

Case Number: 2007-1550-F

FOIA MARKER

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

Folder Title: South Africa-AIDS (classified)				
Staff Office-Individual: International Health Affairs				
Original OA/ID Number: 3456				
Row: 38	Section: 6	Shelf: 9 ~	Position: 1	Stack: V

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. cable	Re: [HIV/AIDS Agreement] (5 pages)	11/08/2000	P1/b(1) KBH 10/21/2024
002. cable	Re: [Cooperation on HIV/AIDS] (4 pages)	11/10/2000	P1/b(1) KBH 10/21/2024
003. cable	RE: [Loans] (2 pages)	10/31/2000	P1/b(1) KBH 10/21/2024
004. cable	Re: The State Visit of Thabo Mbeki (4 pages)	05/16/2000	P1/b(1) KBH 10/21/2024
005. cable	Re: [AIDS Panel] (4 pages)	05/12/2000	P1/b(1) KBH 10/21/2024
006. cable	Re: Letter from President Mbeki to President Clinton on HIV/AIDS (5 pages)	04/06/2000	P1/b(1) KBH 10/21/2024
007. cable	Re: [HIV Rate] (3 pages)	03/31/2000	P1/b(1) KBH 10/21/2024
008. cable	Re: [HIV/AIDS] (6 pages)	03/29/2000	P1/b(1) KBH 10/21/2024
009. report	Re: [South Africa] (2 pages)	03/21/2000	P1/b(1)

COLLECTION:

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

FOLDER TITLE:

South Africa - AIDS (classified)

2007-1550-F

ke2021

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Wednesday, November 08, 2000 4:15 AM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Efros, Laura L. (NEC); Harris, Grant T. (AF); Smith, Gayle E. (AF)
Subject: U.S.-NAMIBIA BILATERAL HIV/AIDS AGREEMENT: THE WAY FORWARD CLASSIFIED BY AMBASSADOR. REASON 1.5(B)(D).

ActionAddres: RHEHAAA/WHITE HOUSE WASHDC IMMEDIATE
RUEHC/SECSTATE WASHDC IMMEDIATE 2192
Classification: ~~CONFIDENTIAL~~
DateTime: 080956Z NOV 00
Distribution: SIT: BABBITT BERNARD BYRNE NSC EFROS HARRISG SMITH
Identifier: M4721711
InfoAddres: ///
Line1: OAACZYUW RUEHWD A2409 3130956-CCCC--RHEHAAA.
Line2: ZNY CCCCC ZZH
Line3: O 080956Z NOV 00
Line4: FM AMEMBASSY WINDHOEK
Originator: AMEMBASSY WINDHOEK
Precedence: IMMEDIATE
Profiles: BABBITTJ
BERNARDK
BYRNEC
CABLES
EFROSL
HARRISG
SMITHG
StationRoutingIndicator: RUEHWD
StationSerialNumber: 2409
TimeOfReceipt: 11/08/2000 05:14:29 ET

**DECLASSIFIED
PER E.O. 13526**

2017-0739-M (2.86)

KBH 10/2/2023

~~CONFIDENTIAL~~ SECTION 01 OF 03 WINDHOEK 002409

WHITE HOUSE FOR AIDS COORDINATOR SANDY THURMAN

NSC FOR GAYLE SMITH

STATE FOR AF A/S RICE AND AF/S

AID FOR VIVIAN LOWERY DERRYCK

E.O. 12958: DECL: 11/07/05
TAGS: EAID, PREL, KHIV, WA
SUBJECT: U.S.-NAMIBIA BILATERAL HIV/AIDS AGREEMENT:
THE WAY FORWARD

CLASSIFIED BY AMBASSADOR. REASON 1.5(B)(D).

1. (U) SANDY, I UNDERSTAND YOU ARE PLANNING TO ATTEND THE NOVEMBER 12-14 HARVARD CONFERENCE ON AIDS. PRIME MINISTER GEINGOB AND HEALTH MINISTER AMATHILA ARE BOTH PLANNING TO ATTEND AS WELL. IN THE EVENT THAT YOU EITHER MEET OR CHAT WITH ONE OR THE OTHER, I WANTED TO SUMMARIZE FOR YOU WHERE WE ARE ON NEGOTIATION OF A BILATERAL HIV/AIDS AGREEMENT AND THE ROLE OF GEINGOB AND AMATHILA IN THIS PROCESS.

2. (U) FIRST, A LITTLE BACKGROUND (BEAR WITH ME. IT'S BEEN A LONG AND WINDING ROAD). LAST SPRING, AN AID-

COMMISSIONED TEAM OF CONSULTANTS WORKED OUT A PROPOSAL, IN CONSULTATION WITH THE MINISTRY OF HEALTH AMONG OTHERS, TO INSTITUTE A \$6.5 MILLION MULTI-YEAR PROGRAM IN THE ERONGO REGION (BASICALLY, THE PORT CITY OF WALVIS BAY AND THE NEARBY COASTAL TOWN OF SWAKOPMUND). THE PROPOSAL WAS FOR A PILOT PROJECT ESTABLISHING A VOLUNTARY TESTING CENTER, PROVIDING COUNSELING, TREATING SEXUALLY TRANSMITTED DISEASES, AND DISTRIBUTING CONDOMS. THE TEAM FIGURED THAT \$6.5 MILLION WASN'T ENOUGH FOR A NATION-WIDE PROGRAM, SO THOUGHT A REGIONAL PILOT PROGRAM MADE SENSE, AND CHOSE ERONGO SINCE IT IS THE NATION'S TRANSPORTATION HUB.

3. (SBU) IN AUGUST, MONTHS AFTER WE INFORMALLY AGREED WITH THE HEALTH MINISTRY ON THE BASIC OUTLINES OF THE PROJECT, WE BEGAN TO HEAR WHISPERS OF UNHAPPINESS WITHIN THE MINISTRY. THOUGH NONE OF THEIR CONCERNS WAS EVER STATED FORMALLY TO US, WE HEARD MINISTER AMATHILA BELIEVED A) THE PROJECT SHOULD BE UP NORTH IN OVAMBOLAND (WHERE NAMIBIA'S MAJORITY TRIBE, AND PRESIDENT NUJOMA'S HOME, ARE FOUND); B) TOO MUCH MONEY WAS GOING TO A US-BASED NGO (FAMILY HEALTH INTERNATIONAL) RATHER THAN HER MINISTRY; AND C) TOO MUCH MONEY WAS ALLOCATED TO ADMINISTRATION RATHER THAN PROGRAMS.

4. (SBU) I WROTE THE MINISTER IN EARLY SEPTEMBER SAYING WE SHOULD SIGN IMMEDIATELY OR ELSE LOSE FY 2000 FUNDING. SHE WROTE BACK THE GRN COULD NOT SIGN BECAUSE OF AN OBSCURE PROVISION IN AID'S STANDARD PROVISIONS ACCOMPANYING THE PROPOSED AGREEMENT THAT EXEMPT THE PROGRAM'S CONTRACTORS FROM NAMIBIAN TAXES (IN THIS CASE, A GRAND TOTAL OF ONE CONTRACTOR, WHO WILL BE PAID IN THE U.S.). SHE OFFERED "NON-NEGOTIABLE" LANGUAGE TO ALTER AID'S STANDARD PROVISIONS (USED EVERYWHERE IN THE WORLD). I QUICKLY OFFERED TO DISCUSS FOUR COUNTER-PROPOSALS THAT WOULD HAVE ADDRESSED THE GRN CONCERN. I NEVER HEARD FROM HER, DESPITE REPEATED ATTEMPTS TO REACH HER.

5. ~~(C)~~ FRUSTRATED BY THE NON-RESPONSIVENESS OF THE MINISTER, I WENT TO PRIME MINISTER GEINGOB, PRESIDENT NUJOMA'S PRIVATE SECRETARY (ISAAC KAULINGE), AND THE DIRECTOR-GENERAL OF THE NATIONAL PLANNING COMMISSION (WHICH IS IN CHARGE OF ALL DONOR RELATIONS). ALL EXPRESSED STRONG SYMPATHY WITH OUR OBJECTIVE AND HAVE BEEN WORKING HARD TO MAKE THE AGREEMENT A REALITY. THUS FAR, ALAS, WITHOUT SUCCESS. MOST RECENTLY, THE NATIONAL PLANNING COMMISSION (NPC) HEAD TOLD US THE MINISTER OF FINANCE SAID HE COULD NOT GRANT A TAX "EXEMPTION" FOR OUR CONTRACTOR. THE PRIME MINISTER AND NPC ARE GOING BACK AT FINANCE WITH VARIOUS TECHNICAL FIXES TOO ARCAINE TO EXPLAIN HERE. THE PROBLEM REMAINS, HOWEVER, THAT THE MINISTER OF HEALTH REFUSES TO ENGAGE WITH US, AND REFUSES TO SERVE AS AN ADVOCATE FOR THE PROGRAM WITHIN THE GRN, LEAVING THAT TASK TO THE PRIME MINISTER AND NPC.

6. ~~(C)~~ THE HEALTH MINISTER HAS PAID ONE OF HER RARE VISITS TO NAMIBIA IN THE LAST TWO DAYS (SHE IS USUALLY ABROAD, SOMETIMES IN HER CAPACITY AS PRESIDENT OF THE WORLD HEALTH ASSEMBLY, SOMETIMES JUST JUNKETING), AND I HAVE AGAIN ATTEMPTED TO GET TOGETHER WITH HER WITHOUT RESULTS (I HAD BASICALLY IGNORED HER SINCE MID-SEPTEMBER, INSTEAD WORKING TO SURROUND HER)._ AGAIN, SHE

HAS NOT ANSWERED OUR CALLS.

7. (SBU) MY AID DIRECTOR AND I HAVE CONCLUDED THAT IF IT IS THIS DIFFICULT TO GET THE HEALTH MINISTER TO SIGN AN AGREEMENT, IT MAY BE EVEN MORE FRUSTRATING TO TRY TO GET HER TO IMPLEMENT AN AGREEMENT. ACCORDINGLY, WE ARE EXPLORING WHETHER OTHER LINE MINISTRIES, E.G., EDUCATION, MINES AND ENERGY, OR THE NATIONAL PLANNING COMMISSION, WOULD BE MORE SUITABLE PARTNERS (THEY HAVE
~~CONFIDENTIAL~~ SECTION 02 OF 03 WINDHOEK 002409

WHITE HOUSE FOR AIDS COORDINATOR SANDY THURMAN

NSC FOR GAYLE SMITH

STATE FOR AF A/S RICE AND AF/S

AID FOR VIVIAN LOWERY DERRYCK

E.O. 12958: DECL: 11/07/05

TAGS: EAID, PREL, KHIV, WA

SUBJECT: U.S.-NAMIBIA BILATERAL HIV/AIDS AGREEMENT:
THE WAY FORWARD

BEEN INTERESTED). I HATE TO PUT IN PLACE A PROGRAM IN WHICH THE MINISTRY OF HEALTH IS EITHER EXCLUDED OR A MINOR PLAYER, BUT ULTIMATELY WE WILL HAVE TO PLAY THE CARDS WE'RE DEALT.

8. (S) A WORD ON THE PERSONALITIES YOU MAY ENCOUNTER IN CAMBRIDGE. THE PRIME MINISTER IS A WONDERFULLY DECENT, VOLUBLE, OUTGOING SORT, DETERMINED TO PUT IN PLACE AN HIV/AIDS PROGRAM, AS FRUSTRATED AS WE ARE ABOUT RECALCITRANCE WITHIN HIS GOVERNMENT. HE HAS OVERALL COORDINATING RESPONSIBILITY WITHIN THE GOVERNMENT FOR HIV/AIDS, SOMETHING MOST MINISTERS AND EVEN PRESIDENT NUJOMA SEEM UNAWARE OF. HIS PERSONAL RELATIONSHIP WITH MINISTER AMATHILA SEEMS STRAINED AT BEST. THE PRIME MINISTER IS ONE OF 2 OR 3 NAMES MOST FREQUENTLY MENTIONED AS NUJOMA'S SUCCESSOR, BUT HE IS NOT AN OVAMBO SO HE HAS A TOUGH ROAD AHEAD. THE PRIME MINISTER TOLD ME CONFIDENTIALLY THAT IN HIS OPINION THE OBSTACLE TO AGREEMENT IS NOT TECHNICAL, BUT RATHER THE HEALTH MINISTER'S MISGUIDED OPPOSITION TO U.S. ASSISTANCE. HE ALSO BELIEVES THE MINISTER HAS GOTTEN TO PRESIDENT NUJOMA AND PERSUADED HIM NOT TO SUPPORT OUR PROGRAM, A POSITION THE PRIME MINISTER IS WORKING STRENUOUSLY TO ALTER (KEEP IN MIND THIS IS A PRESIDENT WHO TOLD THE ILO CONFERENCE LAST JUNE THAT THE ORIGIN OF THE HIV VIRUS LIES IN THE BACTERIOLOGICAL/CHEMICAL WEAPONS LABORATORIES OF UNNAMED IMPERIALIST POWERS).

9. (S) HEALTH MINISTER AMATHILA IS, TO SAY THE LEAST, DIFFICULT. A MEDICAL DOCTOR, SHE IS EXTROVERTED, INTELLIGENT, AND CAN BE CHARMING IN PERSON. SHE IS SAID TO BE CLOSE TO PRESIDENT NUJOMA. SHE ALSO IS HEADSTRONG, IMPERVIOUS TO ARGUMENTS CONTRARY TO HER QUICKLY FORMED AND STRONGLY HELD CONVICTIONS, AND MORE THAN A LITTLE FULL OF HERSELF SINCE HER ELECTION TO THE PRESIDENCY OF THE WORLD HEALTH ASSEMBLY. IN MY FIRST MEETING WITH HER, I MENTIONED BRISTOL-MYERS-SQUIBB'S \$100 MILLION PROGRAM FOR SOUTHERN AFRICA. A BIG MISTAKE. I WAS SUBJECTED TO A TIRADE ABOUT BMS, THE GIST OF WHICH SEEMED TO BE THAT THEY HAD THEIR OWN IDEAS

OF HOW TO SPEND THEIR MONEY WHICH DIDN'T COINCIDE WITH HERS AND THEY SHOULD JUST "GET LOST." "JUST GIVE ME THE MONEY," SHE SAID SHE TOLD THEM. I SUSPECT A SIMILAR PSYCHOLOGY IS ANIMATING HER RESPONSE TO OUR PROGRAM.

10. (U) NOW THAT YOU KNOW MORE THAN YOU EVER WANTED TO KNOW ABOUT OUR NON-PROGRAM, WHAT WOULD BE HELPFUL FOR YOU TO DO IN CAMBRIDGE? I HAVE NOT WANTED TO INVOLVE YOU IN OUR ONGOING SAGA UNTIL NOW, SINCE I HAVE BEEN, AND REMAIN, CONVINCED WE CAN ULTIMATELY WORK OUT WHAT WE WANT AND NEED IN WINDHOEK. THAT SAID, SINCE YOU MAY INTERACT WITH THE NAMIBIANS IN CAMBRIDGE, THIS MAY BE AN OPPORTUNITY TO MOVE THIS FORWARD. I'D SUGGEST YOU CONSIDER THE FOLLOWING APPROACH:

11. (SBU) WITH THE PRIME MINISTER:

? THANK HIM FOR HIS ACTIVE SUPPORT OF OUR PROPOSED PROGRAM, AND URGE HIM TO CONTINUE TO PUSH THE PRESIDENT AND LINE MINISTRIES TO CLOSURE.

? TELL HIM WE WOULD CONSIDER A PROGRAM USING OTHER MINISTRIES BESIDES HEALTH, SUCH AS EDUCATION, MINES & ENERGY, AND/OR THE NATIONAL PLANNING COMMISSION, AS PARTNERS.

? REMIND HIM THAT THE CONGRESS HAS JUST APPROPRIATED \$315 M FOR HIV/AIDS, AND THOSE COUNTRIES THAT HAVE GOOD COOPERATIVE RECORDS WITH THE U.S. ON HIV/AIDS ARE LIKELY TO GET THE LION'S SHARE.

? (IF DONE) TELL HIM PRESIDENT CLINTON HAS MADE THE VIDEOTAPE FOR THE KORA MUSIC AWARDS CEREMONY PER HIS REQUEST.

12. (SBU) FOR MINISTER AMATHILA:

? EXPRESS OUR CONTINUING INTEREST IN COOPERATION ON HIV/AIDS WITH THE MINISTRY OF HEALTH.

? REGRET THAT INABILITY TO SIGN AN AGREEMENT THUS FAR HAS MEANT LOSS OF FUNDS THAT OTHERWISE WOULD HAVE BEEN ADMINISTERED THROUGH THE GRN AND UNCERTAINTY ABOUT THE REST OF THE \$6.5 M PROGRAM.

? REMIND HER OF THE \$315 M CONGRESSIONAL PACKAGE AND YOUR VIEWS ABOUT WHO WILL GET THE LARGEST SHARES.

? SAY THAT THE U.S. WANTS A MULTIFACETED AGREEMENT WITH THE GRN, WORKING WITH A NUMBER OF CONCERNED MINISTRIES INCLUDING THE MINISTRY OF HEALTH.

? ENLIST HER SUPPORT IN WORKING OUT THE TECHNICAL ISSUE

~~CONFIDENTIAL~~ SECTION 03 OF 03 WINDHOEK 002409

WHITE HOUSE FOR AIDS COORDINATOR SANDY THURMAN

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AID FOR VIVIAN LOWERY DERRYCK

E.O. 12958: DECL: 11/07/05

TAGS: EAID, PREL, KHIV, WA

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THE WAY FORWARD

(TAXATION OF OUR ONE CONTRACTOR), WHICH CAN EASILY BE RESOLVED IF THERE IS POLITICAL WILL.

? SUGGEST SHE WORK WITH THE U.S. AMBASSADOR UPON HER

•
• RETURN TO RESOLVE OUTSTANDING QUESTIONS.

BADER

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Friday, November 10, 2000 4:32 AM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Efros, Laura L. (NEC); Harris, Grant T. (AF); Smith, Gayle E. (AF)
Subject: U.S.-NAMIBIA COOPERATION ON HIV/AIDS: HEALTH MINISTRY NOT A VIABLE OPTION

ActionAddres: RHEHAAA/WHITE HOUSE WASHDC NIACT IMMEDIATE
RUEHC/SECSTATE WASHDC IMMEDIATE 2201

Classification: UNCLASSIFIED
DateTime: 101017Z NOV 00
Distribution: SIT: BABBITT BERNARD BYRNE NSC EFROS HARRISG Smith
PRT: thurman

Identifier: M4726410
InfoAddres: ///

Line1: OAAUZYUW RUEHWD A2420 3151017-UUUU--RHEHAAA.
Line2: ZNR UUUUU ZZH ZZK
Line3: O 101017Z NOV 00 ZFF4
Line4: FM AMEMBASSY WINDHOEK
Originator: AMEMBASSY WINDHOEK
Precedence: IMMEDIATE
Profiles: BABBITTJ
BERNARDK
BYRNEC
CABLES
EFROSL
HARRISG
SMITHG

StationRoutingIndicator: RUEHWD
StationSerialNumber: 2420
TimeOfReceipt: 11/10/2000 05:31:06 ET

UNCLAS SECTION 01 OF 02 WINDHOEK 002420

SENSITIVE

WHITE HOUSE PLEASE PASS TO AIDS COORDINATOR SANDY THURMAN AT 8:00 A.M. FRIDAY, NOVEMBER 10 FOR ACTION

STATE FOR AF A/S RICE

NSC FOR GAYLE SMITH

AID FOR VIVIAN LOWERY DERRYCK

E.O. 12958: N/A
TAGS: EAID, WA
SUBJECT: U.S.-NAMIBIA COOPERATION ON HIV/AIDS:
HEALTH MINISTRY NOT A VIABLE OPTION

REF: WINDHOEK 2409

THE FOLLOWING CABLE IS SENT NIACT IMMEDIATE BECAUSE NOVEMBER 10 IS A HOLIDAY AND THE CABLE'S PRINCIPAL INTENDED RECIPIENT, WHITE HOUSE AIDS COORDINATOR SANDY THURMAN, IS EXPECTED TO LEAVE WASHINGTON THIS WEEKEND TO ATTEND A CONFERENCE IN CAMBRIDGE. IT IS ESSENTIAL SHE HAVE THE INFORMATION IN THIS CABLE BEFORE SHE LEAVES.

1. (SBU) SANDY, I WANTED TO DESCRIBE SOME FOLLOW-UP

DEVELOPMENTS ON OUR ATTEMPT TO PUT IN PLACE A U.S.-NAMIBIA BILATERAL AGREEMENT ON HIV/AIDS SINCE I SENT YOU REFTEL ON TUESDAY. THEY HAVE CONVINCED ME THAT SIGNING AN AGREEMENT WITH THE MINISTER OF HEALTH IS NOT AN OPTION, THAT WE SHOULD WORK WITH DIFFERENT MINISTRIES, AND THAT YOU SHOULD NOT WASTE YOUR TIME ENGAGING HEAVILY WITH HEALTH MINISTER AMATHILA IN CAMBRIDGE. YOU SHOULD, HOWEVER, SPEAK TO THE PRIME MINISTER ABOUT OUR DESIRE TO WORK TOGETHER.

2. (SBU) BRIEFLY, HERE'S WHAT HAS HAPPENED IN THE LAST TWO DAYS. PRESIDENT NUJOMA'S PRIVATE SECRETARY CALLED ME ON NOVEMBER 9 TO SAY HE HAD RECEIVED A COPY OF A LETTER I HAD SENT TO THE HEALTH MINISTER INTER ALIA PROPOSING A MEETING AND NOTING HER OFFICE HAD NOT YET AGREED TO SET ONE UP. HE THEREFORE PLANNED TO SPEAK TO NUJOMA IMMEDIATELY TO DEMAND ACTION. NOT COINCIDENTALLY, I RECEIVED A CALL AN HOUR LATER FROM THE HEALTH MINISTER'S OFFICE SEEKING A MEETING WITH ME ON THE MORNING OF NOVEMBER 10, ON THE EVE OF HER DEPARTURE FOR THE CAMBRIDGE MEETING.

3. (SBU) AT OUR MEETING, MINISTER AMATHILA MADE THE FOLLOWING POINTS:

-- THE U.S. AMBASSADOR NEEDS TO TAKE THE FOLLOWING STEPS IN ORDER TO REACH AGREEMENT: 1) TALK TO FOREIGN MINISTER GURIRAB ABOUT THE NEED FOR GRN RATIFICATION OF OUR TEN-YEAR OLD BILATERAL UMBRELLA AID AGREEMENT; 2) HAVE THAT TEN-YEAR OLD AGREEMENT RATIFIED IN ACCORDANCE WITH NAMIBIAN LAW; 3) WORK OUT LANGUAGE IN THE HIV/AIDS AGREEMENT RESOLVING THE ISSUE OF TAXATION OF THE PROGRAM'S ONE CONTRACT EMPLOYEE; AND 4) REDESIGN UNSPECIFIED ELEMENTS OF THE DRAFT HIV/AIDS AGREEMENT THAT THE MINISTER FINDS DEFICIENT.

-- QUERIED ABOUT WHETHER WE COULD BEGIN THE REDESIGN RIGHT AWAY AND WHO WE COULD WORK WITH, AMATHILA SAID THERE WAS NO RUSH BECAUSE "THERE IS NO CRISIS ON HIV/AIDS. WE'VE HAD THIS PROBLEM FOR TEN YEARS. UNTIL THERE'S A VACCINE, THERE'S NOTHING DRAMATIC THAT CAN BE DONE. EVERYTHING ELSE IS JUST A PALLIATIVE." BESIDES, SHE SAID, SHE WILL BE AWAY, HER PERMANENT SECRETARY WILL BE AWAY, INDEED EVERYONE OF AUTHORITY IN THE HEALTH MINISTRY WILL BE AWAY FOR THE FORESEEABLE FUTURE. THEN NAMIBIA SHUTS DOWN FOR CHRISTMAS HOLIDAYS FROM DECEMBER 5 TILL MID-JANUARY. SO WE CAN POSTPONE DISCUSSION OF ANY OF THIS UNTIL LATE JANUARY.

