SHARPENED ITS FOCUS ON THE IMPACT HIV/AIDS IS HAVING ON MALAWI'S DEVELOPMENT AND DEMOCRATIZATION EFFORTS, AND THE AFFECT THESE IN TURN COULD HAVE ON DOMESTIC AND REGIONAL STABILITY. HEALTH MOVED UP THE LIST OF MISSION PRIORITIES FROM NUMBER FIVE TO NUMBER THREE FOR FY 2000-2002, DEMONSTRATING THE INCREASED IMPORTANCE THE COUNTRY TEAM IS PLACING ON THIS ISSUE.

-- THE FRONT OFFICE ENCOURAGES SELECTION OF COMMUNITY-BASED HIV/AIDS ACTIVITIES FOR FUNDING UNDER THE AMBASSADOR'S SPECIAL SELF-HELP PROGRAM.

-- THE FRONT OFFICE HAS TASKED RSO TO ASSIST LOCAL POLICE AND THE SECURITY GUARD COMPANY TO DEVELOP AND/OR SUPPORT HIV/AIDS AWARENESS PROGRAMS.

-- THE AMBASSADOR CONTINUALLY URGES THE PRESIDENT, CABINET MEMBERS, AND OTHER SENIOR MALAWI GOVERNMENT OFFICIALS TO INCORPORATE AIDS AWARENESS INTO STAFF TRAINING AS WELL AS PUBLIC REMARKS.

-- THE AMBASSADOR DISCUSSES HIV/AIDS AND ITS IMPACT DURING HER QUARTERLY MEETINGS WITH THE AMERICAN BUSINESS COMMUNITY.

-- THE FRONT OFFICE UTILIZES THE PUBLIC AFFAIRS OFFICE TO RAISE THE COM'S PUBLIC PROFILE ON HIV ISSUES (PRESS RELEASES, PHOTO OPS, INTERVIEWS WITH LOCAL PRESS, ETC.)

EMBASSY - POLITICAL SECTION

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3. IN DISCUSSIONS WITH POLITICAL PARTY, NONGOVERNEMNTAL ORGANIZATION (NGO), AND GOVERNMENT CONTACTS, POLOFF SOLICITS OBSERVATIONS AND INFORMATION ON THE SOCIAL AND POLITICAL EFFECTS OF THE HIV/AIDS PANDEMIC. PARTICULARLY WITH THE NGO COMMUNITY, POLOFF SERVES AS A POINT OF CONTACT AND RESOURCE PERSON FOR THOSE SEEKING INFORMATION ON DONOR FUNDING AND PROGRAMS. POLOFF USES EVERY UNCLAS SECTION 02 OF 05 LILONGWE 002680

DEPT FOR AF/PDAS POWELL, AF/DAS SCHNEIDMAN, AND AF/S

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OPPORTUNITY, INCLUDING TOWN HALL MEETINGS AND OTHER CONTACTS WITH AMERICAN CITIZENS, TO PROVIDE THE LATEST INFORMATION ON ADVANCES IN HIV/AIDS PREVENTION AND TREATMENT, AND WHAT THE USG IS DOING TO ASSIST MALAWIANS TO COMBAT THE EPIDEMIC. AS MISSION COORDINATOR OF THE DEMOCRACY AND HUMAN RIGHTS FUND, HE ASSURES THAT WHERE APPROPRIATE, HIV/AIDS-RELATED ISSUES AND CONCERNS ARE MADE A PART OF THE PROJECT PROPOSAL REVIEW AND SELECTION PROCESS.

EMBASSY - ECONOMIC SECTION
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4. ONE OF THE ECONOMIC OFFICER'S ONGOING RESPONSIBILITIES ON HIS FORMAL WORK REQUIREMENTS STATEMENT IS "TO REPORT ON THE EFFECTS OF THE HIV/AIDS PANDEMIC ON MALAWI'S ECONOMY." IN ALL DISCUSSIONS WITH BUSINESS AND GOVERNMENT CONTACTS, ECONOFF SOLICITS OBSERVATIONS AND INFORMATION ON THE ECONOMIC EFFECTS OF THE HIV/AIDS PANDEMIC. HE QUESTIONS EMPLOYERS AS TO WHETHER THEY HAVE DEVELOPED HIV/AIDS POLICIES (FROM AWARENESS CAMPAIGNS TO CARE FOR PEOPLE LIVING WITH AIDS), AND SUGGESTS CONTACTS AND SOURCES OF INFORMATION TO ASSIST IN THE ESTABLISHMENT OF SUCH PROGRAMS WHERE THEY DO NOT YET EXIST. AS MISSION COORDINATOR OF THE AMBASSADOR'S SPECIAL SELF-HELP PROGRAM, HE ASSURES THAT HIV/AIDS-RELATED PROJECT PROPOSALS ARE BROUGHT TO THE ATTENTION OF THE SELECTION COMMITTEE. HE SERVES AS LIAISON WITH OTHER USG AGENCIES -- IN PARTICULAR THE DEPARTMENT OF LABOR -- REGARDING HIV/AIDS ACTIVITIES IN MALAWI.

EMBASSY - PUBLIC AFFAIRS SECTION
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5. THE EMBASSY PUBLIC AFFAIRS SECTION PROVIDES TO THE MEDIA (RADIO, TV, PRINT) WIRELESS FILE AND OTHER MATERIALS CONTAINING THE LATEST INFORMATION ON HIV/AIDS RESEARCH, AND ON WHAT IS BEING DONE IN THE UNITED STATES

IN TERMS OF PATIENT CARE. IT IS EXPLORING THE POSSIBILITY OF BRINGING TO MALAWI A FULBRIGHT PROFESSOR AND/OR RESEARCHER TO TEACH AT ONE OF THE NURSING SCHOOLS, WHICH WOULD ADDRESS A CRITICAL SHORTAGE IN MEDICAL CARE PROVIDERS WHO ARE ABLE TO ADDRESS THE HIV/AIDS PANDEMIC. THE PUBLIC AFFAIRS SECTION SUCCESSFULLY LOBBIED LAST YEAR FOR A REGIONAL YOUNG AFRICAN LEADER PROGRAM FOCUSED ON HIV/AIDS WHICH ALLOWED SADC ACTIVISTS A CHANCE TO NETWORK WITH EACH OTHER AS WELL AS WITH U.S. EXPERTS, AND PROVIDED VOLUNTARY VISITOR FUNDS AND PROGRAMMING FOR AN EXPERT WHO TRAVELED TO THE UNITED STATES LAST YEAR TO PRESENT HIS STUDY ON STD'S AND AIDS AT A CONFERENCE. PUBLIC AFFAIRS CONTINUES TO USE THE IV PROGRAM TO SEND AT LEAST ONE PERSON PER YEAR ON AN HIV/AIDS-RELATED STUDY TOUR TO THE U.S. THE PUBLIC DIPLOMACY OFFICER (PDO), AS APPROPRIATE, RAISES THE ISSUE OF HIV/AIDS IN PUBLIC SPEECHES AND STATEMENTS. PRESS RELEASES HAVE BEEN SUPPLIED TO MEDIA OUTLETS TO COUNTER ANY MISINFORMATION PRINTED OR ANNOUNCED THROUGH THE MEDIA. IN ADDITION TO THE ABOVE, THE PUBLIC AFFAIRS SECTION IS PREPARED TO ARRANGE WITH TV MALAWI AND/OR THE MALAWI BROADCASTING CORPORATION:

-- INTERVIEWS OF US MISSION PERSONNEL TO EXPLAIN WHAT THE USG IS DOING TO ASSIST AFRICA, AND MALAWI IN PARTICULAR, IN THE FIGHT AGAINST THE HIV/AIDS PANDEMIC.

-- A LIVE PANEL DISCUSSION WITH, FOR EXAMPLE, US AND OTHER FOREIGN EXPERTS PRESENTLY IN MALAWI, AND MALAWIAN EXPERTS, TO GET VARIOUS VIEWPOINTS AND A LOCAL PERSPECTIVE ON HIV/AIDS ISSUES.

-- AN EPISODE OF THE WEEKLY TV MALAWI PROGRAM "FACE TO FACE" SPECIFICALLY TO DISCUSS THE HIV/AIDS SITUATION IN MALAWI AND IN THE BROADER SADC REGION.

6. THE PUBLIC AFFAIRS SECTION WILL CONTINUE TO USE ALL AVAILABLE OPPORTUNITIES TO RAISE THE ISSUE OF HIV/AIDS, AND WILL ENCOURAGE GREATER LOCAL PARTICIPATION IN HIV/AIDS-RELATED AFRICA JOURNALS/WORLDNET INTERACTIVES
UNCLAS SECTION 03 OF 05 LILONGWE 002680

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FOLLOWED BY DISCUSSIONS.

EMBASSY - ADMINISTRATIVE SECTION
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7. AS PART OF ITS STRATEGY TO COMBAT HIV/AIDS, THE

EMBASSY'S ADMINISTRATIVE SECTION:

-- CONTRACTED WITH AN ELIGIBLE FAMILY MEMBER (EFM) TO FINALIZE POST'S HIV/AIDS WORKFORCE POLICY.

-- ARRANGED FOR A BRIEFING FOR OUR FSN STAFF BY USAID MALAWI'S TECHNICAL ADVISOR ON HIV/AIDS. THE BRIEFING WILL FOCUS ON USE OF THE RAPID-TEST KITS THAT WERE RECENTLY INTRODUCED IN MALAWI.

-- WILL DEVELOP POSTERS ON HIV/AIDS PREVENTION AND DISPLAY THEM THROUGHOUT THE MISSION.

-- WILL REVISE HEALTH INSURANCE PROVISION TO IMPROVE QUALITY AND COMPREHENSIVE HEALTH CARE FOR FSN'S AND THEIR FAMILIES.

-- IS CONDUCTING AN INTERAGENCY REVIEW OF AN FSN REQUEST FOR INCREASED DEATH BENEFITS.

-- PROVIDES FREE CONDOMS IN ALL MISSION RESTROOMS.

-- CONDUCTS CROSS-TRAINING OF ALL FSN'S TO FILL GAPS DUE TO ILLNESS AND DEATH.

SECURITY ASSISTANCE/DEFENSE INITIATIVES

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8. THROUGH THE USE OF SECURITY ASSISTANCE FUNDS AND OTHER PEACETIME ENGAGEMENT ACTIVITIES, POST:

-- REQUIRES THAT ALL IN-COUNTRY MILITARY TRAINING PROVIDED THROUGH IMET AND OTHER MEANS (I.E., AFRICAN CRISIS RESPONSE INITIATIVE (ACRI), JOINT COMBINED EDUCATION AND TRAINING (JCET) AND DEFENSE INSTITUTE FOR INTERNATIONAL LEGAL STUDIES (DIILS)) INCLUDE A COMPONENT ON HIV/AIDS. PRESENTATIONS HAVE RANGED FROM BASIC AWARENESS TO THE HUMAN RIGHTS ASPECTS OF AIDS TO RAPID AIDS TEST DEMONSTRATIONS. FIELD AND COMPUTER-ASSISTED EXERCISES INCLUDE AIDS-SPECIFIC SCENARIOS.

-- IS REQUESTING THAT THE JULY-AUGUST 2000 JCET ON DISASTER PREPAREDNESS INCLUDE AN AIDS COMPONENT, AS IT RELATES TO DISASTER.

-- IS WORKING WITH THE MALAWI ARMY TO USE USG-PROVIDED FUNDS (IN PARTICULAR FY01 LIFE INITIATIVE FUNDS TO BE PROVIDED TO DOD) TO SUPPORT THE POLICE AND ARMY'S AIDS TRAINING PLANS AND IMPLEMENTATION OF THEIR HIV/AIDS POLICIES.

-- WILL HOST AN ASSESSMENT VISIT BY THE INTERNATIONAL HEALTH RESOURCES MANAGEMENT PROGRAM (FUNDED BY IMET), TO ASSIST MALAWI IN IMPLEMENTING ITS STRATEGIC AIDS PLAN.

-- ARRANGED FOR THE DEFENSE ACQUISITION RESOURCE MANAGEMENT PROGRAM (ALSO FUNDED BY IMET) SEMINARS FOR THE MALAWI ARMY AND MINISTRY OF DEFENSE. THE SEMINARS WILL INCLUDE A FOCUS ON THE NEED TO FIGURE HEALTH CARE AND AIDS-RELATED ATTRITION RATES INTO HUMAN RESOURCE PLANNING, AS WELL AS OTHER RESOURCE

MANAGEMENT TOPICS.

-- REQUESTED SUPPORT FOR SEVERAL SMALL NGO'S, WHICH WORK IN THE AREA OF HIV/AIDS, UNDER THE DEPARTMENT OF DEFENSE'S HUMANITARIAN ASSISTANCE PROGRAM IN FY00.

-- SOLICITED AND PASSED ON INFORMATION FROM THE U.S. MILITARY ON ITS AIDS POLICIES TO GUIDE THE MINISTRY OF DEFENSE AND ARMY IN ITS EFFORTS TO DRAFT A POLICY PERTAINING TO VARIOUS ASPECTS OF AIDS FOR THE MALAWI ARMY.

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-- IS ACTIVELY SEEKING ADDITIONAL WAYS TO SUPPORT THE MALAWI ARMY DIRECTIVE THAT REQUIRES EVERY UNIT TO PROVIDE PERIODIC AIDS AWARENESS TRAINING.

-- U.S. MILITARY MEDICAL PERSONNEL ARE ASKED TO PROVIDE AIDS-RELATED BRIEFINGS TO THE FSN STAFF.

PEACE CORPS
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9. ALL PEACE CORPS VOLUNTEERS IN MALAWI HAVE HIV/AIDS ON THEIR OFFICIAL AGENDA. BECAUSE IT IS NO LONGER JUST A HEALTH ISSUE, PEACE CORPS MALAWI'S INTEGRATED PLAN BUDGET SUBMISSION (IPBS) NOTES THAT HIV/AIDS IS NOW INTERWOVEN THROUGHOUT ALL PROJECTS. PEACE CORPS MALAWI CONDUCTS AIDS EDUCATION TRAINING FOR ALL VOLUNTEERS DURING PRE-SERVICE TRAINING. IT IS WORKING TO EXPAND ITS "LIFE SKILLS" PROGRAM TO INCLUDE ALL SECTORS IN WHICH VOLUNTEERS WORK. PCV TEACHERS INCORPORATE HIV/AIDS INFORMATION INTO LESSONS. MANY PCV TEACHERS ALSO SPONSOR OR PARTICIPATE IN AIDS AWARENESS ("EDZI TOTO") CLUBS.

10. ALL PEACE CORPS MALAWI PERSONNEL OPERATE UNDER THE FOLLOWING PRECEPTS IN REGARDS TO THE FIGHT AGAINST HIV/AIDS: HIV/AIDS SHOULD BE INCLUDED IN ALL PUBLIC REMARKS AND MENTIONED WITH ALL MINISTERIAL CONTACTS, NOT JUST THOSE AT THE MINISTRY OF HEALTH; MENTION OF HIV/AIDS IN SPEECHES OR MEDIA EVENTS SHOULD FOCUS ON BEHAVIOR CHANGE, NOT EDUCATION.

11. AS PART OF ITS STRATEGY TO COMBAT HIV/AIDS, PEACE CORPS MALAWI SEEKS TO FURTHER:

-- EXPAND EFFORTS TO PUBLICIZE PC'S EFFORTS IN HIV/AIDS. THIS HAS THE EFFECT OF REACHING A WIDER AUDIENCE WITH

THE MESSAGE FROM YET ANOTHER SOURCE.

-- IMPLEMENT CONTINUED AIDS EDUCATION AMONG PC STAFF DURING MONTHLY ALL-STAFF MEETINGS. THIS CAN INCLUDE DISCUSSIONS ON IMPORTANCE OF TESTING, ON LIVING WITH AIDS, ON HOW TO REMAIN HIV-NEGATIVE, ON RESOURCES AVAILABLE LOCALLY, ETC.

-- PEACE CORPS CONSIDERS HIV/AIDS A CRISIS SITUATION, AND IS WILLING TO COMMIT CRISIS CORPS VOLUNTEERS (CCV'S) TO COUNTRIES REQUESTING IMMEDIATE AND SHORT-TERM INTERVENTIONS TO STRENGTHEN AIDS PROGRAMMING. PC MALAWI IS ASSESSING THE ADDITION OF FIVE CCV'S IN FY00 TO SUPPLEMENT ITS AIDS PROGRAMMING.

USAID
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12. USAID ALREADY HAS SUBSTANTIAL RESOURCES INVESTED IN AIDS PREVENTION ACTIVITIES. WITH ASSISTANCE FROM CDC, USAID FOCUSES ON HIV/AIDS PREVENTION SERVICES, PLACING SPECIAL EMPHASIS ON HIV VOLUNTARY COUNSELING AND TESTING, AND ON THE PROMOTION OF CONDOMS. USAID ALSO WORKS TO MITIGATE THE IMPACT OF AIDS THROUGH COMMUNITY ACTIVITIES THAT PROVIDE ASSISTANCE TO ORPHANS AND HOME-BASED CARE FOR THE SICK. WORKING WITH HEALTH OFFICERS FROM OTHER SOUTHERN AFRICAN MISSIONS, USAID STAFF HELPED DEVELOP AND INITIATE A REGIONAL HIV/AIDS PROGRAM FOR SADC COUNTRIES WHICH FOCUSES ON CROSS BORDER ISSUES, AND ADVOCACY FOR STRONGER POLITICAL COMMITMENT AND SHARING OF BEST PRACTICES BETWEEN COUNTRIES.

USDOL
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13. THE U.S. DEPARTMENT OF LABOR IS DESIGNING AN HIV/AIDS WORKPLACE PREVENTION AND EDUCATION PROGRAM THAT WILL:

-- PROMOTE HIV/AIDS AWARENESS IN THE WORKPLACE AND ENABLE THE MALAWIAN GOVERNMENT, BUSINESS COMMUNITY, AND UNIONS;

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SUBJECT: MISSION RESPONSE TO HIV/AIDS PANDEMIC

-- BUILD A SUSTAINABLE INFRASTRUCTURE THAT WILL HELP THESE INSTITUTIONS ADDRESS THE HIV/AIDS EPIDEMIC; AND

-- HELP DEVELOP WORKER PROTECTION POLICIES THAT HELP

DEAL WITH ISSUES SUCH AS STIGMA AND NON-DISCRIMINATION PRACTICES ASSOCIATED WITH THE VIRUS, CONFIDENTIALITY, SOCIAL RESPONSIBILITY, AND JOB SECURITY.

14. USDOL ASSOCIATE DEPUTY UNDER SECRETARY FOR INTERNATIONAL AFFAIRS LED A USDOL DELEGATION TO MALAWI DURING THE WEEK OF MAY 22-27 TO CONSULT WITH GOVERNMENT OFFICIALS, PRIVATE SECTOR EMPLOYERS, AND LABOR LEADERS ON DESIGNING THE ABOVE-NOTED PROGRAM.

SHIPPY

Keenan, Josefine (Chris) (HEALTH)

From:	WHSR
Sent:	Monday, June 19, 2000 12:34 PM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Smith, Gayle E. (AF); Tabak, Lauren B. (AF/INTERN)
Subject:	CONAKRY PROPOSED HIV/AIDS WORKPLACE POLICY
ActionAddees:	RUEHC/SECSTATE WASHDC PRIORITY 1697
Classification:	UNCLASSIFIED
DateTime:	191613Z JUN 00
Distribution:	SIT: BABBITT Bernard BYRNE NSC DEMPSEY SMITH TABAK
Identifier:	M4498727
InfoAddees:	RUEHZK/ECOWAS COLLECTIVE PRIORITY
Line1:	PAAUZYUW RUEHRYA3252 1711613-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	P 191613Z JUN 00
Line4:	FM AMEMBASSY CONAKRY
Originator:	AMEMBASSY CONAKRY
Precedence:	PRIORITY
Profiles:	BABBITTJ BERNARDK BYRNEC CABLES DEMPSEYN SMITHG TABAKL
StationRoutingIndicator:	RUEHRY
StationSerialNumber:	3252
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UNCLAS SECTION 01 OF 03 CONAKRY 003252

DEPT FOR AF, L, S/EEORCR, PER/OE/G
DEPT PASS TO USAID/AFW

E.O. 12958: N/A
TAGS: SOCI, ECON, AMGT, PREL
SUBJECT: CONAKRY PROPOSED HIV/AIDS WORKPLACE POLICY

1. THIS CABLE CONTAIN THE DRAFT TEXT OF THE U.S. MISSION CONAKRY POLICY ON HUMAN IMMUNODEFICIENCY VIRUS (HIV AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE WORKPLACE. THIS HIV/AIDS WORKPLACE POLICY DOCUMENT IS THE PRODUCT OF EXTENSIVE STUDY AND CONSULTATIONS WITHIN THE MISSION. POST REQUESTS AUTHORIZATION TO ADOPT AND DISSEMINATE THIS POLICY.

2. BEGIN TEXT.

UNITED STATES MISSION,CONAKRY

POLICY ON HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND THE ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE WORKPLACE.

I. INTRODUCTION
II. WHAT IS HIV/AIDS
III. PRINCIPLES
IV. CONFIDENTIALITY
V. HIRING AND WORKPLACE POLICIES

VI. EMPLOYEE EDUCATION AND HIV PREVENTION
VII. OCCUPATIONAL AND NON OCCUPATIONAL EXPOSURE TO HIV
VIII. HIV/AIDS TESTING
IX. IMPLEMENTATION AND MONITORING
X. ASSISTANCE FOR EMPLOYEES

I. INTRODUCTION

THE HIV/AIDS PANDEMIC HAS CONTINUED TO EXPAND WORLWIDE. CURRENT GOG REPORTS STATE THAT 100,000 TO 130,000 ADULTS AND CHILDREN IN GUINEA ARE CURRENTLY LIVING WITH HIV. MINISTRY OF HEALTH OFFICIALS RESPONSIBLE FOR THE AIDS PROGRAM MAINTAIN THAT THE OVERALL NATIONAL RATE IS ABOUT 2 PERCENT WITH HIGHER RATES IN CONAKRY AND THE FOREST REGION (OWING TO THE REFUGEE COMMUNITY). THERE IS A COMPELLING NEED TO DEVELOP HIV/AIDS POLICIES FOR ALL EMPLOYEES WHO WORK WITHIN THE U.S. MISSION. THIS INCLUDES U.S. DIRECT HIRE, PERSONAL SERVICES CONTRACTS, AND LOCALLY HIRED EMPLOYEES, WHICH CONSIST OF GUINEAN, U.S. CITIZENS AND THIRD COUNTRY NATIONALS.

THIS POLICY APPLIES TO ALL U.S. MISSION EMPLOYEES, AND REFLECTS THE HIV/AIDS POLICY GUIDELINES, AUGUST 1995, OF THE OFFICE OF PERSONNEL MANAGEMENT, AND HIV/AIDS WORKPLACE POLICIES OF OTHER U.S. AGENCIES, INCLUDING THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION. IT ALSO TAKES INTO ACCOUNT AND INCORPORATES ANY POLICY WRITTEN UNDER GUINEAN LOCAL LABOR LAW IN REGARDS TO HIV/AIDS.

II. WHAT IS HIV/AIDS?

AIDS STANDS FOR ACQUIRED IMMUNODEFICIENCY SYNDROME; A DISEASE IN WHICH THE BODY'S IMMUNE SYSTEM BREAKS DOWN DUE TO AN INFECTION WITH A VIRUS CALLED THE HUMAN IMMUNODEFICIENCY VIRUS, OR HIV. WHEN A PERSON'S IMMUNE SYSTEM BEGINS TO FAIL S/HE MAY DEVELOP INFECTIONS OR OTHER HEALTH PROBLEMS LEADING TO A DIAGNOSIS OF AIDS. THIS PROGRESSION MAY TAKE FIVE TO TEN YEARS. THERE IS NO MEDICAL EVIDENCE THAT HIV CAN BE TRANSMITTED BY CASUAL CONTACT AMONG PERSONS IN THE WORKPLACE. THERE IS NO DANGER IN SHARING BATHROOMS, OFFICE FACILITIES OR DRINKING FOUNTAINS, AND COUGHING, SNEEZING OR SHAKING HANDS HAVE NEVER BEEN SHOWN TO SPREAD HIV.

III. PRINCIPLES

U.S. MISSION EMPLOYEES WITH HIV INFECTION OR AIDS WILL BE GIVEN THE SAME RIGHTS, BENEFITS, AND OPPORTUNITIES AS EMPLOYEES WITH OTHER SERIOUS ILLNESSES. U.S. DIRECT HIRE EMPLOYEES ARE PROTECTED FROM WORKPLACE DISCRIMINATION UNDER THE REHABILITATION ACT OF 1973. EMPLOYMENT PRACTICES MUST AT A MINIMUM COMPLY WITH APPLICABLE U.S. FEDERAL LAWS AND REGULATIONS.

EMPLOYMENT PRACTICES WILL BE BASED ON THE SCIENFITIC AND

EPIDEMIOLOGICAL EVIDENCE THAT PEOPLE WITH AIDS OR HIV INFECTION DO NOT POSE A RISK OF TRANSMISSION OF THE VIRUS TO CO-WORKERS THROUGH ORDINARY CONTACT.

THE HIGHEST LEVELS OF MANAGEMENT WILL UNEQUIVOCALLY ENDORSE NONDISCRIMINATORY EMPLOYMENT PRACTICES AND THE PROVISION OF EDUCATION PROGRAMS OR INFORMATION ABOUT HIV/AIDS.
UNCLAS SECTION 02 OF 03 CONAKRY 003252

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TAGS: SOCI, ECON, AMGT, PREL
SUBJECT: CONAKRY PROPOSED HIV/AIDS WORKPLACE POLICY

THE U.S. MISSION WILL COMMUNICATE HIV/AIDS WORKPLACE POLICIES AND PRACTICES TO ALL EMPLOYEES IN SIMPLE, CLEAR AND UNAMBIGUOUS TERMS AND WILL PROVIDE EMPLOYEES WITH SENSITIVE, ACCURATE, AND CURRENT INFORMATION ABOUT RISK REDUCTION IN THEIR PERSONAL LIVES.

THE U.S. MISSION MUST PROTECT THE CONFIDENTIALITY OF ALL EMPLOYEES' MEDICAL INFORMATION AS STATED IN THE PRIVACY ACT.

IV. CONFIDENTIALITY

U.S. MISSION EMPLOYEES ARE UNDER NO OBLIGATION TO DISCLOSE THEIR HIV STATUS TO ANYONE IN THE WORKPLACE UNLESS THEY ARE REQUESTING REASONABLE ACCOMMODATION FOR THEIR DISABILITY. MEDICAL INFORMATION SUBMITTED TO U.S. AGENCIES OR THE U.S. EMBASSY MEDICAL UNIT MUST HE TREATED CONFIDENTIALLY, AS REQUIRED IN THE PRIVACY ACT. MEDICAL INFORMATION FOR U.S. CITIZENS IS SPECIFICALLY COVERED BY THE PRIVACY ACT. THE PRIVACY ACT FORBIDS THE DISCLOSURE OF MEDICAL RECORDS WITHOUT THE CONSENT OF THE SUBJECT OF THE RECORD. AS A MATTER OF THE U.S. MISSION POLICY THE MEDICAL RECORDS OF ANY FOREIGN NATIONAL WILL NOT BE DISCLOSED WITHOUT THE CONSENT OF THE EMPLOYEE.

