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August 28, 2000, Monday, Late Edition - Final

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HEADLINE: PRESIDENT URGES NIGERIA TO FIGHT TYRANNY OF **AIDS**

BYLINE: By MARC LACEY

DATELINE: ABUJA, Nigeria, Aug. 27

BODY:

President Clinton urged Nigerians today to eliminate the taboos associated with **AIDS** in **Africa,** and to confront what he called the "tyranny" of the disease with the same resolve they showed in enduring decades of dictatorship.

"Is it harder to talk about these things than to watch a child die of **AIDS** who could have lived if the rest of us had done our part?" the president asked at a women's conference here. "Is it harder to talk about than to comfort a child whose mother has died? We have to break the silence about how this disease spreads and how to prevent it. And we need to fight **AIDS,** not people with **AIDS.**"

Mr. Clinton's remarks presented a bold challenge, not only to Nigerians but to all in **Africa,** where health experts have lamented the fact that the stigma surrounding the disease and inadequate public education about its dangers have contributed to the spread of **AIDS.** An estimated 23 million Africans carry H.I.V., the virus that causes the disease.

But while the president offered American support for Nigerian efforts to confront **AIDS,** he offered no new assistance. Africans reacted coolly to the United States' offer last month of $1 billion in annual loans to finance the purchase of anti-**AIDS** drugs in sub-Saharan **Africa,** suggesting that the approach would merely add to the already heavy debt burden of African nations.

Mr. Clinton spent the day addressing some of the most pressing problems in **Africa: AIDS,** poverty, joblessness and soaring national debt. He ventured from the Nigerian capital to a rural village to get a glimpse of how a vast majority of Nigerians live and, winding up a two-day visit to **Africa's** newest democracy, he encouraged Nigerian businessmen to work to expand the economy beyond its heavy reliance on oil.

Under a morning rain, the village chief, Muhammadu Baba, led Mr. Clinton through the muddy walkways traversing the village of Ushafa, where tin-roof huts house several thousand residents, as well as houses of worship, a pharmacy and health clinic.

The president, accompanied by his daughter, Chelsea, received a rousing welcome as schoolchildren bearing tiny American flags sang greetings and native dancers spun around him in the center square. Mr. Clinton, to the delight of onlookers, slipped into a traditional Nigerian robe and held aloft a handmade hoe,

both official gifts of the village.

Later, at a hotel conference room in Abuja, Mr. Clinton told business executives that Nigeria would be added to the list of developing countries that receive duty-free status for their exports, and he vowed to increase ties between Nigeria and the United States, its largest export market. The elimination of tariffs could increase demand for Nigerian exports including cocoa, cotton, hand-made traditional textiles, minerals and forest products.

But it was at a midday appearance before a crowded women's conference that Mr. Clinton addressed the health plight that if left unchecked, he said, would stymie the country even if political and economic reforms took root.

Standing beside a man infected with the virus that has become the continent's leading killer, Mr. Clinton applauded Nigeria's efforts to control the spread of **AIDS.** But he offered a blunt reminder to Africans that the disease is preventable -- if people would only speak frankly about how it is spread, and take common-sense action.

"**AIDS** is 100 percent preventable -- if we are willing to deal with it openly and honestly," he said. "In every country, in any culture, it is difficult, painful, at the very least, embarrassing to talk about the issues involved with **AIDS.**"

The president announced no new funds for Nigeria's **AIDS** fight but he detailed the $20 million the United States will spend this year to control the spread of **AIDS,** malaria and polio in Nigeria. He reported that **AIDS** education would be included as part of the military training that United States troops are giving to Nigerian peacekeepers headed to nearby Sierra Leone, which has been ravaged by civil war.

He told the audience of young people, religious leaders and women at the conference in Abuja that Nigerians, despite the introduction of civilian rule last year, would never be free until they bring infectious diseases under control. An estimated 5.4 percent of Nigeria's 114 million people are infected with the **AIDS** virus, according to the White House, giving it one of the highest infection rates on the continent.

"I am amazed at the courage of the people of Nigeria in struggling against the oppression that you endured for too long until you got your democracy," Mr. Clinton said. "I urge you now to show that same kind of courage to beat the tyranny of this disease so you can keep your democracy alive for all the children of Nigeria and their future."

United States officials, frustrated by the lack of action by some African governments, have praised President Olusegun Obasanjo of Nigeria for making the fight against **AIDS** a priority. But Mr. Obasanjo stressed today that Nigeria would need help from the rest of the world to win its struggle against the disease.

"It is not a disease you can say if you eradicate it in Nigeria, it is eradicated for good," Mr. Obasanjo said. "Those from Nigeria who go outside and have sexual relations with those who have H.I.V.-**AIDS** or have blood transfusions with them will bring it back. We don't see it as a Nigerian disease. We see it as a world disease that is ravaging **Africa** most."

Throughout Mr. Clinton's two-day visit here, Mr. Obasanjo has repeatedly raised the issue of debt relief, encouraging the wealthy nations of the world to forgive the large sums amassed by previous African rulers.

Mr. Obasanjo, elected 15 months ago as part of Nigeria's tenuous transition to democracy, did not directly address the United States **AIDS** plan today. But in toasting Mr. Clinton at a state dinner on Saturday night, he made a plea for financial relief from the United States and other wealthy nations.

"We know that we cannot achieve our desire for economic development if we continue to bleed from the gushing wounds of an ever-penetrating debt-repayment lance," he said.

Mr. Clinton, in addressing business leaders today, said past leaders of Nigeria -- a country that has suffered under corrupt dictators for most of its modern history -- had squandered its riches and must be careful to focus any debt relief on improving the lives of its people.

In the village of Ushafa, Mr. Clinton saw how far Nigeria must still progress. The village lacks telephone service and running water and received electricity only several months ago. Mr. Clinton entered a small medical clinic that had been stocked with supplies by the State Department just the day before.

One worker told the president that the clinic had treated 234 cases of malaria this year. There are no H.I.V. cases, villagers said, although nearby villages have cases and urban areas are heavily affected.

The United States assistance to Nigeria includes $2 million in the current budget to produce insecticide-treated bed nets to keep malaria-infected mosquitoes at bay, as well as $9 million to battle polio and $10 million to assist the anti-**AIDS** fight. The White House has requested a $100 million increase, to $342 million, in international **AIDS** funds in the 2001 fiscal year budget.

"This is not just Nigeria's fight, or **Africa's** fight," Mr. Clinton said. "It is America's fight and the world's fight too."

The president's remarks heartened John Ibekwe, who heads an organization in Nigeria for people living with **AIDS.** "With you as an advocate on our side, governments in **Africa** will do more than they are doing," Mr. Ibekwe said in introducing the president.

Mr. Clinton, who restricted his travel in Nigeria partly for security reasons, leaves for Tanzania early Monday for an update from former President Nelson Mandela of South **Africa** on the Burundi peace talks. He began his day at a Baptist church in Abuja, where he heard the Rev. Israel Akanji preach on the parable of the Good Samaritan.

"Robbers have come; bandits have come," Mr. Akanji said of his country's struggles against its own leaders. "We have been left wounded, bleeding and dying. Is there a Good Samaritan passing by?"

http://www.nytimes.com

GRAPHIC: Photos: President Clinton walking with doctors yesterday while visiting Ushafa, a village in north-central Nigeria. He wore a traditional Nigerian robe. (Reuters)(pg. A1); President Clinton, in a traditional Nigerian robe, got an enthusiastic greeting yesterday in the village of Ushafa, near Nigeria's capital, while Kyata Shamba, 13, wore an American flag as she prepared to greet him. (Rick Bowner/Associated Press); (Agence France-Presse)(pg. A8)

Map of Nigeria highlighting location of Abuja: Clinton spoke about **AIDS** to a women's conference in Abuja. (pg. A8)

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January 10, 2000

U.N. Debates AIDS Threat in Africa

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Filed at 8:57 a.m. EST

By The Associated Press

UNITED NATIONS (AP) -- Africa's wars have long been on the agenda of the U.N. Security Council, but never before has the council considered AIDS a threat to peace on the continent.

But today the 15-member council was expected to debate a health issue for the first time, and Vice President Al Gore was scheduled to address the historic meeting.

U.S. Ambassador Richard Holbrooke told reporters the goal of the meeting was to highlight the toll AIDS has taken on Africa, attempt to reduce the disease's stigma and to ``begin to redefine security as broader in the post-Cold War era than it used to be."

As council president for the month of January, Holbrooke scheduled the open session and invited Gore to deliver a major policy address on the impact of AIDS. The vice president will also announce a new commitment of U.S. resources, Holbrooke said.

Ahead of the meeting, Gore spelled out what was at stake.

``More people are predicted to die of the AIDS epidemic in the first decade of this new century than all of the people who were killed as soldiers in wars during all the decades of the 20th century," he said on NBC's ``Today."

AIDS has devastated the economic and social fabric of Africa, taxing already poverty-stricken health systems, robbing countries of their most productive members and leaving more than 10 million AIDS orphans on the continent.

In 1998, wars in Africa killed 200,000 people. AIDS in Africa killed 2 million people.

Eastern and southern Africa have been particularly hard hit.

Home to just 4.8 percent of the world's population, the region has more than 50 percent of the world's HIV-positive people. It also accounts for 60 percent of the 16.3 million lives lost to AIDS since the epidemic began, U.N. figures show.

Last month, Annan invited dozens of representatives from Africa, U.N. agencies, donor governments, voluntary organizations and businesses to draw up a plan to reduce infection rates in Africans aged 15-24 by 25 percent before 2005.

He called for more information and prevention campaigns, the speedy development of a vaccine, affordable treatment for Africans and a commitment by wealthier countries to put up more money to fight the epidemic in Africa.

Annan was inviting the council today to become a partner in that effort by working to ensure that armed conflict doesn't spread AIDS or prevent U.N. agencies and other groups from trying to control it, U.N. spokesman Fred Eckhard said.

Not all council members approved of the meeting.

Western diplomats said Russia told Holbrooke it wouldn't make a speech, arguing that other U.N. bodies such as the World Health Organization and the U.N. Economic and Social Council were more appropriate venues to debate the problem of AIDS in Africa.

China also voiced reservations about Holbrooke's agenda, diplomats said. Both countries generally try to focus the Security Council's attention on strict matters of international peace and security to prevent issues such as human rights from arising.

Gore to Preside at Security Council Session on AIDS Crisis

By KATHARINE Q. SEELYE

WASHINGTON, Jan. 9 — For the first time, the United Nations Security Council will convene on Monday to take up a health issue — the spread of AIDS, especially in sub-Saharan Africa, where the United Nations calls it "the worst infectious disease catastrophe since the bubonic plague."

In an election-year bonus for Vice President Al Gore, the Clinton administration has designated him to preside over the session, where he plans to announce that the administration is seeking $100 million from Congress in next year's budget to combat AIDS abroad. Most of it would go to sub-Saharan Africa, where, American officials say, 10 people are infected with the virus every minute. A portion of the money would go to India, which is expected to become the crisis's next epicenter.

The money would go toward education and prevention programs, home care, testing, blood screening and care for the millions of children orphaned by AIDS.

One focal point would be increasing money for a relatively inexpensive drug that can help block transmission of the virus from pregnant women to their children. The United States now supplies $3 million worth of such drugs overseas. The Administration wants to triple that amount, although the children who are saved usually become orphans because the treatment does not save the mothers.

In opening the session, Mr. Gore plans to say that the human immunodeficiency virus, which leads to AIDS, has grown beyond a health epidemic to become a threat to global security and stability.

"There can be no doubt that H.I.V./AIDS is a security threat," his draft remarks say.

Mr. Gore's remarks note that experts predict that more people will die of AIDS in the next decade than have died in all the wars of the 20th century. "For the nations of sub-Saharan Africa, AIDS has crossed beyond the borders of a humanitarian crisis to become a security crisis," the remarks say, "because it threatens not just the citizens of those nations — it threatens the very institutions that define and defend those nations" an apparent reference to its major impact on business and professional people.

Mr. Gore is also to announce that the administration is seeking $50 million for vaccines against other diseases that are ravaging poor countries. And he plans to call for more involvement by foundations, private corporations and other countries to help provide basic health care in the developing world. Only 2 percent of all global public and private biomedical research is devoted to the diseases that are the major killers in the developing world.

Officials estimate that vaccines that exist for some of these diseases, including hepatitis B, influenza and yellow fever, already save about three million lives a year and that the additional money could save four million more. The idea, officials said, is to establish a health network so that if an AIDS vaccine is ever available, it can reach those who need it.

Mr. Gore is overseeing the security council meeting in his capacity as vice president, but his presence is not without its political component.

Mr. Gore and his sole rival for the Democratic presidential nomination, former Senator Bill Bradley, have both been courting the gay vote, which makes up more than 9 percent of the primary electorate in the important states of New York and California.

AIDS transmission in Africa has been primarily heterosexual, while in the United States it has disproportionately affected gay men and, more recently, members of minority groups. So the chance for Mr. Gore to preside at an international forum to emphasize the vast global consequences of the disease could help him secure his standing among gay and African-American voters, two heavily influential voting groups in the Democratic primary.

There is another political element to Mr. Gore's visit to the United Nations. The man who made Mr. Gore's appearance possible was Richard Holbrooke, the new chief United States delegate. By providing this opportunity to the candidate, Mr. Holbrooke could increase his own chances to be named secretary of state in a Gore administration.

The vice president gets exposure on a key issue for black and gay voters.

Since H.I.V. was identified in 1981, some 50 million people around the world have been infected with it and 16.3 million have died. In sub-Saharan Africa, where 80 percent of cases are believed to be transmitted through heterosexual activity, the virus has killed vast numbers of teachers, members of the military and employees in business enterprises from mining to banking, leading to marked declines in gross domestic production in many countries.

"Development in these countries has been set back 40 years," said Paul De Lay, chief of the H.I.V./AIDS division at the United States Agency for International Development.

Sandy Thurman, director of the Administration's Office of National Aids Policy, said that American corporations doing business overseas are starting education programs for their employees, and many local businesses are now training two workers for every one they need because one is likely to die of AIDS.

AIDS is the fourth-leading cause of death in the world and the leading cause of death in Africa. By the end of 2010, it is expected to create 40 million orphans, many of whom wind up on the streets, increasing their nations' rates of crime, drug use and prostitution and straining social services budgets.

If Congress approves the money, the United States would devote $342 million to combatting AIDS overseas, including $100 million it approved last year. By contrast, the United States spends $800 million a year on AIDS at home, where 40,000 new cases are diagnosed every year; in Africa, 5.6 million new cases appear annually.

The draft of Mr. Gore's speech cites the success of a few countries, like Uganda, in reducing its AIDS cases — primarily through education — and calls for the world to discuss AIDS more openly.

"We must discuss AIDS not in whispers, in private meetings, in tones of secrecy and shame, but right here, in one of the great forums of the world, loudly and boldly, with a sense of urgency and concern and compassion," the draft reads. "Until we end the stigma, we will never end the disease."

The Vice President pledges money and expertise to the U.N.

By BARBARA CROSSETTE

UNITED NATIONS, Jan. 10 — Vice President Al Gore, presiding over an unusual Security Council session called to debate the AIDS crisis in Africa, said today that the United States would add $150 million to next year's budget to help combat that and other infectious diseases in the poorest countries.

Mr. Gore appeared during a primary campaign in which his opponent, Bill Bradley, has consistently backed more cooperation with the United Nations. The occasion kicked off a month of a focus on Africa in the council organized by Richard C. Holbrooke, the American representative to the United Nations and the council president for January.

The pledge of more money is still subject to approval by Congress. And it made less news here than Mr Gore's presence and than the recognition by the council that the AIDS epidemic in Africa had reached the level of an international security issue, because that problem could decimate the economic, political and military establishments in many countries.

The epidemic "is being more effective than war in destabilizing countries," said the president of the World Bank, James D Wolfensohn. "We're rolling back some of the gains that have been made in Africa over the past 40 years. We gained, under African leadership, more than 20 years in life expectancy In many countries, this will be lost by the year 2010."

Peter Piot, executive director of Unaids, a consortium of United Nations agencies that has been helping many programs in Africa for years, told the council that he estimated that his program needed $1 billion to $3 billion a year to fight AIDS in sub-Saharan Africa alone.

AIDS in Africa, several speakers noted, now kills more people than wars — and more wars are being fought there than on any other continent. Furthermore, soldiers and international peacekeepers are in the forefront of those spreading the human immunodeficiency virus, which causes AIDS.

Across one society after another, the effects are devastating, a lineup of international experts testified. Around the world, more than 33 million people have AIDS or the virus that causes it. At least 70 percent are African.

"Just imagine that in Botswana, Namibia, Zambia and Zimbabwe 25 percent of the people between 15 and 19 years of age are H.I.V. positive," Mr. Wolfensohn said. "We're losing teachers faster than we can replace them. We're losing judges, lawyers, government officials, persons in the military."

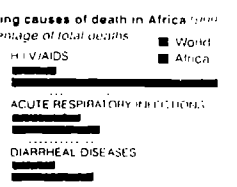
In the face of the crisis, a number of African leaders have refused to discuss the problem openly. The administrator of the United Nations Development Program, Mark Malloch Brown, said today: "In too many places, individual ostracism, and hence denial, still prevail, confounding good tracking and management of the disease. Change must begin by confronting the region's troubled inheritance — extensive migrant labor, social norms and gender inequality making it hard for women and girls to deny men sex, leading to H.I.V. incidence rates among girls three or four times higher than boys."

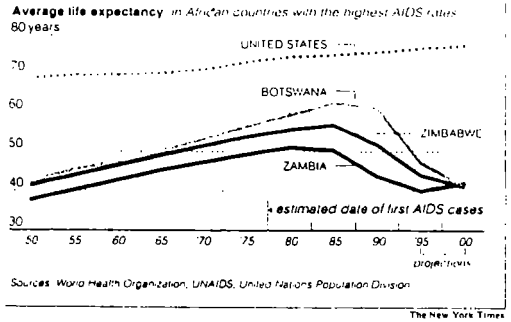
Secretary General Kofi Annan said, "The first battle to be won in the war against AIDS is the battle to smash the wall of silence and stigma surrounding it."

KEEPING TRACK

Shortened Lives

AIDS has become the leading killer in Africa, causing 20 percent of all deaths. As a cause of death worldwide, AIDS is now ranked fourth.





Sources: World Health Organization, UNAIDS, United Nations Population Division

The New York Times

Mr Gore, who also spoke about the need to "destigmatize" AIDS, said the next Clinton administration budget would also include money for the Pentagon to share its expertise on controlling AIDS in the military with African nations.

The Ugandan Health Minister, Dr. Crispus Kiyonga, told the council that one program that had made his country the continent's leader in the fight against AIDS was in the armed forces. Dr. Kiyonga said that Uganda had also established campaigns in educational institutions and 4,000 private organizations and that it was using songs, billboards and radio and television to spread information.

By 1995, Dr. Kiyonga said, surveys found that many more people than earlier were using condoms and reducing sexual partners, often "sticking to one."