-- RESPONDING TO A SEPARATE HYPOTHETICAL QUESTION ABOUT WHETHER A PRIVATE, PUBLIC, BILATERAL, OR MULTILATERAL PROGRAM TO PROVIDE ANTI-RETROVIRAL TREATMENT TO DIMINISH THE RATE OF MOTHER-CHILD HIV TRANSMISSION WOULD BE A GOOD IDEA, SHE REPLIED THAT "THIS IS NOT A SIMPLE ISSUE, AND IT RAISES SERIOUS ETHICAL CONCERNS." IF WE PROVIDE ANTI-RETROVIRALS AND SAVE THE CHILD BUT THE MOTHER DIES ANYWAY, WE ARE SIMPLY SAVING AN ORPHAN WHO WILL OTHERWISE DIE OF DIARRHEA OR OTHER DISEASE, OR CONDEMNING HIM OR HER TO A HOPELESS LIFE. SHE EVINced LITTLE TO NO ENTHUSIASM ABOUT THE PROSPECT OF WORKING OUT SUCH A PROGRAM WITH ANY PARTNER, PUBLIC OR PRIVATE.

4. (SBU) BESIDES THE SPECIFIC OBSTACLES SHE RAISED ABOVE, THE HEALTH MINISTER'S BODY LANGUAGE THROUGHOUT

WAS DISTINCTLY NEGATIVE. HER APPROACH WAS NOT THAT OF A PROBLEM-SOLVER, BUT OF A PROBLEM-CREATOR. I HAVE NO DOUBT THAT IF WE SOLVED THE ISSUES SHE RAISED TODAY, SHE WOULD SET UP DIFFERENT HURDLES TO OVERCOME. MY AID DIRECTOR, DEPUTY DIRECTOR, AND I WHO ATTENDED THE MEETING TODAY UNANIMOUSLY AGREE THAT WE WILL NEVER GET A BILATERAL AGREEMENT WITH THE HEALTH MINISTER OFF THE GROUND OR IMPLEMENTED. HER PURPOSE TODAY, IN MY VIEW, WAS TO HAVE A MEETING SHE COULD DEPICT TO NUJOMA AND UNCLAS SECTION 02 OF 02 WINDHOEK 002420

SENSITIVE

WHITE HOUSE PLEASE PASS TO AIDS COORDINATOR SANDY THURMAN AT 8:00 A.M. FRIDAY, NOVEMBER 10 FOR ACTION

STATE FOR AF A/S RICE

NSC FOR GAYLE SMITH

AID FOR VIVIAN LOWERY DERRYCK

E.O. 12958: N/A

TAGS: EAID, WA

SUBJECT: U.S.-NAMIBIA COOPERATION ON HIV/AIDS:
HEALTH MINISTRY NOT A VIABLE OPTION

OTHERS AS DEMONSTRATING SHE WAS NOT ADAMANTLY OPPOSED TO AN AGREEMENT AND WAS PREPARED TO DISCUSS IT. SHE WILL SO REPORT TO NUJOMA ET AL. AND I SEE NO WAY TO PRESSURE HER TO CHANGE HER APPROACH.

5. (SBU) THEREFORE, OUR AID TEAM AND I WILL WORK TO PUT IN PLACE A BILATERAL AGREEMENT WITH ANOTHER MINISTRY OR MINISTRIES. WE STILL HAVE A COUPLE OF LEGAL ISSUES TO RESOLVE, NAMELY THE VALIDITY OF OUR TEN-YEAR OLD UMBRELLA AGREEMENT (TOO COMPLICATED TO BORE YOU WITH HERE, BUT YOU SHOULD KNOW THAT THIS PSEUDO-ISSUE HAS NOT PREVENTED US FROM SIGNING AID AGREEMENTS RECENTLY WITH OTHER MINISTRIES) AND THE CONTRACTOR TAX ISSUE. WE ARE BRINGING IN AN AID LAWYER FROM RCSA/GABORONE NEXT WEEK TO HELP US ON THESE ISSUES, AND I WILL WORK WITH FOREIGN MINISTER GURIRAB AS WELL.

6. (SBU) IN TERMS OF YOUR MEETINGS AND CONVERSATIONS IN CAMBRIDGE, I SUGGEST YOU DO NO MORE THAN EXCHANGE NICETIES WITH THE HEALTH MINISTER (EXCHANGING NOT-SO-NICETIES WOULD BE RICHLY DESERVED BUT PROBABLY NOT USEFUL). I BELIEVE IT WOULD BE HOPEFUL, HOWEVER, FOR YOU TO TALK TO PRIME MINISTER GEINGOB TO MAKE THE FOLLOWING POINTS, SLIGHTLY REVISED FROM REFTTEL TO TAKE INTO ACCOUNT MORE RECENT DEVELOPMENTS:

-- THE U.S. GOVERNMENT IS COMMITTED TO WORKING WITH NAMIBIA IN ADDRESSING THE URGENT NEED TO FIGHT THE HIV/AIDS EPIDEMIC.

-- GIVEN THE SEVERITY OF THE EPIDEMIC, WE CONSIDER THIS CRITICAL TO NAMIBIA'S LONG-TERM ECONOMIC, SOCIAL, AND POLITICAL STABILITY.

-- UNFORTUNATELY, OUR EXPERIENCE OVER THE PAST SIX MONTHS CALLS INTO QUESTION THE VIABILITY OF WORKING WITH THE MINISTRY OF HEALTH AS A SOLE COUNTERPART IN THIS

EFFORT. RECENT CONVERSATIONS WITH THE MINISTER LEAD US TO BELIEVE THAT SHE DOES NOT SHARE OUR VIEW ON THE URGENCY OF THE HIV/AIDS SITUATION. IN FACT, THE MINISTER TOLD US HIV/AIDS IS NOT AN "EMERGENCY" OR "CRISIS" AND WENT ON TO SAY THAT "WE HAVE LIVED WITH IT FOR OVER TEN YEARS AND IT CANNOT BE ADDRESSED EFFECTIVELY WITHOUT A VACCINE." SHE MADE IT CLEAR TO OUR AMBASSADOR SHE IS IN NO HURRY TO SIGN AN AGREEMENT AND HAS LAID OUT A PROCESS FOR AGREEMENT THAT IS A LONG, DRAWN-OUT OBSTACLE COURSE WITH NO CLEAR END IN SIGHT.

-- OBVIOUSLY, EXPERIENCE ELSEWHERE INDICATES THAT INFECTION RATES CAN BE REDUCED AND THE DISEASE CURBED IN THE ABSENCE OF A VACCINE.

-- GIVEN THIS, AND THE GROWING INTERNATIONAL CONSENSUS THAT HIV/AIDS IS MORE THAN A PUBLIC HEALTH CHALLENGE, WE BELIEVE THE US CONTRIBUTION TO FIGHTING HIV/AIDS IN NAMIBIA WOULD BE MORE EFFECTIVE IF CHANNELED THROUGH AGENCIES OTHER THAN THE MINISTRY OF HEALTH. WE PROPOSE INSTEAD US-NAMIBIA HIV/AIDS PARTNERSHIPS THAT BUILD ON EXCELLENT RELATIONSHIPS WE HAVE WITH OTHER LINE MINISTRIES, E.G., THE EDUCATION MINISTRIES, THE NATIONAL PLANNING COMMISSION, AND TRADE AND INDUSTRY.

-- I HOPE YOU CAN STRONGLY SUPPORT OUR EFFORTS TO PUT IN PLACE AN HIV/AIDS AGREEMENT BETWEEN USAID AND OTHER MINISTRIES IN THE NEAR FUTURE, AND PUSH THE RELEVANT OFFICES TO CLEAR AWAY ANY REMAINING LEGAL AND POLITICAL OBSTACLES.

BADER

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Tuesday, October 31, 2000 1:10 AM
To: Cables
Subject: GEINGOB EMPHATIC GRN WILL NOT SEEK LOANS TO COMBAT HIV/AIDS

ActionAddres: RUEHC/SECSTATE WASHDC PRIORITY 2159
RHEHAAA/WHITE HOUSE WASHDC PRIORITY
Classification: UNCLASSIFIED
DateTime: 310649Z OCT 00
Distribution: SIT: NSC
Identifier: M4706599
InfoAddres: RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
Line1: PAAUZYUW RUEHWD A2355 3050649-UUUU--RHEHAAX.
Line2: ZNR UUUUU ZZH
Line3: P 310649Z OCT 00
Line4: FM AMEMBASSY WINDHOEK
Originator: AMEMBASSY WINDHOEK
Precedence: PRIORITY
Profiles: CABLES
StationRoutingIndicator: RUEHWD
StationSerialNumber: 2355
TimeOfReceipt: 10/31/2000 02:08:53 ET

UNCLAS WINDHOEK 002355

DEPT FOR AF/S

WHITE HOUSE FOR PRESIDENTIAL AIDS ENVOY SANDY THURMAN

DEPT PLEASE PASS TO EX-IM BANK FOR JOHN RICHTER

SENSITIVE

E.O. 12958: N/A

TAGS: SOCI, PREL, KHIV, EAID, WA

SUBJECT: GEINGOB EMPHATIC GRN WILL NOT SEEK LOANS TO
COMBAT HIV/AIDS

REF: HARMON 10/25 TELECONFERENCE

SENSITIVE BUT UNCLASSIFIED - PLEASE PROTECT ACCORDINGLY.

1. IN AN OCTOBER 27 MEETING WITH PRIME MINISTER GEINGOB ON THE STATUS OF DISCUSSIONS ON A U.S.-NAMIBIA BILATERAL AGREEMENT ON HIV/AIDS, AMBASSADOR RAISED THE DECISION BY AMERICAN PHARMACEUTICAL COMPANIES TO SELL HIV/AIDS DRUGS AT A 90 PERCENT DISCOUNT TO SENEGAL AND THE POSSIBLE ROLE OF THE EX-IM BANK IN ASSISTING AFRICAN NATIONS IN PURCHASING SUCH DRUGS. AMBASSADOR ASSURED GEINGOB THAT OUR INTEREST IN THE MATTER WAS TO ASSIST AFRICAN NATIONS LIKE NAMIBIA TO OBTAIN DRUGS AT A LOWER COST, NOT TO PUSH AMERICAN PHARMACEUTICALS -- "IT IS A HUMANITARIAN CONCERN, NOT AN EXPORT MOTIVATED PROCESS." AMBASSADOR PROVIDED GEINGOB WITH INFORMATION ON THE SENEGAL AGREEMENT WITH MERCK AND BRISTOL-MEYERS-SQUIBB.

2. GEINGOB WAS EMPHATIC IN REITERATING THAT NAMIBIA'S POLICY IS NOT TO INCUR LOANS TO FINANCE DRUG PURCHASES. GEINGOB EXPRESSED HIS FRUSTRATION THAT FOREIGN

GOVERNMENTS AND FOREIGN DRUG COMPANIES ARE NOT DOING MORE TO ASSIST AFRICAN NATIONS WITH THIS HUMANITARIAN CRISIS - "WHEN THERE ARE WARS, PEOPLE MAKE DONATIONS. THIS IS A SERIOUS CRISIS, YET THE DRUG COMPANIES ARE STILL DOING BUSINESS." GEINGOB EXPRESSED CONCERN THAT THE SIGNIFICANT REDUCTIONS IN THE PRICE OF DRUGS MAY NOT BE PERMANENT, AND THEN GOVERNMENTS WILL BE FACED WITH UNAFFORDABLE PRICES AND A POPULACE THAT HAS BECOME ACCUSTOMED TO A CERTAIN COST AND LEVEL OF SUPPLY. HE NOTED THAT THE PROBLEM IN SENEGAL WITH A 2 PERCENT PREVALENCE RATE, IN COMPARISON TO NAMIBIA'S 20 PERCENT PREVALENCE RATE, WAS QUITE DIFFERENT (AN IMPLICIT REFERENCE TO THE FINANCIAL IMPLICATIONS OF A PROGRAM IN NAMIBIA ON OTHER THAN A GRANT BASIS). IN CLOSING, HOWEVER, HE ADDED THAT THE GRN "SHOULD BE AWARE OF ALL THE OPTIONS ON THE TABLE" AND SAID HE AND OTHER OFFICIALS WOULD STUDY THE LATEST OFFERS OF THE PHARMACEUTICAL COMPANIES.

3. COMMENT: GEINGOB WAS QUITE FOCUSED ON THE NEED FOR GREATER ACTION ON HIV/AIDS AND FOR U.S.-NAMIBIA COOPERATION (SEPTEL TO DISCUSS STATUS OF DISCUSSIONS ON OUR BILATERAL AGREEMENT AND THE PRIME MINISTER'S HELP ON THAT ISSUE). HE EXPRESSED FRUSTRATION AT THE INACTION OF SOME GRN MINISTRIES -- "WHERE THERE IS A WILL, THERE IS A WAY. WHERE THERE IS NO WILL, THERE IS NO WAY." GEINGOB GAVE US THE STRONG IMPRESSION HE INTENDS TO TAKE INCREASED ACTION TO OVERSEE THE STRENGTHENING AND IMPLEMENTATION OF PROGRAMS TO COMBAT HIV/AIDS, DESPITE HIS REITERATION OF NAMIBIA'S CONTINUING REJECTION OF LOANS TO PURCHASE DRUGS. END COMMENT.

BADER

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Tuesday, May 16, 2000 1:40 PM
To: Cables; Gire, Cynthia L. (EXSEC); Roberts, Michael W. (VP); Saunders, Richard M. (VP); Sigler, Ralph H. (WHSR)
Subject: THE STATE VISIT OF THABO MBEKI CLASSIFIED BY CHARGE' BLANEY, REASONS 1.5 (B) AND (D). -----

ActionAddres: RUEHC/SECSTATE WASHDC IMMEDIATE 2124
Classification: ~~CONFIDENTIAL~~
DateTime: 161529Z MAY 00
Distribution: SIT: NSC GIRE ROBERTS SAUNDERS SIGLER
PRT: BASH BRADTKE EMRICH Fuerth ROSENTHAL
SIT: N_SIGLER AFRICA AFRICA
Identifier: M4444815
InfoAddres: RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
Line1: OAACZYUW RUEHSAA3798 1371529-CCCC--RHEHAAX.
Line2: ZNY CCCCC ZZH
Line3: O 161529Z MAY 00
Line4: FM AMEMBASSY PRETORIA
Originator: AMEMBASSY PRETORIA
Precedence: IMMEDIATE
Profiles: CABLES
GIREC
ROBERTSM
SAUNDERR
SIGLERR
StationRoutingIndicator: RUEHSA
StationSerialNumber: 3798
TimeOfReceipt: 05/16/2000 12:39:18 ET

**DECLASSIFIED
PER E.O. 13526**

2017-0739-M (2.89)
KSH 10/2/2023

~~CONFIDENTIAL~~ PRETORIA 003798

S/S FOR THE SECRETARY; NSC FOR GAYLE SMITH; OVP FOR FUERTH;
AF FOR A/S RICE; AF/S FOR RENDER

E.O. 12958: DECL: 04/30/2010
TAGS: PREL, PGOV, ECON, ETRD, SF
SUBJECT: THE STATE VISIT OF THABO MBEKI

CLASSIFIED BY CHARGE' BLANEY, REASONS 1.5 (B) AND (D).

SUMMARY

1. (X) THABO MBEKI LEAVES MAY 19 FOR THE UNITED STATES ON HIS FIRST OFFICIAL VISIT TO OUR COUNTRY AS HEAD OF STATE. ACTUALLY, IT WILL BE MUCH MORE THAN SIMPLY A STATE VISIT BY THE PRESIDENT OF AN IMPORTANT COUNTRY. MBEKI IS PROBABLY GOING TO BE SUB-SAHARAN AFRICA'S MOST PIVOTAL LEADER IN DETERMINING ITS DIRECTION FOR MUCH OF THE 21ST CENTURY. SOUTH AFRICA'S HISTORY, INSTITUTIONS AND MANY STRENGTHS GIVE IT AN UNMATCHED STATUS ON THIS CONTINENT, AND GROWING STATURE IN THE DEVELOPING WORLD.

2. (X) SOUTH AFRICA IS EVERY BIT AS MUCH OF A TRANSITIONAL COUNTRY AS THOSE OF EASTERN EUROPE OR THE NEWLY INDEPENDENT STATES. NELSON MANDELA WAS A GIANT FIGURE OF THE 20TH CENTURY WHO GAVE BIRTH TO THIS "RAINBOW NATION." BUT IT IS

NOW THE URGENT AND AWESOME TASK OF A LESS CHARISMATIC THABO MBEKI TO ENSURE AND IMPROVE THE FUTURE OF THIS NEW NATION, INCLUDING SOMEHOW DEALING WITH SYSTEMIC THREATS SUCH AS INCREASING JOBLESSNESS, VERY SERIOUS CRIME, AND RAMPANT HIV/AIDS. SIMULTANEOUSLY, MBEKI FACES CONFLICTS THROUGHOUT MUCH OF AFRICA, WHICH MUST SOON BE CONTAINED IF HIS BANNER AND THEME OF "AFRICAN RENAISSANCE" IS TO SURVIVE. THERE IS EVEN VIOLENT CRISIS NEXT DOOR IN ZIMBABWE. HIS AGENDA IS FULL AND PRESSING.

3. (C) MBEKI IS NO SYCOPHANT OF THE WEST, BUT OUR INTERESTS IN CONTINENTAL SECURITY, STABILITY, AND GREATER MUTUAL PROSPERITY OVERLAP HIS HEAVILY. WE SHOULD TRY TO GIVE HIM THE HELP HE NEEDS NOW TO DEAL MORE SUCCESSFULLY WITH A MYRIAD OF DOMESTIC PRESSURES AND WITH AFRICA'S INSTABILITY. MORE THAN CONCRETE RESULTS, THIS MEANS FULL AND TOP-LEVEL USG RECOGNITION OF MBEKI AS A PROMINENT GLOBAL STATESMAN OF THE 21ST CENTURY, AND THE CONTINUING, CLEAR COMMITMENT OF THE UNITED STATES TO SOUTH AFRICA AND TO SOUTHERN AFRICA AS WELL. MBEKI'S STILL FORMATIVE DIALECTIC APPROACH TO HIV/AIDS ISSUES WILL COMPLICATE THIS VISIT, BUT A SUCCESS IN WASHINGTON WILL STRENGTHEN THE CHANCES FOR PEACE AND STABILITY IN AFRICA AND FURTHER U.S. INTERESTS. END SUMMARY

BACKGROUND

4. (C) SOUTH AFRICAN PRESIDENT THABO MBEKI LEAVES MAY 19 HEADED FOR HIS FIRST VISIT TO THE U.S. AS HEAD OF STATE. MBEKI DEFERRED THE U.S. INVITATION FOR REASONS THAT SAY MUCH ABOUT HIM AND OUR COMPLEX RELATIONSHIP WITH SOUTH AFRICA. HE WANTED TO VISIT HIS AFRICAN NEIGHBORS FIRST, SENDING A MESSAGE TO THEM AND US ABOUT THE PRIORITY HE GIVES TO SOUTH AFRICA'S ROLE ON THE CONTINENT. HIS VISION IS CENTERED ON A "RENAISSANCE" OR REAWAKENING OF AFRICA THAT WOULD PULL THE CONTINENT OUT OF A CYCLE OF DECLINE AND CONFLICT CAUSED BY MASS POVERTY, DISEASE, AND UNDERDEVELOPMENT. HE ALSO WANTED TO AVOID ANY APPEARANCE THAT EITHER HE OR HIS COUNTRY ARE BEHOLDEN TO THE WORLD'S REMAINING SUPERPOWER. SOUTH AFRICA'S CHAIRMANSHIP OF BOTH THE NON-ALIGNED MOVEMENT AND THE COMMONWEALTH, AND ITS MEMBERSHIP IN THE OAU AND REGIONAL INSTITUTIONS, CALL FOR PUBLIC COMMITMENT TO A FOREIGN POLICY INDEPENDENT OF FOREIGN CONTROL. MBEKI HAS NOT ENTIRELY FORGOT HIS YEARS IN EXILE IN THE U.S. BECAUSE HE VALUES HIS COUNTRY'S RELATIONSHIP WITH US AND RECOGNIZES A LARGE MUTUALITY OF INTERESTS. HE KNOWS AMERICA WELL. HIS FIRST OFFICIAL VISIT WAS AS DEPUTY PRESIDENT IN 1995, WHEN HE INAUGURATED THE BINATIONAL COMMISSION (BNC) WITH VP GORE. HIS MOST RECENT TRIP WAS TO THE UNGA LAST FALL. HIS DIRECT, PERSONAL INVOLVEMENT WITH THE BNC HAS EXPOSED HIM TO THE FULL RANGE OF ISSUES IN OUR RELATIONSHIP AND HAS IMPROVED HIS OPINION OF THE U.S. AND OUR SYSTEM. HE KNOWS AMERICA CAN HELP HIM IN IMPORTANT WAYS TO ACHIEVE HIS OWN OBJECTIVES.

WHAT MBEKI WANTS FROM THE VISIT

6. (C) MBEKI WEARS MANY HATS. HE SEEKS TO BE A SPOKESMAN FOR AFRICA AND THE "SOUTH". AT HOME, MBEKI MUST DELIVER TO THE SOUTH AFRICAN MAJORITY THE ECONOMIC FRUITS EXPECTED TO ACCOMPANY THE POLITICAL MIRACLE OF MAJORITY RULE, WHICH IS MORE CLOSELY ASSOCIATED WITH FORMER PRESIDENT NELSON MANDELA.

ON A PERSONAL LEVEL, MBEKI WANTS TO EMERGE FROM MANDELA'S LONG SHADOW AND BE SEEN AS A PIVOTAL FIGURE INSIDE HIS COUNTRY AND BEYOND. MBEKI CAN BE BOTH THIN-SKINNED AND COMBATIVE. IF AIDS PROTESTERS HOUND HIS VISIT, HE MAY REQUIRE GREATER THAN USUAL STROKING.

7. (X) MBEKI LEADS ONE OF THE MOST STARKLY BIMODAL SOCIETIES IN THE WORLD. HE HAS CONCENTRATED ON BUILDING A BRIDGE BETWEEN THE RICH, EDUCATED, MOSTLY WHITE MINORITY OF THE POPULATION (ROUGHLY 11%), AND THE UNEMPLOYED, IMPOVERISHED PRIMARILY BLACK MAJORITY (ROUGHLY 77%). MBEKI IS CONCENTRATING ON ELIMINATING POVERTY FOR THE MAJORITY OF SOUTH AFRICA'S POPULATION AND ON RAISING THEIR HOUSING, EDUCATION, HEALTH AND BROAD LIVING STANDARDS.

8. (X) FROM THE U.S., MBEKI SEEKS PARTNERSHIPS THAT WILL ENABLE HIM TO BETTER TACKLE THE CYCLE OF POVERTY, ILLITERACY, POOR HEALTH, HIGH CRIME, SOCIAL RESENTMENT, AND NEGLECT THAT PLAGUE HIS PEOPLE. HE IS FOCUSING HEAVILY ON TRADE AND INVESTMENT AND LESS ON TRADITIONAL FORMS OF ASSISTANCE. HE BRINGS MANY PERSONAL WEAPONS TO THE BATTLE; CHIEF AMONG THESE IS HIS INTELLECTUAL BREADTH. BUT THIS SAME INTELLECTUAL PROWESS AND DIALECTAL TRAINING ALSO LEADS HIM TO QUESTION RIGOROUSLY EVEN ACCEPTED SCIENTIFIC FACTS AND ASSUMPTIONS, SUCH AS MEDICAL ORTHODOXY ON HIV AND AIDS. EMOTIONALLY CHARGED AND INTRACTABLE ISSUES, LIKE AIDS OR CRIME, HAVE TENDED TO POLARIZE SOUTH AFRICA'S CIVIL SOCIETY. MBEKI'S APPROACH TRIES TO DEFUSE SUCH POLARITIES WITH ANALYSIS AND AS MANY "FACTS" AS HE CAN MUSTER.