V. HIRING AND WORKPLACE POLICIES

U.S. MISSION EMPLOYEES WHO ARE INFECTED OR BELIEVED TO BE INFECTED WITH HIV/AIDS WILL NOT BE DISCRIMINATED AGAINST IN JOB ASSIGNMENTS, PROMOTIONS, PERFORMANCE APPRAISALS, ELIGIBILITY FOR BENEFITS, OR SUBJECT TO TERMINATION BECAUSE OF THEIR CONDITION.

U.S. MISSION EMPLOYEES WITH HIV INFECTION OR AIDS WHO WISH TO CONTINUE WORKING WILL BE PROVIDED WITH ACCOMMODATION AS LONG AS AN EMPLOYEE IS ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THEIR DUTIES. EMPLOYEES WHO ARE INCAPABLE OF PERFORMING HIS/HER DUTIES DUE TO ILLNESS OR MEDICAL APPOINTMENTS MAY BE GRANTED SICK LEAVE, ANNUAL LEAVE AND/OR LEAVE WITHOUT PAY. IN ADDITION, EMPLOYEES WITH HIV/AIDS MAY BE ELIGIBLE TO PARTICIPATE IN THE VOLUNTARY LEAVE TRANSFER PROGRAM. MEASURES SUCH AS NEGOTIATION OF ALTERNATIVE WORK DUTIES, AND JOB SHARING MAY BE ADOPTED TO ACCOMMODATE QUALIFIED EMPLOYEES WITH DISABILITIES.

U.S. GOVERNMENT EMPLOYEES INFECTED WITH HIV ARE EMPLOYEES WITH A DISABILITY WHOSE RIGHTS ARE PROTECTED FROM DISCRIMINATION BY THE REHABILITATION ACT OF 1973.

DISCRIMINATORY ACTS INCLUDE NOT ONLY ACTIONS BY SUCH AS HARASSMENT OR CREATION OF A HOSTILE WORK ENVIRONMENT.

DEPARTMENT OF STATE CABLE 192346 (1998) PROVIDES GUIDANCE TO ASSIST POST IN THE PREVENTION AND AVOIDANCE OF EEO COMPLAINTS AND ADVERSE WORK ENVIRONMENTS FOR FOREIGN NATIONAL EMPLOYEES WHO ARE NOT U.S. CITIZENS. THE U.S. MISSION CONAKRY POLICY IS DESIGNED TO ENSURE FAIR AND EQUITABLE TREATMENT OF ALL FOREIGN NATIONAL EMPLOYEES, INCLUDING EMPLOYEES UNDER PERSONAL SERVICES AGREEMENTS/CONTRACTS WHO ARE NOT U.S. CITIZENS.

DEPARTMENT OF STATE CABLE 237897 (1996), STATE 237373 (1997), AND CONAKRY ADMINISTRATIVE NOTICE 2000-04 , DESCRIBES POLICIES AND PROCEDURES FOR A VOLUNTARY LEAVE TRANSFER PROGRAM FOR FOREIGN NATIONALS. THIS POLICY IS APPLICABLE FOR ALL STATE AND DAO FOREIGN NATIONAL EMPLOYEES. U.S. DIRECT HIRE EMPLOYEES ARE COVERED UNDER A SEPARATE LEAVE DONOR PLAN.

VI. EMPLOYEE EDUCATION AND HIV PREVENTION

THE U.S. MISSION IN CONAKRY WILL PROVIDE WORKPLACE EDUCATION FOR ALL MISSTION EMPLOYEES AND FAMILY MEMBERS. THERE WILL BE AT LEAST ONE WORKPLACE EDUCATION SESSION PER YEAR FOR ALL MISSION EMPLOYEES. WORKPLACE EDUCATION WILL ADDRESS THE NATURE OF HIV AND AIDS; HOW IT IS TRANSMITTED AND PREVENTED; HIV RELATED DISCRIMINATION; CONFIDENTIALITY; SICK LEAVE POLICIES; AND THE U.S. MISSION CONAKRY HIV/AID WORKPLACE POLICY.

AS PART OF THE EDUCATION AND PREVENTION PROGRAM THE U.S. MISSION WILL CREATE AN FSN HIV/AIDS AWARENESS GROUP. A FOREIGN NATIONAL EMPLOYEE WILL BE NOMINATED AS COORDINATOR AND WILL HANDLE SETTING UP SEMINARS AND DISSEMINATION OF UP-TO-DATE INFORMATION AND LITERATURE TO THE FOREIGN NATIONAL COMMUNITY AND FAMILY MEMBERS.

THE U.S. MISSION HIV/AIDS PREVENTION PROGRAM WILL ALSO INCLUDE THE PROVISION OF CONDOMS IN BATHROOMS AND/OR HEALTH UNIT AND INFORMATION ON THEIR USE.

VII. OCCUPATIONAL AND NON-OCCUPATIONAL EXPOSURE TO HIV
UNCLAS SECTION 03 OF 03 CONAKRY 003252

DEPT FOR AF, L, S/EEORCR, PER/OE/G
DEPT PASS TO USAID/AFW

E.O. 12958: N/A
TAGS: SOCI, ECON, AMGT, PREL
SUBJECT: CONAKRY PROPOSED HIV/AIDS WORKPLACE POLICY

THE U.S. DEPARTMENT OF STATE OFFICE OF MEDICAL SERVICES POLICY, PEP598, HIV POST-EXPOSURE PROPHYLAXIS MANAGEMENT OF EXPOSURE TO HIV, DESCRIBES THE PROTOCOL FOR THE MANAGEMENT OF THOSE AT RISK FOR HIV INFECTION FROM OCCUPATIONAL AND NON-OCCUPATIONAL HIV EXPOSURES. THIS INCLUDES: 1) PUNCTURE WOUNDS FROM SHARP INSTRUMENTS; 2) A PERSON, AS A VICTIM OF NON-CONSENSUAL SEX OR SEXUAL ASSAULT AND 3) THOSE WHO HAVE UNPROTECTED SEXUAL EXPOSURE WITH PERSONS WHO MAY BE HIV INFECTED. THE MISSION WILL PASS TO ITS EMPLOYEES PERTINENT INFORMATION, AS THAT INFORMATION BECOMES AVAILABLE IN THE SCIENTIFIC LITERATURE, WHICH DEALS WITH THE VALUE OF POST-EXPOSURE MEDICAL PROPHYLAXIS FOR THE PREVENTION OF HIV

INFECTION.
THE U.S. MISSION WILL IMPLEMENT TRAINING ON THE USE OF UNIVERSAL PRECAUTIONS IN DEALING WITH BLOOD AND BODILY FLUIDS; DISSEMINATE PROCEDURES TO ASSIST EMPLOYEES CLAIM COMPENSATION IN THE EVENT OF OCCUPATIONALLY ACQUIRED HIV INFECTION; AND, PROVIDE ACCESS TO PREVENTIVE METHODS TO PREVENT OCCUPATION RELATED HIV TRANSMISSION. THESE POLICIES WILL BE EXTENDED TO PERSONS WORKING IN THE MEDICAL UNIT, REGIONAL SECURITY OFFICE AND OTHER SETTINGS WHERE THERE MAY BE A POTENTIAL RISK OF EXPOSURE.

VIII. HIV/AIDS TESTING

U.S. FOREIGN SERVICE EMPLOYEES ARE SUBJECT TO HIV TESTING AS PART OF THE INITIAL EXAMINATION AND FOR IN-SERVICE MEDICAL EXAMINATIONS. OTHER U.S. DIRECT HIRE EMPLOYEES ARE SUBJECT TO HIV TESTING AS PART OF IN-SERVICE MEDICAL EXAMINATIONS.

IN THE ABSENCE OF ANY LAWS TO THE CONTRARY, LOCALLY HIRED EMPLOYEES/JOB APPLICANTS WILL BE SUBJECT TO HIV TESTING AS PART OF THE INITIAL PRE-SCREENING MEDICAL EXAMINATION. IF THEY ARE POSITIVE, THEY WILL NOT BE HIRED. FOREIGN NATIONAL EMPLOYEES OF THE MISSION MAY UNDERGO VOLUNTARY IN SERVICE TESTING WITH APPROPRIATE PRE AND POST TEST COUNSELLING AT THE EXPENSE OF THE MISSION.

IX. IMPLEMETATION AND MONITORING

INDIVIDUAL AGENCY HEADS ARE RESPONSIBLE FOR ENSURING THAT THIS POLICY IS IMPLEMENTED AND MONITORED WITHIN THEIR AGENCY. AGENCY HEADS WILL REPORT AT LEAST YEARLY ON THE IMPLEMENTATION OF THIS POLICY TO THE DEPUTY CHIEF OF MISSION. THE PERSONNEL OFFICE AND THE HEALTH UNIT WILL PROVIDE TECHNICAL ASSISTANCE AND SUPPORT TO IMPLEMENT AND MONITOR THIS POLICY.

X. ASSISTANCE FOR EMPLOYEES

EMPLOYEES WHO HAVE QUESTIONS ABOUT HIV INFECTION AND AIDS MAY CONTACT THE U.S. MISSION HEALTH UNIT 41-15-20 EXT. 4150, OR THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (UNITED STATES) 800 342 2437. THE U.S. MISSION CONAKRY HEALTH UNIT WILL PROVIDE EMPLOYEES WITH INFORMATION ABOUT HIV INFECTION AND AIDS, AND APPROPRIATE REFERRALS TO OTHER U.S. GOVERNMENT AND GUINEAN RESOURCES AND SERVICES. END TEXT.

NIGRO

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Thursday, May 11, 2000 7:24 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Smith, Gayle E. (AF)
Subject:	OAU AIDS MINISTERIAL PUTS HIV/AIDS ON SUMMIT AGENDA
ActionAddees:	RUEHC/SECSTATE WASHDC PRIORITY 4728
Classification:	UNCLASSIFIED
DateTime:	110910Z MAY 00
Distribution:	SIT: BABBITT Bernard BYRNE NSC DEMPSEY SMITH
Identifier:	M4436522
InfoAddees:	RUEHZO/OAU COLLECTIVE RUEHGV/USMISSION GENEVA 0049 RUEHFN/AMEMBASSY FREETOWN 0022 RUEHBS/USEU BRUSSELS RUCNDT/USMISSION USUN NEW YORK 0304 RUFGNOA/USCINCEUR VAIHINGEN GE//POLAD//
Line1:	PAAUZYUW RUEHOUA1320 1320910-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	P 110910Z MAY 00
Line4:	FM AMEMBASSY OUAGADOUGOU
Originator:	AMEMBASSY OUAGADOUGOU
Precedence:	PRIORITY
Profiles:	BABBITTJ BERNARDK BYRNEC CABLES DEMPSEYN SMITHG
StationRoutingIndicator:	RUEHOU
StationSerialNumber:	1320
TimeOfReceipt:	05/11/2000 06:25:44 ET

UNCLAS OUAGADOUGOU 001320

ABIDJAN ALSO FOR USAID - JROBB-MCCORD

E.O. 12958: N/A
TAGS: PREL, EAID, TBIO, PGOV, UV, OAU
SUBJECT: OAU AIDS MINISTERIAL PUTS HIV/AIDS ON SUMMIT AGENDA

REF: FBIS AFP20000504000159 DTG 041957Z MAY

1. HEALTH MINISTERS FROM ORGANIZATION OF AFRICAN UNITY MEMBER COUNTRIES DECLARED AIDS A MAJOR THREAT TO CONTINENT-WIDE DEVELOPMENT, AND ESTABLISHED AN AGENDA ITEM AT THE JULY OAU SUMMIT FOR THEIR HEADS OF STATE IN LOME ON HIV/AIDS. THE MEETING IN BURKINA FASO MAY 8-9 EMPHASIZED PREVENTION AND A MULTI-SECTORAL APPROACH, BUT ALSO CRITICIZED DEVELOPED COUNTRIES FOR FAILURE TO MAKE DRUGS MORE WIDELY AND INEXPENSIVELY AVAILABLE IN AFRICA.

2. AMONG THE POSITIVE ASPECTS OF THE MEETING:

--THE MINISTERS AND INTERNATIONAL PARTNERS, INCLUDING USAID, WORKED CONSTRUCTIVELY ON A

COMMON AGENDA WITHOUT RECRIMINATION.

--THE WORLD BANK DECLARED THAT THERE ARE HUNDREDS OF MILLIONS OF DOLLARS AVAILABLE TO FIGHT AIDS IN AFRICA AND THAT NO REASONABLE PROGRAM WOULD BE REJECTED FOR FUNDING REASONS.

-- UNAIDS DIRECTOR PETER PIOT CITED THE USAID/HHS "PACKAGE" AS THE EXAMPLE OF AN APPROPRIATE STRATEGY FOR AFRICAN COUNTRIES TO PURSUE TO DEAL WITH HIV/AIDS' MANY ASPECTS

-- PIOT ESTIMATED THAT ABOUT ONE-THIRD OF AFRICAN COUNTRIES HAVE ADEQUATE STRUCTURES AND CAPACITY IN PLACE TO FIGHT AIDS EFFECTIVELY. TWELVE HEADS OF STATE HAVE SPOKEN OUT PUBLICLY ABOUT FIGHTING AIDS AS A NATIONAL PRIORITY.

-- PIOT ANNOUNCED THAT UNAIDS WOULD SOON OPEN TALKS WITH LEADING PHARMACEUTICAL COMPANIES ON THE ISSUE OF PREFERENTIAL PRICING, WHICH HE CALLED A PROCEDURAL BREAKTHROUGH.

--THE ECONOMIC COMMISSION FOR AFRICA WILL HAVE A MEETING IN OCTOBER ON THE DEVELOPMENT IMPACT OF AIDS BY SECTOR.

3. AMONG THE NEGATIVE FACTORS:

-- NEITHER BURKINA PRESIDENT BLAISE COMPAORE NOR OAU SECGEN SALIM SALIM ATTENDED THE MEETING, ALTHOUGH THEY WERE NOMINALLY THE CO-CONVENERS

-- ANTI-WESTERN RHETORIC IS STILL AROUND. THE LIBYANS (ALTHOUGH UNSUPPORTED BY OTHER DELEGATIONS) ACCUSED THE U.S. OF CREATING AIDS IN A LABORATORY. THE ALGERIAN HEALTH MINISTER IN HIS SUMMARY OF CONCLUSIONS, ENDED BY QUOTING BURKINA PRESIDENT COMPAORE'S SHORTHAND, "THE DISEASE IS IN AFRICA, BUT THE MEDICINE'S IN EUROPE."

--THE WORLD BANK'S GENEROSITY APPEARS LIMITED TO GOVERNMENT-SPONSORED "PROGRAMS," DESPITE THE FACT THAT UNAIDS AND THE WORLD BANK ITSELF JUDGE MANY/THE MAJORITY OF OAU GOVERNMENT STRUCTURES INADEQUATE TO THE TASK.

--VERY FEW MINISTERS FROM SADC COUNTRIES MADE THEIR WAY TO OUAGADOUGOU.

--THERE IS STILL NO CLEAR CONSULTATIVE PLAN TO AVOID DUPLICATION.

4. FREETOWN MINIMIZE CONSIDERED.
KOLKER

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Friday, April 07, 2000 7:33 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Smith, Gayle E. (AF)
Subject:	MALAWI'S HIV/AIDS RESOURCE MOBILIZATION ROUNDTABLE THIS IS A JOINT EMBASSY AND USAID CABLE.
ActionAddees:	RUEHC/SECSTATE WASHDC 3867
Classification:	UNCLASSIFIED
DateTime:	070955Z APR 00
Distribution:	SIT: BABBITT Bernard BYRNE NSC DEMPSEY SMITH
Identifier:	M4384378
InfoAddees:	RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
Line1:	RAAUZYUW RUEHLGA1365 0980955-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	R 070955Z APR 00
Line4:	FM AMEMBASSY LILONGWE
Originator:	AMEMBASSY LILONGWE
Precedence:	ROUTINE
Profiles:	BABBITTJ BERNARDK BYRNEC CABLES DEMPSEYN SMITHG
StationRoutingIndicator:	RUEHLG
StationSerialNumber:	1365
TimeOfReceipt:	04/07/2000 06:34:58 ET

UNCLAS SECTION 01 OF 02 LILONGWE 001365

USAID/W FOR AFR/DAA, AFR/SA, AFR/DP AND PPC/PC
STATE DEPT FOR AF/S
AFRICAN POSTS FOR AMBASSADORS AND MISSION DIRECTORS

E.O. 12958: N/A
TAGS: SOCI, TBIO, EAID, ECON, MI
SUBJECT: MALAWI'S HIV/AIDS RESOURCE MOBILIZATION ROUNDTABLE

THIS IS A JOINT EMBASSY AND USAID CABLE.

1. SUMMARY: THE FIRST RESOURCE MOBILIZATION ROUND TABLE ON HIV/AIDS FOR MALAWI WAS HELD IN LILONGWE ON MARCH 24 AND 25, 2000. IT WAS ORGANIZED BY THE GOVERNMENT OF MALAWI AND UNDP AND INTENDED TO SOLICIT SUPPORT FOR THE NATIONAL STRATEGIC FRAMEWORK FOR HIV/AIDS. ABOUT TWENTY BILATERAL AND MULTILATERAL DONORS AND NATIONAL AND INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS ATTENDED THE ROUND TABLE. THE NATIONAL AIDS CONTROL PROGRAMME (NACP) PRESENTED A BUDGET OF US DOLS 121 MILLION OVER FIVE YEARS TO FINANCE ACTIVITIES THAT WILL COMBAT THE EPIDEMIC. DELEGATES AT THE MEETING PRAISED THE GOVERNMENT AND NACP FOR THE COMPREHENSIVE IMPLEMENTATION PLAN AND PARTICIPATION OF TOP POLITICAL LEADERS IN THE MEETING. THEY EXPRESSED SUPPORT FOR THE PLAN AND COMMENDED THE GOVERNMENT FOR DEVELOPING THE FRAMEWORK WITH BROAD PARTICIPATION OF STAKEHOLDERS. PARTICIPANTS OF THE ROUND TABLE ENDORSED THE MULTISECTORAL APPROACH TO ADDRESS THE PROBLEM AND URGED THE GOVERNMENT TO STRENGTHEN PLANNING, COORDINATION, AND IMPLEMENTATION MECHANISMS, ESPECIALLY AT THE DISTRICT AND COMMUNITY LEVELS. THEY ENCOURAGED THE GOVERNMENT TO GIVE PRIORITY TO THE MAINSTREAMING OF HIV/AIDS IN THE PRIVATE AND PUBLIC SECTOR AND TO THE IMPORTANCE OF

GENDER AND YOUTH IN DEALING WITH THE EPIDEMIC. THE U.S. DELEGATION UNDERLINED THE IMPORTANCE OF ACCOUNTABILITY, BOTH IN TERMS OF PROGRAM RESULTS AND FINANCIAL MANAGEMENT. SEVERAL DONORS, INCLUDING THE USG, RAISED CONCERN THAT THE PLAN INCLUDES TOO MANY MEETINGS, WORKSHOPS, STUDIES, AND TRAINING SESSIONS. THEY URGED THE GOVERNMENT TO REVIEW AND GIVE HIGHER PRIORITY TO PROVISION OF SERVICES. END SUMMARY.

2. ON MARCH 24 AND 25, THE GOVERNMENT OF MALAWI SPONSORED A ROUNDTABLE TO MOBILIZE RESOURCES TO FUND THE IMPLEMENTATION PLAN OF THE NATIONAL HIV/AIDS STRATEGIC FRAMEWORK 2000-2004, WHICH WAS LAUNCHED IN OCTOBER 1999 BY PRESIDENT MULUZI. THE FRAMEWORK WAS DEVELOPED BY THE NATIONAL AIDS CONTROL PROGRAM (NACP), IN CONSULTATION WITH A WIDE RANGE OF INDIVIDUALS AND GROUPS INCLUDING NATIONAL, REGIONAL, DISTRICT AND LOCAL STAKEHOLDERS, NON-GOVERNMENTAL ORGANIZATIONS, THE BUSINESS SECTOR, AND TRADITIONAL AUTHORITIES INCLUDING CHIEFS. THE IMPLEMENTATION PLAN SETS OUT ACTIVITIES FOR EACH OF THE NINE KEY COMPONENTS IN THE FRAMEWORK: 1) CULTURE AND HIV/AIDS, 2) YOUTH, SOCIAL CHANGE AND HIV/AIDS, 3) SOCIO-ECONOMIC STATUS AND HIV/AIDS, 4) DESPAIR AND HOPELESSNESS, 5) CARE OF PERSONS WITH AIDS, 6) ORPHANS, WIDOWS AND WIDOWERS, 7) PREVENTION, 8) INFORMATION, EDUCATION AND COMMUNICATION, AND 9) VOLUNTARY COUNSELING AND TESTING.

3. THE ROUNDTABLE BEGAN WITH A PRESENTATION FROM THE VICE PRESIDENT AND UNAIDS, BOTH OF WHICH HIGHLIGHTED THE SERIOUS NATURE OF THE EPIDEMIC IN MALAWI AND THE NEED FOR INTENSIFIED ACTION. THEN THE DIRECTOR OF THE NACP GAVE A PRESENTATION TO REVIEW THE ELEMENTS AND COMPONENTS IN THE PLAN, AND THEIR ESTIMATED COSTS. THE NACP DIRECTOR ALSO DISCUSSED THE PRIORITY ACTIVITIES, WHICH HE DEFINED AS PREVENTION OF NEW INFECTIONS IN YOUNG PEOPLE, CARE OF THOSE ALREADY INFECTED, INCLUDING THE PREVENTION AND TREATMENT OF OPPORTUNISTIC INFECTIONS AND TUBERCULOSIS, AND SUPPORT FOR THE INFRASTRUCTURE AND INSTITUTIONS TO IMPLEMENT THE PLAN.

4. ACCORDING TO THE NACP, THE FUNDING REQUIRED FOR THE FIVE-YEAR PLAN WAS ESTIMATED AT US DOLLARS 95.6 MILLION. IN ADDITION, NACP ALSO PROPOSED A BUDGET OF US DOLLARS 26 MILLION FOR INSTITUTIONAL SUPPORT TO THE MAIN

IMPLEMENTING AGENCIES, INCLUDING THE NACP, DISTRICT ASSEMBIES, AND NON-GOVERNMENTAL ORGANIZATIONS. ALSO PROPOSED FOR FUNDING IS AN NGO COORDINATING MECHANISM TO BE IMPLEMENTED BY TWO GROUPS, THE MALAWI AIDS NETWORK (MANET&) AND THE MALAWI NATIONAL ASSOCIATION OF AIDS SUPPORT ORGANIZATIONS (MANASO). THUS, THE TOTAL ESTIMATED BUDGET FOR THIS FIVE YEAR PLAN IS US DOLS 121 MILLION.

5. REPRESENTATIVES OF KEY MINISTRIES MADE PRESENTATIONS ON THEIR ACTIVITIES RELATING TO HIV/AIDS. THESE MINISTRIES WERE THE MINISTRY OF GENDER, YOUTH, AND COMMUNITY DEVELOPMENT, THE MINISTRY OF DEFENSE, THE MINISTRY OF EDUCATION, AND THE MINISTRY OF AGRICUQURE AND IRRIGATION. IT WAS SOON APPARENT THAT BUDGET ALLOCATIONS FOR SOME OF THESE ACTIVITIES IMPLEMENTED BY MINISTRIES OTHER THAN HEALTH WERE NOT FULLY INCLUDED IN THE PLAN. IT WAS ALSO CLEAR THAT COORDINATION WITHIN MINISTRIES AND BETWEEN MINISTRIES AND THE NACP NEEDS TO

E.O. 12958: N/A
TAGS: SOCI, TBIO, EAID, ECON, MI
SUBJECT: MALAWI'S HIV/AIDS RESOURCE MOBILIZATION ROUNDTABLE

BE STRENGTHENED.

6. DURING THE DISCUSSION AND THE PLEDGING SESSION, DELEGATES COMMENDED THE GOVERNMENT FOR DEVELOPING THE STRATEGIC FRAMEWORK WITH BROAD PARTICIPATION AT DIFFERENT LEVELS AND WITH HIGH LEVEL OF POLITICAL COMMITMENT EVIDENCED BY THE ESTABLISHMENT OF A CABINET COMMITTEE ON HIV/AIDS CHAIRED BY THE VICE PRESIDENT. HOWEVER, SEVERAL DONORS, INCLUDING THE U.S. DELEGATION, RAISED CONCERN REGARDING EXCESSIVE WORKSHOPS, MEETINGS, AND SEMINARS WHICH ACCOUNT FOR A LARGE PORTION OF THE BUDGET. THEY URGED THE GOVERNMENT TO REDUCE SPENDING ON WORKSHOPS AND MEETINGS AND TO ENSURE THAT RESOURCES ARE USED TO FUND CORE PROGRAM ACTIVITIES THAT BENEFIT INTENDED BENEFICIARIES DIRECTLY AT THE GRASS ROOTS LEVEL.

7. PARTICIPANTS OF THE ROUND TABLE ENDORSED THE MULTISECTORAL APPROACH TO ADDRESS THE PROBLEM AND NOTED THAT MECHANISMS FOR COORDINATION BETWEEN THE DONORS, NONGOVERNMENTAL ORGANIZATIONS, AND NACP WERE INADEQUATE AND NEED TO BE STRENGTHENED. THEY ALSO EXPRESSED THE NEED TO STRENGTHEN MULTISECTORAL PLANNING AND TO ENGAGE CONSTRUCTIVELY RELIGIOUS ORGANIZATIONS, ESPECIALLY AT THE DISTRICT AND COMMUNITY LEVELS. THE GOVERNMENT WAS ALSO ENCOURAGED TO GIVE PRIORITY TO THE MAINSTREAMING OF HIV/AIDS IN PRIVATE AND PUBLIC SECTOR AND WAS CONGRATULATED FOR EMPHASIZING THE IMPORTANCE OF THE GENDER AND YOUTH IN DEALING WITH THE EPIDEMIC.

8. THE U.S. DELEGATION UNDERLINED THE IMPORTANCE OF ACCOUNTABILITY, BOTH IN TERMS OF PROGRAM RESULTS AND FINANCIAL MANAGEMENT, AS PART AND PARCEL OF RESOURCE MOBILIZATION. THE GOVERNMENT WAS URGED TO ADOPT EFFECTIVE MONITORING AND EVALUATION SYSTEMS IN ORDER TO ENSURE PROGRAM RESULTS AND ACCOUNTABILITY OF RESOURCES. MOREOVER, DELEGATES ASKED THE GOVERNMENT TO TREAT THE STRATEGIC FRAMEWORK AS A ROLLING PLAN. THE SCANDINAVIAN REPRESENTATIVES ADVOCATED BASKET CO-MINGLING FUNDING BY DONORS THROUGH THE SECTOR-WIDE APPROACH (SWAP) IN SOME OF THEIR STATEMENTS. (FYI: IT HAS BECOME A RITUAL NOW TO PREACH SECTOR-WIDE APPROACH; IN MANY INSTANCES, ARGUABLY WITH LITTLE ANALYTICAL UNDERPINNING AND ASSESSMENT.)