Not all council members approved the unusual debate, in which more than 24 diplomats spoke. China and Russia refused to take part. Both have fought to keep social issues out of the council, fearing the introduction of human rights cases, diplomats say.

Mr. Holbrooke said the Russians and Chinese agreed to the debate only on the promise that it would not set a precedent.

For many at the United Nations, it was the "old Al Gore" who spoke today, an American whom they remember as once deeply involved in international issues As a senator in 1992, he led a Congressional delegation to the Earth Summit in Rio de Janeiro. In 1994, he went to Cairo for an international conference on population and development.

But in the second Clinton administration, as the White House and State Department have become increasingly skittish about involvement in international organizations in the face of Republican hostility in Congress, Mr. Gore, as well as Hillary Rodham Clinton, have been seen much less frequently at public United Nations events.

American diplomats said Mr Gore was the first American vice president to preside over the Security Council. But he was not the first vice president of the United States to address the council. Vice President George Bush spoke for the United States in July 1988, when Iran tried to obtain a condemnation of the United States after an American warship had shot down an Iranian passenger plane over the Persian Gulf.

That year was also a presidential election year, and Mr. Bush was the most likely Republican candidate. His advisers later acknowledged that Mr Bush, who had been the American representative at the United Nations in the early 1970's, had been encouraged to go to the council to demonstrate his presidential qualities in an international arena.

Today, Jeffrey Laurenti, executive director of policy studies at the United Nations Association of the United States, a support and research group, contended that the same thinking might have applied to Mr. Gore's appearance.

"This was sold to the Gore office as a political stop, a campaign stop that outshines what he might do on a bus in New Hampshire or Iowa," said Mr. Laurenti, who has worked on Democratic campaigns in New Jersey. "It was sold not as an important step for international policy, but as a way to showcase the vice president as an international leader."

Mr Gore's speech, Mr. Laurenti said, had something to appeal to a gay audience, to blacks and to women.

But Mr. Holbrooke, asked by reporters whether Mr. Gore's appearance, lasting less than an hour, had more to do with politics than Africa, called the question "a truly outrageous accusation."

"He said that all his domestic advisers opposed this," Mr. Holbrooke said.

Mr. Annan saw the political possibilities, however. In the only light moment of the daylong debate on a grim subject, he expressed gratitude to Mr. Gore for introducing him effusively. "Thank you Mr. Vice President, or perhaps I should say Mr. President," Mr. Annan said, leaving a long pause before adding "of the Security Council." By council standards, it brought down the house.

The New York Times
Jan. 11, 2000

June 24, 1998

Parts of Africa Showing H.I.V. in 1 in 4 Adults

By LAWRENCE K. ALTMAN

GENEVA -- In certain areas of Africa, one in four adults is infected with the virus that causes AIDS, and around the world the disease now rivals the greatest epidemics of history, according to a United Nations report issued today.

In the first country-by-country analysis of the disease, the United Nations said that last year 30 million people worldwide were infected with HIV, the AIDS virus, and that 21 million were in Africa.

Countries south of the Sahara account for the world's 21 highest rates of HIV among adults aged 15 to 49 years, the most sexually active segment of the population. In 13 of those countries, HIV has infected at least 10 percent of adults, and in Botswana and Zimbabwe, a quarter of adults are infected, a rate that even an expert described as "shocking."

The report, released ahead of the 12th international AIDS conference that begins here on Sunday, paints the gloomiest pictures of the HIV epidemic since it was first recognized in 1981.

AIDS is hitting Africa so fiercely that it now rivals the great epidemics of history -- the Black Death of the Middle Ages that killed 20 million people, or one-quarter of Europe's population, in four years and the influenza pandemic of 1918-1919 that killed 20 million people, including half a million Americans.

But where plague and influenza killed in days, death from untreated AIDS

takes about a decade, making it a more silent epidemic that officials have too easily ignored, AIDS officials noted.

"If HIV killed as rapidly as plague and influenza, the epidemic would be controlled by now," Dr. Peter Piot, the head of the U.N. AIDS Program, said in an interview.

The report contained a glimmer of good news, showing a slowing of infection rates in countries that have adopted strong prevention programs, like Senegal, Tanzania, Thailand and Uganda.

But Piot and other officials warned that South Africa, Namibia and other African countries could soon reach a 25 percent adult infection rate unless national leaders undertook similar programs.

Infection rates exceed one in three adults in some major African cities and reach 70 percent of women tested in some prenatal clinics. Many infected women pass the virus on to their babies.

The overwhelming majority of the Africans are doomed to die from AIDS, the officials said, because they live in countries that cannot afford the costly combinations of drugs that have helped keep the virus in check among infected people in developed countries.

The African figures compare to a worldwide adult HIV-infection rate of 1 percent for adults and 0.76 percent in the United States. Moreover, officials said, 90 percent of the African patients probably do not know they are infected because testing is not widely available.

Worldwide last year, 5.6 million people were newly infected while 2.3 million died from AIDS. AIDS is now on the verge of moving into the top five leading causes of death in the world, overtaking diarrheal diseases. The viral infection now kills as many people as malaria and is second only to tuberculosis, which itself is a common complication of AIDS and a source of infection to non-HIV-infected individuals.

Piot, a Belgian who has worked with AIDS in third world countries for more than 15 years, called the new HIV figures staggering and said he was "shocked" when he learned that 25 percent of an entire country's adults were infected. At first, both Piot and Dr. Bernhard Schwartlander, the U.N. epidemiologist who led the analysis, said they suspected a statistical error.

But checking found them accurate and erring on the side of underestimates, they said. It took the U.N. AIDS program more than a year to gather and verify the figures with each country, and the figures on AIDS are considered the most reliable of any international health statistics, Piot said. Health officials have been hampered since AIDS was first recognized in 1981 in getting a handle on such information because of the notoriously poor quality of health statistics in most of the world.

The U.N. researchers obtained data from published material, surveys conducted in clinics and health department data. Among the methods used was computer modeling, using census data and infection rates, to verify trends reported by the countries.

Piot said the epidemic could eventually be controlled if other countries matched successful prevention programs in Africa.

Uganda was the first country to respond to a massive burden of HIV infection, and the African country has cut HIV prevalence more than a quarter, to 9.5 percent in 1997 from 13 percent in 1994.

Thailand, which has experienced what the U.N. said was probably the best documented epidemic in the developing world, has cut its prevalence by nearly 15 percent -- to 2.3 percent in 1997 from 2.7 percent in 1994. A drop in new infections was noted especially among sex workers and their clients.

"Even in the industrialized world, reductions of this magnitude are virtually unheard of," Piot said.

Senegal instituted campaigns for safer sex that has kept its infection rate at about 2 percent. "Senegal acted before it had a major problem, but there are not enough of those countries," Piot said.

However, more than money will be needed to match such efforts elsewhere, Piot said. "The overriding need is political courage -- deciding to move ahead with effective approaches despite cultural constraints such as promotion of condom use, sex education in schools and widespread health education programs," Piot said.

As HIV is spread, it insinuates itself into communities little troubled in the past and strengthens its grip on areas where AIDS is already the leading cause of death.

In Botswana, the infection rate has more than doubled to 25.1 percent in 1997 from 10 percent in 1992. Surveys have found 43 percent of pregnant women infected in 1997 in the major urban center of Francistown. In 1995 in Harare, the capital of Zimbabwe, 32 percent of pregnant women were infected.

In one town on the Zimbabwe-South African border, 70 percent of women attending prenatal clinics in 1995 were found to be infected.

HIV rates are lower in Asia, Eastern Europe and South America. But an alarming trend is the doubling and tripling of transmission rates in some countries in these areas since 1994. "Because over half the world's population lives in the region, small differences in rates can make a huge difference in the absolute numbers of people infected," the U. N. report said.

In expressing alarm about the widening gap in infection and death rates between industrialized and developing countries, Piot said the gap "shines the spotlight on the have-nots of the epidemic."

The U.N. group attributed the gap to inadequate measures to stop transmission of HIV and to make available the combinations of anti-HIV drugs that help forestall development of deadly AIDS-related infections and cancers.

Last year, deaths from HIV left 1.6 million children without at least one parent. From the time the epidemic was first recognized in 1981 to the beginning of 1998, 8.2 million children lost their mothers to AIDS. Many also lost their fathers as well. In East Africa, 40 percent of children 15 or younger have lost their mother or both parents.

"As the number of orphans grows and the number of potential caregivers shrinks, traditional coping mechanisms stretch to the breaking point," the report said.

The U.N. AIDS program cited four reasons why the infection rates are so high in Africa.

One is that more women of childbearing age are HIV infected in Africa than elsewhere. A second is that African women have more children on average than those in other continents. Thus, one infected woman may pass the virus on to a higher average number of children.

A third reason is that nearly all children in Africa are breastfed, which is thought to account for between a third and a half of all HIV transmission from mother to child.

A fourth reason is that new drugs are less readily available than in industrialized world. Also, other sexually transmitted diseases are known to speed transmission of AIDS and may go untreated in poor countries.

The U.N. said it saw early warning signs that epidemics of similar magnitude could occur among Asian countries, where HIV has been a relative latecomer. However, the report said the figures for Asia are less reliable than elsewhere because only a few Asian countries have developed sophisticated systems for monitoring the spread of the virus.

India has the largest number of HIV-infected people -- 4 million -- in the world.

One survey in Pondicherry found four percent of pregnant women infected. The prevalence of infection among truck drivers in Madras quadrupled to 6.2 percent in 1996 from 1.5 percent in 1995. In Manipure state, 73 percent of the patients in a clinic for injecting drug users were infected in 1996.

Although HIV has infected less than 1 percent of adults in India, the figure is 10 times higher than in neighboring China.

Two major epidemics are occurring in China, the U.N. said. One is among injecting drug users. The other is among heterosexuals in the prosperous eastern seaboard where prostitution is re-emerging as the gap grows between rich and poor. The incidence of sexually transmitted diseases has soared in recent years. Health officials regard the trend in sexually transmitted diseases as a warning sign of HIV rates because sexually transmitted diseases can enhance its spread.

The U.N. report also includes the first country-by-country information about the availability and use of condoms. But on condom use, the report's tables contain many blanks -- purposeful by challenging national leaders to take tougher stands on controlling HIV infection, Piot said.

With a vaccine against HIV a distant hope, Piot said that "AIDS is with us to stay for a long time."

Other Places of Interest on The Web

- Offical Webcast of the World AIDS Conference.
- ASD Online, the World Health Organization's Office of HIV/AIDS and Sexually Transmitted Diseases.

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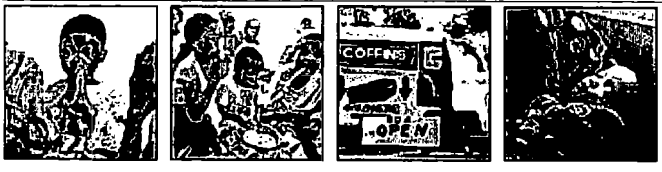
International

The New York Times ON THE WEB

September 18, 1998

In Zambia, the Abandoned Generation



Dead Zones Series

- Breast-Feeding and H.I.V.: Weighing Health Risks (Aug. 19)
- Zimbabwe's Descent Into **AIDS** Abyss: Little Hope, Much Despair (Aug. 6)

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- Post-Apartheid Agony: **AIDS** on the March (July 23)
- Parts of Africa Showing H.I.V. in 1 in 4 Adults (June 24)

By SUZANNE DALEY

LUSAKA, Zambia -- It was only two weeks after their mother died from **AIDS** that their aunt took them to the bus station. She said she did not want to take care of them anymore. She told them to go to Lusaka, find a police station and ask for an orphanage.

DEAD ZONES
Children of the Plague

The children, Calvin Katoya and Jackson Kabaso, who would like to be soccer stars someday, did as they were told, riding the bus an hour from the small town of Kabwe, then asking strangers where to go. But the police could not help them. As the days went by, the boys, 12 and 15, slept in the rusting, abandoned cars nearby. They had no money or food.

Edith and Khuzini Banda lived with their aunt for about year after their mother died in 1994. But then the aunt said her home was too crowded. She sent the girls -- then only 13 and 14 -- to live alone in their mother's house. The girls make do by renting out half the two-room house for $15 a month, and begging from the neighbors when food runs out.

Swept Aside by an

The two keep their cinder-block room tidy, decorated with magazine layouts of models

Epidemic

The number of children who have become **orphans** as a result of **AIDS** since the beginning of the epidemic.

Country

Number of Orphans: Childeren under 15 who have lost their mother or both parents to **AIDS** between 1970 and 1997.

Map: Orphaned by **AIDS**

Source: UNAIDS, "Report on the Global H.I.V./AIDS Epidemic"

and Hollywood stars. They hope the headmaster will be lenient about their school fees, which are eight months over due.

Sometimes, said Edith Banda, she is jealous of those who still have parents. "It would be nice to have someone who cares about us," she said.

The **AIDS** epidemic has been raging in Zambia for nearly two decades, and as the deaths pile up, so do the orphaned children. It is much the same in many other parts of Africa. In rural areas of East Africa, four of every 10 children who have lost one parent by age 15 have lost that parent to **AIDS**, according to U.N. figures. In 1997 alone, the disease orphaned 1.7 million children, more than 90 percent of them in Africa south of the Sahara.

But it is Zambia, a landlocked county in southern Africa that has never embraced birth control, that has the highest proportion of orphaned children in the world, according to the United Nations. Here, an estimated 23 percent of all children under 15 are missing one or both parents, many of them dead from **AIDS**, and the numbers are expected to keep rising.

For now, most of the children have been absorbed into extended families. Almost 75 percent of all households are taking care of at least one orphan. But in this country, where half of all households are living in extreme poverty, the strain of caring for extra children is beginning to take its toll. Many children are being squeezed out. In 1991 Lusaka had 35,000 children living on the street. Today there are more than 90,000.

Zambian officials believe the number of adults infected with HIV, the virus that causes **AIDS**, will not decline before 2010, which means that the orphan population will not peak until 2020. Recent U.N.reports estimate that there are now nearly half a million orphaned by the disease in Zambia. That number is expected at least to double in the coming decade, further straining the country's meager resources.

The Orphans: Even Within Families, Many Are Outcasts

xperts say that already the **orphans** are suffering. When there is not enough to eat, **orphans** often get less than the other children in the household. They are also often the last to get shoes and the last to go to school. In the rural areas, girls are being married off at 12 or 13, far younger than the usual age of 18. The reason: the family no longer has to feed the girl and, in keeping with local custom, can claim a bride price.

Advocates for the children say the **orphans** are more likely to be forced to work long hours, to suffer from beatings and to experience sexual abuse.

"When you start talking about the rising number of **orphans**, you are quickly talking about a rise in all these related issues -- child labor, child abuse and sexual abuse," said Stephan Dahlgren, a project officer with Unicef based in Zambia. "The more vulnerable children you have, the more the problems escalate."

Despite the huge number of people infected with HIV in Zambia, there is little planning for death. Most people are never tested for **AIDS** and would not admit to it even if they did find out they are infected. Only among the educated elite is this beginning to change.

The Shelters: Help for Children Hardened by Life

Zambian health authorities believe that the prevalence of HIV here will peak this year because recent surveys report significant behavioral changes. But even that seems like bitter news: The infection rate in urban areas is expected to plateau at 28 percent. In rural areas, experts calculate, it will be 22 percent, giving Zambia one of the world's highest infection rates.

As is the case elsewhere in Africa, the vast majority of infected Zambians are between 15 and 40, meaning that they are dying when they should be in their most productive years. This, combined with wide-scale layoffs as the government tries to retool a socialist economy by selling off state-owned businesses, has made it all the more difficult for families to absorb the growing number of **orphans**. Children, orphaned or not, have hard lives in Zambia. Nearly half are stunted from a lack of food, about 20 percent severely so.

"Everybody knows about **AIDS**," Dahlgren said. "If you go into a small village and ask a chief about **AIDS**, he knows all about it. But when it comes down to 'What is this disease that so and so died from?' then it's tuberculosis or malaria."

Many **orphans** are losing both their parents and all their inheritance at the same time. Relatives quickly swoop in and grab property, be it cooking pots or farm land, and the children have little to say about it. In theory, they could appeal to the courts, but few Zambians have the wherewithal and the money to do so.

Florence and Veronica Phiri once lived comfortably with their parents in the modest house they owned. Their father was an electrician. But in 1994 both parents died within months of each other. The girls were 8 and 6.

Within weeks, their father's family took over the house and sent the girls to live with an aunt in a rural village. There, the girls said, they were beaten

and had to work long hours fetching water and collecting wood.

Two years later, their mother's relatives intervened and brought the girls back to Lusaka to live with their maternal grandmother, who sells vegetables in the market. Florence and Veronica and four cousins who are also **orphans** spend most days playing in the dusty streets in front of their grandmother's dilapidated house.

Florence and Veronica have nothing that ever belonged to their parents and do not expect they ever will. At her grandmother's, Florence said, some days there is no food.

But she is still glad to be there. "It is much better than before," she said, shyly adjusting her ragged clothes.

This year a community group donated money for her school fees, a school uniform and shoes. But Veronica will have to wait; there was not enough money for her.

Elsewhere in this city, as the sun sets, casting shadows over the modern government-sponsored high rises, entire families settle in for the night on the sidewalks. Scattered among them are the ragged street children, many of whom make money as prostitutes and look for any means to get high.

The Hard Numbers

In countries across Africa, tuberculosis, hepatitis, malaria, measles and cholera -- all wholly preventable -- have surged mercilessly.

Country

AIDS: Percentage of adult population infected with H.I.V.

Tuberculosis: Number of tuberculosis cases per 10,000 residents.

Malaria: Number of

Workers at the Fountain of Hope, a nonprofit organization that works with the street children, say the children have even found a way of getting a powerful high from fermented human feces, a substance known as jekem.

In the daylight, many idle the hours away kicking a soccer ball around outside the Fountain of Hope headquarters. The organization is trying to offer them a special four-year education program that will ready them for school exams. But the street children here are like street children everywhere -- hardened and focused on immediate survival.

The stories the children tell of fear, rejection and loneliness are numbingly similar. Simon Phiri, who is 14 but looks about 10, can not even remember when his parents died. Slumped in a chair, he peels the dirt from his palms as he talks sullenly about his short life. For a while, he said, he stayed with his mother's best friend. But after a while, he left.

malaria cases per 10,000 residents.

A Continental Crisis

Cases of malaria, tuberculosis and other diseases have surged across Africa as national health systems have become overwhelmed.

Disease

Source: W.H.O.

"They were always insulting me," he said. "They always ate when I went out and never saved me anything. "

He said he has spent many nights sleeping in the aisles of the local market place. But now he sleeps on the floor of a friend's older brother's house. He must get his own food, though, and he has no money for soap. He earns money doing odd jobs in the market, he said. The counselors said that he has a sexually transmitted disease. Nearly half the boys do.

Simon has not been to school in at least four years, though he hopes to be an accountant when he grows up. "I would like to work in an office," he said, suddenly brightening.

Finding homes for the street children is not really a possibility, say center employees. There are only a handful of very small orphanages in Zambia, including the Kabwata Orphanage, where Calvin and Jackson ended up after three days without food. Eventually the police contacted Lorraine Miyanda, who runs the place, and she bent the rules to admit the boys. Usually the orphanage will not take children over the age of 10.