9. (X) THE SAME SOCIAL AND ECONOMIC PROBLEMS THAT BEDEVIL MBEKI DOMESTICALLY EXIST EVEN MORE STARKLY BEYOND SOUTH AFRICA'S BORDERS. HIS PRESCRIPTION IS AN "AFRICAN RENAISSANCE" ENCOMPASSING DEMOCRACY, STABILITY, AND ECONOMIC GROWTH. HE CONSTANTLY REMINDS HIS LISTENERS OF THAT VISION, EVEN AS HE ADDRESSES THE ONGOING CIVIL WAR IN ANGOLA, BURUNDI, AND THE DRC; INTERNAL STRIFE IN ZIMBABWE AND LESOTHO; DEVASTATING FLOODS IN MOZAMBIQUE; AND CORRUPTION, CRIME AND MILITARY HEGEMONY IN OTHER PARTS OF AFRICA. OFTEN WITH THE MECHANISM OF "QUIET DIPLOMACY," MBEKI AND HIS FOREIGN POLICY TEAM TRY TO MAKE A DIFFERENCE AND WILL NOT GIVE WEIGHT TO DEFEATISTS WHO VIEW THESE AREAS AS HOPELESS QUAGMIRES. BEYOND THIS, AS SOUTH AFRICA COMES SLOWLY OUT OF ITS SHELL, ITS STRATEGIC CLOUT WILL BE USED TO INFLUENCE THE OUTCOMES OF REGIONAL CONFLICTS.

WHAT THE U.S. SHOULD SEEK

10. (X) U.S. GOALS FOR THIS VISIT, AND FOR OUR RELATIONSHIP, STRONGLY PARALLEL MBEKI'S. WHAT WAS ONCE A SINGLE-ISSUE RELATIONSHIP, BASED ON THE UNACCEPTABILITY OF APARTHEID, NOW BOASTS LARGE AREAS OF COMMON GROUND. OUR OBJECTIVES FOR AFRICA AS A WHOLE STAND A MUCH GREATER CHANCE OF SUCCESS IF A FREE, TOLERANT, AND PROSPEROUS SOUTH AFRICA CAN PLAY A STRONG ROLE. WE MUST ALSO ENSURE THAT THE LARGEST MARKET IN AFRICA BECOMES MORE OPEN TO U.S. BUSINESS, DESPITE THE EU - SOUTH AFRICA FREE TRADE AGREEMENT. WE ALSO WANT TO KEEP SOUTH AFRICA'S ARMS EXPORTERS FROM DEVELOPING MARKETS IN PARIAS STATES.

11. (X) HOW THEN SHOULD WASHINGTON PLAY HOST TO THIS PROUD AND HIGHLY INDIVIDUALISTIC GUEST? MOST IMPORTANT WILL BE

BUILDING ON OUR SUBSTANTIAL COMMON GROUND, BY ACCORDING MBEKI CONSIDERABLE PERSONAL PRESTIGE AS A PROMINENT 21ST CENTURY STATESMAN. WE ALSO NEED TO DEEPEN OUR TRADE AND INVESTMENT RELATIONSHIP AS A PRIORITY, AND LOOK FOR NEW, INNOVATIVE WAYS TO DO SO. THE PRESIDENT COULD DELIVER A STRONG MESSAGE OF COMMITMENT TO THE WORK OF THE BINATIONAL COMMISSION. WE CAN ALSO POINT TO OUR CONTINUING COMMITMENT TO LAW ENFORCEMENT AND ANNOUNCE NEW FUNDING.

12. (X) THE KEY TO GAINING GREATER ACCESS TO THE SOUTH AFRICAN MARKET WILL BE AN EVENTUAL U.S. - SOUTH AFRICA FREE TRADE AGREEMENT. WE RECOMMEND THAT PRESIDENT CLINTON FURTHER HIS 1998 VISION OF SUCH AN AGREEMENT BY ASKING PRESIDENT MBEKI TO JOIN HIM IN ANNOUNCING THAT WE WILL EXCHANGE INFORMATION ON OUR TRADE REGIMES. (SUCH AN ANNOUNCEMENT MIGHT ALSO BE LINKED TO THE PROVISIONS IN THE AGOA CALLING FOR THE STUDY OF A U.S. - SOUTH AFRICA FTA.) ALSO IMPORTANT TO STRENGTHENING OUR TRADE AND INVESTMENT TIES WOULD BE A U.S. - SADC REGIONAL TRADE AND INVESTMENT FRAMEWORK AGREEMENT (TIFA). WE MIGHT USE THE OPPORTUNITY OF MBEKI'S VISIT TO PRESS THE IDEA WITH SAG OFFICIALS, MOST NOTABLY TRADE AND INDUSTRY MINISTER ERWIN.

13. (X) WE CAN ALSO BUILD ON THE RECENT SUCCESS OF OUR MILITARY'S OPERATION ATLAS RESPONSE -- WHICH BROUGHT EMERGENCY RELIEF TO MOZAMBIQUE STAGED FROM A MILITARY BASE IN SOUTH AFRICA -- TO EXPAND THE DEFENSE AND MILITARY-TO-MILITARY RELATIONSHIP. THERE IS STILL SUSPICION HERE, BUT POSITIVE STEPS, SUCH AS PERMISSION FOR THE AIRCRAFT CARRIER GEORGE WASHINGTON TO VISIT SOUTH AFRICA, WOULD OFFER A HUGE BOOST. A STATEMENT BY MBEKI WELCOMING THE AIRCRAFT CARRIER'S VISIT WOULD CUT THROUGH MILES OF SOUTH AFRICAN RED TAPE AND ALLOW OUR NAVY TO BEGIN DEPLOYMENT PLANS. WE SHOULD ALSO EXPLORE HOW TO HELP DEVELOP THE SECURITY ARCHITECTURE OF THE SADC REGION, THROUGH JOINT REGIONAL TRAINING, AS WAS DONE IN OPERATION BLUE CRANE IN 1999, AND THROUGH OTHER CONFIDENCE BUILDING MEASURES. SENIOR SOUTH AFRICAN PARTICIPATION AT THIS MONTH'S U.S.-SADC FORUM IS ANOTHER REASON FOR OPTIMISM IN OUR ABILITY TO WORK TOGETHER, AND MUTUALLY WITH SADC AS A GROUP OF INTEGRATING COUNTRIES.

14. (X) IN THE FOREIGN POLICY ARENA, WE CAN REITERATE OUR MUTUAL COMMITMENT TO ACHIEVE PEACE IN THE DRC AND PLEDGE TO WORK TOGETHER TO MITIGATE OTHER CONFLICTS. ON ZIMBABWE, WE SHOULD SEEK WAYS TO FURTHER A RETURN TO PEACE AND THE PURSUIT OF LAWFUL AND FAIR LAND REFORM. WE MUST ALSO BE PREPARED TO RESPOND TO THE MESSAGE HE HAS CARRIED FROM THE G-77 SUMMIT IN HAVANA, THAT THE NATIONS OF THE SOUTH DESERVE A SEAT AT THE TABLE WHEN THE RULES OF INTERNATIONAL TRADE AND FINANCE ARE DECIDED.

15. (X) THE TWENTIETH CENTURY BROUGHT POLITICAL INDEPENDENCE TO AFRICA BUT LITTLE PROGRESS ON RESPECT FOR HUMAN RIGHTS, ECONOMIC GROWTH, OR QUALITY OF LIFE. AMERICA'S BEST HOPE FOR HELPING IMPROVE THAT SCORE DEPENDS ON LEADERS LIKE THABO MBEKI AND COUNTRIES LIKE SOUTH AFRICA. THE COMING VISIT CAN LAY IMPORTANT GROUNDWORK FOR A BETTER AFRICA IN THE NEW CENTURY.

BLANEY

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Friday, May 12, 2000 10:50 AM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Smith, Gayle E. (AF)
Subject: THE AIDS PANEL: TWO SOUTH AFRICAN PERSPECTIVES

ActionAddres: RUEHC/SECSTATE WASHDC 1736
RUEHSA/AMEMBASSY PRETORIA 1027
Classification: ~~CONFIDENTIAL~~
DateTime: 121328Z MAY 00
Distribution: SIT: BABBITT Bernard BYRNE NSC DEMPSEY SMITH
Identifier: M4439344
InfoAddres: RUEHTN/AMCONSUL CAPE TOWN 1138
RUEHBG/AMCONSUL JOHANNESBURG 0178
RUCNSAD/COLLECTIVE SOUTHERN AFRICAN DEVELOPMENT 0000
RUEHRO/AMEMBASSY ROME 0006
RUEHGV/USMISSION GENEVA 0033
RUEHAA/WASHDC WHITE HOUSE 025
Line1: RAACZYUW RUEHSAD0073 1331328-CCCC--RHEHAAX.
Line2: ZNY CCCCC ZZH (TAO)
Line3: R 121328Z MAY 00
Line4: FM AMCONSUL DURBAN
Originator: AMCONSUL DURBAN
Precedence: ROUTINE
Profiles: BABBITTJ
BERNARDK
BYRNEC
CABLES
DEMPSEYN
SMITHG
StationRoutingIndicator: RUEHSAD
StationSerialNumber: 0073
TimeOfReceipt: 05/12/2000 09:51:31 ET

**DECLASSIFIED
PER E.O. 13526**

2017-0739-M (1.90)
KBM 10/2/2023

~~CONFIDENTIAL~~ SECTION 01 OF 03 DURBAN 0073

WHITE HOUSE FOR THURMAN

NSC FOR BERNARD
PRETORIA FOR ECON GODEC, EST OGUNBA AND USAID YAMASHITA

DEPT PLEASE PASS NIH AND CDC
DEPT PLEASE PASS TO IO COLLECTIVE
DEPT PLEASE PASS TO USAID WASHDC
DEPT FOR OES NCARTER-FOSTER, JCHOW AND EBARTH
ALSO FOR AF/S MKOPLOVSKY AND AF/R HSUKENI
ALSO FOR IO/T BLACKWOOD
USAID FOR GB/HPN JRIGGS

E.O. 12958: DECL: 05/11/10
TAGS: ECON, TBIO, EAID, SOCI, UNAIDS, WHO, SF
SUBJECT: THE AIDS PANEL: TWO SOUTH AFRICAN PERSPECTIVES

REF: PRETORIA 003481

1. CLASSIFIED BY CG CRAIG KUEHL. REASONS 1.5 (B) & (D).

2. (X) DR. SALIM ABDOOL KARIM (PLEASE PROTECT) PROVIDED CG HIS TAKE ON THE PAST WEEKEND'S FIRST MEETING OF PRESIDENT MBEKI'S AIDS PANEL. KARIM IS A HIGHLY REGARDED AIDS RESEARCHER IN DURBAN, AND IS THE RECIPIENT OF EXTENSIVE NIH FUNDING. HE IS ALSO CO-CHAIRMAN OF THE SCIENTIFIC PROGRAMME COMMITTEE OF THE XIII WORLD AIDS CONFERENCE, WHICH WILL MEET IN DURBAN THIS JULY. AS AN ASIDE, KARIM INFORMED CG THAT PRESIDENT MBEKI HAD ACCEPTED THE INVITATION OF THE AIDS CONFERENCE ORGANIZERS TO OPEN THE CONFERENCE ON JULY 9.

3. (X) JUST BEFORE COMPLETING THIS CABLE, CG REACHED DR. MALEGAPURU WILLIAM MAKGOBA, PRESIDENT OF THE SOUTH AFRICAN MEDICAL RESEARCH COUNCIL, WHO WAS VISITING DURBAN. MAKGOBA, WHO IS A CLOSE FRIEND AND COLLABORATOR OF KARIM, NEVERTHELESS, HAD A VERY DIFFERENT POINT OF VIEW. SEE PARAS 9-11 FOR HIS REACTION.

KARIM: PANEL MEETING A "WASTE OF TIME"

4. (X) KARIM CHARACTERIZED THE WEEKEND MEETINGS AS A WASTE OF TIME BECAUSE THERE WAS NO COMMON GROUND BETWEEN THE DISSIDENTS AND THE LEGITIMATE SCIENTISTS. "THERE IS NO POSSIBILITY OF CONSENSUS", HE DECLARED.

5. (X) AS REPORTED IN THE PRESS AND ELSEWHERE, KARIM NOTED THAT THERE WOULD BE A SIX TO EIGHT WEEK "INTERNET DISCUSSION" OF THE ISSUES, WHEREUPON THE PANEL WILL CONVENE AGAIN FOR ANOTHER WEEKEND. MEANWHILE, A GROUP OF FOUR APPOINTED BY PANEL FACILITATOR OWEN IS SUPPOSED TO DESIGN AN "EXPERIMENT" TO PROVE OR DISPROVE THAT HIV CAUSES AIDS. KARIM COMMENTED THAT THE TWO "SCIENTISTS" IN THIS GROUP, DR. HELENE GAYLE OF THE U.S. CDC AND DR. MAKGOBA, WERE VERY GOOD. (DR. GAYLE IS KARIM'S CO-CHAIR FOR THE AIDS CONFERENCE.) THE TWO OTHER MEMBERS ARE DISSIDENTS (PETER DUESBERG AND HARVEY BIALY), AND COULD NOT BE COUNTED ON TO ACT IN GOOD FAITH, IN KARIM'S VIEW. "BESIDES," KARIM COMMENTED "THE EXPERIMENT IS ABSOLUTE NONSENSE; NOTHING COULD BE DEVISED THAT WOULD SATISFY THESE GUYS," AND "IF THIS LINK COULD BE PROVED BY AN EXPERIMENT, SUCH AN EXPERIMENT WOULD HAVE BEEN DONE LONG AGO."

DISSIDENTS ARE "NUTS"

6. (X) KARIM COULD BARELY CONTAIN HIS ANGER AT SOME OF THE DISSIDENTS. "THESE GUYS ARE ABSOLUTE NUTS", HE CHARGED. HE DESCRIBED THEM AS FIXATED ON THE AZT QUESTION, RESPONDING TO ALL RATIONAL ARGUMENT WITH THE MANTRA THAT AZT DOESN'T WORK AND IS HARMFUL. THEREFORE, THEY INSIST, THAT QUESTION MUST BE SETTLED FIRST. MOST OF THE DISSIDENTS HAVE NEVER TREATED AN AIDS PATIENT OR CARRIED OUT AN EXPERIMENT, SAID KARIM. KARIM HAD RESEARCHED THEIR NAMES AND HAD GREAT DIFFICULTY FINDING ANY OF THEM THAT HAD PUBLISHED IN REPUTABLE MEDICAL JOURNALS.

7. (X) AS FOR PRESIDENT MBEKI'S SEARCH FOR AN "AFRICAN SOLUTION", KARIM POINTED OUT THAT THE ONLY AFRICAN AMONG THE DISSIDENTS WAS PROFESSOR SAM MLONGO OF SOUTH AFRICA. BUT KARIM NOTED THAT MLONGO HAD SPENT THE LAST 36 YEARS IN THE UK, SO HARDLY COUNTED AS AN AFRICAN.

~~CONFIDENTIAL~~ SECTION 02 OF 03 DURBAN 0073

WHITE HOUSE FOR THURMAN

NSC FOR BERNARD

PRETORIA FOR ECON GODEC, EST OGUNBA AND USAID YAMASHITA

DEPT PLEASE PASS NIH AND CDC

DEPT PLEASE PASS TO IO COLLECTIVE

DEPT PLEASE PASS TO USAID WASHDC

DEPT FOR OES NCARTER-FOSTER, JCHOW AND EBARTH

ALSO FOR AF/S MKOPLOVSKY AND AF/R HSUKENI

ALSO FOR IO/T BLACKWOOD

USAID FOR GB/HPN JRIGGS

E.O. 12958: DECL: 05/11/10

TAGS: ECON, TBIO, EAID, SOCI, UNAIDS, WHO, SF

SUBJECT: THE AIDS PANEL: TWO SOUTH AFRICAN PERSPECTIVES

REF: PRETORIA 003481

8. (C) KARIM NOTED WRYLY THAT THIS WAS PROBABLY THE FIRST SIGN OF RESPECT THE DISSIDENTS HAD GOTTEN ON THIS ISSUE. "THEY'RE FLOWN TO SOUTH AFRICA BUSINESS CLASS, PUT UP IN THE BEST HOTEL, AND INTERVIEWED BY THE PRESIDENT." KARIM FINISHED HIS COMMENTS BY STATING (STRICTLY PROTECT), "MBEKI IS DOING A GREAT, GREAT DISSERVICE TO OUR COUNTRY AND OUR RESEARCH." HE ADDED THAT EVERY ONE OF THE 30 OBSERVERS IN THE ROOM -- EXCEPT PERHAPS HEALTH MINISTER TSHBALALA-MSIMANG -- WAS CONVINCED THAT THESE GUYS WERE "ABSOLUTELY NUTS".

MAKGOBA: "PROJECT IS THE BEST WAY FORWARD"

9. (C) DR. MAKGOBA, REACHED JUST BEFORE THIS CABLE WAS FINISHED, TOOK A MORE POSITIVE VIEW OF THE OUTCOME. AS PART OF THE GROUP OF FOUR ASKED TO WORK ON THE CONNECTION OF HIV AND AIDS, HE SAID THAT THE DECETS.

10. (C) HE REJECTED CHARACTERIZATION OF THE WORK OF THIS GROUP AS AN "EXPERIMENT". RATHER, HE EXPLAINED, THE GROUP WILL SUPERVISE SOUTH AFRICAN RESEARCH SCIENTISTS WHO WILL ATTEMPT TO DRAW CONCLUSIONS BASED ON EXISTING EPIDEMIOLOGICAL DATA. DR. GAYLE HAD OFFERED THE USE OF CDC DATA, AND, ACCORDING TO MAKGOBA, THE TWO DISSIDENTS, DUESBERG AND BIALY, SAID "WE'VE BEEN TRYING TO GET ACCESS TO THESE DATA FOR YEARS".

11. (C) REFUSING TO SPECULATE ON HOW LONG THIS PROJECT WILL TAKE, MAKGOBA SAID IT HAD THE ADDED VIRTUE OF GIVING PRESIDENT MBEKI AN "ESCAPE ROUTE" FROM HIS DILEMMA. HE COULD NOW SAY THAT THE DISSIDENTS WERE BEING HEARD. MOREOVER, THE ORTHODOX SCIENTISTS COULD NOW CLAIM THE OPEN-MINDEDNESS ONCE DENIED THEM BY MBEKI, AND THUS WOULD BE MORE CREDIBLE IN THEIR PRONOUNCEMENTS TO SOUTH AFRICANS REGARDING CONDOMS AND OTHER PREVENTIVE MEASURES. FINALLY, MAKGOBA IS CONFIDENT THAT THERE IS ONLY ONE POSSIBLE CONCLUSION: THAT HIV CAUSES AIDS.

12. (C) AS BACKGROUND ON MAKGOBA, IT IS WORTH NOTING THAT HE WROTE A COMPREHENSIVE ARTICLE IN THE FINANCIAL MAIL OF APRIL 21, RESPONDING TO PRESIDENT MBEKI'S THINKING AND HIS FAMOUS

LETTER TO VARIOUS WORLD LEADERS, INCLUDING PRESIDENT CLINTON
AND THE UN SYG.

13. (U) IN THIS ARTICLE, MAKGOBA DESCRIBES THE SAG'S ACCOMPLISHMENTS IN THE FIELD OF AIDS; WHAT SCIENTISTS KNOW ABOUT HIV/AIDS CAUSATION AND TREATMENT; THE ROLE OF THE MEDIA; AND THE DANGERS OF POLITICS "MEDDLING IN SCIENCE". ON AIDS CAUSATION, HE POINTS OUT THAT THERE ARE FOUR POSTULATES OF DISEASE CAUSATION, ESTABLISHED BY "KOCH". DUESBERG RAISED THESE POSTULATES IN 1987 AND INSISTED THAT THE HIV/AIDS LINK MUST SATISFY THE KOCH POSTULATES. MAKGOBA STATES: "HIV/AIDS HAS FULFILLED ALL THE FOUR POSTULATES. Q THESE ARE: THE MICRO-ORGANISM CAUSING THE DISEASE MUST BE FOUND IN ALL CASES OF THE DISEASE; MUST BE ISOLATED FROM THE HOST AND BE GROWN IN PURE CULTURE; MUST REPRODUCE THE ORIGINAL DISEASE WHEN INTRODUCED INTO A SUSCEPTIBLE HOST; AND MUST BE FOUND IN AN EXPERIMENTAL HOST SO INFECTED."

14. (U) MAKGOBA'S ARTICLE FURTHER CITES A PANEL ASSEMBLED IN 1995 BY THE U.S. NATIONAL INSTITUTES OF ALLERGY & INFECTIOUS
~~CONFIDENTIAL~~ SECTION 03 OF 03 DURBAN 0073

WHITE HOUSE FOR THURMAN

NSC FOR BERNARD
PRETORIA FOR ECON GODEC, EST OGUNBA AND USAID YAMASHITA

DEPT PLEASE PASS NIH AND CDC
DEPT PLEASE PASS TO IO COLLECTIVE
DEPT PLEASE PASS TO USAID WASHDC
DEPT FOR OES NCARTER-FOSTER, JCHOW AND EBARTH
ALSO FOR AF/S MKOPLOVSKY AND AF/R HSUKENI
ALSO FOR IO/T BLACKWOOD
USAID FOR GB/HPN JRIGGS

E.O. 12958: DECL: 05/11/10
TAGS: ECON, TBIO, EAID, SOCI, UNAIDS, WHO, SF
SUBJECT: THE AIDS PANEL: TWO SOUTH AFRICAN PERSPECTIVES

REF: PRETORIA 003481

DISEASES TO ADDRESS SIMILAR QUESTIONS RAISED BY DUESBERG.
THEIR CONCLUSION WAS THAT "HIV FULFILS ALL OF KOCH'S
POSTULATES AND ADDRESSED ALL OF DUESBERG'S QUERIES FULLY."

15. (U) FINALLY, MAKGOBA DECRIES POLITICS "(MANIPULATING)
SCIENCE FOR ITS ENDS". HE CONCLUDES THAT THE CURRENT FUROR
WILL UNDERMINE THE GOOD STRATEGIES THE GOVERNMENT HAS PUT
INTO PLACE AND WILL HAVE MANY OTHER NEGATIVE IMPACTS.

KUEHL

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Thursday, April 06, 2000 11:15 AM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Smith, Gayle E. (AF)
Subject: HIV/AIDS IN SOUTH AFRICA: HOW BAD IS IT AND WHO'S DOING WHAT ABOUT IT?

ActionAddres: RUEHC/SECSTATE WASHDC PRIORITY 1101
Classification: UNCLASSIFIED
DateTime: 061358Z APR 00
Distribution: SIT: BABBITT Bernard BYRNE NSC DEMPSEY SMITH
Identifier: M4382321
InfoAddres: RUEHZO/OAU COLLECTIVE
RHEHAAA/WHITE HOUSE WASHDC
RUCPDO/USDOC WASHDC
RUEATRS/DEPT OF TREASURY WASHDC
RHEHNSC/NSC WASHDC
Line1: PAAUZYUW RUEHSAA2671 0971358-UUUU--RHEHNSC RHEHAAA.
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Line3: P 061358Z APR 00
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OES FOR N. CARTER-FOSTER
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E.O. 12948: N/A
TAGS: TBIO, SOCI, SF
SUBJECT: HIV/AIDS IN SOUTH AFRICA: HOW BAD IS IT AND WHO'S DOING WHAT ABOUT IT?