9. DELEGATES ALSO NOTED THAT WHILE ABOUT 14 PERCENT OF THE 15-49 AGE GROUP AND 2 PERCENT OF CHILDREN MIGHT BE INFECTED BY HIV/AIDS, 86 PERCENT AND 98 PERCENT OF ADULTS AND CHILDREN, RESPECTIVELY WERE FREE OF HIV. THE FOCUS SHOULD, THEREFORE, BE ON PREVENTION TO KEEP THOSE NOT INFECTED BY HIV SECURE WHILE SUPPORTING THE INFECTED TO LIVE PRODUCTIVE LIVES WITHOUT STIGMA.

10. PLEDGES. AMONG THE DONORS WHO MADE PLEDGES FOR THE 5-YEAR PLAN WERE THE U.S. (30 MILLION DOLLARS), THE BRITISH THROUGH DFID (27 MILLION DOLLARS), THE NETHERLANDS (10 MILLION DOLLARS), THE EUROPEAN COMMISSION (10 MILLION DOLLARS), CANADA (10 MILLION DOLLARS), GERMANY (5 MILLION) NORWAY (4 MILLION DOLLARS), SWEDEN (2 MILLION DOLLARS), DENMARK (2 MILLION DOLLARS), AND THE U.N. SYSTEM IN MALAWI (3.4 MILLION DOLLARS). THE WORLD BANK INDICATED ITS COMMITMENT TO BRIDGE THE GAP IN THE ESTIMATED RESOURCE REQUIREMENTS WITHOUT MENTIONING ANY SPECIFIC AMOUNT.

11. COMMENTS: THE DEVELOPMENT OF THE MALAWI NATIONAL STRATEGIC FRAMEWORK TO RESPOND TO THE AIDS EPIDEMIC HAS BEEN A THOROUGH AND INCLUSIVE PROCESS, AND THE DOCUMENTS AND PLANS PRODUCED BY THE NACP ARE A MODEL FOR A COMPREHENSIVE NATIONAL RESPONSE. THERE IS A COMMENDABLE EMPHASIS ON HIV PREVENTION FOR YOUTH AND ON CULTURAL AND GENDER FACTORS WHICH CONTRIBUTE TO HIV TRANSMISSION. UNFORTUNATELY, THE BUDGET FOR THIS PLAN IS CONSISTENT WITH THE CURRENT PRACTICE IN MALAWI OF USING DONOR FUNDS FOR WORKSHOPS, MEETINGS AND ALLOWANCES RATHER THAN FOR SPECIFIC SERVICES. THE DRAMATIC FUTURE INCREASE IN THE RESOURCE LEVEL, AS EVIDENCED BY THE PLEDGES, IN RELATIONSHIP TO THE GOVERNMENT'S HERETOFORE LIMITED ABSORPTIVE CAPACITY SUGGESTS THE NEED TO ENHANCE THE NACP CAPACITY TO PROVIDE LEADERSHIP AND BETTER COORDINATION, AS WELL AS TO EXPAND ABSORPTIVE CAPACITY IN THE NONGOVERNMENTAL SECTOR. BERNICAT

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Friday, April 07, 2000 1:42 PM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Binnendijk, Johannes A. (Hans) (DEFENSE); Byrne, Catherine E. (AF); Cables; Cullom, Philip H. (DEFENSE); Mclean, Matthew K. (MULTI); Smith, Gayle E. (AF); Vaccaro, Jonathan M. (Matt) (MULTI)
Subject: STRENGTHENING OUR RESPONSE TO THE HIV/AIDS

ActionAddees: RUEHC/SECSTATE WASHDC 1154
Classification: UNCLASSIFIED
DateTime: 071631Z APR 00
Distribution: ::SIT: BABBITT Bernard BINNENDIJK BYRNE NSC CULLOM MCLEAN SMITH VACCARO
Identifier: M4385169
InfoAddees: RUEHZK/ECOWAS COLLECTIVE
Line1: RAAUZYUW RUEHFNA0706 0981631-UUUU--RHEHAAX.
Line2: ZNR UUUUU ZZH
Line3: R 071631Z APR 00
Line4: FM AMEMBASSY FREETOWN
Originator: AMEMBASSY FREETOWN
Precedence: ROUTINE
Profiles: BABBITTJ
BERNARDK
BINNENDH
BYRNEC
CABLES
CULLOMP
MCLEANM
SMITHG
VACCAROJ
StationRoutingIndicator: RUEHFN
StationSerialNumber: 0706
TimeOfReceipt: 04/07/2000 12:43:39 ET

UNCLAS SECTION 01 OF 02 FREETOWN 000706

E.O. 12958: N/A
TAGS: SOCI, EAID, SL
SUBJECT: STRENGTHENING OUR RESPONSE TO THE HIV/AIDS PANDEMIC: SIERRA LEONE

REFS: (A) STATE 34645 (B) STATE 46855

INTRODUCTION
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1. FREETOWN'S RESPONSE TO REFTELS IS INFLUENCED BY SEVERAL CONSTRAINTS. THERE ARE FEW HARD (AND NO CURRENT) NUMBERS ABOUT THE EXTENT OF THE PROBLEM -- ALTHOUGH WHAT FIGURES THERE ARE ARE ALARMING ENOUGH. NASCENT NATIONAL EFFORTS TO PLOT AN HIV/AIDS STRATEGY AND INITIATE A PROGRAM FROM THE BEGINNING ENCOUNTERED TWO MAJOR PROBLEMS, BOTH OF WHICH PERSIST: LACK OF ACCESS TO MUCH OF THE POPULATION AND LACK OF RESOURCES. THE MAY 1997 COUP AND THE TWO SUBSEQUENT EVACUATIONS OF UN/INGO/DONOR PERSONNEL AND PROGRAMS PUT THOSE EFFORTS BACK EVEN FURTHER. THERE ARE NO MAJOR EXISTING PROGRAMS TO PLUG INTO, ALTHOUGH THAT IS SET TO CHANGE. WE CAN -- AND WILL -- RAISE THE LEVEL OF PUBLIC DISCUSSION AND AWARENESS WHENEVER WE CAN. OUR MAIN FOCUS, HOWEVER, IS AND MUST BE THE PEACE PROCESS: ALL OUR LIMITED EMBASSY RESOURCES, DIRECTLY AND INDIRECTLY, ARE AIMED AT HELPING IT ALONG. UNLESS THAT PROCESS SUCCEEDS, BULLETS, NOT EVEN HIV/AIDS, WILL CONTINUE TO BE THE BIG KILLER IN SIERRA LEONE.

THE PROBLEM: LITTLE HARD INFORMATION
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2. EVEN DEFINING THE EXTENT OF THE HIV/AIDS PROBLEM IN SIERRA LEONE IS DIFFICULT. FROM 1989 TO 1997 THERE WAS AN EFFORT TO TRACK THE SPREAD OF THE DISEASE THROUGH THE ROUTINE BLOOD TESTING DONE ON PATIENTS AT PRENATAL CLINICS, REASONING THAT THE INFECTION RATE OF THE MOST SEXUALLY-ACTIVE COMPONENT OF THE FEMALE POPULATION WOULD REFLECT THAT OF THE COUNTRY AS A WHOLE. AS CIVIL CONFLICT SPREAD THROUGHOUT SIERRA LEONE IN THE 1990'S, LESS AND LESS OF THAT TARGET GROUP WAS ACCESSIBLE FOR TESTING, BUT MONITORING EFFORTS CONTINUED IN THE MAJOR URBAN AREAS OF FREETOWN, BO AND KENEMA. EVEN GIVEN THE INCREASING INCOMPLETENESS OF THE SAMPLE, THE FIGURES SHOWED THE REPORTEDLY CLASSIC CURVE: THE 1989 INFECTION RATE WAS .20 PERCENT HIV POSITIVE, WHILE IN 1997 IT WAS 7 PERCENT, WITH EACH YEAR THE RATE ACCELERATING. DURING THE MAY 1997 - FEBRUARY 1998 JUNTA PERIOD ORGANIZED, REGULARIZED TESTING STOPPED, AND IT HAS NOT BEEN RESUMED. A LESS RELIABLE SAMPLE OF PROFESSIONAL SEX WORKERS IN FREETOWN SHOWED A 5 PERCENT INFECTION RATE IN 1990, AND A 70 PERCENT RATE IN 1997. THE HARD, AND EVEN SOFT, NUMBERS ON HIV/AIDS INFECTION RATES STOP THERE.

3. EVEN WITH THESE IMPERFECT NUMBERS, THERE IS THUS AMPLE CAUSE FOR CONCERN THAT SIERRA LEONE MAY BE HEADED FOR AN INFECTION RATE MORE AT THE CENTRAL/SOUTH AFRICA LEVEL THAN THE LEVEL IN SENEGAL. THAT HIGHER RATE IS ALL THE MORE LIKELY GIVEN TWO OTHER, NEWER HIGH-RISK POPULATIONS: THE ABDUCTEES AND FOREIGN MILITARY PERSONNEL FROM HIGH-INCIDENCE COUNTRIES. ALL EVIDENCE SUGGESTS THAT A LARGE NUMBER OF ABDUCTED WOMEN WERE RAPED MULTIPLE TIMES BY MULTIPLE REBELS, SO THEY CONSTITUTED A POPULATION RIFE FOR RECEIVING THE VIRUS AND SPREADING IT EVEN FURTHER. WE ALSO HAVE UNCONFIRMED, THIRD HAND REPORTS THAT A SIGNIFICANT NUMBER OF NIGERIAN ECOMOG TROOPS, UNDERGOING ROUTINE MEDICAL SCREENING WHEN THEY RETURN HOME, TEST POSITIVE FOR THE HIV VIRUS. (COMMENT. ONE COULD QUESTION, OF COURSE, WHETHER THEY CAME TO SIERRA LEONE ALREADY WITH THE VIRUS, OR ACQUIRED IT WHEN HERE. WITH MANY IMPOVERISHED WOMEN FORMING RELATIONSHIPS WITH THESE TROOPS, IN THE END WHO INFECTED WHO MATTERS LESS THAN THE FACT SUCH RELATIONSHIPS WERE AND ARE COMMON, AND A LIKELY WAY OF SPREADING THE VIRUS. END COMMENT.) WHEN IT WAS ANNOUNCED THAT KENYA WOULD SEND TROOPS TO JOIN THE UNAMSIL FORCE HERE, SOME QUESTIONED WHETHER THEY WOULD BRING AIDS WITH THEM. AT ANY RATE, IT IS CLEAR THAT BOTH THESE UNUSUAL CIRCUMSTANCES -- A RELATIVELY LARGE POPULATION OF WOMEN, OUTSIDE THE PROFESSIONAL SEX BUSINESS, WHO HAVE HAD MANY SEXUAL PARTNERS, AND AN INFLUX OF TROOPS FROM HIGH HIV-INCIDENCE COUNTRIES -- LOGICALLY COULD ONLY HAVE MADE A BAD SITUATION THAT MUCH WORSE.

COMBATING THE EPIDEMIC
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4. THERE IS A SMALL HIV/AIDS OFFICE IN THE MINISTRY OF HEALTH WITH BOTH LEADERSHIP AND RESOURCE PROBLEMS: UNTIL RECENTLY, THERE HAD BEEN, IN THE WORDS OF A UN OFFICIAL, "NO MEANINGFUL SUPPORT" TO IT FROM UNAIDS SINCE 1997. THERE HAS BEEN LITTLE HIV SCREENING DONE IN RECENT YEARS; THE MINISTRY'S TESTING EQUIPMENT IS OUT OF ORDER AND ONLY A FEW TEST KITS REMAIN. THE MINISTER OF HEALTH DECLARED IN A RECENT SPEECH THAT THE MINISTRY'S FIRST PRIORITY WILL BE PROTECTING THE BLOOD SUPPLY AND INSURING THAT THAT MODE OF TRANSMISSION IS CLOSED. ON THE WIDER FRONT, WHO IS TAKING

E.O. 12958: N/A
TAGS: SOCI, EAID, SL
SUBJECT: STRENGTHENING OUR RESPONSE TO THE HIV/AIDS PANDEMIC: SIERRA LEONE

THE INITIATIVE: ARMED WITH $1.4 MILLION IN NEW UNAIDS FUNDING, WHO'S LOCAL OFFICE WILL HOST A MAY STRATEGIC PLANNING SEMINAR OF SOME 60 INDIVIDUALS FROM WHO AND OTHER UN AGENCIES, THE MINISTRY'S NATIONAL HIV PROGRAM UNIT, NGO'S AND THE WORLD BANK TO REVIVIFY AND CHANNEL THE HIV/AIDS PROGRAM EFFORT.

5. MUCH OF THAT MONEY, THE MINISTRY HAS BEEN TOLD, WILL FLOW THROUGH IT TO NGO'S FOR EXECUTING PROGRAMS: NEITHER WHO NOR THE MINISTRY HAS THE RESOURCES TO EXECUTE SUCH PROGRAMS THEMSELVES. THIS IS ONE AREA WHERE, AT LEAST ACCORDING TO WHO, THERE ARE SOUND PARTNERS AVAILABLE BOTH IN THE INTERNATIONAL NGO'S (INCLUDING PLANNED PARENTHOOD, MSF, MERLIN, AND ACTIONAID) AND LOCAL ONES. CHIEF AMONG THE LATTER IS THE SOCIETY FOR WOMEN AND AIDS IN AFRICAN, SIERRA LEONE (SWAASL), HAS BEEN IN EXISTENCE FOR SEVERAL YEARS, AND WHICH HAS ALREADY MAPPED OUT MANY OF THE ROADS A COMPREHENSIVE HIV/AIDS STRATEGY MUST TAKE. SWAASL IS LIKELY TO BE A MAJOR EXECUTOR FOR UNAIDS-FUNDED PROGRAMS.

THE EMBASSY'S ROLE
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6. WITHOUT A REGULAR USAID MISSION -- THE SOLE USAID EMPLOYEE (FROM THE OFFICE OF TRANSITION INITIATIVES) IN FREETOWN IS, AND MUST CONTINUE TO BE, FOCUSED PRIMARILY ON INITIATIVES DIRECTLY CONNECTED WITH SUPPORTING THE PEACE PROCESS AND REINTEGRATION -- A REGULAR, LARGE SCALE HIV/AIDS PROGRAM IS NOT POSSIBLE AT PRESENT. ABSENT A LARGER STAFF, EMBASSY EFFORTS IN THIS AREA WILL BE FOCUSED INSTEAD ON TWO NON-PERSONNEL INTENSIVE AREAS: ENCOURAGING WHEN POSSIBLE A CENTERS FOR DISEASE CONTROL INVOLVEMENT, BOTH TECHNICAL AND PROGRAMMATIC, IN COUNTRY, AND USING OUR PUBLIC DIPLOMACY TOOLS, FROM THE AMBASSADOR ON DOWN, TO INFORM AND RAISE THE INFORMATION QUOTIENT AVAILABLE ON THE DISEASE.

7. IN JANUARY OF THIS YEAR THE EMBASSY SUPPORTED THE VISIT OF TWO HIV/AIDS OFFICERS FROM CDC ATLANTA WHO CAME TO INVESTIGATE POSSIBLE CDC PROGRAM SUPPORT UNDER THE PRESIDENT'S AIDS AFRICA INITIATIVE. WHILE THAT VISIT HAS NOT YET PRODUCED CONCRETE RESULTS, WE WOULD ENCOURAGE THAT THE CDC REMAIN INVOLVED, FROM EITHER ATLANTA OR ITS ABIDJAN HIV TEAM BASE. EVEN GIVEN THE GENERALLY FULLY-BOOKED ROOMS IN "EMBASSY SUITES - FREETOWN'S" TDY QUARTERS, WE WILL ENDEAVOR TO SUPPORT, AS A PRIORITY, FUTURE CDC VISITS AND INVOLVEMENT IN THE FIGHT AGAINST HIV/AIDS.

8. THE AMBASSADOR WILL ENDEAVOR TO RAISE HIV/AIDS AWARENESS AT EVERY AVAILABLE OPPORTUNITY -- AT SUCH VENUES AS THE DDR MEETINGS WHEN SPEAKING OF THE ORIENTATION/ BRIEFINGS GIVEN TO THOSE EX-COMBATANTS WHO DISARM AND DE-MOBILIZE ARE DISCUSSED, IN PUBLIC ADDRESSES, AND IN HIS NUMEROUS CONTACTS WITH THE PRESS.

9. FINALLY, WE ARE SLOWLY BUT STEADILY ACQUIRING A USEFUL (AND USABLE, AS MUCH WAS DAMAGED IN THE SEVERAL RECENT BATTLES FOR FREETOWN) BASE OF PUBLIC DIPLOMACY EQUIPMENT FROM WHICH WE CAN EXTRACT -- AND CONVEY -- INFORMATION, AND INITIATE DIALOG. LOCAL MEDIA ARE AGAIN RECEIVING VIDEOS AND TAPES OF AFRICANET PROGRAMMING, AND ARE HAPPY TO BROADCAST THEM, OFTEN REPEATEDLY; WE RECENTLY HAD OUR FIRST WORLDNET EXCHANGE IN MORE THAN THREE YEARS, AND ARE CONSIDERING TELEPRESS EVENTS. ALL THESE MEANS CAN AND WILL

BE USED AS APPROPRIATE -- AND AS PART OF THE FORTHCOMING NATIONAL STRATEGY -- TO INFORM AND EDUCATE ABOUT HIV/AIDS.

MELROSE

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Wednesday, April 05, 2000 6:58 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Smith, Gayle E. (AF)
Subject:	STRENGTHENING OUR RESPONSE TO THE HIV/AIDS PANDEMIC IN NIGERIA
ActionAddees:	RUEHC/SECSTATE WASHDC PRIORITY 0704
Classification:	UNCLASSIFIED
DateTime:	050944Z APR 00
Distribution:	SIT: BABBITT Bernard BYRNE NSC DEMPSEY SMITH
Identifier:	M4379746
InfoAddees:	RUEHZK/ECOWAS COLLECTIVE
Line1:	PAAUZYUW RUEHOSA1158 0960944-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	P 050944Z APR 00
Line4:	FM AMEMBASSY LAGOS
Originator:	AMEMBASSY LAGOS
Precedence:	PRIORITY
Profiles:	BABBITTJ BERNARDK BYRNEC CABLES DEMPSEYN SMITHG
StationRoutingIndicator:	RUEHOS
StationSerialNumber:	1158
TimeOfReceipt:	04/05/2000 06:00:24 ET

UNCLAS SECTION 01 OF 02 LAGOS 001158

DEPT FOR ASSISTANT SECRETARY RICE

E.O. 12958: N/A

TAGS: SOCI, ECON, PREL, EAID, NI
SUBJECT: STRENGTHENING OUR RESPONSE TO THE HIV/AIDS PANDEMIC IN NIGERIA

REF: STATE 34645

SUMMARY AND BACKGROUND
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1. POST APPRECIATES THE OPPORTUNITY PRESENTEO BY REFTEL TO DEVELOP A POST-WIDE RESPONSE TO THE HIV/AIOS EPIDEMIC, A PROBLEM OF INCREASINGLY DANGEROUS PROPORTIONS IN AFRICA'S MOST POPULOUS NATION.

2. IN NIGERIA, THE FIRST CASE OF AIDS WAS REPORTED IN 1986. IT TOOK THE FEDERAL GOVERNMENT 6 YEARS BEFORE IT WAS ABLE TO CARRY OUT ITS FIRST HIV SENTINEL SURVEY WITH ASSISTANCE FROM WHO. THIS SURVEY ESTIMATED THE NATIONAL PREVALENCE RATE TO BE 1.2&. SINCE THEN, THE NUMBER OF HIV INFECTED INOIVIDUALS IN NIGERIA HAS INCREASED RAPIDLY, FROM ABOUT 600,000 IN 1992 TO 1,900,000 IN 1994, TO 2,250,000 IN 1996, TO 3-4 MILLION IN 1998. THE CURRENT ESTIMATED PREVALENCE RATE IS 5.4 PERCENT, WITH OVER 5 MILLION NIGERIANS CURRENTLY LIVING WITH THE HIV INFECTION. THIS IS ONE OF THE LARGEST HIV/AIDS AFFECTED POPULATIONS IN THE WORLD. NIGERIA ACCOUNTS FOR OVER 12& OF THE GLOBAL HIV/AIOS INCIDENCE. GIVEN NIGERIA'S PRIMITIVE PUBLIC HEALTH INFRASTRUCTURE, THE PROSPECTS FOR THE FUTURE ARE FRIGHTENING.

3. ONE OF THE SOCIAL CONSEQUENCES OF NIGERIA'S AIDS EPIDEMIC IS THE INCREASING NUMBER OF ORPHANS. AS OF DECEMBER 1997, UNAIDS ESTIMATED THAT A CUMULATIVE TOTAL OF OVER 400,000 CHILDREN OF 15 YEARS AND BELOW HAVE LOST THEIR MOTHERS, OR BOTH PARENTS TO HIV/AIDS-RELATED ILLNESSES SINCE THE INCEPTION OF THE EPIDEMIC IN NIGERIA.

4. POST BELIEVES THIS EPIDEMIC HAS THE POTENTIAL TO DERAIL ANY DEVELOPMENT GAINS THE NEW GOVERNMENT MIGHT MAKE OVER THE COMING YEARS AND COULD HAVE NEGATIVE IMPLICATIONS FOR THE SECURITY AND STABILITY OF NIGERIA. POST THEREFORE, HAS DEVELOPED A PROGRAM TO COMBAT HIV/AIOS IN NIGERIA, WHICH INVOLVES NEARLY EVERY AGENCY REPRESENTED.

WHERE WE ARE NOW
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5. USAID/NIGERIA'S RESPONSE TO THE HIV/AIDS EPIOEMIC WAS INITIATED IN 1992 THROUGH A COOPERATIVE AGREEMENT WITH FAMILY HEALTH INTERNATIONAL (FHI) TO IMPLEMENT THE AIDSCAP PROJECT. THIS 5-YEAR PROGRAM, FUNDED WITH A TOTAL OF $4.72 MILLION, WAS INITIALLY DESIGNED TO PREVENT THE SPREAD OF HIV/AIDS AND STDS ONLY. HOWEVER, AS THE EPIDEMIC MATURED AND THE NUMBER OF HIV-INFECTED PERSONS CONTINUED 0 INCREASE EXPONENTIALLY, THE PROGRAM PROVIDED CARE AND SUPPORT TO PEOPLE LIVING WITH HIV/AID.

6. IN FY 2000, USAID IS EXPANDING ITS PROGRAM, COMMITTING A PROGRAM LEVEL OF APPROXIMATELY $8 MILLION TO :

A) INCREASE GEOGRAPHIC COVERAGE: USAID'S COUNTRY PROGRAM ON AIDS IS LIMITEO TO 20 OUT OF 36 STATES. USAID PLANS NOT ONLY TO INTENSIFY ITS ACTIVITIES IN THESE FOCUS STATES BUT TO EXPAND INTO THE REMAINING 16 STATES.

B) SUPPORT ORPHAN CARE: AS WE CARE FOR PEOPLE LIVING WITH AIDS WITHIN THEIR COMMUNITIES, WE ARE CONSTANTLY REMINDED OF A GAP IN OUR PROGRAM AS MANY OF THESE PLWHA WOULD DIE LIVING ORPHANS BEHIND. USAID HAS CARRIED OUT A RAPID ASSESSMENT SURVEY TO ESTABLISH THE MAGNITUDE, SPATIAL DISTRIRUTION AND THE SOCIAL ENVIRONMENT OF AIDS ORPHANS IN NIGERIA. WE EXPECT THAT THE RESULTS OF THE SURVEY WILL CONTRIBUTE TO THE DESIGN OF AN ORPHAN CARE PROJECT THAT USAID PLANS TO IMPLEMENT AS SOON AS THE NECESSARY RESOURCES HAVE BEEN MOBILIZED. THE PROJECT WILL PROVIDE BASIC EDUCATION AND LIFE-SUSTAINING SKILLS TO AIDS ORPHANS IN SELECTED PROJECT SITES.

C) FUND VOLUNTARY COUNSELING AND TESTING AND PREVEN])PE^ GTHENING THE CAPACITY OF COLLABORATING HEALTH FACILITIES TO OFFER VOLUNTARY AND CONFIDENTIAL TESTING AND COUNSELING TO ALL PREGNANT MOTHERS; II) PROVIDING A SINGLE DOSE NEVIRAPINE THERAPY TO INFECTED PREGNANT MOTHERS TO PREVENT MOTHER TO CHILD TRANSMISSION OF HIV BEFORE OR DURING BIRTH.

D) COORDINATE WITH OTHER DONORS ON CONDOM SUPPLY: THE CURRENT ANNUAL SALE OF ABOUT 50 MILLION CONOOMS IN NIGERIA IS INADEQUATE. CONDOM SOCIAL MARKETING IN NIGERIA NEEDS TO BE BETTER FUNDED AND INTENSIFIED.
UNCLAS SECTION 02 OF 02 LAGOS 001158

DEPT FOR ASSISTANT SECRETARY RICE

E.O. 12958: N/A

TAGS: SOCI, ECON, PREL, EAID, NI

PANDEMIC IN NIGERIA

WHERE WE WANT TO GO
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7. OTHER MISSION ACTIVITIES WILL BE UNDERTAKEN TO COMPLEMENT THE FOREGOING USAID ACTIVITIES:

A. THE AMBASSADOR AND OTHER SENIOR OFFICERS WILL SEIZE OPPORTUNITIES TO TALK ABOUT HIV/AIDS PUBLICLY, IN DIPLOMATIC CIRCLES, AND WITH GON POLICY MAKERS. ALSO, THE AMBASSADOR WILL UNDERSCORE THE NEED FOR TOP NIGERIAN GOVERNMENT OFFICIALS TO RAISE PUBLIC AWARENESS ON HIV/AIDS PREVENTION, IMPACT MITIGATION AND STIGMA REDUCTION. A KEY TO THE SUCCESS IN DECREASING THE RATE OF INFECTION IN SENEGAL AND UGANDA WAS THE POLITICAL COMMITMENT DEMONSTRATED BY THE HEADS OF STATE AND CABINET MINISTERS IN THOSE COUNTRIES. IN JANUARY OF THIS YEAR, THE AMBASSADOR, ALONG WITH HEALTH MINISTER RANSOME-KUTI AND AIDS ACTIVIST DR. SOYINKA, MADE THE KEYNOTE ADDRESS AT THE LAGOS LAUNCHING OF AN NGO COMMITTED TO POPULAR EDUCATION ON HIV/AIDS AND ITS PREVENTION.

B. THE PUBLIC AFFAIRS SECTION WILL WORK WITH NIGERIA MEDIA TO INCREASE PUBLIC AWARENESS ON HIV/AIDS. PAS WILL ALSO USE THE INTERNATIONAL VISITORS PROGRAM TO BUILD THE CAPACITY OF RELEVANT NIGERIAN PROFESSIONALS TO DESIGN, IMPLEMENT AND EVALUATE INNOVATIVE HIV/AIDS PROGRAMS.

C. THE COMMERCIAL OFFICER HAS ALREADY BEGUN DISCUSSIONS WITH BUSINESSES TO ENCOURAGE ANTL-AIDS EFFORTS IN NIGERIA, AND INCLUDE HIV/AIDS MESSAGES INTO THEIR COMMERCIAL AOVERTISEMENTS.