But Ms. Miyanda said she has little hope that anyone will ever take the boys into a new home. In many African countries there is little tradition of taking in children who are not blood relatives and formal adoption is extremely rare. Child advocates say that this may be a particular problem in the future because of the way **AIDS** tends to devastate whole families, particularly in villages.

"The extended family in Africa is far better than in the West about taking in relatives.," said Mark Louden, a South African who is writing a book on **AIDS orphans**. "There is no formality about taking care of cousins. They slip right into saying 'Mom.' In Africa you have 30 Moms. The problem is that **AIDS** doesn't usually take just one woman in a family; it tends to take all the wives of the brothers because the brothers tend to behave similarly."

The Caring Adults: Grandmothers Help, but When They Go ...

In the last few years, dozens of fledgling organizations have sprung up in Zambia to try to help the children. But there is virtually no government money available and many of the organizations are staffed only by volunteers.

"It's not that the government in unsympathetic," said Louis Mwewa, the coordinator of Children in Need, an umbrella organization that tried to

represent the groups. "But we are a poor country and they do not have money."

In Matero, one of Lusaka's poorer neighborhoods, where small houses with tin roofs stretch for miles, overwhelmed grandmothers and households that are a collection of siblings living on their own are easy to find. In one house, Brenda Tembo, 52, cares for 14 of her grandchildren.

On a recent afternoon, no one in her household had eaten yet: there was no food in the house. Mrs. Tembo was waiting for someone to buy tomatoes from her vegetable stand before buying corn meal, which would feed more of them for less. Five children in the household should be in school, but there is no money for tuition.

There is barely enough room for all the children to lie down on the floor at night. The homemade plywood table and the three rickety chairs must be put outside when it is bedtime. "I am not alone like this." she said, pointing across the dirt road at another house. "Right over there, it is the same."

While the grandmothers struggle with the burden of feeding and clothing the children, some child advocates are more worried about those who are growing up in the households run by siblings, where chaos sometimes reigns.

Like the Banda girls, the Zulu siblings survive on the rent they receive from their parents' house in a neighborhood called Kuanda Square. The seven children live in the back in a tumbledown two-room structure. But recently the oldest boy got married and set up his own household, leaving less money for the rest of the children, who range in age from 19 to 11. The 19-year-old is known in the neighborhood as a drinker who regularly beats the younger ones.

On a recent visit, there was no food in the dank-smelling house. Shoes and dirty clothes were strewn about. With the 19-year-old sitting silently nearby, no one complained of any difficulties. All but the youngest appeared to have found some way of making money, from working as a maid to selling sugar cane in the market. But each keeps that money for himself or herself, the children said. The 11-year-old appears to survive on the generosity of the others, but it was clear they expected her to do most of the housework.

"Sometimes the laundry is difficult," the girl admitted, twisting the hem of her skirt nervously.

By 1991 the needs of the **orphans** in the Matero neighborhood had become so apparent that some local women banded together to try to help. They have registered 2,047 **orphans** in the neighborhood and assigned someone to look in on each household and help solve problems that crop up. To raise money for school fees, they make doormats, bake bread, sew and batik fabrics. Six days a week, they also give about 60 of the children a free meal, with the help of the local Catholic church.

So far this year the group, called Kwasha Mukwena, has promised to pay the school fees for 279 children -- fees that range from less than $10 for the younger children to about $30 for the oldest. But they have only raised the money to pay fees for 132.

As the lunch hour drew near recently, **orphans** began arriving in the carefully swept church yard. In the back, over an open fire, the women had made a vegetable and peanut stew to be eaten with a corn porridge. The children, in tattered clothing, were painfully obedient. Some, as young as five, carefully carried full plates to the room where even the toddlers ate without spilling a drop.

A dozen children also carried plastic boxes -- a signal to the workers that they were having a particularly hard time. Before eating, these children put half their food in their boxes. Either they knew they would get no supper and were saving for later, or they had been told to bring food home for other children in the household or face punishment.

"It is not that people are so cruel," said Patricia Ngoma, who volunteers with the program. "But they have nothing themselves."

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International

The New York Times ON THE WEB

Aids orphans eat lunch at the Motaru Catholic church where a womans group, Kwasha Mukwena, run a comunity based program where they feed orphans every day.

Credit: João Silva/Sygma, for The New York Times
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August 6, 1998

Zimbabwe's Descent Into AIDS Abyss: Little Hope, Much Despair

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- Parts of Africa Showing H.I.V. in 1 in 4 Adults (June 24)
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Forum

- Join a Discussion on Africa in Transition

By MICHAEL SPECTER

TSHOLOTSHO, Zimbabwe -- They loaded Mcdonald Mafu into the donkey cart about 10 minutes after the doctor signed his papers. He had been dead for two days -- one less than he lived -- but it took his mother a while to make it to the district hospital so far from her home.

The whole transaction lasted about two minutes. Dr. Bart Vander Plaetse took a piece of paper with the words "Notice of the Death of a Person" printed on top. He wrote down the dead boy's name and for his age he scribbled in a fraction: 1/52. Since he had no idea of the cause of death, the doctor listed ARI -- acute respiratory infection.

"That's what we say when we can't say something else," Vander Plaetse explained with a sad shrug. "It'll let his mother bury him."

The Hard Numbers

In countries across Africa, tuberculosis, hepatitis, malaria, measles and cholera -- all wholly preventable -- have

The next sounds floating through the doctor's window were the thud of a cow bell and the whack of a whip as two donkeys hauled the body to the burial ground across the road. Macdonald's mother and grandmother sat in the cart with the cardboard box that held their boy. Several women walked behind softly singing funeral

surged mercilessly.

Country

AIDS: Percentage of adult population infected with H.I.V.

Tuberculosis: Number of tuberculosis cases per 10,000 residents.

Malaria: Number of malaria cases per 10,000 residents.

A Continental Crisis

Cases of malaria, tuberculosis and other diseases have surged across Africa as national health systems have become overwhelmed.

Disease

Source: W.H.O.

another disease.

People here call it "iyoyo" -- "that thing." And in the spare but spotless clinics of Zimbabwe -- where aspirin is available only a third of the time -- "that thing" may not even be the one that matters most. With an average of less than $10 to spend on each person's health every year, most African nations have no money for tests, for fancy drugs or for complicated support networks.

Despite the magnitude of the epidemic, the great majority of people in Africa have no idea if they are infected with HIV, the virus that causes AIDS, and most don't want to know.

Zimbabwe, formerly Rhodesia, once had a health system that was the envy of southern Africa. Yet, fueled by AIDS and also by increasing poverty and

songs.

There were no men at the service: Mcdonald's father died a few months ago. His grandfather died last year. A brother died the year before. And three uncles are also gone.

"You almost can't keep track of it all," said Vander Plaetse, a gentle, 32 year-old internist from Belgium, who is one of two doctors serving this rural area of 140,000 people not far from the border of Botswana. "There are just so many sick people," he said. "We want to control it all and we try. But it's getting harder. There are times when it seems like it's getting out from under us."

Zimbabwe has suddenly turned into the deadly center of the AIDS epidemic. Recent studies now suggest that it may have the highest infection rate on earth.

The optimism of the West is a cruel fantasy in Zimbabwe. There is no treatment, no cure, little hope and -- in almost every country in Africa -- far more pressing problems to face each day.

The savage virus has left few people untouched: it has devastated families, communities and cities. But seen through the weary and often bloodshot eyes of the beleaguered doctors and nurses who must attend to the sick people around them, AIDS is just another word for dying -- and it's just

instability, illness has begun to overcome the country. Tuberculosis, hepatitis, malaria, measles and cholera -- all wholly preventable -- have surged mercilessly. So have infant mortality, stillbirths and sexually transmitted diseases.

In 1996, during the last heavy rains, this region in the center of Zimbabwe reported 82,000 cases of malaria -- which means that more than half the local population got sick. The hospital here was so overwhelmed by people desperate for help that nurses couldn't even make their way down the teeming halls.

In 1989, 100 people died of malaria in Zimbabwe. Last year the figure was 2,800. Reported cases of tuberculosis -- the sentinel illness of poverty and social decline -- have risen from 5,000 a year in 1986 to 35,000 last year. This year it is worse.

The Hard Numbers

If the effects of it all are sometimes impossible to believe, they are also impossible to ignore: Average life expectancy in Zimbabwe -- often considered the most reliable barometer of a nation's health -- was 61 in 1993. By the end of the century, however, it will fall to 49.

In 10 years, if trends continue, United Nations officials say, it will probably be closer to 40 -- which would push development here -- and in many other sub-Saharan countries -- back nearly a century.

"AIDS is the basic fact of all our lives," said Vander Plaetse, whose work day runs from dawn to dusk and includes dealing with everything from setting bones to major surgery. "But it is not the only fact. And to be honest, it is not a fact we can do that much about.

"It may sound callous," said Vander Plaetse, who seems incapable of any such emotion, "but there may be better ways to spend our time and money than treating a complicated disease we will never have the money or the drugs or the ability to cure."

It is an understandable comment from a man who couldn't send his nurses out in the community in July to give vaccines because the Health Ministry had no money left to buy gas in the car.

"Oh, that's OK," he said softly. "Last year we had no radio contact with any other clinic for two months because we couldn't pay a $300 phone bill. It's hard to focus on the big picture when that's happening."

It would probably be hard in any case, because numbers like this are almost too great to have meaning: 4 million people were newly infected with the AIDS virus in the countries of sub-Saharan Africa last year alone.

The epidemic has already killed 10 million people in sub-Saharan Africa --

90 percent of the world's AIDS deaths -- and because there is so little hope of access to the best drugs, at least 20 million more will almost certainly die.

In Zimbabwe, doctors and nurses all know the bad news and they all worry about it. They face AIDS -- in one way or another all day, every day: when they see a man with genital herpes, when they draw blood or stick themselves with a needle, when they deliver a baby, when any patient starts to cough, or wheeze or breaks out in a rash.

And particularly when people die -- of fevers and wasting and pneumonia or TB.

Two years ago 500 people died each week in Zimbabwe; last year the figure was 650. Now it's close to 750. They either die after a "short illness," or they die after a "long illness." The newspapers don't print ages in obituaries. They don't have to. The words "loving son," and "remarkable daughter," -- repeated in nearly every other notice -- tell the story clearly enough.

Tsholotsho is a two-hour drive from Bulawayo, the nearest big city. Most patients walk -- sometimes for days across dried river beds and dusty roads -- to get here. The squat brick hospital is a wide open building at the end of the only paved road in the region.

On this day, Vander Plaetse will sweep from one room to the next -- setting bones, operating on an elderly woman with internal bleeding, checking the health of pregnant women, seeing dozens of patients with skin rashes, eye diseases, malaria and tuberculosis. He has a chart for everyone and his nurses are disciplined and extremely well trained.

A women in a bright red dress, wrapped in a yellow polyester blanket, appears. She is wearing tennis shoes and says she is losing weight, bleeding and having dizzy spells.

He examines her but it's hard to guess her problem.

"Does your neck hurt you?" he asked, after examining her swollen glands. She shrugs.

"Tell her we will give her tablets," Vander Plaetse says to a nurse who helps him negotiate the roughest spots of the Shona language. "We will give her pills to help her retain water. And we will give her some vitamins."

It's not much, but there is not much else he has to offer. The woman might have malaria or pneumonia or diarrhea or TB or dysentery. Or all of them, or AIDS.

She looks at the pills she is handed as if they were pythons. Then she walks out. The next patient is coughing too hard to talk. Vander Plaetse decided to let him sit in the hall for a few moments, until he feels better. He never

came back.

The Harried Clinics

"It's hard to worry about something that is going to kill you one day when so many other problems are going to kill you tomorrow," said Dr. Ruth Labode, the frank and energetic medical director for the region that includes Tsholotsho and Bulawayo, the industrial city of 900,000 that is the country's second largest city. "Have you ever sat down with a man who is trying to feed his hungry children and had a talk about safe sex? It's not easy."

Dr. Labode has a poster on a wall outside her office that lists the "standard case definition" of bubonic plague. It is not a historical artifact. She talks about leprosy, malaria, diarrhea, TB.

"We have too many hungry people," she concludes. "And of course AIDS makes it all worse."

At this year's international AIDS conference in Geneva there was particularly grim news about Zimbabwe and neighboring Botswana. At least in part because statistics here are better than in many other developing countries, experts say that as many as 25 percent of all adults may now be infected with HIV. In some places -- including tourist crossroads like Victoria Falls -- the rate is closer to 40 percent.

It would be a staggering figure anywhere, but particularly in a country that can afford to spend only $11 per person each year on health care.

"I don't like to think about AIDS," said Sithozile Nkala, a nurse at the district hospital in Tsholotsho. "It's not because I am afraid or because I think we can run away from it. But the only way I can do my job is to see every patient and try to just help them. If I say to somebody you have AIDS -- and we almost never know because we don't have money for tests -- they just go home.

"That's why I don't think you can write about the effect of AIDS on the health care system," she said. "Most people just stay home to die. And we encourage that because really there is very little we can do here for them except to try and make them comfortable. And people at home can do that better than we can."

Miss Nkala is 28 and she came from a small village more than 200 miles from Tsholotsho. She said that most people don't want to know if they are infected with HIV, and it is common lore among nurses that those who do find out often give up and die much more quickly than if they had lived on in ignorance.

When Miss Nkala is not tending to patients she is folding uniforms, or towels or wrapping sterile instruments in paper. She is unusual because she

has been at the hospital for three years and has no plans to leave.

Burnout has been high here -- in part because treating people who can't be cured is never easy. And in part because since Zimbabwe trains nurses and doctors well but can afford to pay them only a pittance, they can make more money in South Africa when they are done with school, and many of them do.

Like most regional health care centers, the hospital here is down 50 percent of its nurses, and recruiting is hard.

"It's the biggest problem we have," Vander Plaetse said. "Because nurses do nearly everything here. Without them there is no health care."

The Unlikely Optimist

Dr. Bornapate Nkomo hates it when people start talking about "hopeless" Africa. "It's a code," he said. "It means let's forget them. They can't be helped. Let's move on to something else."

Nkomo is in charge of treating sexually transmitted diseases in Bulawayo. He is a careful man who spent seven years in Czechoslovakia (when that country still existed). One year was devoted to language study and the next six were for medical school.

The Khami Road Clinic is the only sexually transmitted disease center in Bulawayo and Nkomo runs it. Its pale green waiting rooms overflow with people waiting quietly for help.

There is only one doctor and few major drugs, but the clinic is clean, efficient and well lit.

Nkomo can see 130 people a day -- although most days he sees far fewer. Sexually transmitted diseases have long been taken as the best marker for the prevalence of HIV; in addition to being a sign of risky sexual behavior, the diseases themselves often make it far easier to become infected. Last year 70 percent of the patients tested in one clinic in Harare were infected with HIV. No similar study has been conducted here -- but Nkomo assumes the figures can't be much different.

"You have to assume that almost everybody who walks in the door is going to get AIDS," he said. "But you can't dwell on it. Because if you do then you just walk out and go home for good."

He has no intention of doing that. A thin man with a wispy string of beard, he manages to be both an optimist and a realist.

This day he will see a variety of people: a boy with a broken ankle and a woman with a skin rash and a man who has a strange swelling in his feet. One woman comes in with elevated blood pressure -- but Nkomo will be

able to do little for her because there are no drugs available at the moment for her condition.

Zimbabwe has a list of drugs that doctors consider essential for treating the most common and commonly cured illnesses -- and most basic medicines are usually available. But it takes aggressive pharmacists, luck and good connections to keep a well-stocked clinic. Today there is no aspirin, no acyclovir (for treatment of herpes, one of the most common sexually transmitted infections), and penicillin won't be in until this afternoon.

"I want more drugs and I want donors to help buy them for us," Nkomo said. He has recently returned from three months' work at a clinic in Liverpool and it pains him greatly to see how easily most of his clients could be treated for many of their illnesses.

"Why shouldn't we want to treat AIDS?" he asks. "What kind of doctor would I be if I sat here quietly and watched everyone in England taking drugs that will save their lives and knowing that we are all going to die?"

A 23-year-old man comes into the office. He is shy, embarrassed and silent.

"You got to tell me what's bothering you if I'm going to treat it," Nkomo said, quietly. "That's what I am here for."

The patient has reason to believe he has a sexually transmitted disease and upon examination it is clear that he is right.

"When did you last meet someone?" the doctor asked, using a common euphemism here for having sex. The answer was last week.

"Did you use a condom?" he asked. The answer was a quiet no.

"Is she your regular partner?" he continued. No again. "When did you meet someone before her?" The week before. The same questions followed with the same answers.

"Do you know about AIDS?" he asks. Yes, the patient replies, dazed but slightly angry.

"Don't you care?" Nkomo asks, his voice rising sharply. "Do you want to die?" Of course not, the patient replied. Sometimes I just forget.

Nkomo gives the man a lecture and tells him condoms are always free at his clinic. He shows him how to use the condoms -- there is a wooden pole on his desk for demonstrations. And he warns the young man that sex these days is not a game.

As soon as the patient is gone Nkomo takes both hands and slams them on the desk.

"Sometimes this is so painful," he whispered. "What can I do for these people? I want to be out there fighting for them. Most of the time I believe we will turn the tide. But sometimes I ask myself if we are all just going to disappear."

The Ailing Nurse

Mildred passes for what is considered middle class in this part of Africa. She is a highly trained nurse who earns about $100 a month but recently she became too sick to work. She has fevers and headaches and no appetite.

Her husband, who has spent his life working on the railroads, seems healthy, and neither has taken an AIDS test.

For the last month she and her husband have been on a drug hunt -- desperately trying to find a way to acquire enough antiretroviral medicine to keep her alive. The couple have three children and live in a lovely brick house in a suburb of Bulawayo that once was dominated by the whites who ruled Rhodesia.

They invited a reporter into their home with great reluctance and with the hope that publicity -- however vague and indirect -- might somehow help them. When asked how she became infected, she replied at first that she wasn't. When pressed she conceded she must be.

"I can't explain it," she said, fighting back the tears. "I can't explain it at all. I never had any extra love. I have always worked hard. I don't deserve to die and I know I don't have to."

There are many drugs in Zimbabwe to treat the secondary infections caused by AIDS -- the pneumonias and fungal infections and other ailments that come when a person's immune system is too weak to do its job. But the latest therapies to treat the virus itself are not available and there are very few people who could afford them if they were. So this couple recently went to South Africa to see if they could buy a stay of execution.

"We got to a clinic and the doctor told us it would be about $1,000 a month for the drugs," the husband said, moaning softly. "That was some sort of discount price. I make $200 a month. We could afford the drugs for maybe one month or two. And that is nothing. It would only make us poor. So we are waiting now for God to help us. We are hoping God will help us all."

International

An Epidemic Spreads

While AIDS infections in the cities of Rwanda have hit a plateau, they are widespread throughout rural areas.