REFS: (A) STATE 34645
(B) STATE 46855
(C) PRETORIA 1989
(D) PRETORIA 2426
(E) 99 PRETORIA 12844

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SUMMARY AND INTRODUCTION

1. HIV/AIDS POSES A PROFOUND CHALLENGE TO SOUTH AFRICA'S PROSPECTS FOR ECONOMIC AND SOCIAL DEVELOPMENT AT THE DAWN OF THE TWENTY-FIRST CENTURY. THIS CABLE, A PRODUCT OF EXTENSIVE INTERAGENCY CONSULTATION AND REVIEW AT POST, EXAMINES (1) THE HIV/AIDS ISSUES IN SOUTH AFRICA (2) SOUTH AFRICA'S EFFORTS TO ADDRESS THE EPIDEMIC AND (3) THE U.S. GOVERNMENT RESPONSE TO HIV/AIDS. EMBASSY PRETORIA WILL SEND A SECOND CABLE

HIGHLIGHTING OUR FRAMEWORK FOR ADDRESSING THE HIV/AIDS
EPIDEMIC IN SOUTH AFRICA. END SUMMARY AND INTRODUCTION

PART 1: WHAT ARE THE HIV/AIDS ISSUES IN SOUTH AFRICA?

2. HIV/AIDS POSES A THREAT TO SOUTH AFRICA'S PROSPECTS FOR ECONOMIC PROSPERITY AND SOCIAL DEVELOPMENT AT THE DAWN OF THE TWENTY-FIRST CENTURY. THE STATISTICS ARE BOTH ALARMING AND ILLUSTRATIVE OF OUR POINT:

-- ACCORDING TO THE SOUTH AFRICAN DEPARTMENT OF HEALTH, AN ESTIMATED 3.6 MILLION (ONE OF OUT 12 SOUTH AFRICANS) IS HIV POSITIVE;

--AN ESTIMATED 1700 NEW INFECTIONS OCCUR EACH DAY IN SOUTH AFRICA; THIS TRANSLATES INTO MORE THAN 500,000 NEW INFECTIONS ANNUALLY;

--IF CURRENT TRENDS CONTINUE, SOUTH AFRICA'S LIFE EXPECTANCY COULD PLUMMET FROM 60 YEARS TO 45 YEARS BY 2010;

--THE UNITED NATIONS RECENTLY LOWERED SOUTH AFRICA'S HUMAN DEVELOPMENT INDEX (HDI) RATING BY 12 POSITIONS LARGELY BECAUSE OF THE SHORTENED AVERAGE LIFE EXPECTANCY DUE TO THE EPIDEMIC;

--CREDIT RATING AGENCIES INCREASINGLY MAKE REFERENCE TO THE LOOMING ECONOMIC REPERCUSSIONS OF THE HIV/AIDS EPIDEMIC; THIS COULD CONSTRAIN IMPROVEMENTS IN SOUTH AFRICA'S FUTURE CREDIT RATING.

--AN ESTIMATED 200,000 SOUTH AFRICAN CHILDREN ARE AIDS ORPHANS. (FYI: WE ARE USING THE GENERALLY ACCEPTED DEFINITION OF AN AIDS ORPHAN AS A CHILD 15 OR YOUNGER WHO HAS LOST AT LEAST ONE PARENT TO HIV/AIDS. END FYI)

3. SOUTH AFRICA HAS BEEN CALLED THE EPICENTER OF THE HIV/AIDS EPIDEMIC. MODELS SUGGEST THAT BY 2010 THE OVERALL PREVALENCE OF HIV/AIDS COULD REACH 25 PERCENT IN THE GENERAL POPULATION. HOSPITALS ARE ALREADY EXPERIENCING SUBSTANTIAL INCREASES IN ADMISSIONS ATTRIBUTABLE TO HIV/AIDS.

4. ONE OF THE MOST PERNICIOUS ASPECTS OF THE EPIDEMIC IS THAT HIV/AIDS THREATENS THE MORE ECONOMICALLY ACTIVE SEGMENT OF THE POPULATION, PEOPLE BETWEEN THE AGES OF 19 AND 49. THIS TRANSLATES INTO POTENTIALLY HIGHER COSTS IN BENEFITS PAYMENTS, HIRING AND TRAINING AS WELL AS PRODUCTIVITY LOSSES DUE TO ILLNESS.

5. THERE ARE NUMEROUS REASONS FOR THE RAPID SPREAD OF HIV/AIDS IN SOUTH AFRICA. ONE SOUTH AFRICAN HIV/AIDS RESEARCHER STATED THAT "IF YOU WANT TO SPREAD A SEXUALLY TRANSMITTED DISEASE, YOU WOULD TAKE THOUSANDS OF YOUNG MEN AWAY FROM THEIR FAMILIES, ISOLATE THEM IN SINGLE-SEX HOSTELS, AND GIVE THEM EASY ACCESS TO ALCOHOL AND COMMERCIAL SEX." THIS IS CLEARLY A RECIPE FOR THE RAMPANT SPREAD OF HIV/AIDS IN SOUTH AFRICA AND IS THE CURRENT REALITY HERE.

6. THERE ARE OTHER FACTORS WHICH ENCOURAGE THE SPREAD
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OF HIV/AIDS:

--A HIGHLY MOBILE POPULATION WITH AN EXCELLENT
TRANSPORTATION SYSTEM;
--THE LOW STATUS OF WOMEN;
--HIGH LEVELS OF SEXUALLY TRANSMITTED INFECTIONS;
--RESISTANCE TO CONDOM USE.

7. SOUTH AFRICA'S HIV/AIDS EPIDEMIC, HOWEVER, MUST BE
SEEN IN CONTEXT. THE "NEW" SOUTH AFRICA HAS COMPLEX,
DEEP-SEATED SOCIOECONOMIC CHALLENGES TO ADDRESS. WHILE
POLITICALLY ENFRANCHISED, THE COUNTRY'S BLACK MAJORITY
REMAINS, IN LARGE MEASURE, ECONOMICALLY MARGINALIZED.
WITH A GDP PER CAPITA OF APPROXIMATELY USD 3,000, SOUTH
AFRICA IS A MIDDLE INCOME COUNTRY. HOWEVER, 5 PERCENT
OF THE POPULATION OWNS 95 PERCENT OF THE WEALTH.
APPROXIMATELY 25 PERCENT OF BLACK SOUTH AFRICANS LACK
FORMAL EDUCATION; FORTY PERCENT OF SOUTH AFRICA'S
HOUSEHOLDS LACK ELECTRICITY. THESE PROBLEMS ARE
MAGNIFIED BY A DISRUPTIVE MIGRANT LABOR SYSTEM WHICH
CONTINUES TO UNDERMINE SOCIAL COHESION. ALMOST SIX
YEARS AFTER THE ADVENT OF DEMOCRATIC GOVERNANCE, SOUTH
AFRICA FACES MAJOR DEFICITS IN EDUCATION, HOUSING AND,
AS EVIDENCED BY THE HIV/AIDS EPIDEMIC, HEALTH.

8. HIV/AIDS IS YET ONE MORE PUBLIC POLICY CHALLENGE
INEXTRICABLY LINKED TO POVERTY AND THE DEBILITATING
LEGACY OF APARTHEID. IN ITS 1998 REPORT ENTITLED
"HIV/AIDS AND HUMAN DEVELOPMENT IN SOUTH AFRICA", THE
UNITED NATIONS CITED HIV/AIDS AS A POVERTY-RELATED
ILLNESS. DEFINING POVERTY AS THE "DENIAL OF CHOICES
AND OPPORTUNITIES FOR A TOLERABLE LIFE SUCH AS FOOD,
CLOTHING, SHELTER, MEDICAL CARE AND EMPLOYMENT", THE UN
REPORT ALSO HIGHLIGHTED THE VULNERABILITY OF WOMEN AS A
MAJOR ENABLING FACTOR IN THE SPREAD OF HIV/AIDS.

PART 2: THE SOUTH AFRICAN RESPONSE

9. SOUTH AFRICA WAS LATE IN FOCUSING HIGH-LEVEL
ATTENTION ON HIV/AIDS. GIVEN THE NUMEROUS ISSUES VYING
FOR ATTENTION, ONE BEGINS TO APPRECIATE WHY SOUTH
AFRICANS SEEMED UNPREPARED FOR YET ANOTHER SET OF
DAUNTING PROBLEMS FOR THEIR YOUNG DEMOCRACY TO TACKLE.
IN RECENT WEEKS, THERE HAS BEEN CONSIDERABLE PUBLIC
CONTROVERSY SURROUNDING PRESIDENT MBEKI AND HIS VIEWS
ON HIV/AIDS. WE REPORTED ON THIS IN REF D. WHATEVER
PRESIDENT MBEKI'S VIEWS, SOUTH AFRICA HAS TAKEN SEVERAL
SENSIBLE STEPS TO COMBAT THE HIV/AIDS EPIDEMIC IN
RECENT YEARS. IN 1995, FOR EXAMPLE, THE HEALTH
DEPARTMENT ESTABLISHED THE HIV/AIDS/STD DIRECTORATE TO
DEVELOP THE CAPACITY TO FIGHT THE EPIDEMIC AT THE
NATIONAL AND PROVINCIAL LEVELS OF GOVERNMENT. IN
ADDITION, THE SAG DEVOTED CONSIDERABLE TIME AND EFFORT
IN FORMULATING ITS NATIONAL PLAN TO COMBAT HIV/AIDS.
BROADLY SPEAKING, THE PLAN HAS SIX MAJOR COMPONENTS:

- (A) EDUCATION AND PREVENTION
- (B) COUNSELING
- (C) HEALTH CARE
- (D) HUMAN RIGHTS AND LAW REFORM
- (E) WELFARE
- (F) RESEARCH

10. UNQUESTIONABLY, SINCE 1994 THE SAG'S PRIORITY HAS BEEN TO TRANSFORM THE DELIVERY OF SERVICES, INCLUDING HEALTH, TO BENEFIT A MAJORITY OF THE PEOPLE. CONSEQUENTLY, THE SAG HAS FOCUSED ON CHANGING POLICIES AND REGULATIONS AS WELL AS INCREASING ACCESS AND IMPROVING THE QUALITY OF SERVICES. IT IS CLEAR, HOWEVER, THAT THE SAG'S DELIVERY MECHANISMS ARE NOT SUFFICIENTLY DEVELOPED TO RESPOND TO THE NEEDS AND IMPACTS OF HIV/AIDS. THE EPIDEMIC, ALONG WITH ANOTHER PUBLIC HEALTH MENACE, VIOLENT CRIME, HAS INDIRECTLY SKEWED THE HEALTH BUDGET, RENDERING A WEAK AND POORLY FINANCED PUBLIC HEALTH SYSTEM EVEN WORSE OFF.

11. AT MANDELA'S BEHEST, IN OCTOBER 1998, THEN-DEPUTY PRESIDENT MBEKI LAUNCHED THE PARTNERSHIP AGAINST AIDS. THE "PARTNERSHIP" SERVED AS A CLARION CALL TO SOUTH AFRICANS FROM ALL WALKS OF LIFE -- GOVERNMENT, BUSINESS, LABOR, NGOS AND FAITH-BASED ORGANIZATIONS, TO COMBAT THE SPREAD OF HIV/AIDS. THIS WAS A REAL SIGN OF HIGH-LEVEL SAG COMMITMENT TO ADDRESS THE HIV/AIDS
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EPIDEMIC.

12. SINCE THEN, THE SAG HAS CREATED THE INTER-MINISTERIAL COMMITTEE ON AIDS (IMC), A CABINET LEVEL BODY TASKED WITH IDENTIFYING AND IMPLEMENTING MULTI-SECTORAL RESPONSES TO HIV/AIDS. WHILE IT IS TOO EARLY TO DETERMINE HOW EFFECTIVE THE IMC WILL BE, WE BELIEVE ITS CREATION SIGNALS THE SAG'S RECOGNITION THAT THE EPIDEMIC TRANSCENDS THE "HEALTH PORTFOLIO" AND HAS IMPORTANT SOCIOECONOMIC AND POLITICAL IMPLICATIONS FOR THE COUNTRY'S DEVELOPMENT.

13. PARLIAMENT'S ALL-PARTY COMMITTEE ON HIV/AIDS SERVES AS ANOTHER INSTITUTIONAL INDICATOR OF THE SAG'S WILL TO FIGHT HIV/AIDS AT THE HIGHEST LEVELS OF GOVERNMENT. AT THE OPENING OF THE 1999 ELECTION CAMPAIGN, FOR EXAMPLE, ALL/ALL MEMBERS OF PARLIAMENT PUBLICLY SIGNED A PLEDGE TO DISCUSS HIV/AIDS AT EVERY CAMPAIGN APPEARANCE IN AN EFFORT TO EDUCATE THE ELECTORATE.

14. IN HIS ANNUAL BUDGET SPEECH, FINANCE MINISTER MANUEL ANNOUNCED THE FOLLOWING INCREASED FUNDING LEVELS TO COMBAT HIV/AIDS:

FISCAL YEAR 2000/01 75 MILLION RAND
FISCAL YEAR 2001/02 125 MILLION RAND
FISCAL YEAR 2002/03 300 MILLION RAND

AGAIN, CRITICS ARGUE THAT THE INCREASES ARE INSUFFICIENT TO MEET THE HIV/AIDS CHALLENGES. THIS EMBASSY IS, HOWEVER, ENCOURAGED BY THE SAG'S EFFORTS IN MAKING BUDGETARY PROVISIONS FOR HIV/AIDS CARE AND PREVENTION. WE FIND TROUBLING, HOWEVER, RECENT PRESS REPORTS TO THE PARLIAMENTARY HEALTH COMMITTEE THAT 40 PERCENT OF THE HEALTH DEPARTMENT'S R109.7 MILLION HIV/AIDS BUDGET FISCAL 1999/2000 (44.2 MILLION RAND) REMAINED UNSPENT. SAG OFFICIALS NOTE, HOWEVER, THAT

WHILE UNSPENT THE FUNDS HAVE BEEN OBLIGATED.

15. SOUTH AFRICA HAS A CONSTITUTIONAL AND LEGAL FRAMEWORK WHICH PROHIBITS DISCRIMINATION AGAINST PEOPLE LIVING WITH AIDS, PARTICULARLY IN THE AREAS OF HOUSING AND EMPLOYMENT. WHILE NOT PERFECT IN APPLICATION, THESE CONSTITUTIONAL AND LEGAL PROTECTIONS FORM PART OF A CRITICAL SOCIAL SAFETY NET. THE SAG ALSO PROVIDES FREE MEDICAL CARE TO PREGNANT WOMEN AND CHILDREN SIX AND UNDER. WHILE CRITICS ARGUE THAT THESE PROGRAMS DO NOT GO FAR ENOUGH, WE VIEW THESE EFFORTS AS AN IMPORTANT ELEMENT OF SOUTH AFRICA'S ATTEMPTS TO GRAPPLE WITH THE HIV/AIDS EPIDEMIC.

16. IN FEBRUARY, THE SAG LAUNCHED THE NATIONAL AIDS COUNCIL (NAC). THE NAC IS NOT A STATUTORY BODY; ITS PRINCIPAL AIM IS TO ADVISE GOVERNMENT. IT WILL ALSO SERVE TO COORDINATE GOVERNMENTAL AND NON-GOVERNMENTAL EFFORTS TO FIGHT HIV/AIDS IN SOUTH AFRICA. THE SAG SUSTAINED SOME PUBLIC CRITICISM FOR ITS FAILURE TO INCLUDE THE AIDS CONSORTIUM, THE COUNTRY'S LARGEST UMBRELLA BODY WITH A MEMBERSHIP OF 230 NON-GOVERNMENTAL ORGANIZATIONS (NGOS), IN THE NATIONAL AIDS COUNCIL. WE AGREE THAT VITAL SOUTH AFRICAN EXPERTISE WHICH COULD HAVE BEEN OFFERED BY THESE NGOS IS NOT AVAILABLE TO THIS NASCENT INSTITUTION. NGOS HAVE ALSO RAISED SOME QUESTIONS ABOUT TRANSPARENCY. THE NAC FUMBLERD ITS FIRST PRESS CONFERENCE, ACCORDING TO THE SAG, BECAUSE OF AN ADMINISTRATIVE ERROR. THE MEDIA WAS INVITED TO THE PRESS CONFERENCE AFTER NAC MEMBERS HAD ALREADY LEFT THE PREMISES. THE INCIDENT WAS EMBARRASSING TO THE SAG.

SOUTH AFRICA'S CIVIL SOCIETY RESPONDS TO HIV/AIDS

17. THE 1998 SOUTH AFRICAN AIDS NETWORK, A DIRECTORY OF NON-GOVERNMENTAL ORGANIZATIONS WORKING IN HIV/AIDS, IDENTIFIED 600 ACTIVE GROUPS. WE NOTE THAT MANY OF THESE NGOS DATE BACK TO THE STRUGGLE YEARS AND WERE CLOSELY ALIGNED WITH THE ANTI-AP\$<32MIVIL SOCIETY HAS BEEN INVOLVED IN THE FOLLOWING ACTIVITIES:

--EDUCATION

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AF FO[qHO'S DOING WHAT ABOUT IT?

--COUNSELING (HIV, RAPE AND BEREAVEMENT)

--TESTING

--CONDOM DISTRIBUTION

--HIV/AIDS AWARENESS PROGRAMS

THE BUSINESS RESPONSE TO HIV/AIDS

18. THE BUSINESS RESPONSE TO HIV/AIDS IN SOUTH AFRICA WAS INITIALLY SLOW. THE PRIVATE SECTOR IS GRADUALLY BEGINNING TO ADDRESS THE EPIDEMIC. UNDER SOUTH AFRICAN LAW, BUSINESSES ARE REQUIRED TO DEVOTE A PORTION OF THEIR PROFITS AS A "SOCIAL RESPONSIBILITY FUND". SOME BUSINESSES HAVE SELECTED NON-GOVERNMENTAL ORGANIZATIONS WORKING IN HIV/AIDS AS RECIPIENTS. SOUTH AFRICA'S PRIVATE SECTOR IS BECOMING INCREASINGLY CONCERNED ABOUT THE POTENTIAL ADVERSE IMPACT OF HIV/AIDS IN THE WORKPLACE. ESKOM, LEVIS AND MONDI ARE SOUTH AFRICAN EMPLOYERS WITH EXEMPLARY HIV/AIDS WORKPLACE POLICIES. TO ITS CREDIT, THE SOUTH AFRICAN GOVERNMENT HAS ESTABLISHED A BUSINESS COUNCIL ON AIDS TO SERVE AS A RESOURCE FOR SMALL AND MEDIUM SIZED

COMPANIES WHICH LACK THE FINANCIAL AND TECHNICAL RESOURCES TO DEVELOP INDIVIDUAL HIV/AIDS WORKPLACE POLICIES.

19. IN REFTEL E EMBASSY REPORTED ON THE HIV/AIDS EMPOWERMENT PACK DEVELOPED BY THE AMERICAN CHAMBER OF COMMERCE. BILLED AS A MANAGEMENT TOOL TO HELP MEMBERS ASSESS THE RISK AND COSTS ASSOCIATED WITH HIV/AIDS, THE PACK INCLUDES:

- A PROPOSED CODE OF CONDUCT
- HIV/AIDS STRATEGY
- A SUMMARY OF THE IMPACT OF CURRENT LEGISLATION AND THE NECESSARY COMPLIANCE MEASURES
- A RESOURCE LIST
- AN AIDS IMPACT CALCULATOR

ON COMPUTER DISK, THE AIDS IMPACT CALCULATOR HELPS COMPANIES ASSESS THE IMPACT OF HIV/AIDS ON THEIR BOTTOM LINE ADDRESSING ISSUES SUCH AS STAFF TURNOVER, LOST SKILLS, INCREASED ABSENTEEISM AND REDUCED PRODUCTIVITY.

PART 3: HOW IS THE U.S. RESPONDING?

20. SEVERAL U.S. GOVERNMENT AGENCIES (USAID, THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE NATIONAL INSTITUTES OF HEALTH) HAVE ESTABLISHED A FULL RANGE OF PARTNERSHIPS WITH SOUTH AFRICAN COUNTERPARTS IN EFFORTS TO COMBAT HIV/AIDS. SUMMARY OF KEY INITIATIVES FOLLOWS:

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

21. USAID ASSISTS SOUTH AFRICA IN COMBATING THE HIV/AIDS EPIDEMIC BY INCREASING ACCESS AND CAPACITY IN ESSENTIAL PRIMARY HEALTH CARE SERVICES. THE PRIMARY BENEFICIARIES OF USAID ASSISTANCE ARE THE HISTORICALLY DISADVANTAGED COMMUNITIES, PARTICULARLY CHILDREN AND WOMEN OF REPRODUCTIVE AGE. IN ADDITION TO THE HEALTH DEPARTMENT, USAID HAS DEVELOPED PARTNERSHIPS WITH THE DEPARTMENT OF WELFARE, THE DEPARTMENT OF EDUCATION, TRADE UNIONS, RESEARCH INSTITUTIONS AT UNIVERSITIES AND NON-GOVERNMENTAL ORGANIZATIONS (NGOS).

USAID PROGRAMS WITH NATIONAL GOVERNMENT

22. USAID SIGNED A BILATERAL AGREEMENT WITH THE DEPARTMENT OF HEALTH (DOH) IN 1998. THE FOCUS OF THIS BILATERAL COOPERATION IS ON (1) RAISING PUBLIC AWARENESS, (2) SEXUALLY TRANSMITTED DISEASE (STD) PREVENTION, DIAGNOSIS AND TREATMENT AND (3) LIMITED SUPPORT FOR VACCINE DEVELOPMENT. USAID CONTINUES TO SUPPORT THE DEPARTMENT OF HEALTH'S EFFORTS TO IMPROVE MEDIA EDUCATION AND OUTREACH AS WELL AS STRENGTHEN THE PUBLIC AWARENESS CAMPAIGNS. SPECIFICALLY, USAID ASSISTS BOTH LOCAL NGOS AND ADVERTISING AGENCIES TO IMPROVE THEIR COMMUNICATIONS STRATEGIES AND RESEARCH METHODOLOGIES IN ORDER TO DEVELOP AND DISSEMINATE
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CULTURALLY APPROPRIATE HIV/AIDS INFORMATION. USAID FUNDING HAS HELPED OVERHAUL THE 24-HOUR AIDS HELP-LINE, IMPROVING ITS TECHNOLOGY AND THE STAFF TRAINING. USAID WILL ALSO PROVIDE LONG-TERM TECHNICAL ASSISTANCE TO HELP THE DEPARTMENT OF HEALTH REVIEW AND REFINE THE PROCUREMENT, DISTRIBUTION, MONITORING AND PROMOTION OF CONDOM/BARRIER METHODS THROUGHOUT THE ENTIRE COUNTRY.

23. USAID IS SUPPORTING THE DEPARTMENT OF EDUCATION BY PROVIDING AN HIV/AIDS ADVISOR. SPECIFICALLY, THE ADVISOR WILL ASSIST THE DEPARTMENT OF EDUCATION COORDINATE AN EFFECTIVE EDUCATIONAL RESPONSE TO THE HIV/AIDS EPIDEMIC. IN ADDITION, USAID SUPPORTED A STUDY ANALYZING THE EFFECTS OF THE EPIDEMIC ON SOUTH AFRICA'S EDUCATION SECTOR.