D. THE LABOR DEPARTMENT IS WORKING ON A PROJECT TO ENHANCE WORKPLACE POLICIES AND PROGRAMS ON HIV/AIDS.

E. THE DEPARTMENT OF OEFENSE HAS EARMARKED $10 MILLION FOR FY 2001 TO ADORESS HIV/AIDS ISSUES IN AFRICA. USDAO NIGERIA WILL SEEK FUNDS TO SUPPORT HIV/AIDS EOUCATION FOR THE MILITARY, BUT AT THIS TIME, NO DOD FUNDS HAVE BEEN ALLOCATED TO SPECIFIC AFRICAN COUNTRIES.

F. THE ADMINISTRATIVE OFFICE WILL CONTINUE AND EXPAND HIV/AIDS WORKPLACE PROGRAMS FOR ALL USG EMPLOYEES IN NIGERIA.

CAN WE DO MORE?
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8. POST BELIEVES THAT A SERIES OF CAREFULLY-PLANNED AND ORCHESTRATED VISITS TO NIGERIA BY HIGH PROFILE PERSONALITIES CAN BRING MORE ATTENTION TO THE PROBLEM. PRESIDENT CLINTON'S SPECIAL ENVOY THE REV. JESSE JACKSON HAS, DURING HIS RECENT VISITS TO NIGERTA, HIGHLIGHTED THE IMPORTANCE OF SENIOR GON ENGAGEMENT IN PUBLICIZING THE HAZARDS AND IMPACT OF HIV/AIDS IN NIGERTA. HIV/AIDS EXPERTS SUCH AS SANDRA THURMAN MIGHT BE INVITED TO MEET WITH GON POLICYMAKERS IN ORDER TO SECURE GOVERNMENT COMMITMENT IN THE FIGHT AGAINST HIV/AIOS. THE VISIT OF POPULAR US SPORTS PERSONALITIES (SUCH AS MAGIC JOHNSON) COULD HAVE A POWERFUL IMPACT HERE, ESPECIALLY AMONG YOUNG PEOPLE.

CONCLUSION
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9. AT THE END OF THE DAY, ONLY A SUSTAINED HIGH-LEVEL GON COMMITMENT TO HIV/AIDS PROGRAMS WILL ALLEVIATE THE

COUNTRY. BUT THE US CAN AND SHOULD DO MORE TO BOLSTER THAT COMMITMENT. WE WELCOME WASHINGTON'S INCREASED FOCUS ON THIS ISSUE, AND LOOK FORWARD TO A CONTINUING DIALOGUE ON IT.
TWADDELL

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Friday, March 31, 2000 2:57 PM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Smith, Gayle E. (AF)
Subject: USG HIV/AIDS ACTION PLAN FOR BOTSWANA: WE'RE CLOSE TO GROUND ZERO AND FOCUSING ON SAVING LIVES NOW

ActionAddees: RUEHC/SECSTATE WASHDC 4495
Classification: UNCLASSIFIED
DateTime: 311650Z MAR 00
Distribution: SIT: BABBITT Bernard BYRNE NSC DEMPSEY SMITH
Identifier: M4373378
InfoAddees: RUEHZO/OAU COLLECTIVE
RHEHNSC/NSC WASHDC
RUEAUSA/DEPT OF HHS WASHDC
RUCPDOC/USDOC WASHDC
RUEHC/DEPT OF LABOR WASHDC
RUEHPH/CDC ATLANTA GA
Line1: RAAUZYUW RUEHORA1613 0911650-UUUU--RHEHNSC.
Line2: ZNR UUUUU ZZH
Line3: R 311650Z MAR 00
Line4: FM AMEMBASSY GABORONE
Originator: AMEMBASSY GABORONE
Precedence: ROUTINE
Profiles: BABBITTJ
BERNARDK
BYRNEC
CABLES
DEMPSEYN
SMITHG
StationRoutingIndicator: RUEHOR
StationSerialNumber: 1613
TimeOfReceipt: 03/31/2000 14:58:27 ET

UNCLAS SECTION 01 OF 06 GABORONE 001613

PASS WHITE HOUSE FOR ONAP DIRECTOR THURMAN

PASS USTR FOR WHITAKER

PASS AID FOR AFR/SA, AFR/SD AND G/PHN

CDC FOR HELENE GAYLE

E.O. 12958: N/A
TAGS: TBIO, EAID, SOCI, AMGT, APER, PREL, MASS, BC
SUBJECT: USG HIV/AIDS ACTION PLAN FOR BOTSWANA: WE'RE CLOSE TO GROUND ZERO AND FOCUSING ON SAVING LIVES NOW

REFS: (A) STATE 34645, (B) STATE 46855

SUMMARY
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1. THE THREAT HIV/AIDS POSES TO THE LIVES OF BATSWANA AND OTHERS HAS GALVANIZED THE U.S. MISSION IN BOTSWANA TO INCORPORATE A RESPONSE TO THE EPIDEMIC INVOLVING EVERY OFFICE AND AGENCY AT POST. WITH ONE OF THE WORLD'S HIGHEST HIV INFECTION RATES -- PROBABLY ONE OUT OF EVERY THREE ADULTS -- BOTSWANA'S HIV/AIDS EPIDEMIC HAS PARTICULARLY SERIOUS IMPLICATIONS FOR ECONOMIC DEVELOPMENT AND STABILITY IN A COUNTRY THAT IN MANY RESPECTS HAS BEEN A MODEL OF DEMOCRACY, RESPECT FOR HUMAN RIGHTS, AND CONTINUING ECONOMIC PROGRESS.

2. THE AMBASSADOR HAS RAISED THE ISSUE OF HIV/AIDS IN HIS INITIAL CALLS ON THE PRESIDENT AND EVERY MINISTER OF GOVERNMENT AND IN EVERY PUBLIC SPEECH. THE CENTERS FOR DISEASE CONTROL (CDC) OFFICE HAS TAKEN THE LEAD ROLE IN COMBATING HIV/AIDS AND TUBERCULOSIS (THE LEADING CAUSE OF DEATH AMONG THOSE INFECTED WITH HIV IN BOTSWANA). CDC HAS BEEN QUICK TO USE NEW FUNDING FROM THE "LIFE" INITIATIVE TO ESTABLISH PROGRAMS ON THE GROUND: IN THE FIRST HALF OF APRIL THEY WILL OPEN VOLUNTARY TESTING AND COUNSELING CENTERS IN THE TWO LARGEST CITIES IN THE COUNTRY. THE OFFICE OF DEFENSE COOPERATION (ODC) CONTINUES TO APPLY ITS RESOURCES TO ASSIST CDC PROGRAMS IN BOTSWANA.

3. USAID'S REGIONAL CENTER FOR SOUTHERN AFRICA (RCSA) AND CDC ARE INVOLVED IN THE USG REGIONAL RESPONSE TO HIV/AIDS, ORGANIZED IN PART THROUGH THE SOUTHERN AFRICAN DEVELOPMENT COMMUNITY (SADC). THE PUBLIC AFFAIRS SECTION HAS TAKEN ADVANTAGE OF THE AMBASSADOR'S PROMINENCE TO RAISE PUBLIC AWARENESS OF HIV/AIDS, AND HAS DEVOTED HALF THE INTERNATIONAL VISITORS PROGRAM TO IVS FOCUSED ON HIV/AIDS. BOTH OF OUR SMALL-GRANTS PROGRAMS HAVE GIVEN PRIORITY TO PROPOSALS ADDRESSING HIV/AIDS AND TAKEN ADVANTAGE OF ENSUING PUBLICITY TO HELP RAISE AWARENESS OF THE ISSUE. FINALLY, THE MISSION HAS ADOPTED MEASURES TO ENCOURAGE OUR LOCAL EMPLOYEES TO TAKE AN ACTIVE ROLE IN SAFEGUARDING THEIR HEALTH, AND LOOKS FORWARD TO IMPLEMENTING A COMPREHENSIVE MISSION POLICY ON HIV/AIDS WITH THE DEPARTMENT'S CONCURRENCE.

4. DESPITE OUR CONTINUING AND INCREASING EFFORTS, THIS PROBLEM WILL GET WORSE BEFORE IT GETS BETTER. ALTHOUGH PRESIDENT MOGAE HAS SPOKEN CANDIDLY AND ELOQUENTLY OF THE NEED FOR HIS FELLOW CITIZENS TO CHANGE THEIR BEHAVIOR, THE INFECTION CONTINUES TO SPREAD. OUR EFFORTS HERE SUFFER FOR LACK OF A BILATERAL USAID PROGRAM, BUT WE WILL CONTINUE TO MUSTER ALL THE RESOURCES AT OUR DISPOSAL. WE WILL MAINTAIN OUR CLOSE COOPERATION ON THE PANDEMIC WITH THE GOVERNMENT OF BOTSWANA AND CONTINUE TO HOLD TWICE-A-MONTH INTER-AGENCY HIV/AIDS ISSUES MEETINGS TO EXPLORE NEW STRATEGIES. THERE IS NO EASY SOLUTION, AND WE KNOW THAT WE ARE IN THIS FOR THE LONG HAUL. END SUMMARY

THE SCOPE OF THE PROBLEM: A NATIONAL CATASTROPHE

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5. BOTSWANA HAS PERHAPS THE HIGHEST RATE OF HIV/AIDS INFECTION IN THE WORLD, OFFICIALLY ESTIMATED AT 29% OF THOSE AGED 15-49, THE MOST SEXUALLY ACTIVE AND ECONOMICALLY PRODUCTIVE SEGMENT OF THE ADULT POPULATION. THE DISEASE, FIRST REPORTED HERE IN 1985, HAS SINCE SPREAD TO EVERY PART OF THE COUNTRY. THE MINISTRY OF HEALTH'S "SENTINEL SURVEILLANCE REPORT" ESTIMATES THAT AT LEAST 17% OF THE ENTIRE POPULATION, OR APPROXIMATELY 260,000 PEOPLE OUT OF A TOTAL OF 1.5 MILLION, ARE INFECTED WITH HIV, AN INCREASE OF 2% OVER 1997 ESTIMATES. SADLY, ALMOST ALL OBSERVERS BELIEVE THOSE FIGURES ARE LOW, AND THAT EFFECTIVELY ONE OUT OF EVERY THREE ADULTS IN THE COUNTRY IS HIV POSITIVE. IN ADDITION, THE NUMBER OF AIDS ORPHANS IS GROWING EXTREMELY RAPIDLY; BETWEEN 1994 AND 1997 IT INCREASED BY OVER 400%. THE MINISTRY OF HEALTH ESTIMATES THAT BY THE END OF 2000 THERE WILL BE BETWEEN 65,000 AND 80,000
UNCLAS SECTION 02 OF 06 GABORONE 001613

PASS WHITE HOUSE FOR ONAP DIRECTOR THURMAN

PASS USTR FOR WHITAKER

PASS AID FOR AFR/SA, AFR/SD AND G/PHN

CDC FOR HELENE GAYLE

E.O. 12958: N/A
TAGS: TBIO, EAID, SOCI, AMGT, APER, PREL, MASS, BC
SUBJECT: USG HIV/AIDS ACTION PLAN FOR BOTSWANA: WE'RE CLOSE TO GROUND ZERO AND FOCUSING ON SAVING LIVES NOW

CHILDREN IN BOTSWANA AGED UNDER 19 YEARS WHO HAVE LOST ONE OR BOTH PARENTS TO AIDS.

THE GOVERNMENT RESPONSE
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6. THE GOB CONSISTENTLY CALLS THE HIV/AIDS EPIDEMIC A TOP PRIORITY. AMONG THE MEASURES PUT INTO PLACE TO DEAL WITH THE AIDS EPIDEMIC, THE GOB HAS:

--FORMED A NATIONAL AIDS COORDINATION AGENCY (NACA) TO FORMULATE POLICY AND ALLOCATE RESOURCES EFFICIENTLY.

--CONDUCTED A MEDIA EDUCATION CAMPAIGN AROUND THE COUNTRY SINCE 1994.

--IMPLEMENTED A REGISTRATION PROGRAM FOR ORPHANS AND DEVELOPED A SHORT-TERM PLAN OF ACTION FOR ORPHAN CARE WHICH IS TO BE IMPLEMENTED OVER THE NEXT TWO YEARS, BY WHICH TIME IT SHOULD HAVE DEVELOPED A COMPREHENSIVE NATIONAL ORPHANS POLICY.

--LAUNCHED A PROGRAM TO BREAK THE VERTICAL CHAIN OF HIV MOTHER-TO-CHILD TRANSMISSION (MCTC) BY GIVING EXPECTANT MOTHERS AZT APPROACHING BIRTH, THEN ADMINISTERING AZT TO THE INFANT FOR THE FIRST WEEK OF LIFE.

--WELCOMED THE EFFORTS OF MPULE KWELAGOBE TO TAKE ON HIV/AIDS AS "HER" ISSUE DURING HER TENURE AS MISS UNIVERSE 1999. KWELAGOBE, THE FIRST-EVER MOTSWANA TO APPEAR BEFORE CONGRESS, RECENTLY GAVE COMPELLING TESTIMONY BEFORE A HOUSE COMMITTEE ON THE SCOPE OF THE HIV/AIDS EPIDEMIC IN BOTSWANA.

7. NOT ALL BATSWANA ARE CONVINCED, HOWEVER, THAT THE GOVERNMENT HAS BEEN DOING AN ADEQUATE JOB OF COMBATING HIV/AIDS. SOME QUESTION WHETHER THE GOB SHOULD DECLARE HIV/AIDS A "NATIONAL EMERGENCY," WITH MORE DECISIVE STEPS TAKEN TO CONTROL THE SPREAD OF HIV, INCLUDING MANDATORY HIV TESTING. TO HIS CREDIT, PRESIDENT MOGAE DURING HIS TENURE HAS ATTEMPTED TO FOCUS THE ATTENTION OF THE GOB AND THE CITIZENRY ON THE IMPERATIVE OF COMBATING HIV/AIDS. THE PRESIDENT'S SPEECH AT THE OPENING OF THE NATIONAL AIDS CONFERENCE IN FEBRUARY IS THE MOST CANDID APPRAISAL WE HAVE HEARD FROM ANY POLITICIAN OF THE SITUATION BOTSWANA FACES; THE AMBASSADOR SUGGESTED TO MINISTERS IN HIS MEETINGS THAT THE SPEECH BE REQUIRED READING FOR GOB OFFICIALS.

8. WHILE THE GOB HAS PURSUED ITS HIV/AIDS EDUCATION PROGRAM FOR YEARS, THE RATE OF INFECTION CONTINUES TO CLIMB. CLEARLY, HIV/AIDS IS REDUCING THE ALREADY SHALLOW POOL OF SKILLED LABOR IN BOTSWANA, AND THE ECONOMIC EFFECTS ARE BEGINNING TO BE FELT IN SOME SECTORS. FOR EXAMPLE, THE HEALTH CARE SYSTEM IS HAVING TROUBLE REPLACING TRAINED PROFESSIONALS LOST TO AIDS. HOWEVER, THE GOB'S EFFORTS TO CREATE AN INFORMED AIDS POLICY ARE HAMPERED BY A CRITICAL LACK OF HARD DATA.

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9. THE MISSION HAS BEEN GALVANIZED BY THE HIV/AIDS ISSUE AND HAS EXECUTED A BROAD HIV/AIDS PROGRAM. THE LEVEL OF RESOURCES WE CAN DEVOTE TO THIS EFFORT IS, REGRETTABLY, LIMITED BY THE DECISION FIVE YEARS AGO TO PHASE OUT THE BILATERAL USAID PROGRAM FOR BOTSWANA. WE ARE WORKING WITH USAID (RCSA/GABORONE AND USAID/SOUTH AFRICA) TO TAKE ADVANTAGE OF THE NEW, REGIONAL USAID PROGRAM THAT WILL INCLUDE BOTSWANA. WE ALREADY ARE INCORPORATING THE HIV/AIDS ISSUE INTO OUR PROGRAMS WHEREVER IT CAN BE DONE. COMBATING HIV/AIDS HAS BECOME A MAJOR FOCUS FOR EVERY OFFICE AND AGENCY AT POST, A FACT WHICH IS REFLECTED IN BOTH OF OUR MISSION PERFORMANCE PLANS (BILATERAL AND SADC REGIONAL).

THE ROLE OF THE AMBASSADOR
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10. SINCE HIS ARRIVAL AT POST IN DECEMBER 1999,
UNCLAS SECTION 03 OF 06 GABORONE 001613

PASS WHITE HOUSE FOR ONAP DIRECTOR THURMAN

PASS USTR FOR WHITAKER

PASS AID FOR AFR/SA, AFR/SD AND G/PHN

CDC FOR HELENE GAYLE

E.O. 12958: N/A
TAGS: TBIO, EAID, SOCI, AMGT, APER, PREL, MASS, BC
SUBJECT: USG HIV/AIDS ACTION PLAN FOR BOTSWANA: WE'RE CLOSE TO GROUND ZERO AND FOCUSING ON SAVING LIVES NOW

AMBASSADOR LANGE HAS MADE COMBATING HIV/AIDS THE CENTRAL ISSUE OF THE U.S. MISSION IN BOTSWANA. ASKING, "WHAT CAN BE DONE TO SAVE LIVES NOW?," HE HAS RAISED HIV/AIDS IN CALLS ON EVERY MINISTER OF GOVERNMENT, POINTEDLY ASKING EACH MINISTER WHAT HIS OR HER MINISTRY IS DOING TO FIGHT HIV/AIDS. AT EVERY PUBLIC APPEARANCE, THE AMBASSADOR STRESSES THE NEED FOR AN URGENT RESPONSE TO THE EPIDEMIC.

CENTERS FOR DISEASE CONTROL/BOTUSA
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11. IN THE ABSENCE OF A BILATERAL USAID MISSION, THE CENTERS FOR DISEASE CONTROL'S BOTSWANA-U.S. TB/HIV RESEARCH COLLABORATION PROJECT (BOTUSA) PLAYS THE CENTRAL ROLE IN U.S. EFFORTS TO PREVENT DEATHS DUE TO HIV/AIDS IN BOTSWANA. THROUGH THE "LIFE" INITIATIVE, (LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC) BOTUSA RECENTLY MORE THAN DOUBLED THE SIZE OF ITS PROGRAM IN BOTSWANA. BOTUSA HAS FOCUSED ITS EFFORTS IN AREAS NOT ADDRESSED BY THE GOB, INITIALLY ON OPPORTUNISTIC INFECTIONS - ESPECIALLY TB - WHICH ARE CONSIDERED THE PRIMARY KILLERS OF THOSE INFECTED WITH HIV. THE GOB IS VERY RECEPTIVE TO BOTUSA'S EFFORTS. COMMENTING ON BOTUSA'S TARGETED TB INITIATIVES, THE MINISTER OF HEALTH TOLD THE AMBASSADOR THE USG HAD "PUT ITS FINGER ON THE CRITICAL AREAS" TO FIGHT THE HIV/AIDS EPIDEMIC IN BOTSWANA. TO PROVIDE AN EFFECTIVE RESPONSE TO THE THREAT OF TB FOR THOSE INFECTED WITH HIV, BOTUSA:

--IS CONDUCTING A CURRENT TB STUDY ON THE PROGNOSIS OF HIV-INFECTED TB PATIENTS.

--IS WORKING WITH THE NGO PARTNERS IN APPROPRIATE TECHNOLOGY FOR HEALTH (PATH) TO DEVELOP A NEW TB DIAGNOSTIC TEST, WITH RESEARCH AND DEVELOPMENT FUNDING

PROVIDED BY USAID/W.

--IS DEVELOPING A STUDY PROTOCOL TO DETERMINE THE OPTIMUM DURATION OF TB PREVENTATIVE THERAPY IN PERSONS LIVING WITH HIV INFECTION.

--IS COMPLETING THE PILOT PHASE OF TB PREVENTATIVE THERAPY SERVICES FOR PERSONS LIVING WITH HIV INFECTION IN GABORONE, FRANCISTOWN, AND RAMOTSWA AND DEVELOPING A PLAN FOR A ROLLOUT TO THE REST OF BOTSWANA.

--COLLABORATED WITH THE ODC TO FUND AND OVERSEE THE CONSTRUCTION OF THE NATIONAL TB REFERENCE LABORATORY, WHICH OPENED IN NOVEMBER 1999. THE LABORATORY FUNCTIONS AS THE PUBLIC HEALTH REFERENCE FACILITY FOR TB SPECIMENS IN BOTSWANA.

--COMPLETED STUDIES IN THE LAST YEAR ON DRUG-RESISTANT TB, RISK FACTORS FOR HIV INFECTION IN TB PATIENTS, PUBLIC KNOWLEDGE, ATTITUDES, AND BEHAVIORS RELATED TO SEEKING TB PREVENTIVE THERAPY.

--LED A NATIONAL WORKING GROUP TO DEVELOP GUIDELINES FOR THE PROVISION OF TB PREVENTIVE THERAPY FOR PERSONS LIVING WITH HIV INFECTION, ONE OF THE FIRST IN AFRICA.

12. BUILDING ON ITS PROGRAMS THAT ADDRESS TB, BOTUSA IS TARGETING OTHER AREAS IN WHICH COMPARABLE PROGRAMS ARE EITHER WEAK OR NONEXISTENT, AND FOCUSING ON DISCRETE POPULATIONS, SUCH AS PREGNANT WOMEN. BOTUSA SEES A PARTICULAR LONG-TERM ADVANTAGE TO PROVIDING INCENTIVES TO BATSWANA TO KNOW THEIR HIV STATUS AND CHANGE BEHAVIORS TO EITHER REMAIN HIV-NEGATIVE, OR ADOPT STRATEGIES WHICH WILL PROLONG THEIR LIVES IF HIV-POSITIVE. CURRENT BOTUSA HIV/AIDS INITIATIVES INCLUDE:

--ESTABLISHING A NETWORK OF VOLUNTARY COUNSELING AND TESTING CENTERS (VCTS), PROVIDING SAME-DAY HIV TEST RESULTS TO POPULATED AREAS OF THE COUNTRY, SUPPORTED BY THE TWO MAJOR CENTERS IN GABORONE AND FRANCISTOWN. THE VCTS WILL SUPPORT EXPANDING SOCIAL MARKETING OF CONDOMS AND A "KNOW YOUR STATUS" CAMPAIGN.

--VALIDATING NEW, IMPROVED RAPID HIV TEST KITS, WHICH
UNCLAS SECTION 04 OF 06 GABORONE 001613

PASS WHITE HOUSE FOR ONAP DIRECTOR THURMAN

PASS USTR FOR WHITAKER

PSS AID FOR AFR/SA, AFR/SD AND G/PHN

CDC FOR HELNE GAYLE

E.O. 12958: N/A
TAGS: TBIO, EAID, SOI, AMGT, APER, PREL, MASS, BC
SUBJECT: USG HIV/AIS ACTION PLAN FOR BOTSWANA: WE'RE CLOSE TO GROUN ZERO AND FOCUSING ON SAVING LIVES NOW

COST UNDR TWO US DOLLARS, FOR USE IN THE VCTS AND SIMILA FACILITIES.

--SUPPORTING THE NATIONWIDE IMPLEMNTATION OF THE GOVERNMENT PROGRAM TO PREVENT MOTHR-TO-CHILD TRANSMISSION (MTCT) OF HIV THROUGH TH DEVELOPMENT OF EDUCATIONAL MATERIALS, IMPROVED LINICAL PRACTICES AND COUNSELING PROCEDURES, AND TRAINING. BOTUSA LED AN EVALUATION OF BOTSWANA'S PROGRAM TO PREVENT MTCT IN

DOD'S OFFICE FOR DEFENSE COOPERATION AND DEFENSE ATTACHE
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13. THROUGH ITS HUMANITARIAN ASSISTANCE PROGRAM, THE DOD OFFICE FOR DEFENSE COOPERATION HAS PROVIDED INFRASTRUCTURAL SUPPORT OF BOTUSA EFFORTS, IN PARTICULAR THE NATIONAL TB REFERENCE LAB DESCRIBED ABOVE. IN THE NEXT TWO YEARS, THE ODC PLANS TO PROVIDE HUMANITARIAN ASSISTANCE PROGRAM FUNDING FOR AND OVERSIGHT OF THE CONSTRUCTION OF TWO COMMUNITY COUNSELING CENTERS IN GABORONE AND FRANCISTOWN FOR PERSONS LIVING WITH HIV/AIDS, ORPHAN SUPPORT, AND COMMUNITY EDUCATION. THE ODC HAS REQUESTED FUNDING TO ORGANIZE A CONFERENCE IN THE REGION IN 2001 FOR HIGH-RANKING MILITARY LEADERS ON THE SECURITY IMPLICATIONS OF HIV/AIDS IN THE MILITARY.

14. THE DEFENSE ATTACHE OFFICE WILL WORK WITH DOD TO INCORPORATE A SESSION ON HIV/AIDS AT THE TWO-WEEK TRAINING PROGRAM OF THE AFRICA CENTER FOR STRATEGIC STUDIES TO BE HELD IN GABORONE IN JULY 2000.

MARSHALLING THE USG REGIONAL EFFORT
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15. USAID'S REGIONAL CENTER FOR SOUTHERN AFRICA (RCSA) WILL CONTINUE TO PLAY A ROLE THROUGH ITS REGIONAL WORK WITH THE SOUTHERN AFRICAN DEVELOPMENT COMMUNITY. AS AN OUTGROWTH OF THE FIRST U.S.-SADC FORUM IN APRIL 1999, RCSA WILL SUPPORT A SADC ANALYSIS OF HIV/AIDS POLICIES IN THE REGION, PROMOTING INCREASED INFORMATION SHARING BETWEEN REGIONAL PUBLIC HEALTH OFFICIALS AND POLICY MAKERS. IN RELATED FORUM-GENERATED PROJECTS:

--AN RCSA CONSULTANT WILL WORK WITH THE SADC HEALTH COORDINATING UNIT TO FINALIZE THE HIV ACTION PLAN AND IDENTIFY/DEVELOP FURTHER POLICY; AND

--AN RCSA CONTRACTOR IS WORKING WITH THE SADC HEALTH SECTOR COORDINATING UNIT TO HELP THE UNIT IDENTIFY THE PRIORITY POLICY AREAS ON WHICH IT COULD FOCUS WITH THE HELP OF THE USAID POLICY PROJECT.

16. THE PROFILE OF U.S.-SADC COOPERATION IN FIGHTING HIV/AIDS WILL FEATURE MUCH MORE SIGNIFICANTLY AT THE NEXT U.S.-SADC FORUM IN MAY 2000. IN A FULL PLENARY SESSION ON HIV/AIDS, FORUM PARTICIPANTS WILL DISCUSS THE ECONOMIC IMPACT OF HIV/AIDS AND STRATEGIES FOR DEVELOPING A MULTI-SECTORAL APPROACH TO THE EPIDEMIC.

17. CDC IS ALSO ACTIVE IN REGIONAL EFFORTS TO FIGHT HIV/AIDS. WITH LIFE INITIATIVE FUNDING, CDC PLANS TO INITIATE A MAJOR NEW COLLABORATION WITH OTHER CDC AND USAID ACTIVITIES IN THE REGION ON VOLUNTARY COUNSELING AND TESTING CENTERS, PREVENTION OF MTCT OF HIV, TB PREVENTIVE THERAPY FOR PERSONS WITH HIV, HIV DIAGNOSTICS, HIV SURVEILLANCE, AND CARE OF PERSONS WITH HIV. ALSO, IN THE PAST YEAR CDC SUCCESSFULLY ESTABLISHED TB SURVEILLANCE PILOT PROJECTS IN TWO PROVINCES IN SOUTH AFRICA USING CDC SOFTWARE, AND A PILOT PROJECT IS UNDERWAY FOR THE WHOLE OF LESOTHO AND FOR THE WINDHOEK AREA OF NAMIBIA. THE FDA PROVIDED TECHNICAL ASSISTANCE TO DEVELOP TRAINING MATERIALS, AND CDC AND WHO REACHED AGREEMENT ON RESEARCH AND TRAINING IN DRUG QUALITY SCREENING.