PREVALENCE OF H.I.V. BY AGE

	Rural Areas		Urban Areas	
*12-15	1.7%	1986	4.2%	
	4.6%	1997	11.2%	
16-25	1.8		17.0	
	9.9		24.2	
26-40	2.8		30.0	
	14.1		17.2	
40 and over	0.6		14.9	
	12.7		6.4	

PREVALENCE OF H.I.V. BY MARITAL STATUS

	Rural Areas	Urban Areas
Single	7.7%	5.4%
Married	12.1	10.8
Common Law Union	12.5	25.4
Divorced/ Separated	11.0	26.3
Widowed	14.5	21.6

Source: Rwandan Government

*1986 figures included ages 6 to 12.

Credit: The New York Times
Go to Article

International

The New York Times ON THE WEB

May 28, 1998

AIDS Prolongs War Devastation in Rural Rwanda

Graphic

- AIDS Epidemic Spreads Across Rwanda

By JAMES C. McKINLEY Jr.

GITARAMA, Rwanda -- Emiriene Nirere lay dying in a hospital here, a victim, she said, not only of the AIDS virus, but also of the Rwandan tradition that extols having many children.

Too weak to hold her head up, Ms. Nirere, 40, told how her husband had begun sleeping with several other women several years ago after it became clear they could not conceive a child in the first five years of their marriage. He died of an AIDS-related illness during the civil war in 1994. She is dying now.

"I could never get pregnant," she said, fiddling with the intravenous tube in her hand. "I think he wanted to have a child with another woman."

Ms. Nirere is a sign of things to come here in rural Rwanda, where people are facing a new catastrophe after living through civil war, massacres and a refugee crisis of monumental proportions.

Fanned by a decade of ethnic war and upheaval, a fast-growing AIDS epidemic has broken out of this Central African country's cities and is sweeping through the rural areas, heath officials and aid workers say. Even if it is arrested now, the epidemic will take the life of 1 person out of 10 in the coming decade.

A new survey of 4,750 people released this month suggests that Rwanda's epidemic is one of the worst in East Africa, with an overall infection rate even higher than neighboring Uganda, where the disease first appeared in Africa in the early 1980s, epidemiologists say. Last November, United

Nations medical experts estimated that about two-thirds of the 30 million people infected worldwide with the virus live in sub-Saharan Africa.

The survey shows that about 11 percent of Rwandans are HIV positive. Although the epidemic seems to have hit a plateau in the cities, it has skyrocketed in the countryside, going from about 1.3 percent in 1986 to nearly 11 percent today.

Since most Rwandans live on small farms, the trend is alarming, health officials say. "It's a national problem," said Dr. Innocent Ntaganira, the head of the Rwandan AIDS-control program. "It is now going to spread in the rural areas and we have to do something to stop it."

There are many reasons for the rise in AIDS outside the cities, but most of them can be traced to the war and massacres in 1994, as well as the mass movements of refugees from the violence in the last four years. The upheaval broke down social taboos against promiscuity, and the ever-present threat of violence made it harder to persuade people to worry about a disease that takes years to show up.

During three months in 1994, more than 500,000 Tutsi and moderate Hutu were killed in a state-organized campaign of terror. About 2 million Hutu refugees marched into exile in neighboring countries, where they lived in U.N. refugee camps until late 1996, when they were forced to return en masse to Rwanda.

These events spread AIDS outside the capital city, where it had long been a serious problem, health officials say. Not only were the Hutu refugee camps notorious for prostitution and sexual promiscuity, but thousands of Tutsi women were raped by Hutu soldiers and militiamen during the massacres.

A guerrilla war between Hutu militias and the Tutsi-dominated army has continued to grind on in the countryside, with massacres taking place on both sides. The insecurity not only keeps health workers out of remote areas, but also hampers efforts to prevent AIDS.

"The priority for these people right now is not AIDS," Pascale Crussard, a nurse who directs Care's anti-AIDS program in Gitarama, said. "It's security. When people can die tomorrow from a machete wound, I'm not sure they think much about AIDS, from which they could die in 10 years."

The war and massacres also contributed to the rise of sexual promiscuity in recent years, as people whose families have been scattered or killed try to piece their lives together, find companionship and start new families, social workers here say.

In some communes, or villages, it has become common for several women to share a single male sexual partner who lives with none of them, health workers say. In others, polygamy is being practiced as it was in Rwandan culture before colonialism; indeed, of the married people surveyed, 23

percent of the women and 17 percent of the men said they were in polygamous households.

Rwandans do not talk openly about sex, and illiteracy is high in the country. In addition, most Rwandans are Catholic and the church has resisted programs to distribute condoms. Some Rwandan men in rural areas are also reluctant to accept condoms.

In addition, because Rwandans put a high value on having many children, many widows who lost their children and husbands during the war are choosing to have children out of wedlock since the war ended, often with a man who has other sexual partners, aid workers say.

Lying about 20 miles south of Gitarama, Ntongwe is typical of the rural communities where health officials believe AIDS is now spreading. According to a survey by CARE, about 70 percent of people living amid the bucolic hills there are women, of whom 46 percent are widows with young children. Three-fourths of the women have more than one sexual partner.

"There is nothing but widows in this village," said Eulerie Mukarugambwa, a 39-year-old mother of five whose husband was killed in the genocide. "There are not to many men. Women share men among themselves to have children."

Mukarugambwa, who is the head of the local women's association, said many of the widows in her community are determined to have children to replace family members lost in the genocide and war, even if it means risking AIDS. The desire for children is so strong, she said, many do not care if the man is faithful, she said.

"We think about AIDS only afterwards, after the sexual act," she said. "There are women here who lost children in the war and they just want to replace them."

Another widow, Kayisharaza Mediatrice Kayisharaza, a 37-year-old mother who has agreed to help aid workers teach other women here about AIDS, said some of the young couples in the community are beginning to use condoms because of the educational programs Care has mounted.

But she said most of the uneducated farmers in the community are still not taking the epidemic seriously. Even though at least two people are suspected to have died of AIDS-related illnesses in the last year, no one in the commune had gone to Gitarama to get a test for the virus, she said.

"People who have a little education take it more seriously," she said. "But for most of the people here, the war is a much bigger danger than AIDS."

At the Kabgayi Hospital, however, the costs of the epidemic are beginning to be felt. In a crowded tuberculosis ward, 18 of the 33 patients are confirmed to have the virus that causes AIDS. In one bed, Martha

Vwamwezi, a 32-year-old widow, was clinging to life, too weak to pull a blanket over herself.

Nearby, Odett Mukashema, a 33-year-old woman with tuberculosis who also lost her husband during the war, was bathing her baby boy, Josue, in a blue plastic tub. She had given birth to the baby out of wedlock, hospital officials said. Both of them have AIDS.

Back in Nirere's ward, there are at least two other women suffering from AIDS-related illnesses, a nurse says, but neither of them is willing to admit they have the virus or to talk about the disease to a reporter. The stigma is too great, a nurse says.

Lying nearly motionless on her black plastic mattress, Nirere says it is a mistake not to talk about their sickness. She says she had never heard of AIDS until her husband became sick and was tested at the same hospital where she is now fighting for life.

She cannot read, she says, and she has never used a condom in her life. Neither do many of her acquaintances in her home commune of Nyamabuye use them.

"Some do use condoms, but many just go to the bars and cabarets and they don't think about it," she said, smiling wanly for a moment. "The message I would give to these women is to use condoms, or don't do anything. They should stay at home."

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July 23, 1998

Post-Apartheid Agony: AIDS on the March

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- Parts of Africa Showing H.I.V. in 1 in 4 Adults (June 24)
- AIDS Prolongs War Devastation in Rwanda (May 28)

Forum

- Join a Discussion on Africa in Transition

By SUZANNE DALEY

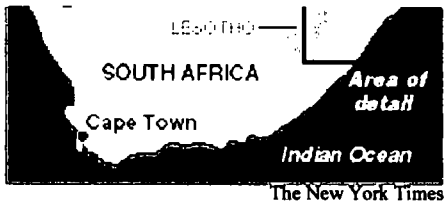
ZINGOLWENI, South Africa -- One day earlier, the workers from the South Coast Hospice had at least brought food. But this day they had only bad news to deliver.

They had not been able to find anyone willing to donate a coffin for Ennie Gambushe's daughter, Mercy, who had died of AIDS. Nor had they come up with the $18 needed for a traditional burial.

Mrs. Gambushe, 64, with chronic arthritis that makes it difficult for her to stand up, absorbed the blow without saying a word. It was hardly her only concern: outside, dirty and dressed in rags, were the 15 grandchildren, none older than 12, that she was now responsible for.

Years after many other sub-Saharan countries, South Africa has finally begun to see its people die from AIDS. In almost every cluster of desperately poor huts tucked into the rolling hills

of KwaZulu/Natal Province, the slow wasting fatal disease that few will admit to is wreaking its havoc.



The New York Times

In Izingolweni, AIDS is bringing new misery to the very poor.

The epidemic in this country is now one of the fastest growing in the world. Experts say South Africa -- protected by apartheid's isolationism from major exposure to infection, and with a health system better than any other on the continent -- had a unique opportunity to prevent the kind of explosion of AIDS cases that has ravaged the rest of Africa.

But in the early 1990s the country was in the grip of negotiating a peaceful transition from white supremacist rule. With the possibility of civil war looming, no one paid much attention to halting unprotected sex.

Even now, many experts say, the government's efforts to combat the epidemic have been slow and marred by scandal.

Today almost three million South Africans -- about 12 percent of all adults -- are infected with HIV, the virus that causes AIDS, more than double the number only three years ago. The rate of infection is highest, at 20 percent, among women in their 20s.

Experts say that it may be only a few years before South Africa's infection rates will equal those of its neighbors Zimbabwe and Botswana, where 25 percent of all adults are infected.

For the time being, experts believe that the virus is most prevalent among South Africa's poor blacks. In some parts of Africa, the epidemic first roared through the urban elite. They had the money to travel and tended to have more sexual partners. But in South Africa, it is poor blacks -- because they search the country looking for jobs and often have sexual partners in their villages and where they work -- that have been hardest hit.

What impact the virus will have on South Africa's economy, the largest on the continent, remains an open question. But there is little doubt that it will bring new levels of misery to the very poor.

This is already evident in places like Izingolweni -- rural areas where the way of life was for decades dictated by apartheid laws. The able-bodied went off to work, forbidden from taking their families with them. But it is here that they came to marry, to celebrate holidays or when they were ill, old or dying.

Down the road from Mrs. Gambushe is an 11-year-old girl who alone nursed her dying parents last year, barely able to keep them clean and fed as their bodies, worn down by the HIV virus, shriveled from dysentery and tuberculosis.

There is a dying mother of nine who struggles with a husband who beats her because he believes she gave him the disease.

And there is a young man, rail thin, who worked for a while in the city of Durban, but who has come home to die now. He is not accepted by his family because they suspect he has AIDS and are afraid that they too will catch it. Though the young man is allowed his hut nearby, he must tend to himself. Many days he is too weak to fetch water from the river and the workers find him lying in filth.

Most of the time, such people receive few services. The South Coast Hospice originally began as a non-profit organization working out of a small house in a white neighborhood, catering largely to middle class people dying of cancer in the seaside town of Port Shepstone.

But 18 months ago, the group began trying to reach out to the black population dying of AIDS. At first, the hospice concentrated on delivering pain killers as it had for whites. But soon they were carting food, clothing and whatever else they could into the hills.

"What good does it do to bring pain killers when you find that the caregiver in the household doesn't have the strength to roll the patient over because she is starving," said Kathleen Defilippi, the director of the non-profit group. "So we didn't want to, but we had to get involved in handing out food parcels and whatever else was needed."

Mrs. Gambushe's difficulty in providing a coffin for her daughter is not unusual, the hospice workers said. Many these days are buried wrapped only in sheets despite the deeply held Zulu belief that those who are not put to rest properly will come back to haunt their families.

"A lot of times, we even have to give them the sheets," said Judy Ndaba, who visits patients four days a week. The fifth day, she receives counseling as do all the other workers, because what they see is so draining.

As the workers, try to tend to patients they must often do so without acknowledging that the patient has AIDS. Here as elsewhere in the country patients are too ashamed and too frightened to tell anyone their diagnosis. Often enough, they die with their secret. Mrs. Gambushe, for instance, does not know that Mercy died of AIDS. Mercy did not want to tell her, and the health workers are bound to follow her wishes. Another of Mrs. Gambushe's daughters died last year, and she does not know why. It is the children of both daughters whom Mrs. Gambushe is now looking after.

Another patient, Nomusa Dlamini, who has been ill for three years, has also not told her family that she has AIDS. She does not fear only for herself. She worries that if her sisters knew, they would be too frightened to take care of her two young children after she dies.

Typically, even wives are afraid to tell their husbands they are infected with H.I.V. Because the women, run down by the hard lives they lead and the many children they bear, are most likely to show symptoms first, husbands will not believe that they have been faithful and sometimes throw them out of the house or beat them like Esther Xolo. Her husband now believes that their last two children are not his.

On a recent visit, Ms. Xolo burst into tears, begging the workers to talk to her husband, who has taken to living on his own and hoarding the food the workers take to the family.

Even though the disease is often not acknowledged, the villages have seen enough AIDS so that suspicion runs high.

Some patients live in virtual isolation because of it. Vusumuzi Tabhu, who has told no one he is suffering from AIDS, has gotten little help from his family since he came home last year. On a recent day he greeted the workers will a grin. He had been feeling better in the last few days and had done his laundry.

They teased him about having found a girlfriend, an exchange that he clearly enjoyed. But the workers say he suffers a great deal. Even when the workers bring him food, family members often take it from him. They, too, are hungry, and he is far too weak to stop them.

"You sometimes go into the household and you see that the person is isolated," said Dr. Terry Gilpin, the director of nearby Murchison Hospital. "You'll see that the sick person's plate and utensils are in the corner away from everyone else. You see it a lot. People are ignorant about the disease."

Murchison, like many other hospitals in the province, is already overwhelmed by the numbers of AIDS patients. Most nights, 15 patients sleep on the floor. While infection rates are rising throughout South Africa, the hardest-hit area is KwaZulu/Natal, which includes a port city and many truck routes connecting it to neighboring countries. What Lies Ahead? 'Great Misery' Since there are no similar models to study, economists say it is impossible to predict what is likely to happen to South Africa's economy.

Some predict that the bigger corporations will be able to adapt to a decline in the labor pool. Most are already in the process of shedding employees as they mechanize, computerize and in general try to become more competitive.

In addition, the growing mobility of the international labor pool means that South Africa could go outside the country to fill gaps that arise.

But already it is clear that the measure of hardship in this society will rise sharply. Young people will be dying at a time when they are usually contributing to a family's income. And many will be leaving children

behind.

"The jury is still out on what the macro level impact will be," said Alan Whiteside, an economist at the University of Natal in Durban who studies such issues. "But at the micro level you will see great misery. '

Despite South Africa's relatively advanced public health services, the country is still struggling financially and the Government is not even discussing providing treatment for AIDS itself. Few of the private medical insurance companies will pay either.

Peter Bassey of the National Association of People Living With H.I.V./ AIDS says fewer than 1 percent of South Africa's infected are being treated with life-prolonging drugs like AZT. And most of those are paying for the drug themselves.

Nor are there any national programs to try to block the transmission from mother to child, either by offering AZT to infected pregnant women or by providing formula so they can avoid transmission through breast feeding.

The government has made progress, though, in dispensing condoms -- about 140 million last year -- and in offering treatment for other sexually transmitted diseases, which helps reduce the spread of AIDS.

Also, about one-tenth of the country's secondary school teachers have been trained to teach youngsters about the disease and how to avoid it.

Still, the Government's two most visible steps against AIDS were both headline-making fiascos.

The first was an ill-fated traveling musical, "Sarafina II," meant to warn the illiterate about the dangers of AIDS. As soon as it opened, AIDS experts called some of its dialogue dangerously inaccurate and its message unclear. The Health Minister And Her 2 Fiascos

It then turned out that the show had cost a relative fortune -- nearly $3.3 million. Health Minister Nkosazana Zuma commissioned a friend to write it, bypassed bidding rules to give him the job and then lied to Parliament about the whole affair.

Then last year, Dr. Zuma announced that South African scientists had made a major breakthrough in the search for an AIDS cure. She invited researchers who claimed to have discovered the miracle cure -- a drug called Virodene administered by a skin patch -- to bypass the Medicines Control Council, the equivalent of the Food and Drug Administration, and take some of their cured patients before the Cabinet to plead for funding.

Medical experts, including the control council, were aghast when they found out that human trials had been performed secretly, especially when they learned that the Virodene contained a poisonous solvent. Since then, Dr.

Zuma has dismantled the council. She continues to back Virodene research.

These days the South Coast Hospice workers visit more than 300 patients a month, though they have yet to secure financing for next year and may have to shut down. The workers are particularly worried about the fate of the children they see.

The 11-year-old girl who nursed her parents, Kugu Sengane, spent most of last year alone with them and her toddler brother. Her relatives showed up only in the last few months -- ready, it seems, to take over the two shacks her parent built. These days the workers are worried about the girl. She seems afraid to speak in front of her aunts and appears to do most of the housework.

There is also little possibility that the 15 children in Mrs. Gambushe's care will go to school anytime soon. They will all be living on her pension now, less than $80 a month. The school fees and mandatory books and uniforms amount to about $120 a year for each child.

Sitting motionless on the straw mat inside her virtually empty house, Mrs. Gambushe answered questions about the future in a monotone.

"I don't know what I will do now," she said. "I don't know."

Other Places of Interest on The Web

- Offical Webcast of the World **AIDS** Conference.
- ASD Online, the World Health Organization's Office of HIV/**AIDS** and Sexually Transmitted Diseases.

Alex Ross <aross@afr-sd.org>
11/24/99 02:30:13 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: [Fwd: Press releases from WAD and Powerpoint presentation]

These may be very relevant to Sandy and Mike for the First Lady.

Alex

-------- Original Message --------
Subject: Press releases from WAD and Powerpoint presentation
Date: Wed, 24 Nov 1999 14:12:47 -0500
From: "Paul Delay" <pdelay@usaid.gov>
Reply-To: <pdelay@usaid.gov>
To: <AROSS@AFR-SD.ORG>

and my first draft notes for Hattie's speech

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TEI:202 712 0683
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>>>>New York Times

November 24, 1999
More African Women Have AIDS Than Men
By LAWRENCE K. ALTMAN

AIDS has long been considered primarily a men's disease. But on Tuesday the United Nations reported for the first time that more women than men were infected with the AIDS virus in Africa, the site of the vast majority of such infections in the world.
In a report released in advance of World AIDS Day on Dec. 1, the United Nations said that of the 22.3 million adults in sub-Sahara Africa infected with H.I.V., the AIDS virus, 12.2 million, or 55 percent, are women.
This is the first time that data have been available to make such a comparison, officials said.
United Nations officials said the precise reasons for the shift were unclear, though they noted that H.I.V. was spread in Africa primarily through heterosexual intercourse. The virus passes more easily from men to women than from women to men.
"Ten years ago, it was hard to make people listen when we were saying AIDS wasn't just a man's disease,"

said Dr. Peter Piot, head of UNAIDS, which joins a number of United Nations agencies, including the World Health Organization. Dr. Piot (pronounced PEE-yot) spoke to reporters by telephone from London.