USAID PROGRAMS WITH PROVINCIAL AND LOCAL GOVERNMENTS

24. UNDER THE AUSPICES OF THE EQUITY PROJECT, USAID IS SUPPORTING THE PROVINCIAL GOVERNMENTS OF THE EASTERN CAPE AND MPUMALANGA TO IMPROVE ACCESS TO QUALITY PRIMARY HEALTHCARE SERVICES. COMPREHENSIVE IN NATURE, THE EQUITY PROJECT SUPPORTS INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES, EXPANDED IMMUNIZATION PROGRAMS AND MATERNAL HEALTH AS WELL AS HIV/AIDS AND STD PREVENTION. IMPROVEMENTS HAVE BEEN MADE IN DATA COLLECTION, LABORATORY SERVICES, COUNSELING, CARE OF ORPHANS AND CONDOM DISTRIBUTION. IN ADDITION, USAID HAS WORKED WITH LOCAL GOVERNMENTS TO DEVELOP A "TOOL KIT" ADDRESSING (1) WORKPLACE POLICIES (2) SERVICE DELIVERY AND (3) BUILDING PARTNERSHIPS WITH NGOS AND OTHER CIVIL SOCIETY ORGANIZATIONS. TO DATE, APPROXIMATELY 80 LOCAL GOVERNMENTS HAVE BEEN TRAINED IN THE USE OF THE "TOOL KIT".

USAID PROGRAMS WITH NGOS AND UNIVERSITIES

25. RECOGNIZING THAT TRADITIONAL REPRODUCTIVE HEALTH PROGRAMS AND HIV/AIDS PREVENTION PROGRAMS HAVE TRADITIONALLY FOCUSSED PRIMARILY ON WOMEN, USAID IS WORKING WITH THE PLANNED PARENTHOOD ASSOCIATION OF SOUTH AFRICA TO DEVELOP TRAINING INFORMATION TO INCREASE MEN'S AWARENESS IN THESE AREAS. USAID FURNISHED TECHNICAL ASSISTANCE TO THE REPRODUCTIVE HEALTH RESEARCH UNIT TO PROMOTE SOUTH AFRICA'S NATIONAL REPRODUCTIVE HEALTH RESEARCH AGENDA. IN ADDITION, USAID SUPPORTS THE SOUTH AFRICAN INSTITUTE OF MEDICAL RESEARCH TO IMPLEMENT STD PREVENTION PROGRAMS IN TWO MINING COMMUNITIES, HARMONY AND CARLTONVILLE; THE COMPANIES SHARE IN THE COST OF THIS PROGRAM. IN THE LAST NINE MONTHS, THERE HAS BEEN A FORTY PERCENT REDUCTION IN STDs IN HARMONY.

CENTERS FOR DISEASE CONTROL AND PREVENTION

26. THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) PROVIDED PERSONNEL IN 1989 TO ESTABLISH THE USAID - SOUTH AFRICA HIV/AIDS HEALTH PROGRAM. CDC'S ACTIVITIES INCLUDED DEVELOPING THE HIV/AIDS SMALL GRANTS PROGRAM WHICH PROVIDED FINANCIAL AND TECHNICAL ASSISTANCE TO NATIONAL AND COMMUNITY-BASED ORGANIZATIONS (CBOS) SUCH AS THE NATIONAL AIDS

COORDINATING COMMITTEE OF SOUTH AFRICA, THE PROGRESSIVE PRIMARY HEALTH CARE NETWORK AND THE AIDS CONSORTIUM. IN ADDITION, CDC HAS PROVIDED LONG-TERM TECHNICAL ASSISTANCE TO THE DEPARTMENT OF HEALTH INCLUDING EPIDEMIOLOGICAL TRAINING, ASSISTING IN THE DEVELOPMENT OF NATIONAL HIV/AIDS OBJECTIVES AND HIV-RELATED POLICY AND CLINICAL GUIDANCE.

27. USING FUNDING SUPPORT FROM USAID, CDC PROVIDES THE FOLLOWING TECHNICAL ASSISTANCE IN SOUTH AFRICA:

--HIV/AIDS TECHNICAL ADVISOR TO THE SOLIDARITY CENTER (AFFILIATED WITH THE US AFL-CIO) TO ASSIST IN DEVELOPING HIV/AIDS PREVENTION AND POLICIES AMONG TRADE UNIONS;

--TB ADVISOR TO THE DEPARTMENT OF HEALTH TO ASSIST IN STRENGTHENING THE TUBERCULOSIS REPORTING SYSTEM;

CDC ALSO PROVIDES SHORT-TERM TECHNICAL ASSISTANCE TO UNCLAS SECTION 06 OF 06 PRETORIA 002671

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THE DEPARTMENT OF HEALTH IN THE FOLLOWING AREAS:

--VOLUNTARY HIV COUNSELING AND TESTING
--LABORATORY SUPPORT
--HIV INCIDENCE EVALUATION
--HIV RAPID TESTING
--HIV RISK BEHAVIORS AMONG YOUTH

NATIONAL INSTITUTES OF HEALTH

28. THE NATIONAL INSTITUTES OF HEALTH (NIH) IS WORKING IN PARTNERSHIP WITH THE SOUTH AFRICAN NATIONAL AIDS
TRANSMISSION (MOTHER TO CHILD) AT SOWETO'S BARAGWANATH HOSPITAL. NIH HAS ESTABLISHED HIVNET SITES IN GAUTENG AND KWAZULU-NATAL TO ENSURE THAT INFRASTRUCTURE WILL BE IN PLACE ONCE A VACCINE IS FINALLY INVENTED.

CONCLUSION

29. IT IS CLEAR THAT SOUTH AFRICA'S HIV/AIDS EPIDEMIC IS SERIOUS. SOUTH AFRICANS, IN GOVERNMENT AND CIVIL SOCIETY, ARE RESPONDING TO HIV/AIDS, FREQUENTLY WITH U.S. GOVERNMENT AGENCIES AS PARTNERS. THIS EMBASSY IS SEIZED WITH PROBLEMS OCCASIONED BY THE EPIDEMIC. INDEED, AMBASSADOR LEWIS HAS MADE ADDRESSING HIV/AIDS A MAJOR PRIORITY OF HIS TENURE IN SOUTH AFRICA. HE HAS ESTABLISHED A SENIOR-LEVEL HIV/AIDS STRATEGIC POLICY GROUP TO EXAMINE THE CHALLENGE OF HIV/AIDS AND RECOMMEND POLICY OPTIONS. WE WILL FORWARD THE RESULTS OF THE GROUP'S DELIBERATIONS VIA SEPTTEL.
LEWIS

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Thursday, April 06, 2000 11:03 AM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Sigler, Ralph H. (WHSR); Smith, Gayle E. (AF)
Subject: LETTER FROM PRESIDENT MBEKI TO PRESIDENT CLINTON ON HIV/AIDS (U)
SENSITIVE BUT UNCLASSIFIED. PLEASE PROTECT ACCORDINGLY. THIS MESSAGE IS NOT FOR INTERNET DISTRIBUTION.

ActionAddres: RUEHC/SECSTATE WASHDC IMMEDIATE 1066
Classification: UNCLASSIFIED
DateTime: 060524Z APR 00
Distribution: SIT: BABBITT Bernard BYRNE NSC DEMPSEY SUM2 SMITH
PRT: SIT{C2}
Identifier: M4382232
InfoAddres: RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY PRIORITY
Line1: OAAUZYUW RUEHSAA2642 0970524-UUUU--RHEHAAX.
Line2: ZNR UUUUU ZZH
Line3: O 060524Z APR 00
Line4: FM AMEMBASSY PRETORIA
Originator: AMEMBASSY PRETORIA
Precedence: IMMEDIATE
Profiles: BABBITTJ
BERNARDK
BYRNEC
CABLES
DEMPSEYN
SIGLERR
SMITHG
StationRoutingIndicator: RUEHSA
StationSerialNumber: 2642
TimeOfReceipt: 04/06/2000 10:04:15 ET

UNCLAS SECTION 01 OF 03 PRETORIA 002642

SENSITIVE

AF FOR AS RICE, PDAS N. POWELL
AF/S FOR A. RENDER, M. KOPLOVSKY
OES FOR N. CARTER-FOSTER
DEPT PLS PASS WHITE HOUSE FOR ONAP S. THURMAN

E.O. 12958: N/A
TAGS: TBIO, SOCI, SENV, SF
SUBJECT: LETTER FROM PRESIDENT MBEKI TO PRESIDENT CLINTON
ON HIV/AIDS

(U) SENSITIVE BUT UNCLASSIFIED. PLEASE PROTECT ACCORDINGLY.
THIS MESSAGE IS NOT FOR INTERNET DISTRIBUTION.

1. (SBU) ON APRIL 5, EMBASSY PRETORIA RECEIVED A LETTER FROM
SOUTH AFRICAN PRESIDENT THABO MBEKI FOR PRESIDENT CLINTON.
POST FAXED THE TEXT TO AF/S AND WILL FORWARD THE ORIGINAL TO
THE OFFICE OF SOUTHERN AFRICAN AFFAIRS VIA DIPLOMATIC POUCH.

2. (SBU) BEGIN TEXT:

APRIL 3, 2000

MR. PRESIDENT,

I AM HONoured TO CONVEY TO YOU THE COMPLIMENTS OF OUR
GOVERNMENT AS WELL AS MY OWN, AND TO INFORM YOU ABOUT SOME
WORK WE ARE DOING TO RESPOND TO THE HIV-AIDS EPIDEMIC.

AS YOU ARE AWARE, INTERNATIONAL ORGNISATIONS SUCH AS UNAIDS

HAVE BEEN REPORTING THAT SUB-SAHARAN AFRICA ACCOUNTS FOR TWO-THIRDS OF THE WORLD INCIDENCE OF HIV-AIDS. THESE REPORTS INDICATE THAT OUR OWN COUNTRY IS AMONG THE WORST AFFECTED.

RESPONDING TO THESE REPORTS, IN 1998 OUR GOVERNMENT DECIDED RADICALLY TO STEP UP ITS OWN EFFORTS TO COMBAT AIDS, THIS FIGHT HAVING, UP TO THIS POINT, BEEN LEFT LARGELY TO OUR MINISTRY AND DEPARTMENT OF HEALTH.

AMONG OTHER THINGS, WE SET UP A MINISTERIAL TASK FORCE AGAINST HIV-AIDS CHAIRED BY THE DEPUTY PRESIDENT OF THE REPUBLIC, WHICH POSITION I WAS PRIVILEGED TO OCCUPY AT THE TIME.

OUR CURRENT DEPUTY PRESIDENT, THE HON. JACOB ZUMA, NOW LEADS THIS TASK FORCE.

WE ALSO ESTABLISHED PARTNERSHIPS AGAINST AIDS WITH MANY MAJOR SECTORS OF OUR SOCIETY INCLUDING THE YOUTH, WOMEN, BUSINESS, LABOUR UNIONS AND THE RELIGIOUS COMMUNITIES.

WE HAVE NOW ALSO ESTABLISHED A NATIONAL AIDS COUNCIL, AGAIN CHAIRED BY THE DEPUTY PRESIDENT AND BRINGING TOGETHER THE GOVERNMENT AND CIVIL SOCIETY.

AN IMPORTANT PART OF THE CAMPAIGN THAT WE ARE CONDUCTING SEEKS TO ENCOURAGE SAFE SEX AND THE USE OF CONDOMS.

AT THE SAME TIME, AS AN ESSENTIAL PART OF OUR CAMPAIGN AGAINST HIV-AIDS, WE ARE WORKING TO ENSURE THAT WE FOCUS PROPERLY AND URGENTLY ON THE ELIMINATION OF POVERTY AMONG THE MILLIONS OF OUR PEOPLE.

SIMILARLY, WE ARE DOING EVERYTHING WE CAN, WITHIN OUR VERY LIMITED POSSIBILITIES, TO PROVIDE THE NECESSARY MEDICAMENTS AND CARE TO DEAL WITH WHAT ARE DESCRIBED AS "OPPORTUNISTIC DISEASES" THAT ATTACH TO ACQUIRED IMMUNE DEFICIENCY.

AS A GOVERNMENT AND A PEOPLE, WE ARE TRYING TO ORGANIZE OURSELVES TO ENSURE THAT WE TAKE CARE OF THE CHILDREN AFFECTED AND ORPHANED BY AIDS.

WE WORK ALSO TO ENSURE THAT NO SECTION OF OUR SOCIETY, WHETHER PUBLIC OR PRIVATE, DISCRIMINATES AGAINST PEOPLE SUFFERING FROM HIV-AIDS.

IN OUR CURRENT BUDGET, WE HAVE INCLUDED A DEDICATED FUND TO FINANCE OUR ACTIVITIES AGAINST HIV-AIDS. THIS IS IN ADDITION TO FUNDS THAT THE CENTRAL GOVERNMENT DEPARTMENTS AS WELL AS THE PROVINCIAL AND LOCAL ADMINISTRATIONS WILL SPEND ON THIS CAMPAIGN.

WE HAVE ALSO CONTRIBUTED TO OUR MEDICAL RESEARCH COUNCIL SUCH FUNDS AS WE CAN, FOR THE DEVELOPMENT OF AN AIDS VACCINE.

DEMANDS ARE BEING MADE WITHIN THE COUNTRY FOR THE PUBLIC HEALTH SYSTEM TO PROVIDE ANTI-RETROVIRAL DRUGS FOR VARIOUS INDICATIONS, INCLUDING MOTHER-TO-CHILD TRANSMISSION.

WE ARE DISCUSSING THIS MATTER, AMONG OTHERS WITH OUR STATUTORY LICENSING AUTHORITY FOR MEDICINES AND DRUGS, THE MEDICINES CONTROL COUNCIL (MCC).

TOWARDS THE END OF LAST YEAR, SPEAKING IN OUR NATIONAL PARLIAMENT, I SAID THAT I HAD ASKED OUR MINISTER OF HEALTH TO LOOK INTO VARIOUS CONTROVERSIES TAKING PLACE AMONG SCIENTISTS ON HIV-AIDS AND THE TOXICITY OF A PARTICULAR ANTI-RETROVIRAL DRUG.

UNCLAS SECTION 02 OF 03 PRETORIA 002642

SENSITIVE

AF FOR AS RICE, PDAS N. POWELL
AF/S FOR A. RENDER, M. KOPLOVSKY
OES FOR N. CARTER-FOSTER
DEPT PLS PASS WHITE HOUSE FOR ONAP S. THURMAN

E.O. 12958: N/A
TAGS: TBIO, SOCI, SENV, SF
SUBJECT: LETTER FROM PRESIDENT MBEKI TO PRESIDENT CLINTON
ON HIV/AIDS

IN RESPONSE TO THIS, AMONG OTHER THINGS, THE MINISTER IS WORKING TO PUT TOGETHER AN INTERNATIONAL PANEL OF SCIENTISTS TO DISCUSS ALL THESE ISSUES IN AS TRANSPARENT A SETTING AS POSSIBLE.

AS YOU KNOW, AIDS IN THE UNITED STATES AND OTHER DEVELOPED WESTERN COUNTRIES HAS REMAINED LARGELY CONFINED TO A SECTION OF THE MALE HOMOSEXUAL POPULATION.

FOR EXAMPLE, THE CUMULATIVE HETEROSEXUAL CONTACT, US PERCENTAGE FOR AIDS CASES AMONG ADULTS/ADOLESCENTS, THROUGH JUNE 1999 IS GIVEN AS 10 PER CENT. (HIV/AIDS SURVEILLANCE REPORT; MIDYEAR EDITION, VOL.11. NO. 1, 1999. US DEPARTMENT OF HEALTH AND HUMAN SERVICES.)

THE CUMULATIVE ABSOLUTE TOTAL FOR THIS AGE GROUP IS REPORTED AS BEING 702,748.

US AIDS DEATHS FOR THE PERIOD JANUARY 1996 TO JUNE 1997 WERE STATED BY THE US CDC AS AMOUNTING TO 32,760. (TRENDS IN THE HIV & AIDS EPIDEMIC: 1998, CDC).

ON MAY 13, 1999, A SAPA-AFP REPORT DATED LINED PARIS STATED THAT 199YR"AG{HZ. COLL SECK AS SAYING: "IN SOUTHERN AFRICA, THE PREVALENCE OF THE (HIV) INFECTION HAS INCREASED SO MUCH IN FIVE YEARS THAT THIS REGION COULD, IF THE EPIDEMIC CONTINUES TO SPREAD AT THIS RATE, SEE ITS LIFE-EXPECTANCY DECLINE TO 47 BY 2005."

(INTERESTINGLY, THE FIVE YEARS TO WHICH DR. COLL SECK REFERS COINCIDE CLOSELY WITH THE PERIOD SINCE OUR LIBERATION FROM APARTHEID, WHITE MINORITY RULE IN 1994.)

THE REPORT WENT ON TO SAY THAT ALMOST 1,500 PEOPLE ARE INFECTED IN SOUTH AFRICA EVERYDAY AND THAT, AT THAT POINT, THE EQUIVALENT OF 3.8 MILLION PEOPLE IN OUR COUNTRY CARRIED THE VIRUS.

AGAIN AS YOU ARE AWARE, WHEREAS IN THE WEST HIV-AIDS IS SAID TO BE LARGELY HOMOSEXUALLY TRANSMITTED, IT IS REPORTED THAT IN AFRICA, INCLUDING OUR COUNTRY, IT IS TRANSMITTED HETEROSEXUALLY,

ACCORDING, AS AFRICANS, WE HAVE TO DEAL WITH THIS UNIQUELY AFRICA CATASTROPHE THAT:

-- CONTRARY TO THE WEST, HIV-AIDS IN AFRICA IS HETEROSEXUALLY TRANSMITTED;
--CONTRARY TO THE WEST, WHERE RELATIVELY FEW PEOPLE HAVE DIED FROM AIDS, ITSELF A MATTER OF SERIOUS CONCERN, MILLIONS ARE SAID TO HAVE DIED IN AFRICA; AND,
--CONTRARY TO THE WEST, WHERE AIDS DEATHS ARE DECLINING, EVEN GREATER NUMBERS OF AFRICANS ARE DESTINED TO DIE.

IT IS OBVIOUS THAT WHATEVER LESSONS WE HAVE TO AND MAY DRAW FROM THE WEST ABOUT THE GRAVE ISSUE OF HIV-AIDS, A SIMPLE SUPERIMPOSITION OF WESTERN EXPERIENCE ON AFRICAN REALITY

WOULD BE ABSURD AND ILLOGICAL.

SUCH PROCEEDING WOULD CONSTITUTE A CRIMINAL BETRAYAL OF OUR RESPONSIBILITY TO OUR OWN PEOPLE. IT WAS FOR THIS REASON THAT I SPOKE AS I DID IN OUR PARLIAMENT, IN THE MANNER IN WHICH I HAVE INDICATED.

I AM CONVINCED THAT OUR URGENT TASK IS TO RESPOND TO THE SPECIFIC THREAT THAT FACES US AS AFRICANS. WE WILL NOT ESCHEW THIS OBLIGATION IN FAVOUR OF THE COMFORT OF THE RECITATION OF A CATECHISM THAT MAY VERY WELL BE A CORRECT RESPONSE TO THE SPECIFIC MANIFESTATION OF AIDS IN THE WEST.

WE WILL NOT, OURSELVES, CONDEMN OUR OWN PEOPLE TO DEATH BY GIVING UP THE SEARCH FOR SPECIFIC AND TARGETED RESPONSES TO THE SPECIFICALLY AFRICAN INCIDENCE OF HIV-AIDS.

I MAKE THESE COMMENTS BECAUSE OUR SEARCH FOR THESE SPECIFIC AND TARGETED RESPONSES IS BEING STRIDENTLY CONDEMNED BY SOME IN OUR COUNTRY AND THE REST OF THE WORLD AS CONSTITUTING A CRIMINAL ABANDONMENT OF THE FIGHT AGAINST HIV-AIDS.
UNCLAS SECTION 03 OF 03 PRETORIA 002642

SENSITIVE

AF FOR AS RICE, PDAS N. POWELL
AF/S FOR A. RENDER, M. KOPLOVSKY
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E.O. 12958: N/A
TAGS: TBIO, SOCI, SENV, SF
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ON HIV/AIDS

SOME ELEMENTS OF THIS ORCHESTRATED CAMPAIGN OF CONDEMNATION WORRY ME VERY DEEPLY.

IT IS SUGGESTED, FOR INSTANCE, THAT THERE ARE SOME SCIENTISTS WHO ARE 'DANGEROUS AND DISCREDITED' WITH WHOM NOBODY, INCLUDING OURSELVES, SHOULD COMMUNICATE OR INTERACT.

IN AN EARLIER PERIOD IN HUMAN HISTORY, THESE WOULD BE THE HERETICS THAT WOULD BE BURNT AT THE STAKE!

NOT LONG AGO, IN OUR OWN COUNTRY, PEOPLE WERE KILLED, TORTURED, IMPRISONED AND PROHIBITED FROM BEING QUOTED IN PRIVATE AND IN PUBLIC BECAUSE THE ESTABLISHED AUTHORITY BELIEVED THAT THEIR VIEWS WERE DANGEROUS AND DISCREDITED.

WE ARE NOW BEING ASKED TO DO PRECISELY THE SAME THING THAT THE RACIST APARTHEID TYRANNY WE OPPOSED DID, BECAUSE, IT IS SAID, THERE EXISTS A SCIENTIFIC VIEW THAT IS SUPPORTED BY THE MAJORITY, AGAINST WHICH DISSENT IS PROHIBITED.

THE SCIENTISTS WE ARE SUPPOSED TO PUT INTO SCIENTIFIC QUARANTINE INCLUDE NOBEL PRIZE WINNERS, MEMBERS OF ACADEMIES OF SCIENCE AND EMERITUS PROFESSORS OF VARIOUS DISCIPLINES OF MEDICINE!

SCIENTISTS, IN THE NAME OF SCIENCE, ARE DEMANDING THAT WE SHOULD COOPERATE WITH THEM TO FREEZE SCIENTIFIC DISCOURSE ON HIV-AIDS AT THE SPECIFIC POINT THIS DISCOURSE HAD REACHED IN THE WEST IN 1984.

PEOPLE WHO OTHERWISE WOULD FIGHT VERY HARD TO DEFEND THE CRITICALLY IMPORTANT RIGHTS OF FREEDOM THOUGHT AND SPEECH OCCUPY, WITH REGARD TO THE HIV-AIDS ISSUE, THE FRONTLINE IN THE CAMPAIGN OF INTELLECTUAL INTIMIDATION AND TERRORISM WHICH ARGUES THAT THE ONLY FREEDOM WE HAVE IS TO AGREE WITH WHAT

THEY DECREE TO BE ESTABLISHED SCIENTIFIC TRUTHS.

SOME AGITATE FOR THESE EXTRAORDINARY PROPOSITIONS WITH A RELIGIOUS FERVOUR BORNE BY A DEGREE OF FANATICISM, WHICH IS TRULY FRIGHTENING.

THE DAY MAY NOT BE FAR OFF WHEN WalhpYc1F8|USE OF FANATICS BY DECIDING TO STAND AND WAIT.

IT MAY BE THAT THESE COMMENTS ARE EXTRAVAGANT. IF THEY ARE, IT IS BECAUSE IN THE VERY RECENT PAST, WE HAD TO FIX OUR OWN EYES ON THE VERY FACE OF TYRANNY.

I AM GREATLY ENCOURAGED THAT ALL OF US, AS AFRICANS, CAN COUNT ON YOUR UNWAVERING SUPPORT IN THE COMMON FIGHT TO SAVE OUR CONTINENT AND ITS PEOPLES FROM DEATH FROM AIDS.

PLEASE ACCEPT, YOUR EXCELLENCY, THE ASSURANCE OF MY RESPECT.