PUBLIC AFFAIRS SECTION

PASS WHITE HOUSE FOR ONAP DIRECTOR THURMAN

PASS USTR FOR WHITAKER

PASS AID FOR AFR/SA, AFR/SD AND G/PHN

CDC FOR HELENE GAYLE

E.O. 12958: N/A
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18. THE PA SECTION CONTINUES TO PUBLICIZE THE MISSION'S EFFORTS TO COMBAT HIV/AIDS. IN ADDITION TO PRESS RELEASES, PA DISSEMINATES INFORMATION ON HIV/AIDS IN VIDEO AND WRITTEN FORM TO MEDIA AND OTHER AUDIENCES. THROUGH ITS INTERNATIONAL VISITOR PROGRAM, PA WILL SEND AGAIN THIS YEAR A FIVE-PERSON, BOTSWANA-ONLY GROUP TO THE U.S. TO OBSERVE AMERICAN EFFORTS AND INSTITUTIONS IN THE HIV/AIDS AREA. LAST YEAR, A SIMILAR GROUP ORGANIZED JOINT WORKSHOPS UPON THEIR RETURN TO SHARE THEIR EXPERIENCES WITH HEALTH PROFESSIONALS, PEER EDUCATORS, SOCIAL WORKERS AND OTHERS. ONE OF THE GROUP HAS INCORPORATED A CONCEPT SHE LEARNED IN THE U.S. - "FRIENDLY USER LANGUAGE" - INTO HER PRESENTATIONS ON HIV/AIDS.

MISSION EMPLOYEE HIV/AIDS POLICY
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19. POST PLANS TO MODEL ITS EMPLOYEE HIV/AIDS POLICY ON A DRAFT POLICY SUBMITTED BY EMBASSY PRETORIA TO WASHINGTON FOR APPROVAL. ALREADY, THE MISSION HAS AN FSN AWARENESS GROUP WHICH CONDUCTS HIV/AIDS SEMINARS, PROVIDES FREE CONDOMS IN RESTROOMS, AND ENCOURAGES ALL LOCAL MISSION EMPLOYEES TO JOIN THE GENEROUS GOVERNMENT OF BOTSWANA HEALTH PLAN. HIV/AIDS TRAINING - INCLUDING A RIVETING PRESENTATION BY A PERSON LIVING WITH HIV - IS A STANDARD COMPONENT OF THE MISSION'S ANNUAL DOMESTIC SERVANTS' TRAINING DAY. AS TB IS A WORKPLACE HEALTH ISSUE, POST PAYS FOR CHEST X-RAYS FOR FSNS SUSPECTED TO HAVE TB. PRE-EMPLOYMENT HIV TESTING IS AGAINST THE LAW IN BOTSWANA.

DHRF/SELF-HELP
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20. BOTH OF THE EMBASSY'S SMALL GRANTS PROGRAMS HAVE FOR YEARS GIVEN PRIORITY TO PROPOSALS WHICH DEALT WITH HIV/AIDS ISSUES. DHRF HAS FUNDED A TRAVELING COMMUNITY THEATER GROUP WHOSE PERFORMANCES ENDEAVORED TO DE-STIGMATIZE AIDS AND ENCOURAGED AUDIENCES TO RESPECT THE RIGHTS OF THOSE INFECTED WITH HIV. ANOTHER DHRF GRANTEE PROVIDES COUNSELING ABOUT HUMAN RIGHTS AND SERVICES AVAILABLE TO HIV POSITIVE PERSONS. FIVE CURRENT SELF-HELP ACTIVITIES PROVIDE CARE FOR ORPHANS (A LARGE PROPORTION OF WHOM HAVE LOST THEIR PARENTS TO AIDS) AND/OR COUNSELING SERVICES TO THE GENERAL PUBLIC ACROSS THE COUNTRY. FUTURE SMALL GRANT FUNDING WILL CONTINUE TO PROMOTE HIV/AIDS AWARENESS EFFORTS, LEGAL AND HUMAN RIGHTS EDUCATION FOR HIV POSITIVE INDIVIDUALS, CHILD CARE FOR YOUNGSTERS ABANDONED AS A RESULT OF AIDS, AND COUNSELING SERVICES FOR PEOPLE LIVING WITH AIDS. POST IS PROCESSING AN EDUCATION FOR DEVELOPMENT AND DEMOCRACY (EDDI) GIRLS EDUCATION PROGRAM PROPOSAL, WHICH WILL PROVIDE AN AIDS INTERVENTION COUNSELING COMPONENT BY PROVIDING VOCATIONAL TRAINING SCHOLARSHIPS TO APPROXIMATELY 100 FEMALE ADOLESCENTS, THE MAJORITY OF

WHOM ARE AIDS ORPHANS.

CONCLUSION AND COMMENT
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21. THE PROGRAMS DESCRIBED ABOVE ADDRESS SPECIFIC, CONCRETE ACTIONS THIS MISSION HAS BEEN AND IS TAKING TO COMBAT THE SPREAD OF HIV/AIDS AND ALLEVIATE THE SUFFERING OF THOSE LIVING WITH HIV. WE WILL CONTINUE ON OUR CURRENT COURSE. NONETHELESS, WE THINK WE MAY BE OVERLOOKING AREAS THAT PERMIT SIGNIFICANT TANGIBLE IMPROVEMENTS TO OUR CURRENT HIV/AIDS PROGRAMS. DESPITE YEARS OF EDUCATIONAL EFFORTS, THERE ARE CLEAR INDICATIONS THAT A LARGE NUMBER OF BATSWANA STILL REGULARLY ENGAGE IN BEHAVIOR WHICH EITHER PUTS THEM AT RISK FOR CONTRACTING HIV, OR, IF ALREADY INFECTED, PASSES IT ON TO OTHERS.

22. TO BE EFFECTIVE, IT IS INCREASINGLY CLEAR TO US THAT WE NEED TO TAKE MEASURES SPECIFICALLY GEARED TO DIFFERENT SECTORS OF SOCIETY: MILITARY PERSONNEL, SECONDARY SCHOOL STUDENTS, COLLEGE STUDENTS, MINERS, ETC. WE ARE NOW EXPLORING THE POSSIBLITY OF ESTABLISHING AN AWARDS PROGRAM SUCH AS THAT SUGGESTED IN UNCLAS SECTION 06 OF 06 GABORONE 001613

PASS WHITE HOUSE FOR ONAP DIRECTOR THURMAN

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CDC FOR HELENE GAYLE

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REF (B) FOR THOSE WHO IMPLEMENT MODEL HIV PREVENTION PROGRAMS IN THOSE SECTORS, BE IT THE WORKPLACE OR SCHOOLS, AS WELL AS FOR JOURNALISTS WHO REPORT ON HIV/AIDS ISSUES. USAID'S NEW REGIONAL HIV/AIDS PROGRAM MAY BE A SOURCE OF FUNDING FOR SUCH A SMALL-GRANTS PROGRAM.

23. POST APPLAUDS WASHINGTON'S INITIATIVE TO INVIGORATE THE USG RESPONSE AMONG OUR MISSIONS IN AFRICA, AND WELCOMES THE SUGGESTIONS PROVIDED (REF B) TO IMPLEMENT LOW-COST MEASURES THAT CAN SAVE LIVES NOW. WE HOPE THAT DEPARTMENT GUIDANCE FOR COMPREHENSIVE MISSION EMPLOYEE HIV/AIDS PROGRAMS, AS WELL AS A SET OF BEST PRACTICES, MIGHT RESULT FROM THIS EXERCISE. RECOGNIZING THE CONSTRAINTS WE ALL FACE, POST WILL REGULARLY RE-EVALUATE HOW WE CAN BEST MUSTER MISSION ELEMENTS TO COUNTER THE HIV/AIDS PANDEMIC HERE IN BOTSWANA, WHICH IS CLOSE TO GROUND ZERO AMONG COUNTRIES WITH THE WORLD'S HIGHEST INFECTION RATE.

LANGE

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Monday, March 13, 2000 9:14 PM
To:	Bernard, Kenneth W. (HEALTH); Cables
Subject:	ADDITIONAL GUIDANCE FOR ENHANCED MISSION HIV/AIDS RESPONSE PLAN
ActionAddees:	ALL AFRICAN DIPLOMATIC POSTS PRIORITY
Classification:	UNCLASSIFIED
DateTime:	132248Z MAR 00
Distribution:	SIT: Bernard NSC
Identifier:	M4340722
InfoAddees:	////
Line1:	PAAUZYUW RUEHCAA6855 0732253-UUUU--RHEHAAX.
Line2:	ZNR UUUUU ZZH
Line3:	P 132248Z MAR 00
Line4:	FM SECSTATE WASHDC
Originator:	SECSTATE WASHDC
Precedence:	PRIORITY
Profiles:	BERNARDK CABLES
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TimeOfReceipt:	03/13/2000 21:14:02 ET

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UNCLAS STATE 046855

FOR AMBASSADORS FROM ASSISTANT SECRETARY RICE

E.O. 12958: N/A
TAGS: SOCI, ECON, PREL, AMGT, AF
SUBJECT: ADDITIONAL GUIDANCE FOR ENHANCED MISSION HIV/AIDS RESPONSE PLAN

REF: STATE 34645

1. REFTEL ASKED EACH POST TO SUBMIT BY APRIL 1 AN ENHANCED POST PLAN OF ACTION FOR YOUR COUNTRY TO RESPOND TO THE HIV/AIDS PANDEMIC. THIS CABLE TRANSMITS ADDITIONAL GUIDANCE TO HELP ORGANIZE YOUR THINKING. THE FIGHT AGAINST HIV/AIDS IS ONE THAT INVOLVES EVERY ELEMENT OF EVERY POST IN AFRICA. AMBASSADORS AND MEMBERS OF THE COUNTRY TEAM SHOULD EACH REFLECT ON WAYS THEY CAN BECOME PERSONALLY INVOLVED, AND WHERE THAT IS ALREADY THE CASE, WAYS TO ENCOURAGE A MORE COMPREHENSIVE RESPONSE BY ALL MISSION ELEMENTS. IF YOURS IS AN EMBASSY WHICH HAS BEEN WAGING THIS STRUGGLE FOR MANY YEARS, WHAT HAVE YOU LEARNED THAT MAY BE OF BENEFIT TO OTHER POSTS WHICH ARE ONLY NOW CONFRONTING THESE ISSUES?

2. SUBMISSIONS FROM SMALLER POSTS AND THOSE WITHOUT USAID MISSIONS MAY BE LESS AMBITIOUS, BUT THE OVERRIDING OBJECTIVE AT THIS STAGE IS TO TAKE THE FIGHT AGAINST HIV/AIDS FROM WHEREVER IT IS NOW IN YOUR SPECIFIC CIRCUMSTANCES, AND RAISE IT TO A HIGHER LEVEL. WHILE WE ARE NOT INSISTING ON A SPECIFIC FORMAT, WE ARE LOOKING FOR A COMPREHENSIVE APPROACH THAT INCLUDES ALL MISSION ELEMENTS. IN USAID PRESENCE COUNTRIES, HIV/AIDS COUNTRY PLANS ARE ALREADY IN PLACE. THE INTENTION NOW IS TO SUPPLEMENT, NOT COMPETE WITH OR DUPLICs? WHERE THAT IS MOST APPROPRIATE. KEY TO THIS PROCESS IS TO TAKE STOCK OF WHAT IS ALREADY BEING DONE, BY WHOM, AND TO SEE WHAT MORE CAN BE DONE.

3. WHILE IT IS ENCOURAGING THAT A GROWING NUMBER OF AFRICAN LEADERS ARE SPEAKING OUT ON HIV/AIDS, SOME FOR THE FIRST TIME, IT IS EQUALLY APPARENT THAT MANY INFLUENTIAL

AFRICANS REMAIN IGNORANT OF BASIC ISSUES RELATING TO THE PANDEMIC. THIS IS A FIELD OF BATTLE WHERE MYTHOLOGY AND MISINFORMATION STILL LOOM LARGE. THERE IS A ROLE FOR EVERY ECONOMIC-COMMERCIAL OFFICER, EVERY POLITICAL OFFICER, EVERY DAO REPRESENTATIVE, EVERY ADMINISTRATIVE OFFICER, EVERY CONSULAR OFFICER...ALL OF YOU AT POST FROM EVERY AGENCY, TO DO YOUR UTMOST ON THIS ISSUE IN YOUR OFFICIAL CONTACTS ON A DAILY BASIS. TO DO THAT, EVERY MEMBER OF THE U.S. MISSION COMMUNITY MUST BE EDUCATED ON WHAT HIV/AIDS IS, AND WHY IT IS IMPORTANT. THIS IS NOT AN ISSUE TO BE TURNED OVER, WHERE THIS IS STILL POSSIBLE, TO AN ALREADY OVERWORKED HEALTH OFFICER AT THE USAID MISSION.

4. INITIALLY, YOUR PLANNING SHOULD FOCUS ON WHAT CAN BE DONE WITHOUT ANY ADDITIONAL RESOURCES. IT MAY BE THAT ADDITIONAL RESOURCES ARE MADE AVAILABLE IN THE FUTURE, SO IT IS ALSO APPROPRIATE TO REFLECT ON WHAT YOU COULD OR WOULD DO IN THAT EVENTUALITY, BUT DO NOT LIMIT YOUR THINKING TO ACTIVITIES WHICH WOULD REQUIRE MORE MONEY OR STAFF. THUS YOUR FOCUS AT THIS STAGE MAY BE LARGELY DIRECTED TOWARD ENHANCED POLICY DIALOGUE, PUBIC DIPLOMACY, OUTREACH, AND EDUCATIONAL ACTIVITIES. THE ROLE OF PUBLIC DIPLOMACY IS CRUCIAL AS WE ENHANCE OUR EFFORTS TO FIGHT AIDS. SOME POSTS HAVE TARGETED PRIVATE AND OFFICIAL MEDIA, SPONSORED DISCUSSIONS AND GUEST SPEAKERS, AND HAD THE AMBASSADOR GIVE INTERVIEWS ON HIV/AIDS. HOW CAN YOU USE THE AVAILABLE MEDIA RESOURCES, SPECIAL ACCESS TO KEY LEADERS, AND THE EMBASSY'S HIGH PROFILE TO DRAW MORE ATTENTION TO THIS ISSUE? POSTS ARE ENCOURAGED TO INCLUDE CONDUCTING ANALYSES OF THE ECONOMIC, POLITICAL, SOCIAL, MILITARY, AND OTHER IMPACTS OF HIV/AIDS ON THE COUNTRY. WE SUGGEST THAT EACH RELEVANT OFFICER INCLUDE THIS RESPONSIBILITY AS PART OF THEIR WORK.

5. THERE ARE A NUMBER OF ISSUES THAT SHOULD INFLUENCE YOUR STRATEGIC PLANNING. WE HAVE VIRTUALLY NO UNDERSTANDING OF THE MACROECONOMIC IMPACT OF HIV/AIDS. WE DO NOT HAVE AN OVERALL GRASP OF THE WAYS IN WHICH THE PANDEMIC IS IMPACTING OUR OPERATIONS AT OUR POSTS ACROSS THE CONTINENT. WE HAVE ONLY A LIMITED COMPOSITE PICTURE OF HOW RECENT STATEMENTS BY SOME SENIOR AFRICAN LEADERS ON HIV/AIDS ARE FILTERING DOWN TO THE OPERATIONAL LEVEL. WHILE WE KNOW MUCH ABOUT THE HIV/AIDS ENVIRONMENT IN SOME HEAVILY AFFECTED COUNTRIES, THERE IS LESS INFORMATION FROM SOME LOCATIONS WHERE THE DISEASE IS ONLY NOW BECOMING A LARGER CONCERN. PLEASE KEEP THESE ISSUES IN MIND AS YOU CRAFT YOUR RESPONSES AND REPORTING PLAN FOR THE YEAR AHEAD.

6. DEPARTMENT AND AF ARE ALSO LOOKING FOR CREATIVE SUGGESTIONS, SUCCESS STORIES, LARGE AND SMALL, MORE REPORTING GENERALLY, AND BEST PRACTICES WHICH CAN BE SHARED MORE WIDELY. THE REMAINDER OF THIS TELEGRAM PROVIDES A NUMBER OF SPECIFIC SUGGESTIONS FOR "WHAT AMBASSADORS CAN DO" THAT EMERGED FROM THE SADC REGIONAL AMBASSADORS AND MISSION DIRECTORS HIV/AIDS MEETING IN HARARE LAST OCTOBER. THESE SUGGESTIONS SHOULD INFORM AND STIMULATE YOUR OWN DISCUSSIONS. AGAIN, I LOOK FORWARD TO READING YOUR PLANS AND TO SHARING YOUR SUGGESTIONS, VIEWS, AND BEST PRACTICES WITH OUR COLLEAGUES.

7. BEGIN TEXT:

USG RESPONSE TO THE EPIDEMIC
"WHAT AMBASSADORS CAN DO" (FROM (99) HARARE 7005)

AMBASSADORS CAN MAKE HIV/AIDS A COUNTRY TEAM PRIORITY, INVOLVING ALL MEMBERS IN STRATEGY DEVELOPMENT, BY:

--PERSONALLY LEADING AND COORDINATING COUNTRY TEAM EFFORTS

REGARDING HIV/AIDS;

--TALKING ABOUT THE EPIDEMIC IN THE MANAGEMENT TEAM;

--BEING THE POST'S SENIOR ADVOCATE FOR OBTAINING RESOURCES FROM WASHINGTON;

--USING THE MISSION PROGRAM PLAN (MPP) TO FLAG THE IMPORTANCE OF HIV/AIDS AS A GLOBAL AND REGIONAL ISSUE AND ENSURE USG SUPPORT FOR HIV/AIDS PROGRAMS;

--INCORPORATING HIV/AIDS INTO PUBLIC AFFAIRS PROGRAMS BY: (1) BELONGING IN HIGH-LEVEL HIV/AIDS SPEAKERS; (2) ESTABLISHING A MEDIA AWARD PROGRAM FOR HIV/AIDS REPORTING TO ENCOURAGE RESPONSIBLE AND SUSTAINED LOCAL MEDIA COVERAGE; (3 INCORPORATING UNIVERSITY-BASED HIV/AIDS AWARENESS CAMPAIGNS INTO THE PROGRAMS OF FULBRIGHT PROFESSORS AND VISITING RESEARCHERS;

--DISCUSSING THE EPIDEMIC WITH THE DEFENSE ATTACHE OFFICE TO SEEK WAYS FOR THE MILITARY ASSISTANCE PROGRAMS TO ADDRESS HIV/AIDS WITHIN THE HOST COUNTRY SECURITY ESTABLISHMENT BY: (1) WORKING WITH DEFENSE COUNTERPARTS TO INCORPORATE HIV/AIDS MESSAGES INTO DEMINING TRAINING AND CONTRACTS; AND (2) ENCOURAGING HIV/AIDS EDUCATION AT MILITARY INSTALLATIONS;

--CONSIDERING WHETHER IT IS APPROPRIATE FOR PEACE CORPS VOLUNTEER TEACHERS TO PROMOTE HIV/AIDS AWARENESS IN RURAL SCHOOLS AND THROUGH ANTI-AIDS CLUBS, RECOGNIZING THE LIKELY SENSITIVITY OF LOCAL SCHOOL ADMINISTRATORS;

--INSTRUCTING THE POLITICAL SECTION TO CONSIDER USING DEMOCRACY AND HUMAN RIGHTS FUNDS TO SUPPORT HUMAN RIGHTS GROUPS THAT PERFORM HIV/AIDS ADVOCACY;

--INSTRUCTING THE ECONOMIC SECTION TO: (1) EMPHASIZE COMMUNITY-BASED HIV/AIDS ACTIVITIES IN THE AMBASSADOR'S SELF HELP PROGRAM; AND (2) INCLUDE HIV/AIDS ISSUES IN DISCUSSIONS WITH U.S. COMPANIES;

--INSTRUCTING THE RSO TO ASSIST LOCAL POLICE AND SECURITY GUARD COMPANIES TO DEVELOP HIV/AIDS AWARENESS PROGRAMS; AND

--INCLUDING HIV/AIDS ON THE AGENDAS OF VISITING CODELS AND STAFFDELS

AMBASSADORS CAN USE THEIR PUBLIC POSITION TO PROMOTE HIV/AIDS ACTIVISM BY:

--BEING "OUT IN FRONT" AND NOT DELEGATING TO STAFF THE OPPORTUNITY TO PROMOTE HIV/AIDS ACTIVISM;

--SEIZING THEIR POSITION AS THE "PRESIDENT'S REPRESENTATIVE" TO ENSURE THAT THEY PERSONALLY REPRESENT PRESIDENTIAL INITIATIVES, COORDINATE ACCESS TO USG RESOURCES AND STRESS THAT THEY ARE ALSO REPRESENTATIVES OF THE AMERICAN PEOPLE;

--RAISING THE PROFILE OF THE ISSUE BY MENTIONING HIV/AIDS IN ALL MEETINGS WITH THE HOST COUNTRY PRESIDENT, CABINET MEMBERS, AND OTHER SENIOR GOVERNMENT OFFICIALS;

--BEING PROACTIVE IN CAPTURING MEDIA COVERAGE FOCUSING ATTENTION ON HIV/AIDS IN EVERY PUBLIC SPEECH EVEN IF IT SEEMS UNRELATED;

--USING THE MEDIA TO ADVERTISE AMBASSADORS' SUPPORT FOR PERSONS LIVING WITH AIDS IN HIV/AIDS AWARENESS BY ATTENDING EVENTS AND FUNCTIONS HOSTED BY OTHER ORGANIZATIONS, AND BY PERSONALLY VISITING AND HOLDING HANDS OF THOSE LIVING WITH AIDS;

--URGING HOST GOVERNMENTS TO PROVIDE TAX INCENTIVES TO COMPANIES AND INDIVIDUALS WHO SUPPORT LOCAL NGO INITIATIVES; AND

--STRESSING TO LOCAL GOVERNMENT OFFICIALS THE IMPORTANCE OF FREE PUBLIC SERVICE ANNOUNCEMENTS, RATHER THAN USING SCARCE DONOR FUNDS TO PURCHASE MEDIA SPOTS.

AMBASSADORS CAN ENGAGE U.S. AND LOCAL PRIVATE SECTORS COMPANIES ON HIV/AIDS ISSUES BY:

--PROVIDING LEADERSHIP IN THE AMERICAN BUSINESS COMMUNITY THROUGH AMCHAM OR THE LOCAL AMERICAN BUSINESS ASSOCIATIONS;

--DEMONSTRATING TO COMPANIES THAT HIV/AIDS HAS A DIRECT IMPACT ON BOTTOM LINE PROFITS, IN PART BY USING ANALYSES THAT SHOW THE COST OF PREVENTION PROGRAMS VERSUS THE COST OF COPING WITH HIV/AIDS IN THE WORKPLACE:

--HELPING TO ESTABLISH LINKS BETWEEN COMPANIES INTERESTED IN DEVELOPING HIV/AIDS WORKPLACE PROGRAMS AND HIV/AIDS NGOS THAT CAN ASSIST;

--CREATING A PRIVATE SECTOR FORUM TO SHARE HIV/AIDCY%
--
ENCOURAGING LOCAL ROTARY CLUBS TO PROMOTE HIV/AIDS AWARENESS AND WORKPLACE POLICIES;

--HELPING THE FOREIGN COMMERCIAL SERVICE AND DEPARTMENT OF COMMERCE PREPARE AND DELIVER APPROPRIATELY BALANCED MESSAGES TO POTENTIAL INVESTORS ABOUT THE IMPACT OF HIV/AIDS, INCLUDING ACCURATE RISK ASSESSMENTS: AND

--ENCOURAGING PRIVATE SECTOR SOCIAL RESPONSIBILITY IT THREE WAYS: (1) ADOPTING PROGRESSIVE INTERNAL WORKPLACE POLICIES: (2) EXTRAMURAL FUNDING OF LOCAL HIV/AIDS PREVENTION AND CARE ACTIVITIES; (3) PROMOTING A PUBLIC IMAGE OF A BUSINESS THAT CARES ABOUT ITS EMPLOYEES AND THE PUBLIC.

HIV/AIDS POLICY IN THE U.S. MISSION.

--WORK WITH MISSION STAFF AND WASHINGTON TO DEVELOP AND IMPLEMENT A POLICY OF BEST PRACTICES FOR USG WORKPLACES. ISSUES TO CONSIDER INCLUDE:

-- THE PERCEPTION OF A DOUBLE STANDARD OF COMMITMENT BY THE USG TO US AND FSN STAFF.

--LEAVE POLICIES FOR SICK EMPLOYEES WHO HAVE AN UNDERLYING HIV INFECTION;

--EMPLOYMENT POLICY FOR HIV POSITIVE APPLICANTS;

--HEALTH INSURANCE POLICIES;

--DEATH BENEFITS AND WILL PLANNING FOR HIV POSITIVE EMPLOYEES;

PREVALENT; AND

--POLICIES FOR INDIRECT STAFF SUCH AS LOCAL SECURITY GUARDS PROVIDED IN CONTRACTS;

--POLLCIES IN DOUBLE ENCUMBERING POSITION CEILINGS AND DISABILITY.