Infection rates among women are much lower in the United States and other developed countries than in Africa. But more women, primarily in minority groups, are becoming infected through heterosexual sex in this country, Dr. Piot said.

The new evidence that Africa has 6 infected women for every 5 infected men comes from a number of studies in several African countries, UNAIDS said. Many AIDS experts have assumed that more women were infected than men in Africa. But documentation was not possible because much of the data was not broken down by sex, Dr. Bernhard Schwartlander, an epidemiologist for the agency and a principal author of the report, said in an interview.

Another factor in the shifting demographics in Africa, the report said, is the different age patterns of H.I.V. infection in men and women. Studies in several countries have found that African girls 15 to 19 are 5 to 6 times as likely to have the virus as boys their own age. Men tend to be more promiscuous, and "older men, who often coerce girls into sex or buy their favors with sugar-daddy gifts, are the main source of H.I.V. for the teenage girls," the report said.

To reduce the risk to women, Dr. Piot said, health workers need to devise strategies to change men's actions, starting with sex education among boys. Another goal is to reduce the cost of female condoms, so they can be used more widely.

Although Africa is by far the continent most affected by the virus, with nearly 70 percent of the infected people in the world living in the countries below the Sahara, AIDS remains an unabated epidemic in many countries. This year, an estimated 5.6 million adults and children became infected with the virus, bringing to more than 50 million the worldwide total since the AIDS epidemic was first recognized in 1981. Thirty-three million infected people are alive today. But AIDS has killed 16 million; 2.6 million of them died in 1999, a record for any year.

"AIDS remains a fatal disease" despite the availability of newer combinations of drugs, Dr. Piot said, and "the threat of H.I.V. has not diminished in any country."

How high will the number of AIDS cases reach worldwide? Dr. Schwartlander said the answer would depend on the number of infections in Asia, a number that cannot be determined now. Because the factors that influence changes in sexual behavior are difficult to predict and because risk factors like injecting drugs vary, he said, UNAIDS cannot predict when AIDS will peak.

Even if prevention programs completely stopped new infections, deaths would increase for years, because third world countries cannot afford drugs to fight the virus, and their health systems are overwhelmed by related illness.

The steepest curve in rising infection rates in 1999 was in the newly independent states of the former Soviet Union, where drug use by injection is increasingly common among unemployed people and schoolchildren. In the Russian federation, nearly half of all reported cases of H.I.V. infection since the start of the epidemic were recorded in the first nine months of 1999 alone.

In Moscow, three times as many cases were reported in the first nine months of 1999 as in all previous years combined. Towns around Moscow have even sharper increases, with more than five times as many infections in the first nine months of 1999 as in previous years combined.

H.I.V. rates in adults are about 2 percent in the Caribbean, the highest outside sub-Sahara Africa, where it is 8 percent.

"AIDS has emerged as the single greatest threat to development in many countries of the world," Dr. Piot said.

Life expectancy in southern Africa, which climbed to 59 in the early 90's from 44 in the early 50's, is expected to drop back to 45 in 10 years. Fewer than 50 percent of the South Africans now alive can expect to reach 60, compared with 70 percent for developing countries and 90 for industrialized countries.

A survey of commercial farms in Kenya found that illness and death now rivaled old-age retirement as the leading reason why employees left work. Some life insurance companies have found that a third or more of deaths are related to H.I.V., even in plans that require a negative test as a condition of acceptance.

UNAIDS noted some bright spots. Strong prevention efforts have had sustanined success in lowering or stabilizing rates in the Philippines, Thailand and a few other countries.

Dr. Piot said that political efforts were increasing in a number of countries, but that it took five years before statistics showed improvement.
Dr. Seth Berkley, head of the International AIDS Vaccine Initiative, said, "A vaccine is the world's best hope for ending the pandemic."

http://www.nytimes.com/library/national/science/aids/112499aids-africa-women.html

>>>>New York Times
Needle Use Sets Off H.I.V. Explosion in Russia
November 24, 1999

Related Articles Issue in Depth: The AIDS Epidemic
Forum
Join a Discussion on The AIDS Epidemic

By MICHAEL WINES

MOSCOW -- Needle sharing among intravenous drug users has set off an explosive increase in HIV infections, with the number of new cases reported in Moscow so far this year more than four times greater than in all of 1998, the World Health Organization said Tuesday.
The U.N. agency's principal AIDS expert in Russia, Arkadiusz Majszyk, said the sharp increase was quite likely to continue for at least two or three more years, spreading to sexual partners before it levels off.
"It's a real epidemic picking up," Majszyk said in an interview Tuesday. "A critical mass of injecting drug users is coming to the picture, and because of this, one or two cases of HIV" -- the virus that causes AIDS -- "coming from outside the region is enough to start a very quick wave" of infections.
The total number of Russians officially registered as HIV-positive -- 23,509 -- remains low, Majszyk said, and only 445 deaths from AIDS have been reported nationwide. But the Russian government estimates the actual number of HIV cases at five times the reported number. Majszyk added, while, as a rule of thumb, Western specialists generally use a factor of 10.
Whatever the true number, he said, the steep rise in the rate of infection is alarming -- and sometimes astounding -- all by itself.
So far this year, the WHO report states, 12,425 new cases of HIV infection have been recorded in Russia -- an increase of 358 percent over the total for all of 1998, and more than the total number of cases reported in all preceding years.
The Moscow region recorded more than 4,000 new cases so far this year. In Irkutsk, a city of some 670,000 buried deep in southern Siberia, the number of reported cases leapt from 68 as of last January to 2,191 today.
Three-quarters of the reported infections occur among men, the report states. The greatest rate of infection is among people between the ages of 18 and 25. Improved reporting methods may account for a small portion of the increase in known cases, Majszyk said. But the evidence points overwhelmingly to an epidemic borne by drug addicts, who he said comprise about 90 percent of the new cases.
Nobody knows the true number of drug users in Russia, a nation of 146 million people, but experts place the total at about 2.5 million, with 2 million of them needle users. HIV can be spread among drug users not just by sharing needles, but by methods used widely in the former Soviet Union to prepare drugs for injection, which can contaminate the drug solution.
The WHO report states that the rise is equally alarming in Ukraine and parts of eastern Europe, where drug use and prostitution have promoted the spread of HIV.
Majszyk said he bases his projections of a widening epidemic in part on the experience in Kaliningrad, a tiny, disconnected outpost of the Russian Federation located on a Baltic Sea peninsula north of Germany.
Poverty-stricken and isolated, Kaliningrad suffers a serious drug-abuse problem, which early on encouraged

the spread of HIV.
It is being increasingly transmitted by prostitutes, or "commercial sex workers" in UN parlance. Half the region's prostitutes are HIV positive, Majszyk said, including 9 in 10 of those work who work on the streets.
"The second group and second wave, which will come very soon here, is heterosexual transmission," he said. "It will go for the next two or three years because the main measures which should be taken are connected with prevention," he added. "And prevention, to work, needs time."
Majszyk said the Russian government is awakening to the scope of the HIV problem and that officials are preparing an intensive effort, involving seven government ministries and 12 populous regions, to raise public awareness of the epidemic.
The spokesman for the Russian Ministry of Health and a press officer in the ministry division that deals with AIDS declined to comment Tuesday on the report, which they said they had not seen.
An accurate accounting of the nation's HIV problem, they said, must await a government news conference next week.

http://www.nytimes.com/library/world/europe/112499russia-aids.html

>>>>Washington Post
Record Number Die Worldwide From AIDS

By David Brown
Washington Post Staff Writer
Wednesday, November 24, 1999; Page A3
About 2.6 million people worldwide will die of AIDS this year, the most of any year since the epidemic began, according to a report by the United Nations AIDS program.
The estimate means roughly one in every 20 deaths on the globe is now caused by AIDS, a disease unknown two decades ago. About 16.3 million people have already died of AIDS.
In addition, about 5.6 million new infections with the human immunodeficiency virus (HIV) will occur this year, raising the number of people currently living with the disease to about 33.6 million.
"HIV continues to spread nearly unabated in many parts of the world," said Peter Piot, director of UNAIDS, an organization run by the United Nations, the World Health Organization, the World Bank and several other agencies.
The UNAIDS "epidemic update" was released yesterday in preparation for the 12th annual World AIDS Day, which is Dec. 1.
UNAIDS epidemiologists now believe that in sub-Saharan Africa, the home of 70 percent of people with HIV, more women than men are infected. (The ratio is about 12 women to every 10 men, according to the report.) This marks the reversal of a trend.
Early in the epidemic, a relatively small number of female prostitutes infected many men. Over time, the gender gap closed. Now, women predominate, as infected men transmit the virus to their wives and noncommercial sex partners.
Girls age 15 to 19 are five times as likely to become infected as boys in the same age group-a fact that reflects both biological and social realities. Male-to-female transmission of the virus occurs more easily than female-to-male transmission. Teenage girls often have sexual contact with older men, who are more likely to be infected than teenage boys.
"One implication [of the current ratio] is that, paradoxically, we probably need to target men far more in our prevention efforts," Piot said. "We need to start with educating boys . . . and see if we can do anything with men who are already adults."
Piot said the data will probably also add urgency to finding methods of protection that women can control. These include the female condom, which he said is too expensive for most users, and vaginal microbiocides, which are not yet perfected.
Among the groups in which infection is rising steeply is drug users in countries of the former Soviet Union. In the Russian Federation, for example, half the cases reported since the epidemic's start were reported in the first nine months of this year alone. Although both past and current numbers are gross underestimates,

UNAIDS researchers believe they point to a real trend.
Because of its small population and comparative wealth, the Caribbean has been an overlooked area of HIV growth, Piot said. However, among UNAIDS's official regions, the HIV prevalence there-about 2 percent-is second only to Africa's.
This year's estimate for India-about 4 million people infected-is actually smaller than last year's because of better data. There and in China, which has 500,000 cases, the epidemic is in an early stage. Both countries have such huge populations, however, that they will largely determine what happens worldwide in the next two decades.
Piot said predictions done in the 1980s overestimated the number of infections in Western nations, while the African experience has turned out to be worse than anticipated.
The current HIV prevalence in sub-Saharan Africa-8 percent of adults for the region, and up to 30 percent in some cities-is "unbelievably high," said Bernhard Schwartlander, UNAIDS's chief epidemiologist.
"We get used to it . . . but if you said several years ago that it would go that high, no epidemiologist would have believed it," he said. It is not likely to get much higher, he added.
There were encouraging findings in the report, as well.
Thailand's model HIV prevention campaign seems to have weathered the Asian financial crisis, with the rate of new infections staying low. The epidemic is being contained, as well, in the Philippines, in part because of registration and biweekly health screenings of prostitutes. The reluctance of some political leaders to confront AIDS is fading in many places.
"Everywhere I go, I hear African leaders say that HIV and AIDS are the biggest obstacle to development and economic change. . . . That is a welcome statement," Piot said.

http://www.washingtonpost.com/wp-dyn/health/A39726-1999Nov23.html

>>>>CNN-TV
HIV-positive women in Africa now outnumber infected men
November 23, 1999
In this story:

Vast majority of victims in poor countries

'Every new infection adds to the ripple effect'

LONDON (CNN) -- The number of HIV-positive women in Africa has surpassed infected men for the first time, the Joint United Nations Program on HIV/AIDS announced Tuesday.
Worldwide, an estimated 33.6 million people, including 1.2 million children, are carrying the virus that causes AIDS, program officials said.
About half of all people who acquire the AIDS virus become infected before they turn 25 and typically die before their 35th birthdays, according to the UNAIDS report.
Some 2.2 million people died of AIDS last year, UNAIDS officials said. And more than 16 million people have now died of the disease, which destroys the body's immune system.

The AIDS virus continues to spread at a growing rate, UNAIDS officials said. In 1999 alone, 5.6 million people will have become infected with HIV. The rate of infection in the former Soviet Union is skyrocketing. This year also will see 2.6 million deaths from AIDS, the highest annual global total since the disease began to take hold in the late 1970s, reported UNAIDS officials.

Ninety-five percent of people with HIV reside in developing countries, a proportion that is likely to grow as infection rates continue to rise in countries where poverty, poor health systems and limited resources fuel the spread of the virus, the officials said.
Sub-Saharan Africa continues to be worst-hit, with close to 70 percent of the global total of those with HIV.
But the UNAIDS report added that battling HIV rates is still a challenge in industrialized countries of the

West, where there is "extremely worrying evidence" that safe sexual practices are declining among gay men.
While AIDS deaths in the United States decreased by 42 percent between 1996 and 1997, the figure dropped by only half that between 1997 and 1998.
In sub-Saharan Africa, HIV-infected women outnumber infected men by a ratio of more than 6-to-5. For both sexes, life expectancy in southern Africa is expected to drop from age 59 to 45 sometime between 2005 and 2010 because of the AIDS epidemic, according to UNAIDS.
Worldwide, the number of infected people continues to grow, especially fueled by an increase in illegal use of injected drugs, the U.N. organization said.

'Every new infection adds to the ripple effect'

A total of 33.4 million people were reported last year to be HIV positive. However, UNAIDS officials said this year's increase is even larger than it appears because the 1998 figures in a few heavily populated Latin American and Asian countries were overestimated.
"With an epidemic of this scale, every new infection adds to the ripple effect, impacting families, communities, households and increasingly, businesses and economies," said Dr. Peter Piot, executive director of UNAIDS.
But people worldwide are "at a turning point" in responding to the epidemic, he said. "Never before have so many heads of state spoken out...(and) more investments are being made by the development agencies of the richer countries."
By the turn of the century, the epidemic worldwide will have left behind 11.2 million orphans -- with both parents having died of AIDS -- and many of the children having the disease themselves.
The Associated Press contributed to this report.
http://www.cnn.com/HEALTH/AIDS/9911/23/aids.world/

>>>>BBC-TV
HIV hits 50 million
Most new cases are in Africa

More than 50 million people have now been infected with the HIV virus, according to the latest UN and World Health Organisation figures.

More than 16m have died from Aids-related illnesses.

The UNAIDS "Epidemic Update" reveals that, despite concerted prevention efforts in developing countries, the increase in infections continues.

Deaths from Aids reached a record 2.6m in the past year - 2.2m died in 1998 - and an estimated 5.6m adults and children were infected.

Sub-Saharan Africa - which includes countries such as Botswana, Zimbabwe and Namibia - still accounts for the majority of all new infections.

There are now more women carrying the virus than men. African girls aged 15 to 19 are five to six times more likely to be HIV-positive than boys the same age.

Life expectancy in southern Africa is expected to fall from 59 in the early 1990s to 45 between 2005 and 2010. This would be roughly the same level as in the early 1950s.

Peter Piot, executive director of UNAIDS, said that Aids was the single greatest threat to development in

many countries.

"With an epidemic of this scale, every new infection adds to the ripple effect, impacting families, communities, households and, increasingly, businesses and economies."

Former USSR cases rising steeply

Injecting drug use in the former Soviet Union has been held responsible for the world's steepest HIV curve.

The number of infected people rose by more than a third in 1999 to reach an estimated 360,000.

In Moscow, three times as many cases were reported in the first nine months of 1999 as in all previous years combined.

The report does highlight some grounds for optimism, picking out prevention projects in India and Brazil as worthy of praise.

But Mr Piot warned against complacency in Western countries.

"We have even seen evidence from North America and Western Europe suggesting that the availability of life-prolonging therapies may be contributing to an erosion of safer sexual behaviour."

Certainly, the latest HIV figures from the UK show no fall in the number of new infections in 1998. This has been blamed partly on more needle sharing among intravenous drug users.

Rise in infections

The increases in the number living with HIV have not slowed down.

Last year's Aids Epidemic Update suggested that more than 30m were living with the HIV virus worldwide - a rise of 10% over the previous year. This year's increase is the same.

Experts are warning that the biggest rate of increase is in Asia.

India and China are thought to be two of the nations most vulnerable to the spread of the disease, even though infections are relatively low at the moment.

In contrast to sub-Saharan Africa's 22 million plus HIV cases, there are approximately 500,000 infected men, women and children in Western Europe.

http://news.bbc.co.uk/hi/english/health/newsid_533000/533475.stm

>>>>The Associated Press
AIDS Continues Global Spread
More than 33 Million Infected Worldwide

By Sue Leeman
L O N D O N, Nov. 23 - Despite powerful new drugs and massive information programs, the AIDS virus is spreading at a growing rate, according to a report released today.
The U.N. Program on HIV/AIDS and the World Health Organization said it expected the number of infections worldwide to continue to grow, fueled by an increase in the use of injected drugs.
According to the report, 33.6 million people, including 1.2 million children, are carrying HIV, the virus that

causes AIDS.
That compares to 33.4 million people who were HIV positive last year. However, the agencies said this year's increase is even larger than it appears because the 1998 figures in a few heavily populated Latin American and Asian countries were "overestimated."
Ripple Effect
"With an epidemic of this scale, every new infection adds to the ripple effect, impacting families, communities, households and increasingly, businesses and economies," Dr. Peter Piot, executive director of UNAIDS, said at a London news conference.
But he said the world "is at a turning point" in responding to the epidemic. "Never before have so many heads of state spoken out ... (and) more investments are being made by the development agencies of the richer countries," Piot said.
The agencies said that in 1999 alone, 5.6 million people will have become infected with HIV.
This year also will see 2.6 million deaths from AIDS, the highest annual global total since the disease began to take hold in the late 1970s - despite so-called antiretroviral drugs that staved off AIDS deaths in the richer countries, they said.
Millions Killed by Virus
Some 2.2 million people died of AIDS last year. And more than 16 million people have now died of the disease, which destroys the body's immune system, since the late 1970s, the agencies said.
But even if prevention programs manage to cut the number of new infections to zero - which is highly unlikely - deaths will increase for some years, the report said.
The report said about half of all people who acquire HIV become infected before they turn 25 and typically die before their 35th birthdays.
Ninety-five percent of people with HIV live in the developing world, a proportion that is likely to grow as infection rates continue to rise in countries where poverty, poor health systems and limited resources fuel the spread of the virus, it said.
Hardest Hit in Africa
The report said sub-Saharan Africa continues to be worst hit, with close to 70 percent of the global total of those with HIV.
But the report added that battling HIV rates is still a challenge in industrialized countries of the West, where there is "extremely worrying evidence" that safe sexual practices are declining among gay men.
While AIDS deaths in the United States decreased by 42 percent between 1996 and 1997, the figure dropped by only half that between 1997 and 1998.

>>>>Reuters
Report Finds AIDS Deaths on the Rise
12.06 p.m. ET (1706 GMT) November 23, 1999
By Patricia Reaney

LONDON - More than 2.6 million people died from AIDS this year - the worst since the epidemic began - and the death toll is set to rise still higher in the new millennium, the United Nations said on Tuesday.
UNAIDS, the U.N. agency charged with combating the spread of the deadly HIV virus, also reported 5.6 million new infections this year, bringing the global total to 33.6 million.
"With the HIV-positive population still expanding...the AIDS deaths can be expected to increase for many years before peaking," UNAIDS said in its annual update of the epidemic.
East European and Central Asian regions had the steepest HIV curve in 1999, mainly due to intravenous drug use.
Sub-Saharan Africa, home to 10 percent of the world's population, is home to almost 70 percent of HIV/AIDS sufferers.
Almost 20 years after the epidemic first hit, the agency predicted worse is still to come unless massive efforts are made to end the stigma that still surrounds AIDS in many countries.