THABO MBEKI

H.E. PRESIDENT BILL CLINTON, USA

END TEXT. LEWIS

CHIEF OF MISSION

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Friday, March 31, 2000 1:10 PM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Smith, Gayle E. (AF)
Subject: SOUTH AFRICAN MILITARY'S HIV RATE NOT LIKELY TO AFFECT MILITARY OBSERVOR MISSIONS CLASSIFIED BY POL COUNS MARGUERITA RAGSDALE, REASON 1.5 (B) AND (D)

ActionAddres: RUEHC/SECSTATE WASHDC IMMEDIATE 0985
Classification: ~~CONFIDENTIAL~~
DateTime: 311424Z MAR 00
Distribution: SIT: BABBITT Bernard BYRNE NSC DEMPSEY SMITH
Identifier: M4373100
InfoAddres: RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY PRIORITY
RUEHXR/RWANDA COLLECTIVE PRIORITY
RUEHTN/AMCONSUL CAPE TOWN PRIORITY 2440
RUEHSAJ/AMCONSUL JOHANNESBURG PRIORITY 2956
RUEHSAD/AMCONSUL DURBAN PRIORITY 9678

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Line2: ZNY CCCCC ZZH
Line3: O 311424Z MAR 00
Line4: FM AMEMBASSY PRETORIA
Originator: AMEMBASSY PRETORIA
Precedence: IMMEDIATE
Profiles: BABBITTJ
BERNARDK
BYRNEC
CABLES
DEMPSEYN
SMITHG

StationRoutingIndicator: RUEHSA
StationSerialNumber: 2516
TimeOfReceipt: 03/31/2000 13:11:50 ET

DECLASSIFIED
PER E.O. 13526
2017-0739-M (2.92)
KBH 10/2/2023

~~CONFIDENTIAL~~ SECTION 01 OF 02 PRETORIA 002516

E.O. 12958: DECL: 03/31/2010
TAGS: KPKO, SOCI, TBIO, MOPS, SF
SUBJECT: SOUTH AFRICAN MILITARY'S HIV RATE NOT LIKELY TO AFFECT MILITARY OBSERVOR MISSIONS

CLASSIFIED BY POL COUNS MARGUERITA RAGSDALE, REASON 1.5 (B) AND (D)

1. (S) SUMMARY: SOUTH AFRICA WOULD BE ABLE TO DEPLOY PEACEKEEPERS AND MILITARY OBSERVERS INTERNATIONALLY DESPITE RECENT NEWS REPORTS THAT AS MUCH AS 60 PERCENT OF THE SOUTH AFRICA NATIONAL DEFENCE FORCE MAY BE HIV POSITIVE, IN THE VIEW OF DEPARTMENT OF FOREIGN AFFAIRS DEP. DIR. FOR PEACEKEEPING BETSIE SMITH. SMITH BELIEVES THAT THE ELITE UNITS LIKELY TO BE SENT OUTSIDE SOUTH AFRICA HAVE LOWER INFECTION RATES. THE RELATIVELY SMALL NUMBER OF PERSONNEL LIKELY TO BE DEPLOYED MOREOVER MADE IT POSSIBLE TO SCREEN OUT THE HIV POSITIVE WITHOUT AFFECTING MISSION CAPABILITIES. END SUMMARY

2. (U) THE SOUTH AFRICAN PRESS HAS LATCHED ON TO A NEW HORROR STORY IN THE ONGOING DEBATE ON HIV IN THE COUNTRY. A MARCH 31 SAPA REPORT SUMMARIZES IT:

BEGIN SAPA REPORT:

THE DEMOCRATIC PARTY (DP) WANTS THE SOUTH AFRICA NATIONAL DEFENCE FORCE TO TABLE A CRISIS MANAGEMENT PLAN AT A SPECIAL MEETING OF PARLIAMENT'S JOINT DEFENCE COMMITTEE ON HOW IT

WILL DEAL WITH THE HIGH INCIDENCE OF HIV/AIDS AMONG SOLDIERS.

DP DEFENCE SPOKESMAN ANDRIES BOTHA WAS REACTING ON FRIDAY TO MEDIA REPORTS THAT BETWEEN 60 TO 90 PERCENT OF MEMBERS AT SOME SANDF UNITS WERE HIV POSITIVE.

THE INCIDENCE OF HIV/AIDS IN THE MILITARY GAVE RISE TO A HOST OF PROBLEMS, BOTHA SAID IN A STATEMENT.

"GIVEN THAT THE PRIMARY ROLE OF THE SANDF IN FUTURE IS FORESEEN TO BE PEACE-KEEPING IN FOREIGN COUNTRIES AND GIVEN THAT THE TERMS OF THE UN REGULATIONS BAR SOLDIERS WHO ARE HIV POSITIVE FROM PARTICIPATING IN SUCH MISSIONS, HOW DOES THE SANDF PLAN TO USE HIV POSITIVE SOLDIERS"?

BOTHA SAID THE SANDF SHOULD ALSO SAY WHETHER THE DEFENCE FORCE HAD ENOUGH CAPACITY IN MILITARY HOSPITALS TO DEAL WITH THE SITUATION, GIVEN THAT SOLDIERS RECEIVED FREE MEDICAL TREATMENT.

"I INTEND TO MAKE FULL USE OF PARLIAMENT'S OVERSIGHT ROLE TO ENSURE THAT THIS TRAGEDY IS DEALT WITH PROPERLY."

HIS COMMENTS WERE ECHOED BY THE NEW NATIONAL PARTY'S HENNIE SMIT. SMIT WARNED AGAINST DELAYS AND SAID THE MATTER WOULD HAVE TO BE DEALT WITH AT THE HIGHEST LEVEL.

THE MAIL AND GUARDIAN REPORTED ON FRIDAY THAT THE RATE OF HIV/AIDS INFECTION IN THE SANDF MIGHT BE AS HIGH AS 50 TO 70 PERCENT, WHILE IN AT LEAST ONE UNIT 90 PERCENT OF TROOPS WERE INFECTED WITH THE VIRUS.

THE FIGURES FOLLOWED PRELIMINARY TESTING BY THE SANDF. THE 90 PERCENT INFECTION RATE WAS FOUND AT A MILITARY POLICE BASE IN NORTHERN KWAZULU-NATAL.

THE NEWSPAPER QUOTED BRIGADIER GENERAL PREM NAICKER OF THE MILITARY HEALTH SERVICE AS SAYING THE EXACT FIGURES WOULD ONLY BE KNOWN IN TWO MONTHS AND THAT THE AVAILABLE FIGURES WERE NOT ACCURATE. HE SAID HIGH FIGURES POSTED BY ISOLATED UNITS WERE NOT NECESSARILY INDICATIVE OF THE SITUATION IN THE REST OF THE COUNTRY.

END SAPA REPORT

3. (X) DEPARTMENT OF FOREIGN AFFAIRS DEP. DIR. FOR PEACEKEEPING BETSIE SMITH ACKNOWLEDGED THE SERIOUSNESS OF THE REPORT, BUT COULD NOT CONFIRM IT. SHE NOTED THAT THE REPORT WAS WRONG IN STATING THE UN BANNED HIV POSITIVE TROOPS IN ITS PEACEKEEPING OPERATIONS. SHE SAID THE UN HAD NO SPECIFIC WRITTEN REGULATIONS IN THAT REGARD. IT DID CALL FOR TROOP DONOR NATIONS TO ENSURE THAT ITS CONTRIBUTION CONSISTED OF PERSONNEL IN "OPTIMAL" PHYSICAL CONDITION, WITHOUT SPECIFYING WHAT OPTIMAL MEANT. SOUTH AFRICA, MOREOVER, HAD NO PLANS TO DEPLOY PEACEKEEPERS, PER SE, BUT RATHER MILITARY OBSERVERS, SHE POINTED OUT. SHE IMPLIED THAT THE SMALLER NUMBERS OF MILITARY OBSERVERS, AND THEIR MANDATE TO OPERATE MORE AUTONOMOUSLY, MEANT THAT HANDPICKED TROOPS FROM VARIOUS UNITS COULD BE DEPLOYED WITHOUT AFFECTING THEIR EFFECTIVENESS. PEACEKEEPERS WERE MORE LIKELY TO BE DEPLOYED AS COLLECTIVELY TRAINED BRIGADES OR BATTALIONS. SEPARATING OUT THE HIV POSITIVE, IN SUCH A CASE, WOULD DEGRADE THEIR EFFECTIVENESS.

4. (X) SMITH SAID SHE HAD PARTICIPATED IN CLASSROOM TRAINING OF SOUTH AFRICAN UNITS EARMARKED FOR POSSIBLE OVERSEAS DEPLOYMENT. SHE HAD BEEN TOLD AT THE TIME THAT THOSE TROOPS
~~CONFIDENTIAL~~ SECTION 02 OF 02 PRETORIA 002516

SUBJECT: SOUTH AFRICAN MILITARY'S HIV RATE NOT LIKELY TO AFFECT MILITARY OBSERVOR MISSIONS

WERE "RELATIVELY FREE" OF HIV. SHE BELIEVED THAT HIV HAS BEEN A CLASS ISSUE UP TO NOW, WITH THE POORER, LESS EDUCATED LOWER RANKS FAR MORE AFFECTED THAN THE OFFICER CORPS. SHE NOTED THAT SOUTH AFRICA HAD BEEN ASKED TO SEND ABOUT 20 - 40 MILITARY ENGINEERS TO SIERRA LEONE EARLIER THIS YEAR. THE OPERATION WAS CANCELLED FOR FINANCIAL REASONS, BUT FINDING HIV FREE ENGINEERS HAD NOT BEEN A PROBLEM.

5. (C) COMMENT: DESPITE THE ARDENT WISHES OF THE SAG, THE ISSUE OF HIV WILL NOT GO AWAY. THE DILEMMA FOR THE SOUTH AFRICAN MILITARY IS ESPECIALLY ACUTE. IN HIS FEBRUARY 15 MEETING WITH SECDEF COHEN, DEFMIN LEKOTA PAINTED A GRIM PICTURE OF THE HIV EPIDEMIC IN SOUTH AFRICA AND WELCOMED A U.S. OFFER OF A TEAM TO DISCUSS EDUCATION, PREVENTION, AND TREATMENT OF MILITARY PERSONNEL. LEKOTA EXPLAINED AT THE TIME THAT, DESPITE A SOUTH AFRICAN POLICY FORBIDDING MANDATORY HIV SCREENING OF THE GENERAL POPULATION, THE MILITARY WOULD TEST ITS RANKS. THEY NEEDED TO BE SURE ITS MEN AND WOMEN WERE ABSOLUTELY HEALTHY BEFORE THEY WERE DEPLOYED. HE ACKNOWLEDGED THAT AN INTENSE DEBATE RAGED WITHIN SOUTH AFRICAN SOCIETY ABOUT THE EXTENT OF THE HIV PLAGUE, A BOW TO PRESIDENT MBEKI'S NOW FAMOUS DISSENTING VIEWS. THE MILITARY'S UNIQUE MANDATE HAS MEANT THAT IT MUST ADDRESS HIV MORE FORTHRIGHTLY THAN OTHER SEGMENTS OF THE SAG. IT CAN AVOID A CRISIS IN ITS MISSION FOR NOW, BUT NOT INDEFINITELY.
END COMMENT
LEWIS

Keenan, Josefine (Chris) (HEALTH)

From: WHSR
Sent: Wednesday, March 29, 2000 8:31 AM
To: Babbitt, James F. (VP); Byrne, Catherine E. (AF); Cables; Dempsey, Nora B. (AF); Roberts, Michael W. (VP); Saunders, Richard M. (VP); Smith, Gayle E. (AF)
Subject: HIV/AIDS: WHAT MBEKI BELIEVES AND WHY

ActionAddres: RUEHC/SECSTATE WASHDC IMMEDIATE 0896
Classification: ~~CONFIDENTIAL~~
DateTime: 291258Z MAR 00
Distribution: SIT: BABBITT BYRNE NSC DEMPSEY ROBERTS SAUNDERS SMITH
PRT: FUERTH
Identifier: M4367404
InfoAddres: RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY PRIORITY
RUCNDT/USMISSION USUN NEW YORK PRIORITY 1416
Line1: OAACZYUW RUEHSA2426 0891258-CCCC--RHEHAAX.
Line2: ZNY CCCCC ZZH
Line3: O 291258Z MAR 00
Line4: FM AMEMBASSY PRETORIA
Originator: AMEMBASSY PRETORIA
Precedence: IMMEDIATE
Profiles: BABBITTJ
BYRNEC
CABLES
DEMPSEYN
ROBERTSM
SAUNDERR
SMITHG

StationRoutingIndicator: RUEHSA
StationSerialNumber: 2426
TimeOfReceipt: 03/29/2000 08:32:24 ET

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PER E.O. 13526
2017-0739-M (2.93)
KRM 10/2/2023

~~CONFIDENTIAL~~ SECTION 01 OF 04 PRETORIA 002426

AF FOR A/S RICE
AF/S FOR A. RENDER
OES FOR N.CARTER-FOSTER, E. BARTH
DEPT PLEASE PASS OVP FOR JBABBITT
DEPT PLEASE TO NSC/NEC: GSMITH

E.O. 12958: DECL: 03/21/2010
TAGS: TBIO, SOCI, PREL, SF
SUBJECT: HIV/AIDS: WHAT MBEKI BELIEVES AND WHY

REF: A. A. 99 PRETORIA 14869
B. B. 00 PRETORIA 1525
C. C. 00 PRETORIA 1687
D. D. PRESS CLIPS (FAXED TO AF/S)
E. E. 00 STATE 052614

U) CLASSIFIED BY THE AMBASSADOR FOR REASONS 1.5(B AND D).

SUMMARY

1. (C) IN RECENT MONTHS, PRESIDENT THABO MBEKI HAS PUBLICLY AND PRIVATELY TAKEN TROUBLING POSITIONS ON HIV/AIDS AND THE HEALTH CRISIS IT HAS CAUSED IN SOUTH AFRICA. HE HAS QUESTIONED THE LINK BETWEEN HIV AND AIDS, EXPRESSED DOUBTS ABOUT THE VALUE OF AZT AND IS LISTENING TO "AIDS DISSIDENTS." IN REFTELS A - D, THE EMBASSY REPORTED ON PRESIDENT MBEKI'S UNORTHODOX VIEWS AND THE CONCERNS SOUTH AFRICANS AND THE DONOR COMMUNITY HAVE ABOUT THEM. FOR THE DEPARTMENT'S CONVENIENCE, WE SUMMARIZE THESE VIEWS AGAIN BELOW. IN ADDITION, WE ASK WHY MBEKI HOLDS THEM. WE CONCLUDE THAT

MBEKI MAY BE:

-- SEEKING TO UNDERSTAND THE FULL RANGE OF OPINION ON THE EPIDEMIC, A REFLECTION OF HIS VIEW THAT SCIENTISTS DO NOT FULLY UNDERSTAND THE DISEASE AND THE NEED TO "REINVIGORATE" THE SEARCH FOR THE CURE.

-- LOOKING TO FIND AN AFRICAN SOLUTION TO WHAT HE SEES AS AN AFRICAN PROBLEM, VIEWING THE FIGHT AGAINST HIV/AIDS AS INTEGRAL TO HIS CHERISHED AFRICAN RENAISSANCE.

-- RETURNING TO OLD ANC VIEWS THAT CAPITALIST PHARMACEUTICAL COMPANIES ARE FOCUSED ON PROFITS ALONE AND PUSHING ANTI-RETROVIRAL DRUGS REGARDLESS OF WHETHER THEY ARE NEEDED TO ADDRESS THE EPIDEMIC IN AFRICA.

-- INDEED MBEKI HAS TOLD US THAT HE SEES HIV/AIDS AS A CLASS ISSUE.

2. (S) THE CONSEQUENCES OF MBEKI'S QUESTIONS AND ACTIONS ON HIV/AIDS COULD BE SERIOUS FOR SOUTH AFRICA. THE PRESIDENT'S VIEWS MAY SLOW THE SAG'S RESPONSE TO THE CRISIS AND DETER FOREIGN INVESTORS. IN SUBSEQUENT MESSAGES, THE EMBASSY WILL EXAMINE THE CURRENT DEBATE WITHIN SOUTH AFRICA ON THE PRESIDENT'S CONTROVERSIAL VIEWS, PROVIDE A SUMMARY OF SAG AND DONOR ACTIVITIES TO COMBAT THE EPIDEMIC AND LAY OUT A NEW MISSION STRATEGY. WE WILL ALSO SUGGEST SOME WAYS WE MIGHT WORK TO HELP INFORM SOUTH AFRICA'S DEBATE ON THESE ISSUES.

MBEKI'S QUESTIONS AND CONCERNS

3. (S) ENIGMATIC BY NATURE, MBEKI HAS A NUMBER OF QUESTIONS AND CONCERNS ABOUT HIV/AIDS THAT HIS SOUTH AFRICAN ADVISORS SEEM UNABLE TO ANSWER TO HIS SATISFACTION. AS ONE EXAMPLE, REF A REPORTED THAT DURING HIS MEETING WITH CODEL GEPHARDT PRESIDENT MBEKI STATED THAT:

-- TOO LITTLE ATTENTION WAS PAID TO TREATING OPPORTUNISTIC INFECTIONS ASSOCIATED WITH HIV, SUCH AS TB.
-- IF THESE DISEASES WERE TREATED HIV COULD BE MANAGED.
-- AZT CAUSED BIRTH DEFECTS.
-- STUDIES SHOWED THAT PREGNANT WOMEN TREATED WITH VITAMINS CEASED TO BE INFECTED WITH HIV.

4. (S) MBEKI'S SKEPTICISM IS EXACERBATED AND PERHAPS PARTLY CAUSED BY SERIOUS INSTITUTIONAL CAPACITY PROBLEMS IN THE GOVERNMENT. THE HIV/AIDS DIRECTORATE IN THE HEALTH DEPARTMENT, FOR EXAMPLE, LACKS ADEQUATE TECHNICAL EXPERTISE AND THE CAPACITY TO MANAGE AND IMPLEMENT CRITICAL HIV PROGRAMS.

5. (S) ACCUSTOMED TO CHALLENGING CONVENTIONAL WISDOM AND THE STATUS QUO, MBEKI REPORTEDLY INSTRUCTED AN AIDE, JACQUES HUMAN, TO CONTACT AIDS DISSIDENTS DAVID RASNICK AND CHARLES GESHEKTER FOR ANSWERS TO QUESTIONS SUCH AS:

-- IS AIDS CONTAGIOUS?
-- IS AIDS SEXUALLY TRANSMITTED?
-- DOES HIV CAUSE AIDS?
-- DO ANTI-RETROVIRAL DRUGS PROMOTE HEALTH AND LONGEVITY?

6. (S) AS PART OF HIS EFFORT TO ANSWER SUCH QUESTIONS, MBEKI HAS ALSO DIRECTED THE HEALTH MINISTRY TO CREATE AN INTERNATIONAL PANEL OF EXPERTS TO LOOK AT THESE QUESTIONS AND OTHERS ON HIV/AIDS. THE MEMBERS OF THE PANEL HAVE NOT BEEN
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AF/S FOR A. RENDER

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ANNOUNCED, ALTHOUGH THERE IS A REPORT THAT ONE DISSIDENT, DR.
SAM MBLONGO, HAS AGREED TO SIT ON IT.

UNRAVELING THE MYSTERY: MBEKI'S VIEWS AND WHY HE HOLDS THEM

7. (C) WHILE MBEKI HAS FREQUENTLY QUESTIONED THE ACCEPTED SCIENTIFIC VIEWS ON HIV/AIDS, HE HAS NOT, TO THE BEST OF OUR KNOWLEDGE, EXPLICITLY DENIED THE LINK BETWEEN HIV AND AIDS. NEVERTHELESS, MBEKI'S VIEWS ARE CLEARLY UNUSUAL AND FREQUENTLY NOT WHOLLY CLEAR. NOT SURPRISINGLY GIVEN MBEKI'S POSITION AND STATEMENTS, HIS OPINIONS AND WHY HE HOLDS THEM ARE THE SUBJECT OF SPECULATION IN SOUTH AFRICA AND INTERNATIONALLY. WE OFFER OUR THOUGHTS BELOW. THEY ARE DRAWN FROM A WIDE RANGE OF SOURCES, INCLUDING THE PRESS AND PRIVATE CONVERSATIONS.

AN ACADEMIC INTEREST?

8. (C) ON THE POSITIVE SIDE, MBEKI VIEWS HIV/AIDS AS THE GREATEST HEALTH CRISIS FACING AFRICA. (ALTHOUGH WE SHOULD ALSO NOTE THAT MBEKI SEES HIV/AIDS AS ONLY ONE OF SOUTH AFRICA'S MANY PROBLEMS, AND NOT THE MOST IMPORTANT ONE AT THAT.) WITH 3.6 MILLION HIV POSITIVE SOUTH AFRICANS, MBEKI WANTS TO UNDERSTAND THE DISEASE, ITS CAUSES AND HOW TO COMBAT IT. IN THE SEARCH FOR ANSWERS, HE DRAWS ON HIS ACADEMIC TRAINING IN ECONOMICS AND DIALECTICAL ANALYSIS. STARTING WITH THE PREMISE THAT TODAY'S SCIENCE DOES NOT FULLY EXPLAIN HIV/AIDS, MBEKI BELIEVES HE (AND OTHER SOUTH AFRICANS) MUST REINVIGORATE THE DEBATE ON THE EPIDEMIC. HUMANITY MUST, IN HIS VIEW CONTINUE ITS SEARCH FOR ANSWERS. TO DO SO, HE BELIEVES, SOUTH AFRICA MUST ASK THE BASIC QUESTIONS. A RECENT OP-ED PIECE BY PRESIDENTIAL SPOKESMAN PARKS MANKAHLANA, FOR EXAMPLE, ASSERTED THAT "HUMANS KNOW VERY LITTLE ABOUT HIV/AIDS." WHILE MBEKI AND MANKAHLANA DO NOT DIRECTLY QUESTION THE LINK BETWEEN HIV AND AIDS, THEY INSIST IT IS BOTH FAIR AND APPROPRIATE FOR THEM TO HEAR FROM SCIENTISTS WHO BELIEVE THERE IS A LINK AND FROM THOSE WHO DO NOT.

IS IT THE RENAISSANCE?

9. (C) AS THE CHAMPION OF THE AFRICAN RENAISSANCE, MBEKI MAY ALSO BE MOTIVATED BY A DESIRE TO DEVELOP AN AFRICAN SOLUTION TO A PROBLEM THAT IS DEVASTATING AFRICA. VIRAL STRAINS IN AFRICA VARY FROM THOSE IN THE UNITED STATES AND EUROPE. SOUTH AFRICA, AS A FULL MEMBER OF THE INTERNATIONAL AIDS VACCINE INITIATIVE (IAVI), HAS EMBARKED ON RESEARCH TO DEVELOP A VACCINE WITH PARTIAL FUNDING FROM THE NATIONAL INSTITUTES OF HEALTH (NIH). IN FACT, SOUTH AFRICA ANNOUNCED PLANS TO START PHASE ONE VACCINE TRIALS IN JANUARY 2001. MBEKI MAY HOPE, IN PART, THAT BY REINVIGORATING THE DEBATE OVER THE CAUSES OF HIV/AIDS THAT HE WILL ALSO STIMULATE FURTHER RESEARCH INTO THE STRAINS PREVALENT IN AFRICA.

MONEY-GRABBING PHARMACEUTICAL COMPANIES?

10. (C) AFTER THE DIFFICULT BATTLE OVER PHARMACEUTICALS AND

INTELLECTUAL PROPERTY RIGHTS, PRESIDENT MBEKI MAY BE INDULGING OLD-STYLE ANC SUSPICION OF MULTINATIONALS. ONE OF HIS CHIEF CONCERNS IS THAT, GIVEN LIMITED PUBLIC HEALTH RESOURCES, SOUTH AFRICANS COULD DEVELOP AN "UNSUSTAINABLE" DEPENDENCE FOR PHARMACEUTICAL PRODUCTS THAT THEY COULD EXPECT THE SAG TO SUPPLY OR SUBSIDIZE. MBEKI ALSO DOUBTS THAT "PROFIT-MAKING" COMPANIES HAVING A GENUINE INTEREST IN PUBLIC HEALTH, AS OPPOSED TO INCREASING SHAREHOLDER VALUE. THESE DOUBTS MANIFEST THEMSELVES, IN PART, BY QUESTIONS ABOUT THE VALUE OF SOME OF THE DRUGS THEMSELVES.