ONGOING WORKPLACE PROGRAMS IN THE REGION INCLUDE:

--HIV/AIDS EDUCATION AND PREVENTION PROGRAMS FOR ALL MISSION STAFF AND THEIR DEPENDENTS, INCLUDING CHILDREN;

--USE OF NGOS, PARTICULARLY THOSE REPRESENTING PEOPLE LIVING WITH AIDS, TO PROVIDE WORKPLACE EDUCATION;

--CREATION OF FSN HIV/AIDS AWARENESS GROUPS;

--PROVISION OF FREE CONDOMS IN RESTROOMS AND CONSIDERATION FOR REIMBURSING PERSONNEL FOR VCT SERVICES:

--REVIEW OF LITERATURE SUCH AS THE UNAIDS AND OAU DOCUMENTS ON BEST PRACTICES IN THE WORKPLACE TO DETERMINE WHAT OTHER PROGRAMS ARE NEEDED; AND

--CROSS-TRAINING OF SENIOR FSNS TO FILL GAPS AS ILLNESS AND DEATH INCREASINGLY BECOME AN ISSUE.YY
ALBRIGHT

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Friday, September 01, 2000 8:59 AM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Harris, Grant T. (AF); Smith, Gayle E. (AF)
Subject: ANGOLA Q NEW NATIONAL HIV/AIDS PROGRAM

ActionAddees: RUEHC/SECSTATE WASHDC 3195
Classification: UNCLASSIFIED
DateTime: 011222Z SEP 00
Distribution: SIT: BABBITT Bernard BYRNE NSC DEMPSEY HARRISG SMITH
Identifier: M4609617
InfoAddees: RUCNDT/USMISSION USUN NEW YORK 4320
RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
Line1: RAAUZYUW RUEHLUA3313 2451222-UUUU--RHEHAAX.
Line2: ZNR UUUUU ZZH
Line3: R 011222Z SEP 00
Line4: FM AMEMBASSY LUANDA
Originator: AMEMBASSY LUANDA
Precedence: ROUTINE
Profiles: BABBITTJ
BERNARDK
BYRNEC
CABLES
DEMPSEYN
HARRISG
SMITHG
StationRoutingIndicator: RUEHLU
StationSerialNumber: 3313
TimeOfReceipt: 09/01/2000 08:57:53 ET

UNCLAS LUANDA 003313

E.O. 12958: N/A
TAGS: PHUM, AO, ECON, EAID, PREL, SOCI, KHIV
SUBJECT: ANGOLA Q NEW NATIONAL HIV/AIDS PROGRAM

1. THE INFORMATION IN THIS CABLE IS SENSITIVE BUT UNCLASSIFIED; PLEASE HANDLE ACCORDINGLY.

2. (U) ON AUGUST 25, THE COUNCIL OF MINISTERS, CHAIRED BY PRESIDENT DOS SANTOS, APPROVED A NATIONAL STRATEGIC PLAN TO FIGHT HIV/AIDS. FOUR DAYS LATER, THE MINISTER OF HEALTH REITERATED THE PLAN ON NATIONAL TELEVISION, ADDING THAT THE GOVERNMENT WOULD SPEND USD 15 MILLION ON THE PROGRAM, OF WHICH MORE THAN USD NINE MILLION WOULD COME FROM DONORS. NOTE: USAID AND THE U.S.-ANGOLA CHAMBER OF COMMERCE WILL PROVIDE ABOUT USD FOUR MILLION FOR THIS PROGRAM.

3.(U) PREVENTION LIES AT THE HEART OF THE NEW STRATEGY; A CAMPAIGN WILL PROMOTE SAFE SEXUAL BEHAVIOR AND USE OF CONDOMS. PROTECTION OF BLOOD SUPPLIES AND TREATMENT ALSO FIGURE IN THE PLAN. THE NEW STRATEGY FLOWS FROM RECOMMENDATIONS OF A RECENT SEMINAR THAT INCLUDED A CROSS-SECTION OF CHURCHES, NGOS, INTERNATIONAL ORGANIZATIONS, AND DONOR GOVERNMENTS. THE GOVERNMENT WILL BE RESPONSIBLE FOR IMPLEMENTATION AND COORDINATION.

4. (SBU) WE UNDERSTAND THAT THE NEW PROGRAM WILL NOT ACTUALLY TAKE EFFECT UNTIL 2001. UNTIL THE END OF THIS YEAR, THE GRA WILL USE ABOUT USD SIX MILLION OF THE FUNDS TO ADDRESS SEVERAL MAJOR PUBLIC HEALTH THREATS, ONE OF WHICH IS HIV/AIDS. THE MONEY WILL FINANCE IMPROVED SAFETY OF THE BLOOD SUPPLY, STAFF TRAINING IN THE PROVINCES, AND ADMINISTRATIVE OVERHEAD, ALL AREAS TARGETED IN THE HIV/AIDS STRATEGY. IN THE MEANTIME, THE GRA WILL GO BACK TO THE DRAWING BOARD TO WORK OUT THE DETAILS OF IMPLEMENTING THE STRATEGY FOR NEXT YEAR.

5. (SBU) COMMENT. THE STRATEGY WAS ACTUALLY COMPLETED MORE THAN A YEAR AGO, AND APPROVED BY THE NATIONAL ASSEMBLY IN DECEMBER, 1999.rT
#3313

NNNN

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Friday, March 03, 2000 12:36 PM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Cables; Mclean, Matthew K. (MULTI); Schwartz, Eric P. (MULTI); Vaccaro, Jonathan M. (Matt) (MULTI); Wilcox, Richard M. (MULTI)
Subject: PUBLIC UN EVENT ON HIV/AIDS IN AFRICA

ActionAddees: SECSTATE WASHDC 7505
Classification: UNCLASSIFIED
DateTime: 031418Z MAR 00
Distribution: SIT: BABBITT Bernard NSC MCLEAN SCHWARTZ VACCARO WILCOX
Identifier: M4324723
InfoAddees: ////
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Line2: ZNR UUUUU ZZH
Line3: R 031418Z MAR 00
Line4: FM USMISSION USUN NEW YORK
Originator: USMISSION USUN NEW YORK
Precedence: ROUTINE
Profiles: BABBITTJ
BERNARDK
CABLES
MCLEANM
SCHWARTE
VACCAROJ
WILCOXR
StationRoutingIndicator: RUCNDT
StationSerialNumber: 0436
TimeOfReceipt: 03/03/2000 12:36:02 ET

UNCLAS USUN NEW YORK 000436

E.O. 12958: N/A
TAGS: SOCI, UNDP, XA
SUBJECT: PUBLIC UN EVENT ON HIV/AIDS IN AFRICA

1. SUMMARY: AMBASSADOR HOLBROOKE SPOKE ON 2/7/00 AT A UNDP- AND AFRICAN AMICALE-SPONSORED TOWN HALL MEETING TO FOLLOW UP ON THE HIV/AIDS EVENTS DURING THE AFRICA MONTH IN THE SECURITY COUNCIL. THE MEETING WAS ENTITLED "A CALL TO ACTION: AFRICAN PERSPECTIVES ON HIV/AIDS EPIDEMIC AS A SECURITY THREAT, DEVELOPMENT CRISIS AND HUMANITARIAN EMERGENCY." AFRICAN AMICALE IS A UN-RELATED ORGANIZATION THAT "BRINGS TOGETHER THE SONS AND DAUGHTERS OF AFRICA ALONG WITH AFRICA'S FRIENDS AND SUPPORTERS." THE MEETING BROUGHT TOGETHER REPRESENTATIVES FROM VARIOUS SECTORS AND REGIONS, AND WAS NOTABLE FOR THE DEBATE ABOUT THE ROLE AND RESPONSIBILITY OF PHARMACEUTICAL COMPANIES. END SUMMARY.

2. THE SPEAKERS WERE THEO-BEN GURIRAB, PRESIDENT OF THE GENERAL ASSEMBLY; AMBASSADOR HOLBROOKE; SECRETARY-GENERAL KOFI ANNAN; JOHN DEMSEY, PRESIDENT OF THE M-A-C AIDS FUND; MARK MALLOCH BROWN, ADMINISTRATOR OF UNDP; DANNY GLOVER, UNDP GOODWILL AMBASSADOR; PROFESSOR GABRIEL RUGALEMA FROM WAGENINGEN UNIVERSITY; CYNTHIA EYAKUZE DI-DOMENICO OF AFRICAN ACTION ON AIDS; AND EUNICE MORGAN, A CLIENT OF AFRICAN SERVICES COMMITTEE. A REPRESENTATIVE OF BRISTOL-MYERS SQUIBB WAS INVITED TO THE MEETING BUT DID NOT ATTEND.

3. AMBASSADOR HOLBROOKE EMPHASIZED THAT DEVELOPMENT AND HEALTH ARE SECURITY ISSUES, NOTING THE JANUARY 10TH SECURITY COUNCIL MEETING ON AIDS IN AFRICA. HE ALSO DISCUSSED THE SUCCESS UGANDA, SENEGAL, AND THAILAND HAVE HAD IN COMBATING AIDS, AND POINTED TO DESTIGMATIZATION AND NATIONAL PROGRAMS OF TESTING AND TREATMENT AS WAYS THOSE COUNTRIES HAVE

ACHIEVED IMPROVEMENTS.

4. THE SECRETARY-GENERAL SPOKE OF THE IMPORTANCE OF FORGING PARTNERSHIPS WITH PRIVATE COMPANIES IN ORDER TO INCREASE THE ACCESSIBILITY OF MEDICATIONS. HE NOTED THE EXISTENCE OF DRUGS TO DECREASE MOTHER-TO-CHILD TRANSMISSION OF HIV, AND THAT VACCINE PROTOTYPES, ALTHOUGH IMPERFECT, AT LEAST HOLD PROMISE TO DECREASE THE SEXUAL TRANSMISSION OF THE VIRUS. HE CALLED ON PARTNERS IN THE PRIVATE SECTOR TO FORMULATE A PLAN OF RESPONSE BY MAY. JOHN DEMSEY, ON BEHALF OF THE M-A-C AIDS FUND, AN OUTGROWTH OF M-A-C COSMETICS, PRESENTED AN OVERSIZED $500,000 CHECK TO UNDP TO SUPPORT THE UN'S CAMPAIGN AGAINST HIV/AIDS. MARK MALLOCH BROWN SPOKE OF TWO APPROACHES: BEHAVIOR MODIFICATION ON ONE HAND, SUCH AS SAFE SEX AND GENDER ISSUES, AND ON THE OTHER HAND, WORKING TO LOWER TREATMENT COSTS THROUGH RELATIONS WITH THE PRIVATE SECTOR. DANNY GLOVER EMPHASIZED THAT POVERTY, AND NOT JUST BEHAVIOR, IS THE SOURCE OF THE PROBLEM, AND CRITICIZED PHARMACEUTICAL COMPANIES FOR THE HIGH COST OF TREATMENT DRUGS.

5. DURING THE QUESTION AND ANSWER PERIOD, THE PERMANENT REPRESENTATIVE OF UGANDA COMMENTED THAT BECAUSE BEHAVIOR CHANGE IS SO SLOW, IT IS IMPERATIVE THAT PHARMACEUTICAL COMPANIES MAKE DRUGS MORE AFFORDABLE, EVEN IF PERFECT VACCINES DO NOT YET EXIST. THIS ECHOED THE THEME SECRETARY-GENERAL ANNAN HAS BEEN PUTTING FORTH RECENTLY. AMBASSADOR HOLBROOKE WAS NOT PRESENT TO RESPOND, BUT MARK MALLOCH BROWN DID EXPRESS SKEPTICISM THAT THE DRUG COMPANIES SINCERELY WANT TO HELP, SAYING THAT THEIR PARTICIPATION HAS BEEN TOO MODEST AND CONDITIONAL.

6. COMMENT: THE SECURITY COUNCIL'S JANUARY "MONTH OF AFRICA," ESPECIALLY THE HIV/AIDS SESSION, HAS GENERATED A TREMENDOUS AMOUNT OF ACTIVITY AND GOODWILL. IT IS IMPORTANT TO NOTE, HOWEVER, THAT AT THE UN THERE IS STILL THE TENDENCY TO PLACE MUCH OF THE BLAME FOR THE AIDS CRISIS ON PHARMACEUTICAL COMPANIES AND SUGGEST THAT THE ONLY REAL SOLUTION IS FOR THESE COMPANIES TO LOWER COSTS IN ORDER TO MAKE TREATMENT MORE ACCESSIBLE.
HOLBROOKE

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Friday, January 21, 2000 8:10 AM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Smith, Gayle E. (AF)
Subject:	'LIFE' INITIATIVE IMPLEMENTATION TOUR, OFFICE OF NATIONAL AIDS POLICY, RWANDA VISIT
ActionAddees:	RUEHC/SECSTATE WASHDC PRIORITY 5060 RUEAFVS/OSD WASHINGTON DC PRIORITY RUFGNOA/USCINCEUR VAIHINGEN GE PRIORITY RUEKJCS/SECDEF WASHDC PRIORITY RUEHAAA/THE WHITE HOUSE WASHINGTON DC PRIORITY RUEHPH/CDC ATLANTA GA PRIORITY RUEHXR/RWANDA COLLECTIVE PRIORITY
Classification:	UNCLASSIFIED
DateTime:	211428Z JAN 00
Distribution:	SIT: BABBITT Bernard BYRNE NSC DEMPSEY SMITH
Identifier:	M4255368
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Line2:	ZNR UUUUU ZZH
Line3:	P 211428Z JAN 00
Line4:	FM AMEMBASSY KIGALI
Originator:	AMEMBASSY KIGALI
Precedence:	PRIORITY
Profiles:	BABBITTJ BERNARDK BYRNEC CABLES DEMPSEYN SMITHG
StationRoutingIndicator:	RUEHLGB
StationSerialNumber:	0262
TimeOfReceipt:	01/21/2000 08:08:58 ET

UNCLAS SECTION 01 OF 04 KIGALI 000262

STATE PLEASE PASS TO AID/W FOR A/AID, DMCCALL;
G/PHN/HN/HIV-AIDS, PAUL DELAY, ALAN GETSON AND SUZANNE
MCQUEEN; AFR/SD FOR ALEX ROSS; AFR/EA FOR TONY GAMBINO

AND DOMINIC DANTONIO; DAA/AFR; BHR/PVC
NSC FOR GAYLE SMITH
REDSO/NAIROBI FOR JANET HAYMAN, JOHN OUNLOP AND CAROLYN
JEFFERSON
THE WHITE HOUSE FOR SANDY THURMAN, NATIONAL AIDS POLICY
DIRECTOR
CDC ATLANTA FOR HELENE GAYLE AND N SHAEFER
DIA-WASHDC//DHO-7//
SECDEF

AIDAC

E.O. 12958: N/A
TAGS: EAID, MASS, SOCI, PREL, RW
SUBJECT: 'LIFE' INITIATIVE IMPLEMENTATION TOUR, OFFICE
OF NATIONAL AIDS POLICY, RWANDA VISIT

SUMMARY: WHITE HOUSE REPRESENTATIVE AND DIRECTOR
OF THE OFFICE OF NATIONAL AIDS POLICY SANORA THURMAN
AND A SMALL DELEGATION VISITED RWANDA FROM 12 TO 14
JANUARY TO ASSESS THE HIV/AIDS EPIDEMIC AND APPROPRIATE
RESPONSE UNDER THE "LIFE" (LEADERSHIP AND INVESTMENT IN
FIGHTING AN EPIDEMIC) INTIATIVE. THE DELEGATION HAD
NUMEROUS PRODUCTIVE DISCUSSIONS WITH HIGH-LEVEL RWANDAN

OFFICIALS ANO WAS MOST PLEASED BY THE LEVEL OF INVOLVEMENT AND COMMITMENT OF THE RWANDAN GOVERNMENT. AIDS PROGRAM SITE VISITS YIELDED NEW OPPORTUNITIES FOR COLLABORATION BETWEEN US-BASED AND RWANDAN INSTITUTIONS IN THE FIGHT TO CONTROL THE EPIDEMIC. DURING THIS VISIT, MS. THURMAN'S DELEGATION WAS ABLE TO SECURE COMMITMENT FROM WASHINGTON TO INCREASE AIDS PROGRAM FUNDING FOR RWANDA FROM DOLS 2.5 MILLION TO OOLS 4.5 MILLION. THE ENTIRE US MISSION AND THE RWANDAN GOVERNMENT WAS VERY IMPRESSED BY THE CALIBER AND COMMITMENT OF THE DELEGATION AND LOOK FORWARO TO HOSTING THEM AGAIN. END SUMMARY.

1. FROM 12-14 JANUARY, A SIX PERSON OELEGATION LEO BY MS. SANDRA THURMAN, DIRECTOR, WHITE HOUSE OFFICE OF NATIONAL AIDS POLICY, (ONAP) VISITED RWANDA AS THE SECOND STOP IN THEIR FOUR COUNTRY TOUR OF EAST AFRICA. THE DELEGATION CONSISTED OF MS. THURMAN, MICHAL ISKOWITZ, CONSULTANT TO THE ONAP, MARY FISHER, CHAIRMAN OF THE FAMILY AIDS NETWORK, KATE CARR, CEO OF THE ELIZABETH GLAZER PEDIATRIC AIDS FOUNDATION, RONALD JOHNSON, ASSOCIATE EXECUTIVE DIRECTOR OF THE GAY MEN'S HEALTH CRISIS, INC., AND THOMAS NIBLOCK, DEPUTY DIRECTOR OF THE ECONOMIC POLICY STAFF FOR THE BUREAU OF AFRICAN AFFAIRS AT THE DEPARTMENT OF STATE. THE PURPOSE OF THE VISIT TO RWANDA WAS TO DISCUSS THE COUNTRY'S EFFORTS TO REDUCE THE SPREAO OF HIV/AIDS WITH SENIOR HEALTH AND POLITICAL OFFICIALS, TO MEET WITH REPRESENTATIVES OF GOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS (NGOS), AND TO VIEW FIRST HAND SEVERAL ON-GOING PROGRAMS WHICH ARE WORKING IN HIV/AIDS PREVENTION OR TREATMENT.

2. AFTER AN INITIAL BRIEFING WITH THE COUNTRY TEAM ON THE OVERALL ECONOMIC ANO POLITICAL SITUATION IN THE COUNTRY AND AN OVERVIEW OF THE USAID PROGRAM, THE DELEGATION MET INFORMALLY WITH REPRESENTATIVES OF USAID'S PARTNERS IMPLEMENTING THE ON-GOING HIV/AIOS PROGRAM. THESE INCLUDED CARE INTERNATIONAL, FAMILY HEALTH INTERNATIONAL, POPULATION SERVICES INTERNATIONAL AND WORLD RELIEF.

3. THE DELEGATION AND US MISSION REPRESENTATIVES THEN MET WITH THE MINISTRY OF DEFENSE TO DISCUSS ISSUES SPECIFICALLY RELATED TO AIDS IN THE RWANDAN MILITARY. THEY WERE RECEIVED BY THE CHIEF OF STAFF OF THE RWANDAN PATRIOTIC ARMY (RPA), BRIGADIER GENERAL NYAMWASA KAYUMBA, AND THE DIRECTOR OF MEDICAL SERVICES, OR. (MAJOR) JOSEPH NTARINDWA, WHO PRESENTED THE SITUATION OF HIV/AIOS IN THE RWANDAN MILITARY. OR. NTARINOWA ESTIMATED HIV PREVALENCE AMONG THE RPA AT FOUR TO FIVE PERCENT.

4. LENGTHY OEPLOYMENT OF RPA SOLDIERS IN THE DEMOCRATIC REPUBLIC OF CONGO (DROC) AND SEPARATION FROM FAMILY, PLACE THEM AT INCREASED RISK OF CONTRACTING HIV THROUGH CASUAL SEXUAL CONTACT, ACCORDING TO RPA MEDICAL

STAFF. THE RPA CONSIDERS HIV/AIOS A SIGNIFICANT CONCERN FOR THEIR SECURITY AND READINESS. GENERAL KAYUMBA NOTED THAT SOME RPA OFFICERS HAD ALREADY DIED OF AIDS IN THE PAST YEARS.

5. THE DELEGATION DISCUSSED THE PROPOSAL SUBMITTED BY THE RPA MEDICAL SERVICES TO THE US GOVERNMENT IN LATE 1999, NOTING THAT IT WAS A VERY WELL THOUGHT OUT HIV/AIDS PREVENTION AND CARE PROGRAM, AND THAT IT

STATE PLEASE PASS TO AID/W FOR A/AID, DMCCALL; 2
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THE WHITE HOUSE FOR SANDY THURMAN, NATIONAL AIDS POLICY DIRECTOR
CDC ATLANTA FOR HELENE GAYLE AND N SHAEFER
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AIDAC

E.O. 12958: N/A
TAGS: EAID, MASS, SOCI, PREL, RW
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CLOSELY FOLLOWED THE MINISTRY OF HEALTH AIOS PROGRAM STRATEGY. THE PROPOSED ACTIVITIES INCLUDE EDUCATION AND OUTREACH WITHIN THE RPA, CONDOM DISTRIBUTION, VOLUNTARY HIV TESTING ANO COUNSELING, CARE AND SUPPORT FOR HIV POSITIVE INDIVIDUALS, AND OTHER ELEMENTS.

6. POST UNDERSTANOS THAT THE MAJOR OBSTACLE TO USG SUPPORT FOR THIS PROGRAM CENTERS AROUND CURRENT US POLICY NOT TO FAVOR ANY OF THE PARTIES ACTIVE MILITARILY IN THE DROC, AND NOT TO PROVIDE ASSISTANCE WHICH COULD BE USED FOR MILITARY PURPOSES. THE DELEGATION SUPPORTS ASSISTANCE TO ADDRESS AIDS IN THE MILITARY, AS IT IS PURELY HUMANITARIAN IN NATURE. THE RPA REPRESENTS A SPECIFIC TARGET POPULATION WITH A PARTICULAR RISK OF HIV INFECTION, BUT SERVICES AND PREVENTIVE ACTIVITIES WILL ALSO BENEFIT THE FAMILIES AND COMMUNITIES OF RPA SOLDIERS. THE DELEGATION RECOMMENDED TO THE COUNTRY TEAM THAT THE STATE DEPARTMENT REVISIT THE POLICY BANNING THIS TYPE OF COOPERATION WITH THE RPA.

7. WHILE THE DEPARTMENT OF DEFENSE (DOD) HAS NOT YET BUDGETED ITS PROJECTED LIFE INITIATIVE FUNDING, MS. THURMAN SAID THAT SHE AND THE WHITE HOUSE WOULD SUPPORT THE PROPOSAL AND ENCOURAGE DOD TO PROVIDE ASSISTANCE FOR AS MUCH OF THE PROGRAM AS POSSIBLE, THROUGH MEDFLAG INTERVENTION OR OTHER APPROPRIATE MECHANISMS.

8. MS. THURMAN NOTED THAT FIGURES FOR HIV INFECTION RATES WITHIN THE RPA PROVIDED BY OTHER SOURCES WERE SIGNIFICANTLY HIGHER, AND DID NOT MATCH THE FOURTEEN PERCENT FIGURE PROVIDED EARLIER BY THE RPA. GENERALLY, THE DELEGATION AND US MISSION AGREED THAT IT IS DIFFICULT TO DETERMINE THE CURRENT HIV INFECTION RATE AMONG THE RWANDAN MILITARY.

9. MS. THURMAN AND HER DELEGATION, ACCOMPANIED BY THE AMBASSADOR AND THE USAID DIRECTOR, MET WITH VICE PRESIDENT KAGAME, THE CHIEF OF MEDICAL SERVICES FOR THE ARMED FORCES AND SEVERAL SENIOR ADVISORS TO THE VP. THE VICE PRESIDENT STRESSED THE TOTAL COMMITMENT OF THE RWANDAN GOVERNMENT TO AN HIV/AIDS PREVENTION AND CARE PROGRAM. HE CONTRASTED THE VERY REAL COMMITMENT OF HIS WHOLE CABINET WITH THE DENIAL - HEAD IN THE SAND APPROACH OF THE PREVIOUS GOVERNMENT. THE VP WENT ON TO DISCUSS THE GOR'S DESIRE TO WORK WITH THE US MILITARY ON A COMPREHENSIVE HIV/AIDS PROGRAM FOR THE MILITARY. HE OISCUSSED THE DEVELOPMENT OF HIV/AIDS IN RWANDA AND HOW MILITARY MOVEMENTS, THE PAST RETURN OF SOLDIERS FROM AROUND THE WORLD, AND THE CURRENT DEPLOYMENT OF YOUNG MEN ALL CONTRIBUTED TO THE PROBLEM BY INCREASING

EXPOSURE AND SPREAD OF THE DISEASE. THE VP MENTIONED THAT EVEN WITH THEIR LIMITED MEANS THE MILITARY NOW DISTRIBUTED CONDOMS, OIO VERY LIMITED TESTING ASSOCIATED WITH FORMAL OVERSEAS TRAINING AND EVEN HAD A PROGRAM FOR ADVISING CIVILIANS IN THE DROC OF THE DANGERS OF AIDS. THE VP MENTIONED THE HIGH COST OF DRUGS AND THE OBVIOUS PROBLEM THAT PRESENTED TO A POOR POPULATION IN A POOR NATION. MS. THURMAN GAVE AN OVERVIEW OF AIDS IN AFRICA AND HOW IT HINDERS ECONOMIC DEVELOPMENT. SHE DISCUSSED THE PRESIDENT'S LIFE INITIATIVE, HER VERY FAVORABLE IMPRESSION OF WHAT SHE HAD HEARD OF RWANDAN EFFORTS AND COMMITMENT, AND ENDORSED RWANDA'S NEED FOR FUNDS, EVEN IN ADDITION TO WHAT HAO BEEN ORIGINALLY PROGRAMMED UNDER LIFE. MS. CARR MENTIONED MOTHER TO CHILD TRANSMISSION, THE LOW COST PREVENTION METHODS NOW BEING TESTED IN UGANDA, AND THE NEED TO ADDRESS PEDIATRIC PREVENTION AND TREATMENT. IT WAS AN EXCELLENT, INFORMATIVE MEETING.

10. ON THE MORNING OF THE 13TH THE DELEGATION MET WITH MINISTER OF HEALTH, DR. EZECHIAS RWABUHIHI AND HIS SENIOR STAFF. THE MINISTER EXPRESSED HIS APPRECIATION
UNCLAS SECTION 03 OF 04 KIGALI 000262

STATE PLEASE PASS TO AID/W FOR A/AID, DMCCALL; G/PHN/HN/HIV-AIDS, PAUL DELAY, ALAN GETSON AND SUZANNE MCQUEEN; AFR/SD FOR ALEX ROSS; AFR/EA FOR TONY GAMBINO

AND DOMINIC DANTONIO; DAA/AFR; BHR/PVC
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THE WHITE HOUSE FOR SANDY THURMAN, NATIONAL AIDS POLICY DIRECTOR
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E.O. 12958: N/A
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FOR THE HOSPITALITY EXTENDED TO HIS OWN DELEGATION WHILE VISITING WASHINGTON DC AND THE WHITE HOUSE IN 1999, AND HIS CHANCE TO NOW RECIPROCATE BY HOSTING MS THURMAN IN KIGALI. THE MEETING WAS VERY POSITIVE AND COLLEGIAL. MINISTER RWABUHIHI PRESENTED THE SITUATION OF THE AIDS EPIDEMIC IN RWANDA AND DESCRIBED THE CHALLENGES THE COUNTRY FACES IN CONFRONTING IT. OTHER POINTS OF DISCUSSION WERE THE SATISFACTION OF THE USG WITH THE LEVEL OF COMMITMENT BY THE GOR TO OPENLY DISCUSS HIV AND AIDS, AND THE LEVEL OF COOPERATION WITH THE MINISTRY OF HEALTH. THE MINISTER APROACHED THE VISIT AS IF MS THURMAN WAS VISITING RWANDA AT HIS PERSONAL INVITATION AND SPENT NEARLY TWO ENTIRE OAYS WITH THE DELEGATION.

11. IT WAS NOTEA THAT STATISTICS ON HIV PREVALENCE IN ALL GROUPS IN RWANDA, AND MORE SPECIFIC DATA ON HEALTH AND ECONOMIC IMPACT OF HIV/AIDS IN THE COUNTRY, ARE IMPRECISE AT THE MOMENT. USAID AND THE MINISTRY OF HEALTH (MOH) ARE PLANNING TO REVISIT THE SURVEILLANCE AND MONITORING SYSTEM FOR HIV/AIDS DURING 2000 TO PROVIDE MORE ACCURATE AND MEANINGFUL FIGURES. A DEMOGRAPHIC AND HEALTH SURVEY (DHS) IS BEING CONDUCTED AND A CENSUS WILL BEGIN IN 2001.