People Are Infected Young, Die Young
Almost half of all people with the disease were infected before they turned 25. Half will die before they reach 35. "This age factor makes AIDS uniquely threatening to children. By the end of 1999, the epidemic had left behind a cumulative total of 11.2 million AIDS orphans, defined as those having lost their mother before reaching the age of 15," according to the report, which was launched jointly with the World Health Organization (WHO).
If children are not being orphaned by the disease, many are infected themselves.
An estimated 570,000 children are HIV-positive.
More than 90 percent of them were infected by their mothers at birth or through breast feeding.
AIDS experts said the disease is particularly prevalent among African women because it is more easily transmitted from men to women and in African populations girls are generally infected younger than boys.
For every 10 African men with the disease there are 12 or 13 infected women.
"Clearly, older men - who often coerce girls into sex or buy their favors with sugar-daddy gifts - are the main source of HIV for the teenage girls," the report added. The virus is expected to reduce life expectancy in southern Africa from 59 in the early 1990s to just 45 between 2005 and 2010 - only slightly above the levels achieved in the 1950s.
Even in industrial countries where drugs have extended the lives of sufferers, the report details a new and misplaced complacency among gay men.
Prevention is still the best policy.
"The disease remains fatal, and information from North America and Europe suggests the decline in number of deaths due to antiretroviral therapy is tapering off."
Despite the success of powerful drug cocktails in reducing HIV to undetectable levels, studies have confirmed what doctors had long suspected - it will be very difficult, if not impossible, to completely eradicate the virus in patients.

>>>>USA Today
U.N. says AIDS is still spreading
LONDON - Despite powerful new drugs and massive information programs, the AIDS virus is spreading at a growing rate, according to a report released Tuesday.
The U.N. Program on HIV/AIDS and the World Health Organization said it expected the number of infections worldwide to continue to grow, fueled by an increase in the use of injected drugs.
According to the report, 33.6 million people, including 1.2 million children, are carrying HIV, the virus that causes AIDS.
That compares to 33.4 million people who were HIV positive last year. However, the agencies said this year's increase is even larger than it appears because the 1998 figures in a few heavily populated Latin American and Asian countries were "overestimated."
"With an epidemic of this scale, every new infection adds to the ripple effect, impacting families, communities, households and increasingly, businesses and economies," Dr. Peter Piot, executive director of UNAIDS, said at a London news conference.
But he said the world "is at a turning point" in responding to the epidemic. "Never before have so many heads of state spoken out ... (and) more investments are being made by the development agencies of the richer countries," Piot said.
The agencies said that in 1999 alone, 5.6 million people will have become infected with HIV.
This year also will see 2.6 million deaths from AIDS, the highest annual global total since the disease began to take hold in the late 1970s - despite so-called antiretroviral drugs that staved off AIDS deaths in the richer countries, they said.
Some 2.2 million people died of AIDS last year. And more than 16 million people have now died of the disease, which destroys the body's immune system, since the late 1970s, the agencies said.
But even if prevention programs manage to cut the number of new infections to zero - which is highly unlikely - deaths will increase for some years, the report said.
The report said about half of all people who acquire HIV become infected before they turn 25 and typically die before their 35th birthdays.

Ninety-five percent of people with HIV live in the developing world, a proportion that is likely to grow as infection rates continue to rise in countries where poverty, poor health systems and limited resources fuel the spread of the virus, it said.
The report said sub-Saharan Africa continues to be worst hit, with close to 70% of the global total of those with HIV.
But the report added that battling HIV rates is still a challenge in industrialized countries of the West, where there is "extremely worrying evidence" that safe sexual practices are declining among gay men.
While AIDS deaths in the United States decreased by 42% between 1996 and 1997, the figure dropped by only half that between 1997 and 1998.

>>>>AFP
1999: "situation extrêmement inquiétante" pour Peter Piot

PARIS, 24 nov (AFP) - La situation concernant la propagation du sida dans le monde en 1999 est "extrêmement inquiétante", estime mercredi le docteur Peter Piot, le directeur exécutif de l'ONUSIDA, l'organisme qui a publié mardi un rapport alarmant.

Selon ce rapport conjoint diffusé avec l'OMS, l'Organisation Mondiale de la Santé, la maladie aura tué 2,6 millions de personnes dans le monde en 1999, un chiffre record dans l'histoire de l'épidémie. 5,6 millions d'adultes et d'enfants auront été infectés en 1999 dans le monde selon la même étude.

Dans un entretien accordé au quotidien français le Figaro, Peter Piot estime que la situation a empiré "avec l'irruption de l'épidémie dans le sud-est asiatique, son aggravation notable chez les toxicomanes en Chine, la fantastique montée de la prévalence dans la fédération de Russie".

Au sujet de ce dernier pays, le patron d'ONUSIDA relève "dans la région de Moscou une toxicomanie galopante, une situation pire qu'en Afrique, avec une corruption à grande échelle".

Pour la Chine, où selon lui "plus d'un demi-million de personnes vivent avec virus VIH", le dr Piot estime que les autorités ont "pris la mesure des choses et décrété que la lutte et la prévention contre le sida étaient des priorités nationales".

Selon le rapport d'ONUSIDA et de l'OMS, quelque 50 millions de personnes ont été infectées par le VIH depuis le début de l'épidémie. Sur ces 50 millions, environ 33 millions vivent encore et quelque 16 millions sont décédées.

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The New York Times

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July 19, 2000, Wednesday, Late Edition - Final

SECTION: Section A; Page 1; Column 4; Foreign Desk

LENGTH: 1172 words

HEADLINE: U.S. OFFERS AFRICA $1 BILLION A YEAR FOR FIGHTING AIDS

BYLINE: By JOSEPH KAHN

DATELINE: WASHINGTON, July 18

BODY:

The United States plans to offer sub-Saharan African nations $1 billion in loans annually to finance the purchase of American AIDS drugs and medical services, a program that greatly increases the money available to combat the disease in a region that has become its epicenter.

The program, which will be announced by the United States **Export-Import Bank** on Wednesday, comes after five multinational drug companies agreed in May to cut the prices they charge African nations for drugs to combat AIDS. The loans will help poor nations to buy the drugs that fight the complications and transmission of AIDS, and which are expensive even at discounted prices.

It is estimated that Africa already has 50 million people who carry H.I.V., the virus that causes AIDS, far more than any other region, and doing more to fight the disease there has become a central goal of the Clinton administration and several European nations. Despite the severity of the problem, international health officials estimate that only 5 percent of Africans who carry H.I.V. are aware of the fact.

But wealthy nations have only just begun to make money available to match their vocal pledges to address the problem. The United Nations estimated recently that the amount of money devoted to fight the disease in Africa needs to rise 10-fold to $3 billion annually if the nations hardest hit are to make significant progress in education, prevention and care.

"This is at least a first step in showing the world that Africa is important to the United States and that we can make a dent in this terrible problem," said James A. Harmon, president of the **Export-Import Bank,** which is an independent government agency financed by Congress. "We think that this is the most significant funding commitment by any international institution to date."

Mr. Harmon said he expected that export promotion agencies in Europe and Japan would eventually match the American initiative. He estimated that together wealthy nations could make $3 billion available in annual financing to African governments that want to buy pharmaceuticals, equipment and services.

The loans are not without complications. Several officials said the administration was split about the wisdom of the **Export-Import bank's** action, with some officials arguing that it does not make sense for the United States to lend African countries billions of dollars in export credits at a time when Congress is being pressed to forgive past loans.

Most of the new loans, which will not require Congressional approval, would be provided at commercial interest rates that now average about 7 percent, though a small percentage might be offered at a lower concessional rate, bank officials said.

Wealthy nations and international lending agencies are seeking to forgive as much as $100 billion in past development loans to the most indebted nations, including many in Africa. Some administration officials had promoted debt relief to a reluctant Republican-led Congress as the best way for the United States to combat AIDS, because it would free up money that African nations would otherwise have to use to service their debts.

The loans are also likely to increase an active debate among groups interested in development over the best way to tackle AIDS. Many of the African nations and private charity groups have argued that AIDS is a huge medical and social crisis that requires more than discounted drugs and new loans.

"I think what the United States is doing is laudable," said Koby Koomson, Ghana's ambassador in Washington, referring to the loans. "But the pharmaceutical companies need to come around and see that the only way to fight this pandemic is to donate whatever is necessary."

The United States loans could help American pharmaceutical companies prevent the spread of generic knock-offs of their profitable AIDS drugs to Africa. Even with heavy discounts of up to 80 or 90 percent -- the companies have not made public the prices they will charge -- some drug makers may still hope to sell their product profitably in Africa.

The United Nations has said it is exploring the possibility of helping African nations buy generic AIDS drugs from Brazil and India for less money that even the discounted prices Western drug companies might charge for the original product. The drug companies consider generic alternatives a violation of their intellectual property.

But it seems unlikely that Brazil, India or other nations that produce such drugs for home consumption would have the export financing available to help African nations buy the goods. The American loans, along with a recent commitment by the World Bank to provide at least $500 million to help African nations set up anti-AIDS initiatives, give added incentive to African nations to treat many of their AIDS cases with Western medicine.

Even at 90 percent discounts, a typical cocktail of AIDS-suppressing drugs might cost $2,000 a year for a single patient in Africa, more than four times the average per capita income in many of the worst-afflicted countries.

Jacob Gayle, a senior technical adviser for the United Nations AIDS Program, which is based in Geneva, called the **Export-Import Bank** action "a major announcement" that takes a big step toward providing the $3 billion in annual fund commitments that his agency considers necessary to fight the disease in Africa.

But he stressed that the problem is much broader than a lack of AIDS drugs. African nations need to set up education and prevention efforts and develop the medical infrastructure to administer drugs effectively before they can make good use of loans to purchase medicine, he said.

The loan program is the first time the **Export-Import Bank** has offered financing for drug purchases by any nation, Mr. Harmon said. Moreover, the government bank plans to make the financing available to the 24 eligible sub-Saharan nations for five-year terms, an unusually long term for loans that are considered

high risk.

He called the loans a pilot program that could be expanded or scaled back depending on how African nations and drug companies respond.

Teaching Troops About AIDS

UNITED NATIONS, July 18 (By The New York Times) -- At the urging of the United States, the Security Council has adopted a resolution asking for more attention to education about AIDS to be given to peacekeeping troops, who have been carriers of the disease, especially in Africa. The United Nations has been advising peacekeepers on the dangers of AIDS and promoting the use of condoms, and the resolution reinforces those efforts.

In the vote on Monday, however, the American delegation failed to win a stronger resolution. It would have asked for a data base to be kept on peacekeepers to track national efforts to monitor the rate of infection with AIDS and test troops. Countries supplying troops objected to that proposal as an infringement of their control over military policies.

http://www.nytimes.com

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Nearly 28 Million Orphaned by AIDS

A.P. INDEXES: TOP STORIES | NEWS | SPORTS | BUSINESS | TECHNOLOGY | ENTERTAINMENT

Filed at 9:01 a.m. EDT

By The Associated Press

DURBAN, South Africa (AP) -- Nearly 28 million children in Africa will have lost at least one of their parents to AIDS by the year 2010, causing a social nightmare for these countries for decades, according to a report released Thursday.

``The HIV pandemic is producing orphans on a scale unrivaled in history,'' said Susan Hunter, an author of the ``Children on the Brink 2000'' report by the U.S. Agency for International Development. A summary was released at the 13th International AIDS Conference.

Currently there are nearly 16 million children who have lost at least one parent to the disease. About 90 percent of these orphans are in sub-Saharan Africa.

By 2010, about one in three children in Namibia, Swaziland, Zimbabwe and South Africa will have lost a parent, most of them to AIDS.

Famine, wars and other disease outbreaks often cause a large increase in orphans, but those are short-term calamities that quickly end, Hunter said. AIDS will continue to create millions of new orphans for decades.

Throughout the developing world, at least 44 million children will have lost at least one parent, 30 million of them to AIDS, according to the report.

The estimates do not include children born with the virus that causes AIDS, since most of them will likely die before they reach age 5.

The orphans will strain the resources of families, communities and governments, said John Williamson, the report's other author.

``AIDS is changing the social landscape in the most affected countries,'' he said. ``It's creating an unprecedented set of child welfare problems.''

Children whose parents become ill often leave school because they are forced to care for them or get a job to support the family, Hunter said.

As important as the loss of education and economic security is the loss of a loving environment, where children will be cuddled and care for, said Tony Barnett, a professor at the University of East Anglia in Great Britain who has studied the social and economic impact of AIDS.

``There is a cost and we don't know how to measure it,'' he said.

The strain these children endure, watching their parents die and then forced to forage for themselves, could create a generation of horribly disaffected people, Williamson said.

``The potential for social unrest, social instability is pretty significant,'' he said. ``You have a very substantial proportion of your population that has been undereducated, malnourished, marginalized, is disaffected, not able to go to school.''

The deaths of so many parents will also ``rupture the intergenerational bargain,'' forcing elderly Africans who had been supported by their children to not only return to work to support themselves but to adopt their now-childless grandchildren, Barnett said.

The best way to deal with the crisis is not to put the children in expensive, but often substandard, orphanages, Williamson said, but to support their extended families and communities to help them cope.

Governments also need to protect the inheritance rights of widows and orphans, he said. Those rights that are often ignored in many African communities, and a deceased man's property may end up going to his brother instead of his wife and children.

July 12, 2000

AIDS, Diseases to Leave 44 Million Orphans by 2010

By REUTERS

DURBAN, South Africa, July 13 -- AIDS and other diseases will leave more than 44 million orphans in developing countries by the end of the decade, a leading U.S. aid agency said on Thursday.

In a report presented to the 13th International AIDS Conference in Durban, USAID said AIDS alone would orphan 30.2 million children in the 34 sub-Saharan African, Asian, Latin American and Caribbean countries surveyed.

This is more than double the increase in the number of orphans left by the epidemic over the past 15 years.

USAID officials said their forecasts were much higher than the 20 million estimate given by the U.N. Children's Fund (UNICEF) on Wednesday because they included children who would lose either a father or mother or both.

Definitions used by UNICEF and UNAIDS, the U.N. agency fighting the disease, count only the loss of a mother or both parents.

"The HIV/AIDS pandemic is producing orphans on a scale unrivalled in world history," said the report, entitled "Children on the Brink."

"Historically, large-scale orphaning has been a sporadic, short-term problem caused by war, famine or disease. AIDS has transformed it into a long-term chronic problem that will extend at least through the first third of this century."

July 7, 2000

A Call for Fair Access to Future AIDS Vaccine

By LAWRENCE K. ALTMAN

Issue in Depth
• Health: The AIDS Epidemic

DURBAN, South Africa, July 6 -- Though a vaccine to prevent AIDS is years away, steps should be taken now to enable a vaccine to be distributed widely in the third world as soon as it becomes available, a leading group in the vaccine effort said here today.

As the 13th International AIDS Conference prepared to open here on Sunday, the International AIDS Vaccine Initiative, a research consortium supported by government and private grants, issued a blueprint to provide simultaneous access to an AIDS vaccine in rich and poor countries.

The public and private sectors need to learn new ways of doing business, the research group said in recommending sweeping changes in the way vaccines are produced, licensed, priced, bought and distributed.

The group argued that economics alone fails to fully explain the long delays that often ensue before vaccines become available in developing countries, and urged steps to harmonize the hodgepodge of national regulations and international guidelines that govern vaccine approval and use. The blueprint also calls for creation of an international group to monitor and assess experimental vaccines.

"It is not too soon to plan for an AIDS vaccine because failure to act promptly would repeat the tragedy of the widespread lack of availability to anti-H.I.V. drugs," said Dr. Seth Berkley, the president of the Vaccine Initiative, which collaborates with Unaids, the United Nations' joint program on AIDS.

The United Nations has concluded that AIDS threatens to severely damage the economies of sub-Saharan countries like South Africa, Zimbabwe, Zambia, Botswana and Swaziland where H.I.V., the virus that causes AIDS, has infected at least 20 percent of adults.

Most health officials believe a vaccine would be the most effective weapon in stopping the epidemic. However, the most severely affected countries would be the least able to afford a vaccine, just as they cannot pay for anti-H.I.V. drugs that are helping extend the lives of many infected people in developed countries. Also, many developing countries do not have the network of health systems needed to deliver a vaccine.

Rarely, if ever, have health officials introduced vaccines into developed and developing countries simultaneously. Vaccine manufacturers usually limit their initial production capacity for markets in developed countries. Only with time and after production capacity increases do prices fall to a level that poor countries can afford.

Thus, a delay of about 15 years has usually occurred between the time when vaccines for infections like hepatitis B were widely introduced into developed and developing countries. The first hepatitis B vaccine was developed in the early 1980's.

The United States and other developed countries quickly organized systems to deliver polio vaccines in the 1950's. But it took decades to conduct similar programs in countries with less effective health care systems and polio was eradicated from the Western Hemisphere only in the 1990's. The World Health Organization's goal of eradicating polio in the rest of the world by 2000 has been set back a few years.

The delay in introducing vaccines to the third world is "a colossal public health failure" that should not be repeated with AIDS, Dr. Berkley said. He also said that with more than five million new H.I.V. infections occurring each year, a delay of five years in delivering an AIDS vaccine could cost 20 million or more lives.

Scientists are challenged in developing an AIDS vaccine largely because of the virus's ability to mutate. Two years ago, the pipeline for AIDS vaccines was nearly empty. But today, the Vaccine Initiative said, there are promising products in early development, although there is still no plan to get any to the most affected communities in the world.

In 1985, Margaret Heckler, then Secretary of Health and Human Services, promised an AIDS vaccine within a year. In the intervening years, however, only 3 of 25 vaccines that have been injected into humans have advanced to the second stage of the three-stage testing system. Two are still in the second stage. One is known as an Alvac canary pox vaccine and is made by Aventis Pasteur of France. A second combines the Alvac vaccine and one prepared from a molecular component of the surface of H.I.V., known as gp120.

A vaccine made by VaxGen of Brisbane, Calif., is the only one to reach the third stage. VaxGen's product is being tested in the United States and Thailand, and findings are not expected until at least

2002.

New techniques are needed to estimate demand for an AIDS vaccine in developing countries and to assure sufficient production capacity because it takes five years to design, build and bring to full capacity facilities to produce vaccines.

An AIDS vaccine would be unlike most immunizations because it would be accompanied by counseling to promote safe sex practices and reduce risky behavior. Moreover, in the developed world, an unknown number of people might decline an AIDS vaccine out of concern that it might produce side effects that would not appear until years after the immunization. Also, some may shun an AIDS vaccine because it would make the standard H.I.V. blood test for a recipient positive. Additional tests would then be needed to document that the blood findings were from an AIDS vaccine, not from infection with the virus.