DOES MBEKI WANT TO ACT?

11. (X) SOME OBSERVERS HAVE SUGGESTED THAT GIVEN THE HIGH LEVELS OF UNEMPLOYMENT AND THE MULTITUDE OF OTHER HEALTH AND SOCIAL PROBLEMS, MBEKI IS RAISING THESE QUESTIONS TO FORESTALL TAKING ACTION ON HIV/AIDS. WE HAVE CONSIDERED, BUT DO NOT SHARE, THE VIEW THAT MBEKI HAS DELIBERATELY CHOSEN INACTION ON HIV/AIDS. THIS ISSUE IS TOO IMPORTANT FOR MBEKI TO "FIDDLE" WHILE SOUTH AFRICA COLLAPSES UNDER THE WEIGHT OF THE HIV/AIDS EPIDEMIC.

12. (X) HOWEVER, IT IS ALSO CLEAR THAT MBEKI SEES HIV/AIDS AS A SERIOUS PROBLEM AMONG SERIOUS PROBLEMS, AND ONE THAT SHOULD NOT BE USED AS AN EXCUSE TO STOP ACTION ON MBEKI'S
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NUMBER ONE SOCIAL PROBLEM -- POVERTY. INDEED, MBEKI THINKS POVERTY ERADICATION BY ITSELF WILL HELP FIGHT AIDS. MBEKI THINKS THAT HIV/AIDS IS A CLASS ISSUE IN PART, ALTHOUGH WE HAVE TRIED TO DISSUADE HIM OF THAT IN DIRECT INTERACTIONS.

CONTROVERSY OVER DRUGS

13. (X) IN ADDITION TO MBEKI'S STATEMENTS ON HIV/AIDS, THERE HAS BEEN CONSIDERABLE DEBATE OVER THE SAG'S POLICY ON THE USE OF DRUGS TO TREAT HIV-POSITIVE PERSONS. IN GENERAL, THE SAG HAS DECLINED TO PAY FOR DRUG TREATMENT, MAINTAINING IT CANNOT AFFORD IT. PERHAPS THE MOST SENSITIVE QUESTION HAS BEEN WHETHER THE SAG SHOULD PROVIDE AZT FOR PREGNANT MOTHERS IN AN EFFORT TO PREVENT TRANSMISSION OF THE DISEASE TO UNBORN CHILDREN. ON THE ISSUE OF DRUGS FOR HIV/AIDS, SAG CONCERNS INCLUDE:

A) PRICE: THE PRICE OF THE DRUGS AND THE BURDEN ON THE PUBLIC HEALTH BUDGET OVER THE LONG-TERM. THUS, EVEN THOUGH GLAXO HAS OFFERED AZT AT 75 PERCENT BELOW ITS NORMAL MARKET PRICE, THE SAG MAY BE SUSPICIOUS THAT THIS WILL ONLY LAST UNTIL SOUTH AFRICANS ARE "HOOKED" ON THE DRUG. AN ADDITIONAL DIMENSION OF THE PROBLEM IS THE COST OF PROVIDING INFANT FORMULA TO ENSURE THE CHILD DOES NOT GET HIV/AIDS FROM CONTAMINATED BREAST MILK.

B) DELIVERY: GIVEN SOUTH AFRICA'S POOR RECORD OF DELIVERING DRUG REGIMES (OTHER THAN "ONE-OFF" DRUGS LIKE IMMUNIZATIONS), THE SAG MAY FEAR IT CANNOT ADEQUATELY DELIVER AZT OR THE COMPLEX ANTI-RETROVIRAL DRUGS AND THE RIGOROUS COUNSELING

REGIME THEY DEMAND.

C) EFFECTIVENESS: MBEKI, PERHAPS PROMPTED BY INFORMATION HE HAS READ ON THE INTERNET AND ELSEWHERE, APPEARS UNCERTAIN ABOUT THE EFFICACY OF DRUGS SUCH AS AZT.

A SENSITIVE ISSUE: SUPPRESSING DISSENT

14. (C) WE KNOW THAT HIV/AIDS IS HIGHLY SENSITIVE FOR MBEKI. DISSENT BY HIV/AIDS SCIENTISTS, SAG OFFICIALS OR POLICYMAKERS IS POORLY TOLERATED. IN GOVERNMENT CIRCLES, DISSENT IS SOMETIMES CURTAILED OR EVEN SILENCED. THE OP-ED ARTICLE BY SPOKESMAN MANKAHLANA (WHICH WAS SURELY APPROVED BY THE PRESIDENT) IS INDICATIVE OF THE SAG SENSITIVITY ON THIS ISSUE.

WHO WILL MBEKI LISTEN TO?

15. (C) WHILE MBEKI IS LEADING HIS GOVERNMENT ON THIS ISSUE, THE EMBASSY BELIEVES THERE ARE OTHER VOICES IN THE SAG THAT MBEKI MAY HEED. WE UNDERSTAND THAT THE DEPARTMENT OF HEALTH WAS "SURPRISED" BY MBEKI'S QUESTIONING OF THE TRADITIONAL RELATIONSHIP BETWEEN HIV AND AIDS. ACCORDING TO SEVERAL SOUTH AFRICAN EXPERTS, THE MINISTER OF HEALTH HAS TRIED TO MODIFY KEY SAG HIV/AIDS POSITIONS, BUT HAS NOT WHOLLY SUCCEEDED AND IS CONSTRAINED BY MBEKI'S VIEWS.

16. (C) THE ROLE OF OTHER CABINET MEMBERS ON THIS MATTER IS UNCLEAR. IT WOULD APPEAR THAT MINISTER OF HEALTH TSHABALALA-MSIMANG IS NOT A PROMINENT MEMBER OF MBEKI'S SMALL INNER CIRCLE. GIVEN MINISTER ZUMA'S STATUS AS FORMER MINISTER OF HEALTH AND THE FOREIGN POLICY ASPECTS OF HIV/AIDS, SHE MAY STILL PLAY A ROLE IN SOUTH AFRICA'S EVOLVING POLICY. SPECIAL ADVISOR TO THE MINISTER OF HEALTH IAN ROBERTS' ROLE IN THIS MATTER IS ALSO UNCLEAR. HE WAS A SPECIAL ASSISTANT TO ZUMA WHEN SHE WAS MINISTER OF HEALTH AND PLAYED A LEAD ROLE IN THE SAG'S DISPUTE OVER PHARMACEUTICALS AND INTELLECTUAL PROPERTY RIGHTS. HE REMAINED IN THE HEALTH DEPARTMENT AFTER THE TRANSITION BUT WAS SUPPOSED TO LEAVE AT THE END OF 1999. HIS CONTRACT HAS NOW BEEN EXTENDED A YEAR AND HE SEEMS TO BE PLAYING A SIGNIFICANT ROLE IN THIS CONTROVERSY. HE IS VERY CLOSE TO ZUMA.

LOOKING AHEAD

17. (C) THERE IS NO SIMPLE SOLUTION TO MBEKI'S VIEWS ON HIV/AIDS. MBEKI IS A THOUGHTFUL AND ANALYTIC INDIVIDUAL, BUT CAN BE ENTRENCHED WHEN CONFRONTED BY VIPS ON ISSUES SUCH AS THESE. HE RESPONDS BEST TO A DETAILED MARSHALLING OF FACTS, PRESENTED PRIVATELY. DESPITE MBEKI'S CONCERNS AND DOUBTS, WE
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NOTE THAT THE SAG LINE MINISTRIES CONTINUE TO FOCUS ON CONVENTIONAL HIV/AIDS APPROACHES. IN AN EFFORT TO CALM THE

GROWING CONTROVERSY OVER MBEKI'S VIEWS, ON MARCH 20, THE MINISTER OF HEALTH RELEASED A STATEMENT SAYING THERE IS NO CHANGE IN SAG'S HIV/AIDS POLICY WITH REGARD TO PREVENTION, TREATMENT OR CARE.

18. (C) DONORS GENERALLY ARE CONTINUING TO PROVIDE ASSISTANCE TO THE SAG, DESPITE THE CONTROVERSY AROUND MBEKI'S VIEWS. THE US PROVIDES TECHNICAL ASSISTANCE TO THE DEPARTMENTS OF HEALTH, WELFARE, FINANCE, JUSTICE AND EDUCATION. DOD IS EXPLORING WAYS TO ESTABLISH MILITARY-TO-MILITARY COOPERATION IN THE FIGHT AGAINST HIV/AIDS. IN ADDITION, THERE IS ENOUGH OF A NATIONAL FRAMEWORK ON HIV/AIDS FOR DONOR ACTIONS TO MOVE AHEAD. PROVINCES INCLUDING THE WESTERN CAPE, KWAZULU NATAL AND EASTERN CAPE ARE EXPERIMENTING WITH DIFFERENT APPROACHES TO THE DISEASE AND THE TRIALS OF NEVIRAPINE ARE EXPANDING.

CONCLUSION AND COMMENTS

19. (C) IN THE MOST RECENT STATEMENT FROM THE OFFICE OF THE PRESIDENCY ON HIV/AIDS, MANKAHLANA TOLD REPORTERS THAT:

-- MBEKI HAD NEVER SAID THAT HE BELIEVED THAT HIV DID NOT CAUSE AIDS AS HIS CRITICS ALLEGE.

-- MBEKI IS COMMITTED TO EFFORTS TO HELP CURB THE SPREAD OF HIV/AIDS AND WOULD CONTINUE TO SEEK VIEWS ON THE PROBLEM FROM ANY SECTOR OF SOUTH AFRICAN SOCIETY.

-- THE SAG WOULD REINVIGORATE THE SEARCH FOR AN ANSWER TO THE HIV/AIDS PROBLEM AND THAT WAS WHY THEY ARE CREATING INTERNATIONAL PANEL.

20. (C) MANKAHLANA'S STATEMENT DOES NOT, IN OUR VIEW, REFLECT A RETREAT BY PRESIDENT MBEKI FROM HIS EARLIER STATEMENTS ON HIV/AIDS. IT DOES, HOWEVER, SUGGEST THAT HE IS BEGINNING TO DISTANCE HIMSELF SLIGHTLY FROM AIDS DISSIDENTS. MBEKI'S FUNDAMENTAL VIEWS, HOWEVER, REMAIN THE SAME: HE BELIEVES HE CAN AND MUST QUESTION ALL SCIENTIFIC OPINION ON HIV/AIDS. IN DOING SO, MBEKI RUNS SEVERAL RISKS. MOST IMPORTANTLY, HE MAY SLOW THE SAG'S OWN RESPONSE TO THE CRISIS IN SOUTH AFRICA. CONVENTIONAL TREATMENTS (SUCH AS AZT FOR PREGNANT WOMEN) MAY NOT BE IDEAL, BUT THEY HELP COMBAT THE PROBLEM. MBEKI'S PROMINENCE MAY ALSO HAVE WIDER INTERNATIONAL IMPLICATIONS FOR THE SEARCH FOR ANSWERS TO HIV/AIDS. WORSE, MBEKI'S POORLY-INFORMED QUESTIONS MAY CAUSE OTHER POLITICAL LEADERS (PARTICULARLY IN AFRICA) TO TAKE ILL-ADVISED ACTIONS. FINALLY, MBEKI'S COMMENTS OPEN HIM (AND HENCE SOUTH AFRICA) TO INTERNATIONAL RIDICULE. AMONG OTHER CONSEQUENCES, IT COULD SLOW FOREIGN INVESTMENT.

21. (C) IN SUBSEQUENT MESSAGES, THE EMBASSY WILL EXAMINE FURTHER THE DEBATE IN SOUTH AFRICA ON MBEKI'S CONTROVERSIAL VIEWS, PROVIDE A SUMMARY OF SAG AND DONOR ACTIVITIES TO COMBAT THE EPIDEMIC AND SHARE OUR HIV/AIDS STRATEGY. WE WILL ALSO SUGGEST SOME WAYS WE MIGHT WORK TO HELP INFORM SOUTH AFRICA'S DEBATE ON THESE ISSUES.

LEWIS

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Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Wednesday, October 20, 1999 6:05 AM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Dempsey, Nora B. (AF); Duncan, John D. (INTECON/DOS); Frazer, Jendayi E. (AF); Hammonds, D. Holly (INTECON); Holtzapple, Richard A.; Lee, Malcolm R. (NEC); Schaefer, Matthew P. (INTECON); Smith, Gayle E. (AF)
Subject: ECONOMIC IMPACT OF HIV/AIDS SENSITIVE BUT UNCLASSIFIED--PLEASE TREAT ACCORDINGLY. NOT FOR POSTING ON THE INTERNET.

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UNCLAS SECTION 01 OF 04 PRETORIA 012722

DEPT FOR OES (NCARTER-FOSTER AND CEBARTH)
DEPT FOR AF/S (MKOPLOVSKY) AND AF/EPS (TNIBLOCK)
USTR FOR RWHITAKER, JPAPOVITCH
CAPE TOWN FOR MSESSIONS
GENEVA FOR LINDA VOGEL AND HERB YARVIN

SENSITIVE

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SENSITIVE BUT UNCLASSIFIED--PLEASE TREAT ACCORDINGLY. NOT FOR POSTING ON THE INTERNET.

1. (U) THIS IS THE FIRST CABLE OF A THREE PART SERIES ON **HIV/AIDS IN SOUTH AFRICA**. THE SECOND DISCUSSES HIV/AIDS IN THE MINING SECTOR AND THE THIRD ADDRESSES THE AMERICAN CHAMBER OF COMMERCE'S NEW INITIATIVE ON HIV/AIDS.

SUMMARY

2. (U) SOUTH AFRICA IS RAPIDLY BECOMING ONE OF THE MOST SEVERELY HIV/AIDS INFECTED COUNTRIES IN THE WORLD. THE ECONOMIC EFFECT OF HIV/AIDS ON THE MACRO-LEVEL HOWEVER IS HARD TO JUDGE AND FEW STUDIES HAVE BEEN UNDERTAKEN TO ADDRESS THIS ISSUE. IN THE PRIVATE SECTOR, TO THE EXTENT THE DISEASE DISPROPORTIONATELY HITS UNSKILLED OR LOW SKILLED LABOR THERE WILL BE COSTS IN THE FORM OF INCREASED BENEFITS AND SOME LOSS OF PRODUCTIVITY, BUT WITH SOUTH AFRICA'S LARGE NUMBER OF UNEMPLOYED THE LABOR CAN BE REPLACED. WHEN THE DISEASE HITS SKILLED LABOR, THE COSTS TO BUSINESS BECOME MUCH HIGHER. THE COSTS TO GOVERNMENT AND SOCIAL STABILITY WILL BE CONSIDERABLE REGARDLESS OF WHICH SEGMENTS OF THE POPULATION ARE AFFECTED. ONE OF THE GREATEST LONG-TERM MACROECONOMIC COSTS OF THE DISEASE MAY LIE IN THE DISRUPTION IT WILL PRODUCE IN THE EDUCATION SYSTEM. IN ORDER TO GAIN A BETTER UNDERSTANDING OF THE ECONOMIC IMPACT OF HIV/AIDS, USAID IS FUNDING TWO STUDIES WHICH WILL BE RELEASED IN JULY 2000 AT THE INTERNATIONAL AIDS CONFERENCE TO BE HELD IN DURBAN. END SUMMARY.

THE EPIDEMIC IN SOUTH AFRICA

3. (U) ACCORDING TO THE DEPARTMENT OF HEALTH OVER 3.5

MILLION PEOPLE -- OR 13 PERCENT OF THE POPULATION -- ARE INFECTED WITH HIV/AIDS IN SOUTH AFRICA. INFECTION RATES VARY SIGNIFICANTLY BY PROVINCE WITH KWAZULUNATAL HAVING THE HIGHEST INFECTION RATE OF ABOUT 32.5 PERCENT AND THE WESTERN CAPE BEING LEAST AFFECTED WITH 5.2 PERCENT. OVERALL, ONE IN FIVE PREGNANT WOMEN ARE INFECTED WITH HIV.

4. (U) BY WHATEVER FIGURE, HOWEVER, IT IS CLEAR THAT INFECTIONS ARE SPREADING RAPIDLY AND SOUTH AFRICA IS BECOMING ONE OF THE MOST SEVERELY INFECTED COUNTRIES IN THE WORLD. IN 1998, THERE WERE 165,000 AIDS CASES AND 120,000 AIDS DEATHS. INDEED, BY 2008, IT IS PROJECTED THAT 5.5 MILLION PEOPLE WILL BE INFECTED BY HIV AND ABOUT HALF A MILLION WILL DIE FROM AIDS. THE MORTALITY RATE FOR CHILDREN IS EXPECTED TO CLIMB FROM ABOUT 30 PERCENT THIS YEAR TO ABOUT 60 PERCENT BY 2005. AVERAGE LIFE EXPECTANCY WILL FALL FROM AROUND 68 YEARS TO 48 YEARS BY 2005. FURTHERMORE, AIDS IS HITTING HARDEST THOSE AGED 15-49, THE MOST PRODUCTIVE SEGMENT OF THE WORKFORCE.

ECONOMIC IMPACT: MACRO-LEVEL

5. (U) THE EFFECT OF HIV/AIDS ON THE MACRO-LEVEL IS HARD TO JUDGE. EXPERIENCE IN OTHER AFRICAN COUNTRIES POINTS TO A LIKELY LOSS OF REAL GDP GROWTH ON THE ORDER OF ONE TO TWO PERCENT. HOWEVER, NO OTHER COUNTRY IN AFRICA HAS AN ECONOMY AS COMPLEX AND SOPHISTICATED AS THAT OF SOUTH AFRICA SO SUCH A FIGURE SHOULD BE APPROACHED WITH CAUTION.

6. (U) CLEARLY, HIV/AIDS WILL RESULT IN A REDUCTION OF WORKERS AVAILABLE. IN A COUNTRY WITH AN OFFICIAL RATE OF 23 PERCENT UNEMPLOYMENT, THIS MAY NOT SEEM LIKE AN IMMEDIATE PROBLEM. IN FACT, A DEPARTMENT OF HEALTH PUBLICATION STATES THAT SOUTH AFRICA WITH ITS "HIGH UNEMPLOYMENT, CONCENTRATION OF THE EPIDEMIC AMONG LESS SKILLED WORKERS AND THE ABILITY OF BUSINESS TO ADAPT TO THE IMPACT OF HIV SUGGEST THAT THE EFFECT (ON GDP) WILL BE LESS THAN (ONE PERCENT) UNTIL AT LEAST 2010." THE PUBLICATION NOTES THAT GIVEN THE EXPECTED DECLINE IN POPULATION DUE TO HIV/AIDS, THE IMPACT ON PER CAPITA GDP IS ALSO LIKELY TO BE SMALL.

7. (U) HOWEVER, TO THE EXTENT THE EPIDEMIC HITS MORE EXPERIENCED OR SKILLED WORKERS, THEY CANNOT BE READILY REPLACED WITHOUT A LOSS OF PRODUCTIVITY OR AN ADDED COST OF TRAINING. THE SOCIAL DEMANDS CAUSED BY THE EPIDEMIC WILL PLACE PRESSURE ON GOVERNMENT EXPENDITURES AT A TIME WHEN GOVERNMENT REVENUE AND PRIVATE SAVINGS ARE LIKELY TO BE REDUCED BECAUSE OF LOSS OF WORKER INCOME. THIS EFFECT ON GOVERNMENT WILL BE ESPECIALLY TROUBLING IN SOUTH AFRICA GIVEN THE SPECIAL DEMANDS ON SAG TO TRANSFORM THE ECONOMY AND SOCIETY AFTER THE APARTHEID YEARS.

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DEPT FOR OES (NCARTER-FOSTER AND CEBARTH)
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MINING

8. (U) THOSE EMPLOYED IN THE MINING SECTOR ARE GENERALLY

CONSIDERED TO BE AT HIGH RISK FOR HIV/AIDS BECAUSE THEY ARE DRAWN FROM THE NORTH WHERE RATES ARE HIGHER AND ARE OF AN AGE TO BE SEXUALLY ACTIVE. FURTHERMORE, MANY LIVE APART FROM THEIR FAMILIES AND OFTEN RESORT TO COMMERCIAL SEX. THE NATIONAL UNION OF MINeworkERS ESTIMATES THAT THERE COULD BE BETWEEN 12,000 TO 14,000 AIDS RELATED DEATHS PER YEAR BY 2010 IN THE INDUSTRY. THE TOTAL COSTS FOR THE INDUSTRY ARE PROJECTED TO RISE FROM 1,114 MILLION RAND IN 1995 TO 1,509 MILLION RAND IN 2010 BECAUSE OF THE DISEASE. SOME LOCATIONS SUCH AS IN THE MINES IN KZN, INFECTION RATES OF RECRUITS ARE RUNNING AROUND 50 PERCENT.

9. (SBU) ACCORDING TO A COAL MINE EXPERT, HIV/AIDS HAS NOT YET HAD AN ECONOMIC IMPACT ON THE MINES BECAUSE OF THE CURRENT HIGH NATURAL ATTRITION AND UNEMPLOYMENT RATES. ALTHOUGH THEY EXPECT IT MAY HAVE AN IMPACT ON THE SKILLED LABOR LEVELS, THEY DO NOT THINK IT WILL IMPACT THE SEMI-SKILLED AND LABORERS. FURTHER, SOME DO NOT EXPECT TO HAVE SIGNIFICANT PRODUCTIVITY DECLINES BECAUSE THERE IS NOT A LONG-TERM DECLINE IN HEALTH AND PERFORMANCE AMONG MINERS BUT RATHER A RAPID DECLINE OVER A FEW WEEKS. SEE SEPTTEL FOR A MORE DETAILED DISCUSSION OF THE IMPACT OF HIV/AIDS ON THE INDUSTRY.

AGRICULTURE

10. (SBU) ACCORDING TO THE DEPARTMENT OF AGRICULTURE, THERE HAVE BEEN NO STUDIES TO CONSIDER THE IMPACT OF HIV/AIDS ON AGRICULTURAL PRODUCTION. SINCE MOST LABORERS IN THIS SECTOR ARE UNSKILLED, EASILY REPLACED AND DO NOT HAVE HEALTH BENEFITS, SOME EXPECT COSTS WILL NOT BE SUBSTANTIAL IN THIS INDUSTRY. BUT, IN ZIMBABWE, THE COMMERCIAL FARMERS UNION BLAMES AIDS FOR SUBSTANTIAL DROPS IN THE PRODUCTION OF CORN INDICATING THESE SOUTH AFRICAN VIEWS MAY BE OVERLY OPTIMISTIC.

TOURISM

11. (U) MANY IN SOUTH AFRICA LOOK TO TOURISM TO CREATE MUCH NEEDED JOBS. HOWEVER, IF SOUTH AFRICA BECOMES PERCEIVED AS THE CENTER OF THE HIV/AIDS EPIDEMIC, ITS TOURISM INDUSTRY IS LIKELY TO SUFFER DRAMATICALLY FORECLOSING THIS AVENUE TO PROMOTE JOB GROWTH.

OTHER SECTORS

12. (U) THE BUSINESS COMMUNITY SEEMS TO BE JUST BEGINNING TO FOCUS ON THE COSTS OF HIV/AIDS. WORKSHOPS ARE NOW BEING HELD ON HOW TO MANAGE THE ILLNESS WITHIN COMPANIES. THE AMERICAN CHAMBER OF COMMERCE HAS BEEN IN THE FOREFRONT AND HAS PROVIDED ITS MEMBERS THE TOOLS TO DO A SELF-ASSESSMENT OF THE POSSIBLE ECONOMIC IMPACT OF HIV/AIDS ON THEIR COMPANIES. SEE SEPTTEL ON THIS INITIATIVE.