12. SITE VISITS INCLUDED THE NATIONAL RETRO-VIRAL LABORATORY, THE RWANDA INFORMATION CENTER ON HIV/AIDS AND THE RWANDA HEALTH COMMUNICATIONS CENTER, FUNOED BY USAID AND THE WORLD BANK. THE DELEGATION ALSO VISITED TWO COMMUNITY-BASED AIDS PROGRAMS, THE BILYOGO INTEGRATED HIV/AIDS PREVENTION AND CARE PROGRAM AND THE KICUKIRU HEALTH CENTER-MOTHER TO CHILD TRANSMISSION PILOT PROJECT, FINANCED BY UNICEF WITH TECHNICAL SUPPORT FROM THE U.S. CENTERS FOR DISEASE CONTROL AND PROMOTION (CDC).

13. DURING THESE VISITS, IT WAS CLEAR THAT RWANDA DESPARATELY NEEDS ASSISTANCE IN ITS FIGHT AGAINST HIV/AIDS. A MAJOR PROGRAM NEED OBSERVED BY THE DELEGATION WAS EXPANDING CAPACITY FOR VOLUNTARY TESTING AND COUNSELING (VCT) FROM THE TWO CENTERS CURRENTLY OPERATIONAL IN THE COUNTRY. USAID IS CONTINUING OISCUSSIONS WITH THE MOH AND OTHER DONORS ON MODALITIES FOR THIS UNDER THE LIFE INITIATIVE.

14. THE BILYOGO INTEGRATED HIV/AIDS PROGRAM DEMONSTRATED HOW PERSONS LIVING WITH HIV/AIDS (PLWHA) CAN BE EFFECTIVELY INTEGRATED INTO PRODUCTIVE AND POSITIVE ACTIVITIES IF PROVIDED WITH A MINIMUM OF HEALTH AND NUTRITIONAL CARE (NOT TRI-THERAPY). DUE TO RWANDA'S HIGH INFECTION RATE AND THE NUMBER PLWHA'S, IT WAS SUGGESTED THAT SIMILAR APPROACHES TO CARE AND SUPPORT TO PLWHA SHOULD BE REPLICATED IN ADDITION TO TRADITIONAL PREVENTION ACTIVITIES.

15. THE US DELEGATION TOOK PART IN A ROUNO TABLE DISCUSSION ON HIV/AIDS WITH A WIDELY MIXEO GROUP OF PARTICIPANTS, INCLUDING AN ASSOCIATION OF PERSONS LIVING WITH HIV/AIDS AND A GENOCIDE WIDOWS ASSOCIATION. RWANDA'S EPISCOPAL ARCHBISHOP EMMANUEL KOLINI COMMUNICATED THAT THE CHURCH VIEWS DECLINING MORAL VALUES AS THE ROOT CAUSE OF THE EPIDEMIC IN RWANDA, THOUGH HE STATED THAT THE CHURCH WAS READY TO WORK WITH ANYONE AND EVERYONE TO DECREASE THE SPREAD OF THE INFECTION. THE FACT THAT HE ATTENDED THIS OISCUSSION AND LEFT THIS DOOR OPEN LEAVES USAIO OPTIMISTIC THAT WE CAN MAKE FURTHER PROGRESS THROUGH THIS IMPORTANT SOCIAL SECTOR IN RWANDA. THE ARCHBISHOP TOLD THE USAID DIRECTOR PRIVATELY THAT THE CHURCH WAS NOT OPPOSED TO CONTRACEPTIVE USE FOR FAMILY SPACING.

16. MS. KATHLEEN CARR, CEO OF THE GLASER PEDIATRIC AIDS FOUNDATION, MADE THE MISSION AWARE OF AVAILABLE
UNCLAS SECTION 04 OF 04 KIGALI 000262

STATE PLEASE PASS TO AID/W FOR A/AID, DMCCALL; G/PHN/HN/HIV-AIDS, PAUL DELAY, ALAN GETSON AND SUZANNE MCQUEEN; AFR/SD FOR ALEX ROSS; AFR/EA FOR TONY GAMBINO

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SUBJECT: 'LIFE'INITIATIVE IMPLEMENTATION TOUR, OFFICE OF NATIONAL AIDS POLICY, RWANDA VISIT

GRANT FUND TO SUPPORT MOTHER TO CHILD TRANSMISSION ACTIVITES. UNICEF, USAID AND THE MINISTRY ARE ALL ENTHUIASTIC ABOUT THE POSSIBILITY OF ENLARGING THE PRGRAM TO INCLUDE NIVARIPINE SINGLE-DOSE TREATMENT. THE PARTIES WILL WORK TOGETHER TO IDENTIFY RESOURCES AND FORMALIZE PROTOCOLS FOR EXTENDING THE TRIAS TO ADDITIONAL HEALTH CENTER(S) DURING 2000. USID HAS CONTACTED THE CDC TO COLLABORATE FURTHER N THIS ENDEAVOR.

17. THE PRESENCE OF TWO PEOPLE CURRENTLY LIVING WITH HIV IN THE OFFICIAL OELEGATION WAS A VERY POWERFUL AND POSITIVE MESSAGE TO RWANDANS. HEALTH PROVIDERS, COUNSELORS AND RWANDANS LIVING WITH HIV AND AIDS WERE VERY MOVED BY THEIR INTERACTION WITH THE DELEGATION. THE MOH HAS TAKEN SMALL STEPS TO INCLUOE PEOPLE LIVING WITH HIV/AIDS IN PROGRAMS AND DONOR PLANNING IN RWANDA. THIS VISIT WILL HELP ENCOURAGE GREATER INVOLVEMENT AND A STRONGER EMPHASIS ON NON-MEDICAL CARE AND SUPPORT FOR HIV INFECTED PEOPLE.

18. DUE TO TIME CONSTRAINTS, MS. THURMAN WAS UNABLE TO VISIT SITES FAR OUTSIDE OF KIGALI, THOUGH SHE DID VISIT A GENOCIDE SITE NEAR BUGASERA. SHE AND HER COLLEAGUES EXPRESSED THEIR OESIRE TO RETURN TO RWANDA FOR MORE IN-DEPTH EXCHANGES OF IDEAS WITH MOH AND OTHER COUNTERPARTS.

19. THE ENTIRE VISIT WAS WELL COVEREO BY THE LOCAL AND INTERNATIONAL PRESS, STARTING WITH AN INTERVIEW AT THE AIRPORT. FOOTAGE OF SITE VISITS AND A PRESS CONFERENCE, AS WELL AS RELATED STORIES, WERE AIRED EACH DAY AND NIGHT DURING THE VISIT.

20. US MISSION TO RWANDA APPRECIATED THE OPPORTUNITY TO HOST MS. THURMAN AND HER DELEGATION AND LOOKS FORWARD TO A SECOND VISIT.

21. THIS CABLE HAS NOT BEEN CLEARED BY MS. THURMAN OR HER DELEGATION.
STAPLES

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Tuesday, January 11, 2000 1:25 AM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Dempsey, Nora B. (AF); Feldman, Daniel F. (MULTI); Guarnieri, Valerie N. (MULTI); Mclean, Matthew K. (MULTI); Naplan, Steven J. (MULTI); Patten, Wendy L. (MULTI); Schwartz, Eric P. (MULTI); Smith, Gayle E. (AF); Stromseth, Jane E. (MULTI); Vaccaro, Jonathan M. (Matt) (MULTI)
Subject: AFRICA URGES WEALTHY COUNTRIES TO MAKE AIDS DRUGS AVAILABLE,

Classification: UNCLASSIFIED
Distribution: SIT: BABBITT Bernard BYRNE DEMPSEY FELDMAN GUARNIERI MCLEAN NAPLAN PATTEN SCHWARTZ SMITH STROMSETH VACCARO
Identifier: A7ac9090
Originator: AP/East
Precedence: RUSH
TimeOfReceipt: 01/11/2000 01:24:24 ET

a0424
^PM-UN-Africa-AIDS, Bjt,0726
^Africa urges wealthy countries to make AIDS drugs available, affordable
^AP Photos ANY104,NYR115; AP Graphic AFRICA AIDS
^By NICOLE WINFIELD= ^Associated Press Writer=

UNITED NATIONS (AP) African countries say wealthy nations should make HIV-fighting drugs available and affordable to residents of the continent, which has been hardest hit by AIDS yet has virtually no access to treatments saving lives in the industrialized world.

Many African health ministers and ambassadors attending a meeting of the Security Council on Monday applauded a new initiative by the United States to increase funding for AIDS prevention programs and vaccine research.

At the meeting, Vice President Al Gore announced that the White House was seeking an extra $150 million this year from Congress for vaccine research and prevention programs in Africa.

African officials, however, said more money was needed, and that wealthy nations had an ethical imperative to give Africans access to HIV-fighting drugs.

``It is immoral that the worst affected continent has the lowest access to care,'' said Namibia's health minister, Dr. Libertine Amathila.

Many patents for HIV-fighting drugs are held by Western pharmaceutic al companies, which have lobbied to block cheaper, generic versions from being manufactured. That has kept effective yet expensive drugs such as AZT and their generic versions out of the hands of most Africans.

Zimbabwe's health minister, Dr. Timothy Stamps, said withholding such drugs constituted a violation of Africans' basic human rights the right to health. And he questioned whether the practice was a result of sheer ignorance or a ``new form of racial discrimination, another ethnic cleansing process.''

Stamps was similarly incredulous that the industrialized world had just spent what he said was $600 billion to ward off the Y2K computer bug ``to eliminate the risk of some people losing some money, some places losing some data and some people disrupting their busy schedules.''

``To some of us in the real world, this only induces a sense of wonder that intelligent beings in the metropolitan countries can be so oblivious, so color blind, to what has happened in the African continent over the past 15 years,'' he said.

AIDS is now the leading killer in sub-Saharan Africa, a region where poverty and wars have already taken a heavy toll. In 1998, 200,000 people died as a result of armed conflicts in Africa, compared with 2.2 million from AIDS.

An estimated 23.3 million Africans are currently infected with HIV or AIDS.

``War fuels the epidemic,'' Dr. Peter Piot, head of the joint U.N. Program on HIV/AIDS, told the council in its first meeting ever on a health issue. ``But undoubtedly the epidemic itself is now ...

causing social and economic crises which in turn threaten political stability."

According to U.N. statistics, $165 million was spent on AIDS prevention in Africa in 1996, while estimates suggest that between $800 million and $2.5 billion a year is needed to mount effective prevention campaigns on the continent.

The United States alone spends $10 billion annually in public and private money for AIDS research, prevention, care and treatment for the 40,000 people infected in America every year, the U.N. Development Program says.

The AIDS activist group ACT-UP said the administration could save millions of African lives if it would stop pressuring poor countries and allow them to access generic drugs that could reduce the cost of HIV-fighting medicines by as much as 90 percent.

``An end to these U.S. pressure campaigns would cost taxpayers nothing," said a statement from ACT-UP.

The organization's members disrupted some of Gore's presidential campaign outings last year to protest the administration's policy on AIDS drugs.

ACT-UP similarly criticized Gore's $150 million spending announcemen t as a ``drop in the funding bucket."

Gore's appearance at the United Nations also drew some questions from reporters about whether the vice president was merely bolstering his campaign to be the Democratic candidate for president by announcing some new U.S. initiatives.

U.S. Ambassador Richard Holbrooke scoffed at such suggestions, saying what was announced had no direct relation to the campaign.
APE- 01/11/00 01:09:13

Bernard, Kenneth W. (HEALTH)

From:	WHSR
Sent:	Monday, January 10, 2000 9:11 PM
To:	Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Mclean, Matthew K. (MULTI); Roberts, Michael W. (VP); Saunders, Richard M. (VP); Schwartz, Eric P. (MULTI); Smith, Gayle E. (AF); Stromseth, Jane E. (MULTI); Vaccaro, Jonathan M. (Matt) (MULTI)
Subject:	UN SECURITY COUNCIL MEETING ON AIDS/HIV IN AFRICA: VP GORE AND SYG ANNAN OPENING REMARKS
ActionAddees:	RUEHC/SECSTATE WASHDC 6916
Classification:	UNCLASSIFIED
DateTime:	110023Z JAN 00
Distribution:	SIT: BABBITT Bernard BYRNE NSC DEMPSEY MCLEAN ROBERTS SAUNDERS SCHWARTZ SMITH STROMSETH VACCARO PRT: FUERTH
Identifier:	M4238970
InfoAddees:	RUEHZS/ASSOCIATION OF SOUTHEAST ASIAN NATIONS RUEHZL/EUROPEAN POLITICAL COLLECTIVE RUEHGV/USMISSION GENEVA 4218 RUEHXX/IO COLLECTIVE RUEHZO/OAU COLLECTIVE
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Line4:	FM USMISSION USUN NEW YORK
Originator:	USMISSION USUN NEW YORK
Precedence:	ROUTINE
Profiles:	BABBITTJ BERNARDK BYRNEC CABLES DEMPSEYN MCLEANM ROBERTSM SAUNDERR SCHWARTE SMITHG STROMSEJ VACCAROJ
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TAGS: UNSC, AORC, SOCI, TBIO, PREL
SUBJECT: UN SECURITY COUNCIL MEETING ON AIDS/HIV IN AFRICA:
VP GORE AND SYG ANNAN OPENING REMARKS

1. ON JANUARY 10, IN ITS FIRST SESSION OF THE NEW MILLENNIUM AND OF THE U.S. PRESIDENCY OF THE UN SECURITY COUNCIL FOR THE MONTH OF JANUARY, VICE PRESIDENT GORE CHAIRED AN OPEN MEETING OF THE COUNCIL ON AIDS/HIV IN AFRICA AS THE SECURITY COUNCIL PRESIDENT. THE U.S.-LED INITIATIVE TO DISCUSS THE IMPACT OF AIDS ON THE SECURITY SITUATION IN AFRICA WAS WARMLY WELCOMED BY THE SECRETARY-GENERAL IN HIS OPENING REMARKS, AND BY A NUMBER OF UN MEMBER STATES. FOLLOWING ARE THE TEXTS OF VICE PRESIDENT GORE'S TWO STATEMENTS AND A SUMMARY OF SECRETARY-GENERAL KOFI ANNAN'S OPENING REMARKS. REPORTING ON THE RESOT OF THE COUNCIL SESSION WILL FOLLOW SEPTEL.

2. REMARKS BY U.S. VICE PRESIDENT AL GORE AS SECURITY COUNCIL PRESIDENT.

BEGIN TEXT.

I CALL TO ORDER THIS MEETING OF THE UNITED NATIONS SECURITY COUNCIL IN THE 21ST CENTURY.

LET ME THANK THE DISTINGUISHED MEMBERS OF THE COUNCIL FOR THE HONOR OF PRESIDING, AND FOR YOUR WILLINGNESS TO GREET THE DAWN OF THIS NEW MILLENNIUM BY EXPLORING A BRAND NEW DEFINITION OF WORLD SECURITY.

TODAY MARKS THE FIRST TIME, AFTER MORE THAN 4,000 MEETINGS STRETCHING BACK MORE THAN HALF A CENTURY, THAT THE SECURITY COUNCIL WILL DISCUSS A HEALTH ISSUE AS A SECURITY THREAT.

WE TEND TO THINK OF A THREAT TO SECURITY IN TERMS OF WAR AND PEACE. YET NO ONE CAN DOUBT THAT THE HAVOC WREAKED AND THE TOLL EXACTED BY HIV/AIDS DO THREATEN OUR SECURITY. THE HEART OF THE SECURITY AGENDA IS PROTECTING LIVES -- AND WE NOW KNOW THAT THE NUMBER OF PEOPLE WHO WILL DIE OF AIDS IN THE FIRST DECADE OF THE 21ST CENTURY WILL RIVAL THE NUMBER THAT DIED IN ALL THE WARS IN ALL THE DECADES OF THE 20TH CENTURY.

WHEN 10 PEOPLE IN SUB-SAHARAN AFRICA ARE INFECTED EVERY MINUTE; WHEN 11 MILLION CHILDREN HAVE ALREADY BECOME ORPHANS, AND MANY MUST BE RAISED BY OTHER CHILDREN; WHEN A SINGLE DISEASE THREATENS EVERYTHING FROM ECONOMIC STRENGTH TO PEACEKEEPING -- WE CLEARLY FACE A SECURITY THREAT OF THE GREATEST MAGNITUDE.

THIS HISTORIC SESSION NOT ONLY RECOGNIZES THE REAL AND PRESENT DANGER TO WORLD SECURITY POSED BY THE AIDS PANDEMIC -- WHICH I WILL DISCUSS IN FURTHER DETAIL DURING MY REMARKS AS HEAD OF THE U.S. DELEGATION -- THIS MEETING ALSO BEGINS A MONTH-LONG FOCUS BY THIS COUNCIL ON THE SPECIAL CHALLENGES CONFRONTING THE CONTINENT OF AFRICA. THE POWERFUL FACT THAT WE BEGIN BY CONCENTRATING ON AIDS HAS A STILL LARGER SIGNIFICANCE: IT SETS A PRECEDENT FOR SECURITY COUNCIL CONCERN AND ACTION ON A BROADER SECURITY AGENDA. BY THE POWER OF EXAMPLE, THIS MEETING DEMANDS OF US THAT WE SEE SECURITY THROUGH A NEW AND WIDER PRISM, AND FOREVER AFTER, THINK ABOUT IT ACCORDING TO A NEW, MORE EXPANSIVE DEFINITION.

FOR THE PAST HALF CENTURY, THE SECURITY COUNCIL HAS DEALT WITH THE CLASSIC SECURITY AGENDA -- BUILT UPON COMMON EFFORTS TO RESIST AGGRESSION, AND TO STOP ARMED CONFLICT. WE HAVE WITNESSED WARS AMONG NATIONS, AND VIOLENCE ON THE SCALE OF WAR WITHIN NATIONS, FOR MANY REASONS:

--BECAUSE OF CLAIMS OF RELIGIOUS OR RACIAL SUPERIORITY.

--BECAUSE OF LUST FOR POWER, DISGUISED AS IDEOLOGY OR RATIONALIZED AS GEO-STRATEGIC DOCTRINE.

--BECAUSE OF A SENSE THAT A SMALL PLACE OR A LARGER REGION -- OR THE WHOLE WORLD ITSELF -- WAS TOO SMALL TO ALLOW FOR THE SURVIVAL AND PROSPERITY OF ALL, UNLESS THE POWERFUL COULD DOMINATE THE WEAK.

--BECAUSE OF THE TENDENCY OF TOO MANY TO SEE THEMSELVES SOLELY AS SEPARATE GROUPS, CELEBRATING AND DEFENDING THEIR EXCLUSIVITY, BY DEMONIZING AND DEHUMANIZING OTHERS.

--BECAUSE OF POVERTY, WHICH CAUSES THE COLLAPSE OF HOPES AND EXPECTATIONS, THE COMING APART OF A SOCIETY, AND MAKES PEOPLE FIRST DESPERATE, THEN FRESHLY OPEN TO EVIL LEADERSHIP.

BUT WHILE THE OLD THREATS STILL FACE OUR GLOBAL COMMUNITY,

ISSUES OF PEACE AND WAR. AS OUR WORLD ENTERS THE YEAR 2000, IT IS NOT THE CHANGE IN OUR CALENDAR THAT MATTERS. WHAT MATTERS IS THAT IN THIS SYMBOLIC TRANSITION FROM OLD TO NEW, WE FIND ONE OF THOSE PRECIOUS FEW MOMENTS IN ALL OF HUMAN HISTORY WHEN WE HAVE A CHANCE TO BECOME THE CHANGE WE WISH TO SEE IN THE WORLD -- BY SEEKING A COMMON AGREEMENT TO OPENLY

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RECOGNIZE A POWERFUL NEW TRUTH THAT HAS BEEN GROWING JUST BENEATH THE SURFACE OF EVERY HUMAN HEART: IT IS TIME TO CHANGE THE NATURE OF THE WAY WE LIVE TOGETHER ON THIS PLANET. FROM THIS NEW VANTAGE POINT, WE MUST FORGE AND FOLLOW A NEW AGENDA FOR WORLD SECURITY, AN AGENDA THAT INCLUDES:

--THE GLOBAL ENVIRONMENTAL CHALLENGE, WHICH COULD RENDER ALL OUR OTHER PROGRESS MEANINGLESS, UNLESS WE DEAL WITH IT SUCCESSFULLY.

--THE GLOBAL CHALLENGE OF DEFEATING DRUGS AND CORRUPTION, WHICH NOW SPILL ACROSS OUR BORDERS.

--THE GLOBAL CHALLENGE OF TERROR -- MAGNIFIED BY THE AVAILABILITY OF NEW WEAPONS OF MASS DESTRUCTION SO SMALL THEY CAN BE CONCEALED IN A COAT POCKET.

--THE NEW PANDEMICS, LAYING WASTE TO WHOLE SOCIETIES, AND THE EMERGENCE OF NEW STRAINS OF OLD DISEASES THAT ARE HORRIFYINGLY RESISTANT TO THE ANTIBIOTICS THAT PROTECTED THE LAST THREE GENERATIONS.

OUR NEW SECURITY AGENDA SHOULD BE PURSUED WITH DETERMINATION, ADEQUATE RESOURCES, AND CREATIVE USE OF THE NEW TOOLS AT THE WORLD'S DISPOSAL THAT CAN BE USED TO BRING US TOGETHER IN SUCCESSFUL COMMON EFFORTS -- TOOLS SUCH AS THE INTERNET AND THE EMERGING GLOBAL INFORMATION INFRASTRUCTURE -- WHICH, IF USED IMAGINATIVELY, WILL ENABLE NEW DEPTHS OF INSIGHT AND COOPERATION BY NATIONS, NON-GOVERNMENTAL ORGANIZATIONS, AND CITIZENS AT ALL LEVELS.

OUR TASK IS NOT MERELY TO RECOGNIZE AND CONFRONT THESE CHALLENGES, BUT TO RISE TO OUR HIGHER IDEALS, AND WORK TOGETHER TO MAKE OUR BRIGHTEST DREAMS REAL IN THE LIVES OF OUR CHILDREN. IN ORDER TO SUCCEED, I BELIEVE, ALONG WITH GROWING BILLIONS AROUND THIS PLANET, THAT WE MUST CREATE A WORLD WHERE PEOPLE'S FAITH IN THEIR OWN CAPACITY FOR SELF-GOVERNANCE UNLOCKS THEIR HUMAN POTENTIAL, AND JUSTIFIES THEIR GROWING BELIEF THAT ALL CAN SHARE IN AN EVER-WIDENING CIRCLE OF HUMAN DIGNITY AND SELF-SUFFICIENCY. A WORLD OF FREEDOM AND FREE MARKETS. A WORLD WHERE THE FREE FLOW OF IDEAS AND INFORMATION, AND FREER ACCESS TO EDUCATION, SUSTAIN OUR MORE FUNDAMENTAL FREEDOMS. A WORLD IN WHICH PARENTS ARE FREE TO CHOOSE THE SIZE OF THEIR FAMILIES WITH THE CONFIDENCE THAT THE CHILDREN THEY BRING INTO THIS WORLD WILL SURVIVE TO BECOME HEALTHY ADULTS, WITH ECONOMIC OPPORTUNITY IN PROSPEROUS AND PEACEFUL COMMUNITIES. A WORLD WHERE WE EDUCATE GIRLS AS WELL AS BOYS, AND SECURE THE RIGHTS OF WOMEN EVERYWHERE, AS FULL MEMBERS OF THE HUMAN FAMILY.

ALL THIS AND MORE CONSTITUTES THE GREAT GLOBAL CHALLENGE OF OUR TIME: TO CREATE AND STRENGTHEN A SENSE OF SOLIDARITY, AS WE SEEK A NEWER WORLD OF SECURITY FOR ALL -- SECURITY NOT ONLY FROM LOSS OF LIFE AND THE RAVAGES OF WAR, BUT SECURITY FROM CONSTANT FEAR AND DEGRADATION, AND FROM A LOSS OF THE QUALITY OF LIFE AND LIBERTY OF SPIRIT THAT SHOULD BELONG TO ALL.

IF WE ARE TO SUCCEED IN ADDRESSING THIS NEW SECURITY AGENDA, WE MUST RECOGNIZE THAT BECAUSE OF OUR RAPID GROWTH IN POPULATION, AND THE HISTORICALLY UNPRECEDENTED POWER OF THE NEW TECHNOLOGIES AT OUR WIDESPREAD DISPOSAL, MISTAKES WHICH ONCE WERE TOLERABLE CAN NOW HAVE CONSEQUENCES THAT ARE MULTIPLIED MANY-FOLD.

FOR EXAMPLE, FOR ALMOST ALL THE YEARS OF RECORDED HISTORY, PEOPLE COULD DO WHATEVER THEY WISHED TO THEIR ENVIRONMENT, AND DO LITTLE TO PERMANENTLY HARM IT. PEOPLE COULD WAGE WAR IN THE WORLD, AND DO NOTHING TO DESTROY IT. BUT NOW, THREATS THAT WERE ONCE LOCAL CAN HAVE CONSEQUENCES THAT ARE REGIONAL OR GLOBAL; DAMAGE ONCE TEMPORARY CAN NOW BECOME CHRONIC AND CATASTROPHIC.

AS A WORLD COMMUNITY, WE MUST PROVE TO OUR CITIZENS THAT WE ARE WISE ENOUGH TO CONTROL WHAT WE HAVE BEEN SMART ENOUGH TO CREATE. WE MUST UNDERSTAND THAT THE OLD CONCEPTION OF GLOBAL SECURITY -- WITH ITS FOCUS ALMOST SOLELY ON ARMIES, IDEOLOGIES, AND GEOPOLITICS -- HAS TO BE ENLARGED.

WE NEED TO SHOW THAT WE NOT ONLY CAN CONTAIN AGGRESSION, PREVENT WAR, AND MEDIATE CONFLICTS, BUT THAT WE CAN WORK TOGETHER TO ANTICIPATE AND RESPOND TO A NEW CENTURY WITH ITS NEW GLOBAL IMPERATIVES.

THE HUMAN MIND -- OUR INGENUITY, OUR DREAMING, OUR RESTLESS QUEST TO DO BETTER -- CREATED THIS MOMENT. NOW THE HUMAN WILL -- NOT OF ONE INDIVIDUAL, NOT OF ONE NATION OR GROUP OF NATIONS -- BUT THE COLLECTIVE WILL OF TRULY UNITED NATIONS, MUST MASTER THIS MOMENT. WE MUST BEND IT IN THE DIRECTION OF LIFE, NOT DEATH; JUSTICE, NOT OPPRESSION; OPPORTUNITY, NOT

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DEPRIVATION -- A NEW SECURITY FOR THE NEW WORLD WE NOW INHABIT.

THE FUTURE IS NOT SOMETHING THAT WE MERELY TRY TO PREDICT. THE FUTURE IS SOMETHING THAT WE MAKE. FOR OURSELVES. TOGETHER. IT IS UP TO US TO MOVE FORWARD -- WITH FAITH IN OUR PRINCIPLES, IN OUR FORESIGHT, AND IN OUR COMMON HUMANITY. THE SPANISH POET ANTONIO MACHADO ONCE SAID: "PATHWALKER, THERE IS NO PATH, WE CREATE THE PATH AS WE WALK."