In the third world, there seems to be less concern about side effects because of the epidemic's severity.

Even if coordination with the World Health Organization's existing international vaccine programs produces maximum use of a vaccine for AIDS, the Vaccine Initiative said, new delivery systems will be needed to reach adolescents and adults at high risk of infection. And the work to create delivery systems could cost more than the vaccine itself.

The Vaccine Initiative urged the World Trade Organization and the major industrialized nations to create a tiered pricing structure to help poor countries pay what they can afford and allow companies to obtain a satisfactory return on investment.

The research group cited support for the blueprint from Sean Lance, chairman and chief executive officer of Chiron, a biotechnology company in Emeryville, Calif., that seeks to develop an AIDS vaccine.

Although Chiron collaborates with researchers in South Africa and has distribution agreements for other products with South Africa, the company has vastly reduced its representation at the AIDS conference because of concerns of personal safety in Durban, a spokeswoman for Chiron said. Mr. Lance, a native South African, is not attending.

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July 12, 2000

New Therapy Strategies Pushed as AIDS Drugs' Promise Fades

By LAWRENCE K. ALTMAN

TURBAN, South Africa, July 11 -- As the widely publicized hopes of a cure for AIDS have vanished and the limitations of standard drug therapy have become increasingly apparent, scientists are urgently seeking new strategies to make better use of therapies they have, researchers said today.

Issue in Depth
• The AIDS Epidemic

Forum
• Join a Discussion on The AIDS Epidemic

Their discussion took place here at the 13th international AIDS conference.

One strategy came from a top United States government scientist who announced promising early findings from two new trials aimed at giving long breaks in treatment to people infected with H.I.V., the virus that causes AIDS.

The aim is to help the body cope with the virus on its own for varying periods and make it easier for infected people to take the drugs. But the interrupted therapy would not be a cure.

Need for such new solutions was underscored by studies reported by the Centers for Disease Control and Prevention questioning how long the drug combinations being used will remain effective against the virus.

Combinations of anti-H.I.V. drugs successfully suppressed the virus for 12 months or more in only one-third of infected Americans, so patients are having to change drugs and regimens increasingly often to maintain their benefits, said Dr. Scott Holmberg, an epidemiologist at the C.D.C.

No one here is questioning that many infected people have benefited greatly from the combinations of newer and older anti-H.I.V. drugs.

But Dr. Mauro Schechter of Brazil said scientists might have overestimated the contributions of the group of drugs known as protease inhibitors in lowering the death rates from AIDS.

Other drugs, which prevent the many secondary infections that result when H.I.V. damages the immune system, have received less credit than they deserve in lowering death rates, Dr. Schechter, of the University of Rio de Janiero, said in urging a renewed interest in such drugs.

Dr. Schechter also said that giving patients a break from taking their pills for extended, planned periods could make drug regimens safer and more affordable if studies showed the technique to be successful.

Dr. Anthony S. Fauci, the head of the National Institute of Allergy and Infectious Diseases in Bethesda, Md., said many studies had made it "clear that eradication of H.I.V. is not possible with the drugs currently available," and that prolonged or lifetime courses of drug combinations were not feasible for most infected people.

The sobering realization contrasts with the optimism, if not euphoria, that enveloped the AIDS meeting in Vancouver in 1996, when leading experts talked about the prospects of curing AIDS.

Dr. Fauci reported that he and scientists at 10 or so medical centers in the United States and Europe were conducting trials on the effectiveness of various ways to give interrupted therapy. For example, participants in some studies stop taking drugs for varying periods of time until H.I.V. rebounds to a predetermined level in their blood.

Dr. Fauci's team has begun two small trials to determine whether patients can stop and restart therapy for specified periods in well-defined cycles. Both trials include people who took drugs that suppressed H.I.V. to levels undetectable by blood tests.

One trial involves 70 participants. Half are taking their drugs continuously. The others are taking the drugs for two months and then stopping them for one month. In nine participants, the virus rose when they stopped taking the drugs -- although to lower levels each time -- but returned to undetectable levels after they resumed the same therapy.

In the second study, participants are alternating drug therapy for a week and then stopping for a week in repetitive cycles. The week's break does not give the virus enough time to rebound except in a rare case, Dr. Fauci said.

He expressed hope that over time, cycles might be extended so patients could forgo drug therapy for six to eight months. In an interview, he said that "we are not trying to immunize them to the point where we could completely stop therapy."

Because less medication would be taken, the intermittent therapy presumably would reduce unwanted side-effects.

To Dr. Fauci, the greatest potential benefit of intermittent therapy would be in providing Africans an easier and more affordable way to take the drugs that are widely used in rich countries.

A drawback is that the tests to measure H.I.V. levels in the blood are now needed before individuals start the intermittent therapy, and the tests are not widely available in Africa. But Dr. Fauci expressed hope that if the studies document the therapy's benefits, simpler ways will be found to carry it out in Africa, where AIDS has hit with devastating force.

Because it is planned, the interrupted therapy being tested in the studies differs from the drug holidays that many infected people take on their own, running the risk of creating viral resistance to drugs.

July 12, 2000

Young People Found Uninformed on AIDS

By THE NEW YORK TIMES

UNITED NATIONS, July 11 -- A dangerously large number of young people in the developing world do not know how to protect themselves from the virus that causes AIDS, according to a report from Unicef, the United Nations Children's Fund.

Girls are especially ignorant about the disease, Unicef found. A survey of 34 countries found that in about half, more than 50 percent of girls from age 15 to 19 said they did not know that a person with AIDS could appear healthy. In Chad, the figure was 83 percent; in Niger, 81 percent; and in Nepal, 80 percent.

"This knowledge gap is one important element in understanding the higher H.I.V. infection rate among girls in many countries," the report said. The survey of what young people know about AIDS is part of Unicef's annual Progress of Nations report, to be published Wednesday.

Efforts to reach and teach girls are hampered by "poverty, local customs, violence and social or religious bias," Unicef said.

But even some knowledge of AIDS and how H.I.V. is transmitted does not necessarily change young people's perceptions about their vulnerability or change behavior, the report also found. In Haiti, Zambia and Zimbabwe -- where risks of being infected are high -- the Unicef survey found that more than half of sexually active girls said they did not consider themselves at risk.

One of the greatest challenges to health services, the report said, "is how to help young people convert the information they have about H.I.V./ AIDS into personal awareness of risk."

International

The New York Times ON THE WEB

July 13, 2000

Hopes for Anti-H.I.V. Treatment Dashed

By LAWRENCE K. ALTMAN

DURBAN, South Africa, July 12 -- Women at high risk of contracting the virus that causes AIDS should not use the widely sold spermicide, nonoxynol-9, because it may increase the risk of H.I.V. rather than protect against it, the United Nations warned today.

Issue in Depth
• The AIDS Epidemic

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The bulk of evidence from a number of trials shows that nonoxynol-9 is either ineffective or, if used very frequently, could be harmful as an anti-H.I.V. agent, said Dr. Joseph Perriens, who oversaw the study for Unaids, a joint United Nations agency, at a news conference here today.

"If you use nonoxynol-9, you are either wasting your money or possibly wasting your life," Dr. Perriens said at the 13th international AIDS conference here.

Nonoxynol-9 is marketed as a contraceptive, and the chemical is also included as a lubricant in many male condoms. Women using nonoxynol-9 solely as a contraceptive should not worry about the findings because normal usage generally will not cause the ulcers that are believed to increase risk of H.I.V. transmission, an official with the Food and Drug Administration in the United States said.

"I think if it's used appropriately, it really shouldn't pose a risk," said Dr. Debra Birnkrant, deputy director of the division of anti-viral drug products at the F.D.A.

For people at high risk of contracting H.I.V., "condoms with or without nonoxynol-9 should be used," said Dr. Ann Duerr, chief of the H.I.V. section in the division of reproductive health at the U.S. Centers for Disease Control and Prevention. The study's implications for the small amounts of nonoxynol-9 on lubricated condoms are unclear, she said.

Unaids had hoped that its study, which was conducted in three African countries and Thailand, would put nonoxynol-9 on the fast track for approval as the first effective microbicide women could apply to the vagina before intercourse to kill H.I.V. A microbicide is any substance that kills germs, and it can be formulated as a cream, gel, film or suppository.

Instead, the preliminary findings reported today dealt a severe blow to efforts to develop a weapon that women in Africa desperately need to protect themselves from H.I.V. Many women in Africa and elsewhere are forced to have unprotected sex with their husbands who are infected. In some African countries, more than 20 percent of the adult population and 30 percent of pregnant women are H.I.V. infected.

The findings were more bad news at a meeting characterized by a number of disappointments and few advances. In contrast to the euphoria at the 1996 meeting in Vancouver, where scientists spoke about the possibility of curing AIDS, here they have said that such hopes are unfounded until new and improved weapons are found. Instead, they say, they must find new ways to use what they have at hand.

And every day, conference participants have been badgered with depressing figures. They heard how South Africa, with 20 percent of its adult population infected, also has the most people living with H.I.V. -- 4.2 million -- in the world. H.I.V. rates exceed 10 percent in 16 countries in the southern region of Africa.

Unaids, the World Health Organization and a number of groups representing advocates for a vaginal microbicide for H.I.V. said that, despite the setback, they were committed to finding an effective microbicide.

"This study was a lost battle" in that effort, Dr. Perriens said. "We have a war ahead of us and we think this war can be won."

At least 36 other compounds are now at the preclinical testing stage, while 20 are ready for early safety trials in human volunteers. Three additional compounds are being considered for large-scale trials.

Unaids decided to try to use nonoxynol-9 as a microbicide because the spermicide was inexpensive, showed activity against H.I.V. in laboratory tests and could prevent infection from the simian immune deficiency virus among macaques.

The Unaids study involved AdvantageS, a nonoxynol-9 product that the Miami-based Columbia Laboratories markets in the United States and China. AdvantageS was developed and marketed as a contraceptive, not as a way to prevent infections. Columbia helped pay for the Unaids study, which was conducted in Benin, Ivory Coast, South Africa and Thailand.

The 999 participants were prostitutes who were offered free

condoms, counseling, testing for sexually transmitted diseases and treatment throughout the study. All of the women were encouraged to use AdvantageS and a condom each time they had sex. They had sex with an average of four partners each day, and the range was from 1 to 20 partners. The participants said that nearly 90 percent of the acts were protected by condoms.

The participants agreed to be randomly assigned to use either AdvantageS or Replens, a vaginal moisturizer without nonoxynol-9.

In the study, 59 women in the AdvantageS group became H.I.V. infected compared to 41 in the Replens group, a difference that was significant by statistical tests.

There were more genital ulcers in the AdvantageS group than in the Replens group, said Dr. Lut Van Damme, the study's scientific coordinator from the Institute of Tropical Medicine in Antwerp, Belgium. Dr. Van Damme said that the finding led her team to suspect that the ulcers made it easier for H.I.V. to infect women.

Nonoxynol-9's tendency to cause ulcers is "a known risk if used to excess," said Dr. Birnkrant. Using it according to directions should not cause the ulcers, she said.

Dr. Howard L. Levine, a Columbia vice president, said his company was keeping the F.D.A. informed of the findings. He urged caution in interpreting the findings until the final analysis is completed in a few months. The study provided the worst-case scenario for AdvantageS because many of the prostitutes in the study had more sexual acts a day than in Columbia's tests of the product, Dr. Levine said.

The findings have led scientists at the Centers for Disease Control and Prevention to stop a study they had planned to conduct in Los Angeles and Miami among women at high risk for H.I.V.

July 2, 2000, Sunday
Week in Review Desk

The Nation: No Limit; Writing the Bill For Global AIDS

By DONALD G. McNEIL Jr.

THE question is: How much would it cost to contain the global **AIDS** epidemic? The short answer is: Well, how much have you got?

How much would it cost to banish ignorance, to deaden lust, to shame rape, to stop war, to enrich the poor, to empower women, to defend children, to make decent medical care as globally ubiquitous as Coca-Cola -- in short, to get rid of all the underlying causes of the epidemic in the third world?

The latest global survey of the epidemic was released last week by Unaids, the United Nations agency dealing with **AIDS**. It estimated that more than one-third of all 15-year-olds in the worst-affected countries are still destined to die even if infection rates somehow drop.

In the United States, **AIDS** is usually addressed as a medical problem with to be solved with health care or public health policy. Overseas experts say that even seeing the epidemic that way is a luxury that reflects American thinking: any germ can be killed if it is hammered long enough with a big enough wad of dollars. But **AIDS** in the third world, said Anthony Kinghorn, a South African consultant to governments and businesses facing the epidemic, is "really a welfare and education issue rather than a medical one."

In Zimbabwe and India and Haiti, one cannot tackle **AIDS** the way it has been fought in San Francisco and New York. One cannot simply put baskets of condoms in all the gay bars and clean needles in all the methadone clinics or even send speakers to all the high schools and plant scary articles in the press.

For one, much of the world at risk of **AIDS** can't read. Most of the world at risk has never used a condom. Most of the world at risk has never heard of Act Up and wouldn't dare heckle a president. And most of the world with **AIDS** thinks it doesn't have the disease and doesn't know anyone who does, because 95 percent of those infected in the third world have never been tested. (Most estimates come from anonymous testing at pre-natal clinics.) And most of the world cannot afford the drugs that Americans can.

With such verities in mind, then, how is one to think about containing **AIDS** -- say, in Africa, the continent most dramatically affected so far?

If there was money, what might be done with it?

Certainly, estimates are bandied about. The Unaids survey mentioned a need for $2 billion a year for sub-Saharan Africa, of which about $300 million has been committed, said Dr. Peter Piot, head of the agency.

But that figure seems negligible, given the scope of the disease. And it is, because Unaids estimates are painfully conservative. The $2 billion was only for prevention -- not care -- and only to bring standards up to the level of Uganda or Senegal, the only two African countries that have cut their numbers of citizens living with **AIDS**. It envisioned modest goals: condom handouts, blood testing, counseling for prostitutes and students, routine treatment for venereal diseases, and so on.

WHEN Unaids tries to calculate the theoretical additional cost of medical care, "it gets more difficult," said Bernhard Schwartlander, the agency's chief epidemiologist. The calculations are pared down to what realistically might be done. They include treating only people with access to medical systems that can do easier things like tuberculosis treatment and pre-natal care reasonably well. Most of the money would go for the cheapest drugs, like the antibiotic Bactrim, which prevents only simple infections. Some money is allotted for more sophisticated drugs to fight drug-resistant tuberculosis and fungal infections, and for an "**AIDS** cocktail" of anti-retroviral drugs -- but in these cases, only enough to reach a fraction of those infected because those therapies must be closely supervised and the medical resources to do so are scarce.

In addition, the calculations assume that the cocktail will cost only $1,400 a year (as opposed to the $12,000 a year or more that an American **AIDS** patient might spend). To get the cost that low, Western drug companies would have to cut their prices by 90 percent or the drugs would have to be purchased from Brazil, India or other countries that ignore patents.

If that could all be arranged by 2005, Mr. Schwartlander said, the cost would be about $1.7 billion a year to get the cheapest care for the dying to 40 percent of all infected Africans and the **AIDS** cocktail to 10 percent -- an inadequate, but realistic, goal. "If the drugs are more expensive or you increase the coverage rate, the costs explode accordingly," Mr. Schwartlander said.

Nobody calculates what it would cost to give Africans and Asians the kind of health care that Americans -- even American welfare recipients -- receive. That would run into hundreds of billions, because one would have to start from ground zero, building the hospitals and importing the doctors.

To put this in perspective: There are an estimated 34 million HIV-infected people in the world, at least 30 million of them poor. Poor not just by American standards, but by world standards: living on less than $2 a day. **AIDS** specialists

rarely say this bluntly, but the truth is that most of those 30 million people have simply been written off, because the first priority for the first few billion dollars is prevention, not treatment.

Not that it is possible to talk so straightforwardly about the terrible cost of **AIDS** -- at least not until more political leaders in Africa realistically confront the dimensions of the problem, and more governments overseas mobilize to help Africa.

Alan Whiteside, an economist who studies **AIDS** in South Africa, which has the world's fastest-growing epidemic, puts it this way: "You can't give up on the infected because of the message it sends." But if he had $1 billion to spend most wisely, he would spend it on "giving women more power, caring for orphans and getting them education."

Then there is the overwhelming problem of poverty. An HIV-positive American can focus on his T-cell counts; an HIV-positive African in a rural village still has to focus on finding clean water and food.

"In Uganda," said Mr. Kinghorn, the South African consultant, "there are lots of kids who are aware of **AIDS** now. But they're simply not able to protect themselves. They have to do high-risk things to put bread on the table."

Once poverty is factored in -- especially when the dying young can no longer build an economy -- the question becomes: How much can be done with the least money? But that, too, is problematic. The cheapest form of prevention is condoms. The United States Agency for International Development is the biggest condom customer in the world. With its European counterparts, the total bill for Africa and Asia runs to Tens of millions of dollars. But distribution is the difficult part, along with overcoming prejudices against them. When, for example, will grown men in Soweto stop teasing young men by asking, "Oh, do you shower with your raincoat on too?"

A vaccine would also be a cheap countermeasure. The Bill and Melinda Gates Foundation has put up $250 million for the hunt, and the Clinton administration has offered $1 billion in tax credits to any company that invents one. But a vaccine, like a cure, remains elusive. Optimists say one might be found and approved in 10 years.

Organizations mentioned in this article:

Related Terms:

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HEADLINE: PRESIDENT URGES **NIGERIA** TO FIGHT TYRANNY OF AIDS

BYLINE: By MARC LACEY

DATELINE: ABUJA, Nigeria, Aug. 27

BODY:

President Clinton urged Nigerians today to eliminate the taboos associated with AIDS in Africa, and to confront what he called the "tyranny" of the disease with the same resolve they showed in enduring decades of dictatorship.

"Is it harder to talk about these things than to watch a child die of AIDS who could have lived if the rest of us had done our part?" the president asked at a women's conference here. "Is it harder to talk about than to comfort a child whose mother has died? We have to break the silence about how this disease spreads and how to prevent it. And we need to fight AIDS, not people with AIDS."

Mr. Clinton's remarks presented a bold challenge, not only to Nigerians but to all in Africa, where health experts have lamented the fact that the stigma surrounding the disease and inadequate public education about its dangers have contributed to the spread of AIDS. An estimated 23 million Africans carry H.I.V., the virus that causes the disease.

But while the president offered American support for Nigerian efforts to confront AIDS, he offered no new assistance. Africans reacted coolly to the United States' offer last month of $1 billion in annual loans to finance the purchase of anti-AIDS drugs in sub-Saharan Africa, suggesting that the approach would merely add to the already heavy debt burden of African nations.

Mr. Clinton spent the day addressing some of the most pressing problems in Africa: AIDS, poverty, joblessness and soaring national debt. He ventured from the Nigerian capital to a rural village to get a glimpse of how a vast majority of Nigerians live and, winding up a two-day visit to Africa's newest democracy, he encouraged Nigerian businessmen to work to expand the economy beyond its heavy reliance on oil.