13. (U) SOME SOUTH AFRICAN EXPERTS ESTIMATE THAT THE NET IMPACT ON PROFITS FROM PAYOUTS ON BENEFITS AND DECLINING PRODUCTIVITY WILL BE SIGNIFICANT. ACCORDING TO A PROJECTION BY METROPOLITAN LIFE INSURANCE COMPANY, EMPLOYEE BENEFITS COSTS WILL DOUBLE BY 2005 AND TRIPLE BY 2010 DUE TO HIV/AIDS. THEY BELIEVE EITHER BENEFITS WILL BE REDUCED OR COSTS TO FIRMS WILL RISE ABOUT 15 PERCENT. INDIRECT COSTS SUCH AS SICK LEAVE, TRAINING, MEETINGS, AND SO FORTH COULD ADD A FURTHER 10 PERCENT TO THE WAGE BILL BY 2005 AND 15 PERCENT BY 2010, ACCORDING TO THIS STUDY. THESE COSTS, COMING ON TOP OF OTHER NEW COSTS SUCH AS THE SKILLS LEVY OR THE COSTS OF COMPLYING WITH THE EQUITY EMPLOYMENT ACT, MAY PUT SOME FIRMS' VIABILITY AT RISK. EVEN MAJOR COMPANIES' BOTTOM-LINE MAY BE AFFECTED. ESKOM, FOR EXAMPLE, IS EXPECTED SPEND AT LEAST \$70 MILLION A YEAR ON AIDS RELATED COSTS FOR THE NEXT DECADE.

14. (U) OF COURSE, BY ITS NATURE HIV/AIDS WILL PRODUCE SOME ECONOMIC WINNERS AND LOSERS. LIFE AND HEALTH INSURANCE COMPANIES STAND TO PAY OUT MORE THAN MAY HAVE BEEN EXPECTED, WHEREAS PHARMACIES AND CONDOM DISTRIBUTORS ARE LIKELY TO DO GOOD BUSINESS BECAUSE OF THE EPIDEMIC. PENSION FUNDS WILL HAVE TO PAY OUT LESS BUT MAY HAVE LESS REVENUE COMING IN.

GOVERNMENT

15. (U) HEALTH:
THE EXPECTED DRAIN ON GOVERNMENT IN THIS AREA WILL BE
UNCLAS SECTION 03 OF 04 PRETORIA 012722

DEPT FOR OES (NCARTER-FOSTER AND CEBARTH)
DEPT FOR AF/S (MKOPLOVSKY) AND AF/EPS (TNIBLOCK)
USTR FOR RWHITAKER, JPAPOVITCH
CAPE TOWN FOR MSESSIONS
GENEVA FOR LINDA VOGEL AND HERB YARVIN

SENSITIVE

E.O. 12958:N/A
TAGS: SOCI, TBIO, ECON, SF
SUBJECT: ECONOMIC IMPACT OF HIV/AIDS

SEVERE AND INDEED THE HEALTH SECTOR IS ALREADY STRUGGLING TO COPE. AS MORE PEOPLE BECOME INFECTED AND PARTICULARLY AS MORE PROMINENT PEOPLE BECOME INFECTED, THE DEMAND FOR GOVERNMENT TO PROVIDED MORE TREATMENT AND CARE SERVICES WILL INCREASE. PREVENTION MEANWHILE WILL HAVE TO ALSO REMAIN A PRIORITY.

16. (U) HOSPITALS ARE ALREADY REPORTING VERY LARGE NUMBERS OF HIV/AIDS INFECTED PATIENTS. FOR EXAMPLE, IN DURBAN 40 PERCENT OF ADULT MEDICAL IN-PATIENTS AT KING EDWARD VII HOSPITAL HAD HIV/AIDS AND IN SOWETO 30 PERCENT OF THE CHILDREN UNDER SIX AT THE CHRIS HANI BARAGWANATH HOSPITAL WERE HIV POSITIVE. ALTHOUGH THE GOVERNMENT IS UNLIKELY TO BE ABLE TO OFFER COMPREHENSIVE TREATMENT, EVEN INTERMITTENT TREATMENT OF SOME OF THE INFECTED POPULATION WILL CONSUME CONSIDERABLE RESOURCES.

17. (U) ONE STUDY SHOWED THAT USING A LOW HOSPITAL COST (ONLY MINIMAL SERVICE PROVIDED) SCENARIO THE COSTS DUE TO HIV/AIDS WILL RISE FROM \$21.5 MILLION IN 1991 TO \$1.2 BILLION IN 2000 WHILE IN A HIGH HOSPITAL COST SCENARIO THE COSTS RISE FROM \$32 MILLION TO \$2.9 BILLION. THIS MEANS THAT WHEREAS 0.5 PERCENT OF TOTAL HEALTH EXPENDITURE WAS SPENT ON HIV/AIDS IN 1991, 34 PERCENT WILL BE SPENT IN 2005 UNDER THE LOW HOSPITAL COST SCENARIO. UNDER THE HIGH COST SCENARIO, THE PERCENT OF HEALTH EXPENDITURE GOES FROM 0.8 PERCENT IN 1991 TO 75 PERCENT IN 2005.

18. (U) EDUCATION:
SOUTH AFRICA ALREADY FACES A CRITICAL EDUCATION SITUATION WITH SCHOOLING FAILING TO PRODUCE APPROPRIATELY SKILLED LABOR. THE BURDEN ON THE SYSTEM LIKELY TO BE PLACED BY HIV/AIDS WILL ONLY ADD TO THE PROBLEM BY DISRUPTING EDUCATION AND BY LIMITING ITS BENEFITS. DISRUPTION WILL BE CAUSED BY A DECREASE IN THE SUPPLY OF EXPERIENCED TEACHERS DUE TO ILLNESS AND DEATH AND CHILDREN BEING UNABLE TO ATTEND DUE TO INSUFFICIENT FUNDS FOR SCHOOL FEES OR BECAUSE THEY WILL BE NEEDED TO CARE FOR ILL FAMILY MEMBERS. (THIS IS EXPECTED TO AFFECT THE GIRL CHILD DISPROPORTIONATELY.) THE FULL BENEFITS FROM EDUCATION WHICH IS PROVIDED WILL NOT BE REALIZED BECAUSE A SIGNIFICANT PERCENTAGE OF THOSE EDUCATED WILL BECOME SICK OR DIE BEFORE THE COUNTRY CAN REAP THE BENEFIT OF THEIR SKILLS.

19. (SBU) IN A COUNTRY WHERE THE CURRENT LOW SKILL LEVELS POSE THE GREATEST THREAT TO LONG-TERM ECONOMIC GROWTH, THE DISRUPTION TO THE ALREADY STRESSED EDUCATIONAL SYSTEM CAUSED BY HIV/AIDS MAY BE VERY SIGNIFICANT.

20. (U) WATER:

WATER IN SOUTH AFRICA IS A KEY TO DEVELOPMENT AND HAS BEEN A MAJOR FOCUS OF THE ANC GOVERNMENT. MAINTAINING APPROPRIATE WATER SUPPLY HOWEVER REQUIRES A VARIETY OF SKILLED ENGINEERS. THE LOSS OF EVEN A SMALL NUMBER OF THESE PEOPLE COULD PLACE THE SYSTEM AT RISK.

21. (U) OTHER ISSUES:

SA IS EXPECTED TO HAVE A SURGE IN "CHILD-HEADED HOUSEHOLDS, WITH ONE IN SEVEN CHILDREN EXPECTED TO BE ORPHANED BY THE YEAR 2005, ACCORDING TO A RECENT REPORT TO PARLIAMENT. THESE HOUSEHOLDS ARE LIKELY TO REQUIRE MORE STATE ASSISTANCE AND THE COST OF PROVIDING THAT ASSISTANCE IS LIKELY TO BE HIGHER THAN FOR OTHER HOUSEHOLDS. IN ADDITION, THE LONG TERM IMPACTS ON SOCIETY WILL BE ENORMOUS.

CONCLUSION

22. (U) THE DEARTH OF STUDIES ON THE ECONOMIC IMPACT OF HIV/AIDS IN SOUTH AFRICA ATTEST TO THE DIFFICULTY OF MAKING SUCH AN ASSESSMENT. THIS BRIEF OVERVIEW POINTS TO THE IMPORTANCE OF THE ISSUE AND THE NEED FOR A MORE IN-DEPTH STUDY. USAID HAS FUNDED TWO SUCH STUDIES WHICH LOOK AT THE IMPACT OF HIV/AIDS ON TWO SECTORS: EDUCATION AND PUBLIC SERVICE ADMINISTRATION. THESE SECTORAL ANALYSES WILL BE AVAILABLE IN JULY 2000.

COMMENT

23. (SBU) MANY SOUTH AFRICANS SEEM TO STILL BE IN A STATE OF DENIAL OVER HIV/AIDS. THE FACT THAT THE DEPARTMENT OF AGRICULTURE APPEARS NOT TO HAVE CONSIDERED THE IMPACT OF HIV/AIDS ON AGRICULTURAL PRODUCTION ATTESTS TO THIS DENIAL. SIMILARLY, THE LIMITED EFFORTS BY THE PRIVATE SECTOR SHOW THAT MANY ARE STILL NOT PREPARED TO FACE THE ISSUE. ALTHOUGH MANY DEDICATED INDIVIDUALS WITHIN GOVERNMENT, UNCLAS SECTION 04 OF 04 PRETORIA 012722

DEPT FOR OES (NCARTER-FOSTER AND CEBARTH)
DEPT FOR AF/S (MKOPLOVSKY) AND AF/EPS (TNIBLOCK)
USTR FOR RWHITAKER, JPAPOVITCH
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SENSITIVE

E.O. 12958:N/A
TAGS: SOCI, TBIO, ECON, SF
SUBJECT: ECONOMIC IMPACT OF HIV/AIDS

CIVIL SOCIETY, AND THE PRIVATE SECTOR ARE TRYING TO RAISE THE PROFILE OF THE POSSIBLE ECONOMIC IMPACT OF HIV/AIDS THE MESSAGE IS MOVING SLOWLY. THE AMERICAN CHAMBER'S EFFORTS ARE A GOOD START AND ONE THE EMBASSY IS WORKING TO SUPPORT.

24. (SBU) ULTIMATELY, THE MAGNITUDE OF THE ECONOMIC, AS OPPOSED TO THE SOCIAL, IMPACT OF HIV/AIDS MAY DEPEND SIGNIFICANTLY ON HOW THE EPIDEMIC SPREADS. IF IT IS LIMITED LARGELY TO THE UNSKILLED, THE NEAR TERM ECONOMIC IMPACT--EXCEPT FOR ON THE GOVERNMENT BUDGET--MAY BE LIMITED. IF ON THE OTHER HAND, THE DISEASE SPREADS MORE EVENLY ACROSS SOCIETY, THE NEAR TERM ECONOMIC COSTS COULD BE DRAMATIC, PARTICULARLY AS SA'S ECONOMY ALREADY FACES A

CRITICAL SHORTAGE OF SKILLED LABOR.
JOSEPH

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Tuesday, October 19, 1999 8:44 PM
To: Bernard, Kenneth W. (HEALTH)
Subject: CHILDREN ABROAD DIE FOR LACK OF VACCINES-US REPORT

CLASS: INTERNATIONAL
ORIG: Reuters
PREC: RUSH
TOR: 991019201640 R80d0963

a4510

^BC-HEALTH-VACCINATIONS

^Children abroad die for lack of vaccines-US report

WASHINGTON, Oct 19 (Reuters) - Four million children under the age of 5 who die in developing countries each year could have been saved by vaccines, says a U.S. report issued on Tuesday.

The report by the General Accounting Office (GAO) of Congress found that vaccination rates were, not surprisingly, much lower in less developed nations.

But it also found that poor infrastructure led to wasted vaccination doses.

"Poor children abroad are dying for lack of vaccinations that cost pennies in our country," Vermont Democratic Sen. Patrick Leahy, who requested and released the report, said in a statement.

"This is a crisis of will, of scant resources and of poor planning and distribution."

The report found that of the 11 million children under age 5 who died each year from infectious disease in developing nations, four million died from diseases that could be vaccinated against.

Leahy, who is pressing for programmes to fight infectious disease around the world, said the GAO would follow up with a report suggesting ways to improve global vaccination rates.

RB-- 10/19/99 20:14:27

Bernard, Kenneth W. (HEALTH)

From: WHSR
Sent: Wednesday, October 20, 1999 10:48 AM
To: Babbitt, James F. (VP); Bernard, Kenneth W. (HEALTH); Byrne, Catherine E. (AF); Dempsey, Nora B. (AF); Frazer, Jendayi E. (AF); Smith, Gayle E. (AF)
Subject: HIV/AIDS IN THE SOUTH AFRICAN MINING INDUSTRY

CLASS: UNCLASSIFIED
DTG: 201414Z OCT 99
MSGTO: RUEHC/SECSTATE WASHDC 8029
ORIG: AMEMBASSY PRETORIA
PREC: ROUTINE
SSN: 2743
TOR: 991020104112 M4107225

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DEPARTMENT FOR OES (NCARTER-FOSTER AND CEBARTH)
DEPARTMENT FOR AF/S (MKOPLOVSKY) AND AF/EPS (TNIBLOCK)
USTR FOR RWHITAKER, JPAPOVITCH
CAPE TOWN FOR MSESSIONS
GENEVA FOR LINDA VOGEL AND HERB YARVIN

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

1. THIS IS THE SECOND CABLE OF A THREE PART SERIES ON HIV/AIDS IN SOUTH AFRICA. THE FIRST DISCUSSES THE ECONOMIC IMPACT OF HIV/AIDS AND THE THIRD ADDRESSES THE AMERICAN CHAMBER OF COMMERCE'S NEW INITIATIVE ON HIV/AIDS.

2. SUMMARY: SOUTH AFRICAN MINING COMPANIES ARE BECOMING INCREASINGLY CONCERNED ABOUT THE IMPACT THAT THE HIV/AIDS EPIDEMIC WILL HAVE ON THEIR OPERATIONS. THE MINING INDUSTRY, WHICH EMPLOYS LARGE NUMBERS OF YOUNG MALES, THOSE AT HIGH RISK FOR CONTRACTING THE VIRUS, FORESEES SERIOUS IMPACTS OVER THE NEXT DECADE AS SKILLED WORKERS ARE LOST TO THE DISEASE AND HEALTH CARE COSTS CLIMB. INDUSTRY INFECTION RATES ARE NOW IN THE 30 PERCENT RANGE AND THERE ARE EXPECTATIONS THAT THE RATE COULD CLIMB AS HIGH AS 50 PERCENT BEFORE PEAKING. END SUMMARY.

3. RECENT CONVERSATIONS WITH CONTACTS IN THE SOUTH AFRICAN MINING INDUSTRY HAVE PROVIDED A SOBERING OVERVIEW OF THE EXTENT OF HIV/AIDS INFECTION AMONG WORKERS IN THIS KEY INDUSTRY. WITH A HIGH PERCENTAGE OF MIGRANT WORKERS FROM OTHER COUNTRIES IN THE REGION, THE SOUTH AFRICAN MINING SECTOR HAS SERVED, TO A DEGREE, AS AN ENGINE FOR SPREADING THE HIV/AIDS VIRUS IN SOUTH AFRICA. MINING COMPANIES RECRUIT FROM HIGH-RISK POPULATION GROUPS (YOUNG, SEXUALLY ACTIVE MALES AND INHABITANTS OF AREAS BORDERING ON SOUTH AFRICA'S NORTHERN NEIGHBORS) AND THE RELATIVE EASE OF TRANS-BORDER TRAVEL SINCE 1994 HAS FIRMLY ESTABLISHED THE VIRUS IN MOST SECTORS OF THE SOUTH AFRICAN MINING INDUSTRY. ONE INTERLOCUTOR NOTED THAT IN 1985 THERE WERE NO RECORDED CASES OF HIV/AIDS INFECTION AMONG SOUTH AFRICAN MINE WORKERS. BY 1991 IT IS ESTIMATED THAT ONE PERCENT OF MINERS WERE INFECTED. TODAY MOST ESTIMATES OF THE PREVALENCE OF INFECTION ARE AROUND THE 30 PERCENT LEVEL AND RISING. SOME INDUSTRY OFFICIALS ESTIMATE THAT THE RATE OF INFECTION WILL RISE TO THE 40-

50 PERCENT LEVEL BEFORE PEAKING. THE IMPORTANCE OF GEOGRAPHY IS INDICATED BY THE FACT THAT HIV/AIDS INCIDENCE IN THE CARLTONVILLE MINES IN GAUTENG PROVINCE IS AROUND 30 PERCENT WHILE THE FREE STATE MINES, FURTHER SOUTH, ARE AT 15-20 PERCENT.

4. BEFORE 1994 MOST OF SOUTH AFRICA'S MINING UNIONS TENDED TO IGNORE THE BUILDING HIV/AIDS CRISIS. THIS ATTITUDE, WE WERE TOLD, WAS SIMILAR TO THE DENIAL THAT STILL PREVAILS IN MANY PARTS OF SOUTH AFRICAN SOCIETY. NOW THE MINING UNIONS APPEAR TO BE SEIZED WITH THE GRAVITY OF THE HIV/AIDS CRISIS AND HAVE RAISED THE MATTER IN RECENT CONTRACT NEGOTIATIONS. IN CONTRAST WITH OTHER ELEMENTS OF SOUTH AFRICAN SOCIETY, WHERE HIV/AIDS STILL CARRIES A SOCIAL STIGMA, THEY ARE BEGINNING TO SEE HIV/AIDS AS JUST ANOTHER COMMUNICABLE DISEASE. IN 1996, USAID, IN COLLABORATION WITH HARMONY MINES AND THE NATIONAL REFERENCE CENTER FOR SEXUALLY-TRANSMITTED DISEASES (STD'S), BEGAN A COMMUNITY-LEVEL STD/HIV INTERVENTION IN THE FREE STATE. THE OBJECTIVE OF THIS PROJECT WAS TO REDUCE THE PREVALENCE OF STD'S/HIV IN THE COMMUNITY. AS A RESULT OF THIS WORK, STD/HIV PREVALENCE RATES HAVE DECLINED AND THE HARMONY MINING COMPANY CONTINUES TO FUND THIS PROJECT ALONG WITH THE LOCAL HEALTH AUTHORITY. WHILE SUCH EDUCATION AND AWARENESS-BUILDING INITIATIVES HAVE HAD SOME POSITIVE EFFECTS IN THE MINING SECTOR, CURRENT LABOR LAW PROHIBITS EMPLOYMENT-RELATED TESTING FOR HIV/AIDS UNLESS APPROVED BY A LABOR COURT.

5. OFFICIALS AT THE SOUTH AFRICA CHAMBER OF MINES INDICATED THAT TOTAL EMPLOYMENT IN THE MINING SECTOR HAS FALLEN FROM 550,000 IN 1987 TO APPROXIMATELY 250,000 TODAY. AROUND 190,000 OF THESE WORKERS ARE IN THE GOLD MINES WHILE THE BALANCE WORK IN OTHER TYPES OF MINES. WHILE A SUBSTANTIAL PORTION OF THESE LOST JOBS WERE DUE TO FALLING GOLD PRICES AND THE CLOSURE OF UNECONOMIC MINES, THE SHRINKAGE IN EMPLOYMENT ALSO STEMS FROM THE GREATER USE OF PRODUCTIVITY-ENHANCING TECHNOLOGY IN THE MINES. THE CHAMBER SAYS AROUND 85 PERCENT OF WORKERS IN THE MINING INDUSTRY ARE CLASSIFIED AS SEMI-SKILLED OR SKILLED, CATEGORIES THAT INCLUDE EVERYONE FROM WORKERS IN THE TRAINING PROCESS TO EXPERIENCED MACHINE OPERATORS. THE REMAINING 15 PERCENT ARE CLASSIFIED AS ARTISANS (SUCH AS WORKERS HOLDING BLASTING CERTIFICATES) AND WHITE-COLLAR WORKERS. THE LOSS OF SIGNIFICANT NUMBERS OF SKILLED WORKERS AND ARTISANS (SOME OF WHOM NEED AS MUCH AS ONE UNCLAS SECTION 02 OF 02 PRETORIA 012743

DEPARTMENT FOR OES (NCARTER-FOSTER AND CEBARTH)
DEPARTMENT FOR AF/S (MKOPLOVSKY) AND AF/EPS (TNIBLOCK)
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E.O. 12958: N/A
TAGS: SOCI, TBIO, EMIN, ECON, SF
SUBJECT: HIV/AIDS IN THE SOUTH AFRICAN MINING INDUSTRY

YEAR OF EXPERIENCE BEFORE QUALIFYING FOR A CREDENTIAL SUCH AS A BLASTING CERTIFICATE) WOULD HURT THE INDUSTRY SIGNIFICANTLY. ON THE OTHER HAND, THERE IS A STEADY SUPPLY OF YOUNG WORKERS FROM SOUTH AFRICA AND NEIGHBORING COUNTRIES WHO CAN ENTER THE TRAINING PROGRAMS FOR NEW RECRUITS THAT THE MINES HAVE BEEN OPERATING FOR DECADES.

6. SOME DEMOGRAPHERS EXPECT SOUTH AFRICA'S POPULATION TO PEAK AROUND 2005 AND THEN BEGIN A SLOW DECLINE,

PARTIALLY DUE TO THE AIDS EPIDEMIC. BY THEN ANNUAL AIDS-RELATED DEATHS ARE EXPECTED TO CLIMB FROM 175,000 NOW TO PERHAPS AS HIGH AS 450,000, CUTTING SOUTH AFRICA'S AVERAGE LIFE EXPECTANCY FROM 68 TO 48 YEARS. THE STUNNING MAGNITUDE OF THESE NUMBERS IS SUPPORTED BY THE ASTONISHINGLY HIGH CURRENT INFECTION RATES IN SOUTH AFRICA. CHAMBER OF MINES OFFICIALS SAID 50 PERCENT OF RECENT MINING RECRUITS IN KWAZULU-NATAL PROVINCE (MALES AGE 18-25) TESTED POSITIVE FOR HIV/AIDS. CURRENT LAW PERMITS AIDS TESTING ONLY IN SEXUALLY-TRANSMITTED DISEASE CLINICS, WITH THE PATIENT'S CONSENT, AND IN TUBERCULOSIS CASES. THEY ALSO INDICATED THAT THE PROGRESSION FROM INFECTION TO DEATH IN SOUTH AFRICA, PRIMARILY BECAUSE OF THE GROWING TB EPIDEMIC, SEEMS TO BE FASTER THAN ELSEWHERE IN THE WORLD. THEIR EXPERIENCE HAS BEEN THAT HIV/AIDS DEATHS IN SOUTH AFRICA OCCUR 7-8 YEARS AFTER INFECTION WHEREAS 10-15 YEARS SEEMS TO BE PREVALENT IN THE U.S. AND EUROPE CURRENTLY.

7. SOUTH AFRICAN MINING COMPANIES FORESEE SHARPLY HIGHER HEALTH CARE COSTS FOR THEIR EMPLOYEES IN COMING YEARS, NOTWITHSTANDING THE DOWNSIZING THAT HAS TAKEN PLACE IN MANY MINES. OVER THE NEXT DECADE THEY EXPECT INCREASES IN THE UTILIZATION OF HOSPITAL FACILITIES, LONGER HOSPITAL STAYS AND INCREASING HEALTH COSTS RESULTING FROM INCREASES IN AIDS-RELATED INFECTIONS SUCH AS TB. IN ADDITION TO THE DIRECT COSTS INFLICTED ON THE MINING SECTOR, THE EXTENDED FAMILIES OF AFFECTED MINERS WILL ALSO SUFFER SEVERE ECONOMIC LOSSES.

JOSEPH