THERE IS GREAT HOPE IN THIS PATHMAKING MEETING. IT IS AN HONOR TO OPEN IT. AND MY HOPE IS THAT THE FIRST DAYS AND YEARS OF THE MILLENNIUM -- AND ALL THOSE THAT FOLLOW -- WILL BE GUIDED BY THE VISION THAT MARKS THIS FIRST MEETING. WE LIVE IN A NEW TIME. WE FACE NEW AND LARGER RESPONSIBILITIES. MEET THEM WE CAN, AND MEET THEM WE MUST -- FOR THE NEW THREATS TO HUMANITY ARE AS GRAVE AS WAR ITSELF -- AND THE NEW HOPES WE HAVE ARE AS PRECIOUS AS PEACE.

NOW I AM PLEASED TO PRESENT THE DISTINGUISHED SECRETARY GENERAL OF THE UNITED NATIONS, WHO HAS GIVEN SO MUCH TO THE CAUSE OF PEACE AND SECURITY, KOFI ANNAN.
END TEXT.

3. SUMMARY OF REMARKS BY UN SECRETARY-GENERAL KOFI ANNAN. THE SECRETARY GENERAL BEGAN BY NOTING THAT THIS SESSION--AND THE ATTENDANCE OF VICE PRESIDENT GORE--ARE EVIDENCE OF THE UNITED STATES' COMMITMENT TO THE UNITED NATIONS. HE REVIEWED THE PROGRESS MADE IN THE LAST CENTURY IN A NUMBER OF AREAS,

MILLENNIUM: ENVIRONMENTAL DEGRADATION, ETHNIC TENSION, A LACK OF GOOD GOVERNANCE, INCREASING INEQUALITY, CONTINUED HUMAN RIGHTS VIOLATIONS, EXCLUSION OF SOME FROM THE BENEFITS OF GLOBALIZATION, AND DISEASE. WHILE MANY REGIONS OF THE WORLD FACE THESE PROBLEMS, AFRICA HAS MORE OF THEM THAN OTHERS. THE SYG EMPHASIZED THAT AFRICA NEEDS TO TAKE THE LEAD IN ADDRESSING THESE ISSUES, THAT THE CONTINENT IS MAKING PROGRESS, AND THAT THERE IS NO BETTER MOMENT FOR THE INTERNATIONAL COMMUNITY TO RALLY IN SUPPORT OF AFRICAN EFFORTS. NOTING THAT AIDS KILLS TEN TIMES AS MANY PEOPLE IN AFRICA AS ARMED CONFLICT DOES, ANNAN REITERATED THAT THE RESULTING ECONOMIC AND SOCIAL CRISIS ARE THE RECIPE FOR MORE CONFLICT. HE EMPHASIZED THE IMPORTANCE OF BREAKING THE WALL OF SILENCE AND ELIMINATING THE STIGMA ATTACHED TO AIDS. HE HIGHLIGHTED HIS INITIATIVE, INTRODUCED LAST YEAR, TO FORGE AN INTERNATIONAL PARTNERSHIP AMONG GOVERNMENTS, NGOS AND OTHERS TO ADDRESS AIDS, AND HE WELCOMED THE SECURITY COUNCIL AS A NEW PARTNER IN THIS EFFORT.

4. REMARKS BY U.S. VICE PRESIDENT GORE IN HIS NATIONAL CAPACITY.

BEGIN TEXT.

MR. SECRETARY GENERAL, MEMBERS OF THE SECURITY COUNCIL, DISTINGUISHED GUESTS, AND, IN PARTICULAR, HONORED DELEGATES FROM THE NATIONS OF AFRICA:

"HIV/AIDS IS NOT SOMEONE ELSE'S PROBLEM. IT IS MY PROBLEM. IT IS YOUR PROBLEM. BY ALLOWING IT TO SPREAD, WE FACE THE DANGER THAT OUR YOUTH WILL NOT REACH ADULTHOOD. THEIR EDUCATION WILL BE WASTED. THE ECONOMY WILL SHRINK. THERE WILL BE A LARGE NUMBER OF SICK PEOPLE WHOM THE HEALTH WILL NOT BE ABLE TO MAINTAIN."

MR. SECRETARY AND MEMBERS OF THE COUNCIL: THESE ARE NOT MY WORDS. THEY WERE NOT UTTERED IN THE UNITED STATES OR THE UNITED NATIONS. THEY WERE SPOKEN BY MY FRIEND, PRESIDENT THABO MBEKI OF SOUTH AFRICA, AS HE DECLARED SOUTH AFRICA'S PARTNERSHIP AGAINST AIDS MORE THAN A YEAR AGO. THE SAME WORDS SHOULD BE SPOKEN OUT NOT ONLY IN SOUTH AFRICA, NOT ONLY IN AFRICA, BUT ALL ACROSS THE EARTH. IN AFRICA, THE SCALE OF THE CRISIS MAY BE GREATER, THE INFRASTRUCTURE WEAKER, AND THE PEOPLE POORER, BUT THE THREAT IS REAL FOR EVERY PEOPLE AND EVERY NATION, EVERYWHERE ON EARTH. NO BORDER CAN KEEP AIDS OUT; IT CUTS ACROSS ALL THE LINES THAT DIVIDE US. WE OWE OURSELVES AND EACH OTHER THE UTMOST COMMITMENT TO ACT AGAINST AIDS ON A GLOBAL SCALE--AND ESPECIALLY WHERE THE SCOURGE IS GREATEST.

AIDS IS A GLOBAL AGGRESSOR THAT MUST BE DEFEATED.

AS WE ENTER THE NEW MILLENNIUM, AFRICA HAS CROSSED THE FIRST FRONTIERS OF MOMENTOUS PROGRESS. OVER THE PAST DECADE, A RISING WAVE OF AFRICAN NATIONS HAS MOVED FROM DICTATORSHIP TO DEMOCRACY, EMBRACED ECONOMIC REFORM, OPENED MARKETS, PRIVATIZED ENTERPRISES, AND STABILIZED CURRENCIES. MORE THAN HALF THE NATIONS OF AFRICA NOW ELECT THEIR OWN LEADERS--NEARLY FOUR TIMES THE NUMBER TEN YEARS AGO--AND ECONOMIC GROWTH IN SUB-SAHARAN AFRICA HAS TRIPLED, CREATING

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PROSPECTS FOR A HIGHER QUALITY OF LIFE ACROSS THE CONTINENT.

TRAGICALLY, THIS PROGRESS IS IMPERILED, JUST AS IT IS TAKING

HOLD, BY THE SPREAD OF AIDS WHICH NOW GRIPS 20 MILLION AFRICANS. FOURTEEN MILLION HAVE ALREADY DIED--ONE QUARTER OF THEM CHILDREN. EACH DAY IN AFRICA, 11,000 MORE MEN, WOMEN, AND CHILDREN BECOME HIV POSITIVE--MORE THAN HALF OF THEM UNDER THE AGE OF 25.

FOR THE NATIONS OF SUB-SAHARAN AFRICA, AIDS IS NOT JUST A HUMANITARIAN CRISIS. IT IS A SECURITY CRISIS--BECAUSE IT THREATENS NOT JUST INDIVIDUAL CITIZENS, BUT THE VERY INSTITUTIONS THAT DEFINE AND DEFEND THE CHARACTER OF A SOCIETY.

THIS DISEASE WEAKENS WORKFORCES AND SAPS ECONOMIC STRENGTH. AIDS STRIKES AT TEACHERS, AND DENIES EDUCATION TO THEIR STUDENTS. IT STRIKES AT THE MILITARY, AND SUBVERTS THE FORCES OF ORDER AND PEACEKEEPING.

THE UNITED STATES IS PROFOUNDLY MOVED BY THE TOLL AIDS TAKES IN AFRICA. AT THE SAME TIME, WE KNOW THAT OUR OWN COUNTRY HAS NOT ACHIEVED AS MUCH AS WE SHOULD OR MUST IN OUR OWN BATTLE AGAINST AIDS. I AM PLEASED THAT OUR SURGEON GENERAL IS HERE TODAY; HIS RECENT REPORT TELLS US THAT WE HAVE NOT OVERCOME THE IGNORANCE AND INDIFFERENCE THAT LEAD TO INFECTION. WE MUST CONTINUE TO STUDY THE SUCCESS OF OTHERS, WHILE WE SEEK TO SHARE OUR PROGRESS WITH THEM.

AS VICE PRESIDENT, I HAVE JOURNEYED FOUR TIMES TO SUB-SAHARAN AFRICA. I HAVE TAKEN ALONG TOP HEALTH OFFICIALS, AIDS SPECIALISTS, CORPORATE LEADERS, AND PHYSICIANS. WE HAVE SPENT LONG HOURS WITH AFRICAN LEADERS, HEARD THEIR IDEAS, AND DISCUSSED THEIR DIFFICULTIES WITH THE FATEFUL CRISIS OF AIDS.

IT IS INSPIRING TO SEE SO MANY IN AFRICA--NOT ONLY LEADERS, BUT HEALTH CARE WORKERS AND COMMUNITY WORKERS, MOTHERS AND FATHERS, AND COUNTLESS ORDINARY CITIZENS--FIGHTING TO SAVE THE LIVES OF THE PEOPLE THEY LOVE. THEN YEARS AGO, UGANDA WAS SUFFERING THE WORLD'S HIGHEST INFECTION RATES. TODAY--BECAUSE THE WHOLE NATION HAS MOBILIZED TO END STIGMA, URGE PREVENTION, AND CHANGE BEHAVIOR--UGANDA IS NOW RECORDING DRAMATIC DROPS IN THE INFECTION RATE. UGANDA, WHICH USED TO BE PROOF OF THE PROBLEM, IS NOW POWERFUL PROOF THAT WE CAN TURN THE TIDE AGAINST AIDS.

WE KNOW THAT THE FIRST LINE OF DEFENSE AGAINST THIS DISEASE IS PREVENTION. AND PREVENTION DEPENDS ON BREAKING DOWN THE BARRIERS AGAINST DISCUSSING THE EXTENT AND RISKS OF AIDS. THAT IS ONE PURPOSE OF THIS HISTORIC SECURITY COUNCIL MEETING. TODAY, IN SIGHT OF ALL THE WORLD, WE ARE PUTTING THE AIDS CRISIS AT THE TOP OF THE WORLD'S SECURITY AGENDA. WE MUST TALK ABOUT AIDS NOT IN WHISPERS, IN PRIVATE MEETINGS, IN TONES OF SECRECY AND SHAME. WE MUST FACE THE THREAT AS WE ARE FACING IT RIGHT HERE, IN ONE OF THE GREAT FORUMS OF THE EARTH--OPENLY AND BOLDLY, WITH URGENCY AND COMPASSION. UNTIL WE END THE STIGMA OF AIDS, WE WILL NEVER END THE DISEASE OF AIDS.

WE ALSO MUST DO MUCH MORE TO PROVIDE BASIC CARE AND TREATMENT TO THE GROWING NUMBER OF PEOPLE WHO, THANK GOD, ARE LIVING, INSTEAD OF DYING, WITH HIV AND AIDS. THIS REQUIRES AFFORDABLE MEDICINE, BUT ALSO MORE THAN MEDICINE; IT REQUIRES THAT WE TRAIN DOCTORS, NURSES, AND HOME-CARE WORKERS, THAT WE DEVELOP CLINICS AND COMMUNITY-BASED ORGANIZATIONS TO DELIVER CARE TO THOSE WHO NEED IT. TODAY, FEWER THAN 5 PERCENT OF THOSE LIVING WITH AIDS IN AFRICA HAVE ACCESS TO EVEN BASIC CARE. WE KNOW WE CAN PROLONG LIFE, REDUCE SUFFERING, AND ALLOW MOTHERS WITH AIDS TO LIVE LONGER WITH THEIR CHILDREN, IF WE OFFER TREATMENT FOR OPPORTUNISTIC INFECTIONS LIKE TUBERCULOSIS AND MALARIA.

OUR ULTIMATE GOAL, OUR BEST HOPE, IS TO PREVENT AIDS BY

VACCINATION, AND WE ARE COMMITTED TO THE MAXIMUM POSSIBLE RESEARCH. BUT WE NEED TO DO MORE TO HARNESS THE TALENT AND POWER OF THE PRIVATE SECTOR. IN SEPTEMBER, IN HIS SPEECH TO THE GENERAL ASSEMBLY, PRESIDENT CLINTON SAID IT WAS WRONG THAT ONLY TWO PERCENT OF ALL BIOMEDICAL RESEARCH IS DIRECTED TO THE MAJOR KILLER DISEASES IN THE DEVELOPING WORLD. HE PLEDGED AMERICA TO A NEW EFFORT TO SPEED THE DEVELOPMENT AND DELIVERY OF VACCINES FOR AIDS, MALARIA, TB, AND OTHER ILLNESSES THAT DISPROPORTIONATELY AFFLICT THE POOREST NATIONS.

THIS THREE-PART STRATEGY OF PREVENTION, TREATMENT, AND RESEARCH IS THE RIGHT FIGHT. AND THE UNITED STATES HAS CONTRIBUTED MORE THAN A BILLION DOLLARS TO WAGE IT WORLDWIDE--MORE THAN HALF OF THAT FOR SUB-SAHARAN AFRICA. BUT WE MUST DO MORE.

LAST YEAR, I ANNOUNCED THE LARGEST-EVER INCREASE IN THE U.S.
UNCLAS SECTION 05 OF 06 USUN NEW YORK 000052

E.O. 12958: N/A
TAGS: UNSC, AORC, SOCI, TBIO, PREL
SUBJECT: UN SECURITY COUNCIL MEETING ON AIDS/HIV IN AFRICA: VP GORE AND SYG ANNAN OPENING REMARKS

COMMITMENT TO INTERNATIONAL AIDS PROGRAMS--100 MILLION DOLLARS TO FIGHT AIDS IN AFRICA, INDIA, AND OTHER AREAS.

TODAY, I ANNOUNCE AMERICA'S DECISION TO STEP UP THE BATTLE. THE BUDGET THE CLINTON-GORE ADMINISTRATION WILL SEND TO OUR CONGRESS NEXT MONTH WILL INCLUDE AN ADDITIONAL INCREASE OF 100 MILLION DOLLARS FOR A TOTAL OF 325 MILLION DOLLARS TO FUND OUR WORLDWIDE FIGHT AGAINST AIDS. THIS NEW FUNDING WILL INCLUDE EFFORTS:

--TO REDUCE THE STIGMA AND PREVENT THE SPREAD OF AIDS;

--TO REDUCE MOTHER-TO-CHILD TRANSMISSION;

--TO SUPPORT HOME AND COMMUNITY BASED CARE FOR PEOPLE WITH AIDS;

--TO PROVIDE CARE FOR CHILDREN ORPHANED BY AIDS;

--AND TO STRENGTHEN HEALTH INFRASTRUCTURE TO PREVENT AND TREAT AIDS.

I WOULD ALSO LIKE TO ANNOUNCE HERE THIS MORNING THAT THE BUDGET WE WILL SEND TO OUR CONGRESS NEXT MONTH WILL INCLUDE 50 MILLION DOLLARS FOR THE UNITED STATES' CONTRIBUTION TO THE VACCINE FUND OF THE GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATIONS. THIS CONTRIBUTION--IN FULFILLMENT OF THE PROMISE PRESIDENT CLINTON MADE TO THE GENERAL ASSEMBLY--WILL HELP FUND THE RESEARCH, PURCHASE AND DISTRIBUTION OF LIFESAVING VACCINES IN DEVELOPING NATIONS.

I AM ALSO ANNOUNCING TODAY AN INITIATIVE FOR AN EXPANDED PUBLIC-PRIVATE PARTNERSHIP IN THE BATTLE AGAINST AIDS. INDEED, IN THE COMING MONTHS, I WILL CONVENE A MEETING OF U.S. BUSINESS LEADERS ACTIVE IN AFRICA, TO DEVELOP A SET OF VOLUNTARY PRINCIPLES FOR CORPORATE CONDUCT TO MAKE THE WORKPLACE AN EFFECTIVE PLACE FOR THE EDUCATION AND PREVENTION OF AIDS. LET US ALSO SET THIS GOAL: THROUGH PUBLIC AND PRIVATE EFFORTS, IN PARTNERSHIP WITH PARTNER NATIONS, WE WILL ATTACK THE CYCLE OF INFECTION AT ONE CRITICAL POINT--ITS MOST HEARTBREAKING POINT--THE MOMENT OF MOTHER-TO-CHILD TRANSMISSION.

IN ADDITION, I ANNOUNCE THAT OUR BUDGET REQUEST FOR NEXT YEAR WILL--FOR THE FIRST TIME EVER--OFFER SPECIFIC FUNDING FOR THE

TO COMBAT AIDS. INSIDE OUR OWN COUNTRY, OUR ARMED FORCES HAVE ACTED EFFECTIVELY TO PREVENT THE SPREAD OF AIDS IN THE MILITARY. SECRETARY OF DEFENSE COHEN IS READY TO SHARE OUR EXPERIENCE WITH OUR MILITARY COUNTERPARTS IN AFRICA.

WE ARE ALSO COMMITTED TO HELPING POOR COUNTRIES GAIN ACCESS TO AFFORDABLE MEDICINES, INCLUDING THOSE FOR HIV/AIDS. LAST MONTH, THE PRESIDENT ANNOUNCED A NEW APPROACH TO ENSURE THAT WE TAKE PUBLIC HEALTH CRISES INTO ACCOUNT WHEN APPLYING U.S. TRADE POLICY. WE WILL COOPERATE WITH OUR TRADING PARTNERS TO ASSURE THAT U.S. TRADE POLICIES DO NOT HINDER THEIR EFFORTS TO RESPOND TO HEALTH CRISES.

BUT TO WIN THE ONGOING GLOBAL BATTLE AGAINST AIDS, WE MUST ALSO FIGHT THE POVERTY THAT SPEEDS ITS SPREAD. IN JUNE, IN COLOGNE, WE JOINED WITH OUR G-7 PARTNERS IN THE COLOGNE DEBT INITIATIVE, A LANDMARK COMMITMENT TO FASTER AND DEEPER DEBT RELIEF FOR THE HEAVILY INDEBTED POOR COUNTRIES.

WE WILL CONTINUE TO ENGAGE OUR G-7 PARTNERS TO BRING GREATER RESOURCES TO THIS EFFORT. TODAY I CHALLENGE THE WORLD'S WEALTHIER, HEALTHIER NATIONS TO MATCH AMERICA'S INCREASING COMMITMENT TO A WORLDWIDE CRUSADE AGAINST AIDS.

BUT MORE MONEY IS NOT ENOUGH. WE MUST ALSO MAKE SURE THAT MORE MONEY HAS MORE IMPACT. NEXT JULY, THE GLOBAL COMMUNITY WILL GATHER IN DURBAN, SOUTH AFRICA FOR THE 13TH INTERNATIONAL AIDS CONFERENCE. THERE ARE MANY INSPIRING EFFORTS TO FIGHT AIDS ALL AROUND THE WORLD. RIGHT NOW, THEY AMOUNT TO MANY ISOLATED EFFORTS, NOT A SINGLE FOCUSED ASSAULT. WE MUST KNIT TOGETHER THE SEPARATE INITIATIVES BY LOCAL, NATIONAL, REGIONAL AND GLOBAL ORGANIZATIONS, TO TAKE MAXIMUM ADVANTAGE OF THEIR SYNERGY AND SUCCESS. WE WILL WORK WITH THE ORGANIZERS OF THE DURBAN CONFERENCE TO ADVANCE THIS ESSENTIAL OBJECTIVE. IT IS ESSENTIAL, BECAUSE HOW WE SPEND THE MONEY, HOW EFFECTIVELY WE TARGET IT, NOT JUST HOW MUCH WE SPEND, WILL DETERMINE HOW MANY LIVES WE SAVE.

AIDS IS ONE OF THE MOST DEVASTATING THREATS EVER TO CONFRONT THE WORLD COMMUNITY. MANY HAVE CALLED THE BATTLE AGAINST IT A SACRED CRUSADE.

THE UNITED NATIONS WAS CREATED TO STOP WARS. NOW, WE MUST WAGE AND WIN A GREAT AND PEACEFUL WAR OF OUR TIME--THE WAR
UNCLAS SECTION 06 OF 06 USUN NEW YORK 000052

E.O. 12958: N/A
TAGS: UNSC, AORC, SOCI, TBIO, PREL
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AGAINST AIDS. FOR ALL, HERE AND AROUND THE WORLD WILLING TO ENLIST IN THIS CAUSE, LET US HEAR AND HEED AND TAKE HEART FROM THE WORDS OF AN AFRICAN POET, MONGANE WALLY SEROTE:

"REMEMBER
THE PASSION OF OUR HEARTS
THE BLINDING ACHE AND PAIN
WHEN WE HEARD THE HYSTERICAL SOBS
OF OUR LITTLE CHILDREN CRYING AGAINST FATE....

WE HEARD THESE, WE KNEW THEM, WE ABSORBED THEM
BUT WE SURGED FORWARD
KNOWING THAT LIFE IS A PROMISE, AND THAT THAT PROMISE IS US..."

THAT PROMISE IS US. WE HERE IN THIS ROOM--REPRESENTING THE BILLIONS OF PEOPLE OF THE WORLD--WE MUST BECOME THE PROMISE OF HOPE AND OF CHANGE. WE MUST BECOME THE PROMISE OF LIFE

TO MAKE A DIFFERENCE. WE MUST ACKNOWLEDGE OUR MORAL DUTY AND ACCEPT OUR GREAT AND GRAVE RESPONSIBILITY TO SUCCEED.

WE MUST MAKE THE PROMISE AND KEEP THE PROMISE TO PREVAIL AGAINST THIS DISEASE--SO THAT WHEN THE STORY OF AIDS IS TOLD TO FUTURE GENERATIONS, IT WILL BE A TALE NOT JUST OF HUMAN TRAGEDY BUT OF HUMAN TRIUMPH. AND THE MORAL OF THAT STORY WILL BE THE CAPACITY OF THE HUMAN SPIRIT TO SUMMON US IN COMMON CAUSE, TO DEFEAT A COMMON FOE, AND SECURE THE HEALTH AND HOPES OF SO MANY OF OUR FELLOW HUMAN BEINGS.

MAY GOD BLESS ALL WHO HAVE SUFFERED FROM THIS DISEASE. MAY GOD BLESS THE UNITED EFFORT OF OUR UNITED NATIONS TO END IT--SOON AND FOREVER.

END TEXT.

HOLBROOKE

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Wednesday, January 05, 2000 12:20 PM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Feldman, Daniel F. (MULTI); Guarnieri, Valerie N. (MULTI); Mclean, Matthew K. (MULTI); Naplan, Steven J. (MULTI); PATTEN@NSCOEOB.National Security Council.com; Schwartz, Eric P. (MULTI); Smith, Gayle E. (AF); Stromseth, Jane E. (MULTI); Vaccaro, Jonathan M. (Matt) (MULTI)
Subject: HIV/AIOS IN MALI

ActionAddees: RUCNDT/USMISSION USUN NEW YORK IMMEDIATE 0337
RUEHC/SECSTATE WASHDC IMMEDIATE 4405
Classification: UNCLASSIFIED
DateTime: 051704Z JAN 00
Distribution: SIT: BABBITT Bernard BYRNE NSC DEMPSEY FELDMAN GUARNIERI MCLEAN NAPLAN PATTEN SCHWARTZ SMITHG STROMSETH VACCARO
Identifier: M4231961
InfoAddees: RUEHGV/USMISSION GENEVA IMMEDIATE 0059
RUEHZK/ECOWAS COLLECTIVE
Line1: OAAUZYUW RUEHBPA0035 0051704-UUUU--RHEHAAX.
Line2: ZNR UUUUU ZZH
Line3: O 051704Z JAN 00
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Originator: AMEMBASSY BAMAKO
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UNCLAS BAMAKO 000035

DEPT FOR AF/EPS

E.O. 12958: N/A
TAGS: SOCI, TBIO, UNSC, ML
SUBJECT: HIV/AIOS IN MALI

REF: (A)SECSTATE 01299, (B)USUN NEW YORK 4 (NOTAL)

1. (U)THE FOLLOWING ARE ANSWERS TO QUESTIONS AS PER REFTEL A.

2. (U)CURRENTLY THERE IS NO LAW PROTECTING PERSONS WHO TEST POSITIVE FOR HIV/AIDS FROM JOB OR OTHER TYPES OF DISCRIMINATION.

3. (U) THERE IS NO ROUTINE TESTING OF PREGNANT MOTHERS FOR HIV/AIDS MAINLY BECAUSE BASIC HEALTH CARE IS SO SCARCE THAT MANY 00 NOT RECEIVE PRE-NATAL CARE OF ANY KIND. FOR THOSE WHO 00 RECEIVE SOME KIND OF PRE-NATAL

CARE, HIV/AIDS TESTING IS NOT MANDATORY. THERE ARE FEW CARE PROVIDERS EQUIPPED TO PERFORM HIV/AIOS TESTING.

4. (U)THERE IS A SPECIAL UNIT IN THE MINISTRY OF HEALTH WHICH IS ROUGHLY TRANSLATED INTO ENGLISH AS THE "PROGRAM FOR THE FIGHT AGAINST AIDS". USAID IS THE LARGEST CONTRIBUTOR TO THIS PROGRAM, WHICH CARRIES OUT ONGOING EDUCATION CAMPAIGNS TARGETEO TO THE GENERAL POPULATION THROUGH ADVERTISING. CURRENTLY THERE IS NO CURRICULUM FOR AIDS AWARENESS AT THE PRIMARY SCHOOL LEVEL, ALTHOUGH USAID SUPPORTS A YOUTH PROGRAM WHICH TARGETS AGES 10-25 FOR REPRODUCTIVE HEALTH INFORMATION AND SERVICES INCLUDING AN HIV/AIDS AWARENESS COMPONENT.

5. (U)THE RATE OF INFECTION AS REPORTED BY THE GOVERNMENT IS FIVE PERCENT, ALTHOUGH HEALTH CARE WORKERS BELIEVE THIS FIGURE MAY UNDERSTATE THE TRUE FIGURE. THE CENTER FOR DISEASE CONTROL, UNOER USAID FUNOING, IS ABOUT TO BEGIN A NEW STUDY OF MEDIUM AND HIGH-RISK INDIVIDUALS IN MALI, AND AIMS TO UPDATE THIS FIGURE. LATER THIS YEAR USAID IS FUNDING A NATIONWIDE DEMOGRAPHIC AND HEALTH SURVEY, WHICH WILL PROVIOE MORE COMPREHENSIVE AND DETAILED INFORMATION ON STDS AND AIDS.

6. (U)THE MILITARY CONOUCTS A MANDATORY HIV/AIDS TEST UPON ENTRY, AND AGAIN UPON EACH REENLISTMENT. THE POLICE UNDERGO THE SAME BASIC TRAINING AS THE MILITARY AND ARE SUBJECT TO THE SAME TESTING REQUIREMENT.

7. (U)THE ARMED FORCES OF MALI BELIEVES THE RATE OF INFECTION AMONG THE ARMED FORCES TO BE SMALL, BUT NO SYSTEMATIC STUDY HAS BEEN CONDUCTED TO OATE. THE CENTER FOR DISEASE CONTROL APPROACHED THE MINISTRY OF ARMEO FORCES ANO VETERANS TO REQUEST PERMISSION TO USE A GROUP OF SOLDIERS IN THEIR HIV/AIDS RESEARCH, ANO THE GOVERNMENT HAS ENTHUSIASTICALLY ALLOWED THE COC TO PROCEEO.

8. (U)THERE ARE NO SPECIFIC AIDS PREVENTION PROGRAMS FOR THE MILITARY OR POLICE.

PORTER