Under a morning rain, the village chief, Muhammadu Baba, led Mr. Clinton through the muddy walkways traversing the village of Ushafa, where tin-roof huts house several thousand residents, as well as houses of worship, a pharmacy and health clinic.

The president, accompanied by his daughter, Chelsea, received a rousing welcome as schoolchildren bearing tiny American flags sang greetings and native dancers spun around him in the center square. Mr. Clinton, to the delight of onlookers, slipped into a traditional Nigerian robe and held aloft a handmade hoe, both official gifts of the village.

Later, at a hotel conference room in Abuja, Mr. Clinton told business executives that Nigeria would be added to the list of developing countries that receive duty-free status for their exports, and he vowed to increase ties between Nigeria

and the United States, its largest export market. The elimination of tariffs could increase demand for Nigerian exports including cocoa, cotton, hand-made traditional textiles, minerals and forest products.

But it was at a midday appearance before a crowded women's conference that Mr. Clinton addressed the health plight that if left unchecked, he said, would stymie the country even if political and economic reforms took root.

Standing beside a man infected with the virus that has become the continent's leading killer, Mr. Clinton applauded Nigeria's efforts to control the spread of AIDS. But he offered a blunt reminder to Africans that the disease is preventable -- if people would only speak frankly about how it is spread, and take common-sense action.

"AIDS is 100 percent preventable -- if we are willing to deal with it openly and honestly," he said. "In every country, in any culture, it is difficult, painful, at the very least, embarrassing to talk about the issues involved with AIDS."

The president announced no new funds for Nigeria's AIDS fight but he detailed the $20 million the United States will spend this year to control the spread of AIDS, malaria and polio in Nigeria. He reported that AIDS education would be included as part of the military training that United States troops are giving to Nigerian peacekeepers headed to nearby Sierra Leone, which has been ravaged by civil war.

He told the audience of young people, religious leaders and women at the conference in Abuja that Nigerians, despite the introduction of civilian rule last year, would never be free until they bring infectious diseases under control. An estimated 5.4 percent of Nigeria's 114 million people are infected with the AIDS virus, according to the White House, giving it one of the highest infection rates on the continent.

"I am amazed at the courage of the people of Nigeria in struggling against the oppression that you endured for too long until you got your democracy," Mr. Clinton said. "I urge you now to show that same kind of courage to beat the tyranny of this disease so you can keep your democracy alive for all the children of Nigeria and their future."

United States officials, frustrated by the lack of action by some African governments, have praised President Olusegun Obasanjo of Nigeria for making the fight against AIDS a priority. But Mr. Obasanjo stressed today that Nigeria would need help from the rest of the world to win its struggle against the disease.

"It is not a disease you can say if you eradicate it in Nigeria, it is eradicated for good," Mr. Obasanjo said. "Those from Nigeria who go outside and have sexual relations with those who have H.I.V.-AIDS or have blood transfusions with them will bring it back. We don't see it as a Nigerian disease. We see it as a world disease that is ravaging Africa most."

Throughout Mr. Clinton's two-day visit here, Mr. Obasanjo has repeatedly raised the issue of debt relief, encouraging the wealthy nations of the world to forgive the large sums amassed by previous African rulers.

Mr. Obasanjo, elected 15 months ago as part of Nigeria's tenuous transition to democracy, did not directly address the United States AIDS plan today. But in toasting Mr. Clinton at a state dinner on Saturday night, he made a plea for financial relief from the United States and other wealthy nations.

"We know that we cannot achieve our desire for economic development if we continue to bleed from the gushing wounds of an ever-penetrating debt-repayment lance," he said.

Mr. Clinton, in addressing business leaders today, said past leaders of Nigeria -- a country that has suffered under corrupt dictators for most of its modern history -- had squandered its riches and must be careful to focus any debt relief on improving the lives of its people.

In the village of Ushafa, Mr. Clinton saw how far Nigeria must still progress. The village lacks telephone service and running water and received electricity only several months ago. Mr. Clinton entered a small medical clinic that had been stocked with supplies by the State Department just the day before.

One worker told the president that the clinic had treated 234 cases of malaria this year. There are no H.I.V. cases, villagers said, although nearby villages have cases and urban areas are heavily affected.

The United States assistance to Nigeria includes $2 million in the current budget to produce insecticide-treated bed nets to keep malaria-infected mosquitoes at bay, as well as $9 million to battle polio and $10 million to assist the anti-AIDS fight. The White House has requested a $100 million increase, to $342 million, in international AIDS funds in the 2001 fiscal year budget.

"This is not just Nigeria's fight, or Africa's fight," Mr. Clinton said. "It is America's fight and the world's fight too."

The president's remarks heartened John Ibekwe, who heads an organization in Nigeria for people living with AIDS. "With you as an advocate on our side, governments in Africa will do more than they are doing," Mr. Ibekwe said in introducing the president.

Mr. Clinton, who restricted his travel in Nigeria partly for security reasons, leaves for Tanzania early Monday for an update from former President Nelson Mandela of South Africa on the Burundi peace talks. He began his day at a Baptist church in Abuja, where he heard the Rev. Israel Akanji preach on the parable of the Good Samaritan.

"Robbers have come; bandits have come," Mr. Akanji said of his country's struggles against its own leaders. "We have been left wounded, bleeding and dying. Is there a Good Samaritan passing by?"

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GRAPHIC: Photos: President Clinton walking with doctors yesterday while visiting Ushafa, a village in north-central Nigeria. He wore a traditional Nigerian robe. (Reuters)(pg. A1); President Clinton, in a traditional Nigerian robe, got an enthusiastic greeting yesterday in the village of Ushafa, near Nigeria's capital, while Kyata Shamba, 13, wore an American flag as she prepared to greet him. (Rick Bowner/Associated Press); (Agence France-Presse)(pg. A8)

Map of Nigeria highlighting location of Abuja: Clinton spoke about AIDS to a women's conference in Abuja. (pg. A8)

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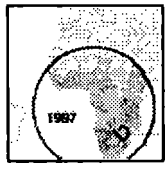
Parts of Africa Showing H.I.V. in 1 in 4 Adults



By LAWRENCE K. ALTMAN

GENEVA -- In certain areas of Africa, one in four adults is infected with the virus that causes AIDS, and around the world the disease now rivals the greatest epidemics of history, according to a United Nations report issued today.

In the first country-by-country analysis of the disease, the United Nations said that last year 30 million people worldwide were infected with HIV, the AIDS virus, and that 21 million were in Africa.

Countries south of the Sahara account for the world's 21 highest rates of HIV among adults aged 15 to 49 years, the most sexually active segment of the population. In 13 of those countries, HIV has infected at least 10 percent of adults, and in Botswana and Zimbabwe, a quarter of adults are infected, a rate that even an expert described as "shocking."

The report, released ahead of the 12th international AIDS conference that begins here on Sunday, paints the gloomiest pictures of the HIV epidemic since it was first recognized in 1981.

AIDS is hitting Africa so fiercely that it now rivals the great epidemics of history -- the Black Death of the Middle Ages that killed 20 million people, or one-quarter of Europe's population, in four years and the influenza pandemic of 1918-1919 that killed 20 million people, including half a million Americans.

But where plague and influenza killed in days, death from untreated AIDS takes about a decade, making it a more silent epidemic that officials have too easily ignored, AIDS officials noted.

"If HIV killed as rapidly as plague and influenza, the epidemic would be

controlled by now," Dr. Peter Piot, the head of the U.N. AIDS Program, said in an interview.

The report contained a glimmer of good news, showing a slowing of infection rates in countries that have adopted strong prevention programs, like Senegal, Tanzania, Thailand and Uganda.

But Piot and other officials warned that South Africa, Namibia and other African countries could soon reach a 25 percent adult infection rate unless national leaders undertook similar programs.

Infection rates exceed one in three adults in some major African cities and reach 70 percent of women tested in some prenatal clinics. Many infected women pass the virus on to their babies.

The overwhelming majority of the Africans are doomed to die from AIDS, the officials said, because they live in countries that cannot afford the costly combinations of drugs that have helped keep the virus in check among infected people in developed countries.

The African figures compare to a worldwide adult HIV-infection rate of 1 percent for adults and 0.76 percent in the United States. Moreover, officials said, 90 percent of the African patients probably do not know they are infected because testing is not widely available.

Worldwide last year, 5.6 million people were newly infected while 2.3 million died from AIDS. AIDS is now on the verge of moving into the top five leading causes of death in the world, overtaking diarrheal diseases. The viral infection now kills as many people as malaria and is second only to tuberculosis, which itself is a common complication of AIDS and a source of infection to non-HIV-infected individuals.

Piot, a Belgian who has worked with AIDS in third world countries for more than 15 years, called the new HIV figures staggering and said he was "shocked" when he learned that 25 percent of an entire country's adults were infected. At first, both Piot and Dr. Bernhard Schwartlander, the U.N. epidemiologist who led the analysis, said they suspected a statistical error.

But checking found them accurate and erring on the side of underestimates, they said. It took the U.N. AIDS program more than a year to gather and verify the figures with each country, and the figures on AIDS are considered the most reliable of any international health statistics, Piot said. Health officials have been hampered since AIDS was first recognized in 1981 in getting a handle on such information because of the notoriously poor quality of health statistics in most of the world.

The U.N. researchers obtained data from published material, surveys conducted in clinics and health department data. Among the methods used was computer modeling, using census data and infection rates, to verify trends reported by the countries.

Piot said the epidemic could eventually be controlled if other countries matched successful prevention programs in Africa.

Uganda was the first country to respond to a massive burden of HIV infection, and the African country has cut HIV prevalence more than a quarter, to 9.5 percent in 1997 from 13 percent in 1994.

Thailand, which has experienced what the U.N. said was probably the best documented epidemic in the developing world, has cut its prevalence by nearly 15 percent -- to 2.3 percent in 1997 from 2.7 percent in 1994. A drop in new infections was noted especially among sex workers and their clients.

"Even in the industrialized world, reductions of this magnitude are virtually unheard of," Piot said.

Senegal instituted campaigns for safer sex that has kept its infection rate at about 2 percent. "Senegal acted before it had a major problem, but there are not enough of those countries," Piot said.

However, more than money will be needed to match such efforts elsewhere, Piot said. "The overriding need is political courage -- deciding to move ahead with effective approaches despite cultural constraints such as promotion of condom use, sex education in schools and widespread health education programs," Piot said.

As HIV is spread, it insinuates itself into communities little troubled in the past and strengthens its grip on areas where AIDS is already the leading cause of death.

In Botswana, the infection rate has more than doubled to 25.1 percent in 1997 from 10 percent in 1992. Surveys have found 43 percent of pregnant women infected in 1997 in the major urban center of Francistown. In 1995 in Harare, the capital of Zimbabwe, 32 percent of pregnant women were infected.

In one town on the Zimbabwe-South African border, 70 percent of women attending prenatal clinics in 1995 were found to be infected.

HIV rates are lower in Asia, Eastern Europe and South America. But an alarming trend is the doubling and tripling of transmission rates in some countries in these areas since 1994. "Because over half the world's population lives in the region, small differences in rates can make a huge difference in the absolute numbers of people infected," the U. N. report said.

In expressing alarm about the widening gap in infection and death rates between industrialized and developing countries, Piot said the gap "shines the spotlight on the have-nots of the epidemic."

The U.N. group attributed the gap to inadequate measures to stop transmission of HIV and to make available the combinations of anti-HIV drugs that help

forestall development of deadly AIDS-related infections and cancers.

Last year, deaths from HIV left 1.6 million children without at least one parent. From the time the epidemic was first recognized in 1981 to the beginning of 1998, 8.2 million children lost their mothers to AIDS. Many also lost their fathers as well. In East Africa, 40 percent of children 15 or younger have lost their mother or both parents.

"As the number of orphans grows and the number of potential caregivers shrinks, traditional coping mechanisms stretch to the breaking point," the report said.

The U.N. AIDS program cited four reasons why the infection rates are so high in Africa.

One is that more women of childbearing age are HIV infected in Africa than elsewhere. A second is that African women have more children on average than those in other continents. Thus, one infected woman may pass the virus on to a higher average number of children.

A third reason is that nearly all children in Africa are breastfed, which is thought to account for between a third and a half of all HIV transmission from mother to child.

A fourth reason is that new drugs are less readily available than in industrialized world. Also, other sexually transmitted diseases are known to speed transmission of AIDS and may go untreated in poor countries.

The U.N. said it saw early warning signs that epidemics of similar magnitude could occur among Asian countries, where HIV has been a relative latecomer. However, the report said the figures for Asia are less reliable than elsewhere because only a few Asian countries have developed sophisticated systems for monitoring the spread of the virus.

India has the largest number of HIV-infected people -- 4 million -- in the world.

One survey in Pondicherry found four percent of pregnant women infected. The prevalence of infection among truck drivers in Madras quadrupled to 6.2 percent in 1996 from 1.5 percent in 1995. In Manipure state, 73 percent of the patients in a clinic for injecting drug users were infected in 1996.

Although HIV has infected less than 1 percent of adults in India, the figure is 10 times higher than in neighboring China.

Two major epidemics are occurring in China, the U.N. said. One is among injecting drug users. The other is among heterosexuals in the prosperous eastern seaboard where prostitution is re-emerging as the gap grows between rich and poor. The incidence of sexually transmitted diseases has soared in recent years. Health officials regard the trend in sexually transmitted diseases as a warning sign of HIV rates because sexually transmitted diseases can enhance its spread.

The U.N. report also includes the first country-by-country information about the availability and use of condoms. But on condom use, the report's tables contain many blanks -- purposeful by challenging national leaders to take tougher stands on controlling HIV infection, Piot said.

With a vaccine against HIV a distant hope, Piot said that "AIDS is with us to stay for a long time."

Other Places of Interest on The Web

- Offical Webcast of the World AIDS Conference.
- ASD Online, the World Health Organization's Office of HIV/AIDS and Sexually Transmitted Diseases.

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The New York Times

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SECTION: Section A; Page 1; Column 4; Foreign Desk

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HEADLINE: U.S. OFFERS AFRICA $1 BILLION A YEAR FOR FIGHTING AIDS

BYLINE: By JOSEPH KAHN

DATELINE: WASHINGTON, July 18

BODY:

The United States plans to offer sub-Saharan African nations $1 billion in loans annually to finance the purchase of American AIDS drugs and medical services, a program that greatly increases the money available to combat the disease in a region that has become its epicenter.

The program, which will be announced by the United States **Export-Import Bank** on Wednesday, comes after five multinational drug companies agreed in May to cut the prices they charge African nations for drugs to combat AIDS. The loans will help poor nations to buy the drugs that fight the complications and transmission of AIDS, and which are expensive even at discounted prices.

It is estimated that Africa already has 50 million people who carry H.I.V., the virus that causes AIDS, far more than any other region, and doing more to fight the disease there has become a central goal of the Clinton administration and several European nations. Despite the severity of the problem, international health officials estimate that only 5 percent of Africans who carry H.I.V. are aware of the fact.

But wealthy nations have only just begun to make money available to match their vocal pledges to address the problem. The United Nations estimated recently that the amount of money devoted to fight the disease in Africa needs to rise 10-fold to $3 billion annually if the nations hardest hit are to make significant progress in education, prevention and care.

"This is at least a first step in showing the world that Africa is important to the United States and that we can make a dent in this terrible problem," said James A. Harmon, president of the **Export-Import Bank,** which is an independent government agency financed by Congress. "We think that this is the most significant funding commitment by any international institution to date."

Mr. Harmon said he expected that export promotion agencies in Europe and Japan would eventually match the American initiative. He estimated that together wealthy nations could make $3 billion available in annual financing to African governments that want to buy pharmaceuticals, equipment and services.

The loans are not without complications. Several officials said the administration was split about the wisdom of the **Export-Import bank's** action, with some officials arguing that it does not make sense for the United States to lend African countries billions of dollars in export credits at a time when Congress is being pressed to forgive past loans.

Most of the new loans, which will not require Congressional approval, would be provided at commercial interest rates that now average about 7 percent, though a small percentage might be offered at a lower concessional rate, bank officials said.

Wealthy nations and international lending agencies are seeking to forgive as much as $100 billion in past development loans to the most indebted nations, including many in Africa. Some administration officials had promoted debt relief to a reluctant Republican-led Congress as the best way for the United States to combat AIDS, because it would free up money that African nations would otherwise have to use to service their debts.

The loans are also likely to increase an active debate among groups interested in development over the best way to tackle AIDS. Many of the African nations and private charity groups have argued that AIDS is a huge medical and social crisis that requires more than discounted drugs and new loans.

"I think what the United States is doing is laudable," said Koby Koomson, Ghana's ambassador in Washington, referring to the loans. "But the pharmaceutical companies need to come around and see that the only way to fight this pandemic is to donate whatever is necessary."

The United States loans could help American pharmaceutical companies prevent the spread of generic knock-offs of their profitable AIDS drugs to Africa. Even with heavy discounts of up to 80 or 90 percent -- the companies have not made public the prices they will charge -- some drug makers may still hope to sell their product profitably in Africa.

The United Nations has said it is exploring the possibility of helping African nations buy generic AIDS drugs from Brazil and India for less money that even the discounted prices Western drug companies might charge for the original product. The drug companies consider generic alternatives a violation of their intellectual property.

But it seems unlikely that Brazil, India or other nations that produce such drugs for home consumption would have the export financing available to help African nations buy the goods. The American loans, along with a recent commitment by the World Bank to provide at least $500 million to help African nations set up anti-AIDS initiatives, give added incentive to African nations to treat many of their AIDS cases with Western medicine.

Even at 90 percent discounts, a typical cocktail of AIDS-suppressing drugs might cost $2,000 a year for a single patient in Africa, more than four times the average per capita income in many of the worst-afflicted countries.

Jacob Gayle, a senior technical adviser for the United Nations AIDS Program, which is based in Geneva, called the **Export-Import Bank** action "a major announcement" that takes a big step toward providing the $3 billion in annual fund commitments that his agency considers necessary to fight the disease in Africa.

But he stressed that the problem is much broader than a lack of AIDS drugs. African nations need to set up education and prevention efforts and develop the medical infrastructure to administer drugs effectively before they can make good use of loans to purchase medicine, he said.

The loan program is the first time the **Export-Import Bank** has offered financing for drug purchases by any nation, Mr. Harmon said. Moreover, the government bank plans to make the financing available to the 24 eligible sub-Saharan nations for five-year terms, an unusually long term for loans that are considered

high risk.

He called the loans a pilot program that could be expanded or scaled back depending on how African nations and drug companies respond.

Teaching Troops About AIDS

UNITED NATIONS, July 18 (By The New York Times) -- At the urging of the United States, the Security Council has adopted a resolution asking for more attention to education about AIDS to be given to peacekeeping troops, who have been carriers of the disease, especially in Africa. The United Nations has been advising peacekeepers on the dangers of AIDS and promoting the use of condoms, and the resolution reinforces those efforts.

In the vote on Monday, however, the American delegation failed to win a stronger resolution. It would have asked for a data base to be kept on peacekeepers to track national efforts to monitor the rate of infection with AIDS and test troops. Countries supplying troops objected to that proposal as an infringement of their control over military policies.

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