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SOUTIEN POUR  
L'ANALYSE ET LA RECHERCHE  
EN AFRIQUE

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**The Third Social Science and Health  
International Conference,**  
*July 20-24, 1997*

**and**

**The Fourth African African-American Summit**  
*July 20-26, 1997*

*Harare, Zimbabwe*

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**Support for Analysis and Research in Africa (SARA) Project**  
**Tulane School of Public Health and Tropical Medicine**



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## **Purpose**

Dr. Duale traveled to Harare, Zimbabwe, July 19–27, 1997, to attend the Third Social Science and Health International Conference for Africa and the Fourth African African-American Summit. The SARA Project co-sponsored and facilitated discussions on HIV/AIDS and related problems at the two conferences.

## **The Third Social Science and Health International Conference**

The Third Social Science and Health International Conference was organized by the Social Science and Medicine Africa Network (SOMA-Net). The main conference theme was “African Health in the 21st Century: Social Sciences and Health Approaches”. The conference was structured around nine sub-themes: 1) application of evidence based research; 2) health sector policy reform; 3) community participation for sustainable health and development; 4) integrated reproductive health approaches; 5) ensuring nutrition security; 6) gender, health and development; 7) control and prevention of substance abuse; 8) facing the challenges of HIV/AIDS and other sexually transmitted infections; and 9) enhancing social science in health for the African region.

Dr. Duale and the following SARA-sponsored participants—Prof. Woelk of the University of Zimbabwe, Ms. Jackie Makhoka of the Network of AIDS researchers in East and Southern Africa (NARESA), and Ms. Zaida Magalla of the TANESA Project in Tanzania—contributed to presentations and discussions on sub-theme 8: Facing the challenges of HIV/AIDS and other sexually transmitted diseases. The main objective of the session on HIV/AIDS was to identify issues and lessons learned related to behavior change interventions to guide future collaborative activities between SOMA-Net, SARA and other partners, and African Institutions. Prof. Woelk, the new Chairman of SOMA-Net and Dr. Anne Pertet, SOMA-Net Coordinator, will prepare, based on the conference recommendations, a concept paper outlining potential follow-up activities for consideration by SARA and other partners for funding. The issues raised during the deliberations and the draft recommendations of the conference are presented in the report annexes.

The SOMA-Net conference was attended by about 90 African social scientists, economists, and public health professionals. Dr. Ibrahim Samba, WHO regional director for Africa, and Dr. Thimoty Stamps, Minister of Health and Child Welfare of Zimbabwe, addressed the conference and stressed the need for African social scientists to play a major role in the pursuit of innovative means to address health problems in Africa.

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## *The Fourth African African-American Summit*

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### **The Fourth African African-American Summit (AAAS)**

The AAAS was attended by about two thousand participants, including twenty African heads of state. The Presidential Delegation of the United States was co-chaired by the secretary of Transportation, Rodney Slater, and the Rev. Jesse Jackson, president of the Rainbow/Push Coalition. Political, business, and civil society leaders from Africa, U.S., and Europe addressed the Summit on a wide range of issues related to the overall socio-economic development of Africa.

A number of workshops were organized to provide for discussions and the development of recommendations to guide policy formulation, economic development and social activities in selected sectors of development in Africa. The following workshops were organized:

**Agriculture:** The purpose of this workshop was to explore ways to enhance the management of Africa's agricultural and natural resources and maximize their yield.

**Arts and Culture:** The purpose of this workshop was to identify new and enhance existing methods to bring the rich arts and cultural tradition of African nations into the international arena.

**Business and Economic Development:** The purpose of this workshop was to focus discussion on ways to stimulate economic growth in Sub-Saharan Africa.

**Communications and media:** The transformation of information between Africa and the rest of the world is cumbersome, expensive, often one-sided and, in general, not considered to be newsworthy. The purpose of this workshop was to address these issues and help bring about positive coverage of the continent in the world media.

**Education:** The purpose of the workshop was to address the continuing need and the overwhelming demand for education and skills training in Africa and, with the "self-help" philosophy, build on the foundation already established by IFESH's Teachers for Africa Program, the Educators for Africa Program, and the SOS-Help the Children of Africa Campaign.

**Peace, Democracy and Governance:** The purpose of this workshop was to address and explore ways to increase the number of democratic institutions and strengthen the governance capability of African countries.

**Women's Issues:** The purpose of this workshop was to continue to develop means for creating an enabling environment for empowering and emancipating African women in both cities and rural areas.

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**Population:** The purpose of this workshop was to explore ways to promote the need for family planning and reproductive health activities, and to consider the partnerships, opportunities, and challenges in developing and implementing programs that provide family planning services and information to women, men and adolescents in Africa.

**Health—HIV/AIDS (Tract 1):** The purpose of this workshop was to review the current status of HIV/AIDS, STIs, and tuberculosis prevention, control, and mitigation programs, with a view of sharing experiences and lessons learned and developing collaborative links between United States and Africa in support of improved programs design, implementation, and evaluation in Africa.

**Health Issues (Tract 2):** The purpose of this workshop was to continue the work of the Health Commission of the African-African American Summit which has resulted in a significant number of private care missions which have taken place since the Dakar Summit.

At the request of USAID and Dr. Louis Sullivan, the president of the Morehouse School of Medicine, the SARA Project co-sponsored the Fourth AAAS's workshop on HIV/AIDS and health-related problems. Dr. Ibrahim Samba, the WHO regional director for Africa, presided over the symposium. Dr. Rudolph Jackson of Morehouse was in charge of pulling together the symposium. Dr. Brian Williams of Morehouse, Major Rubaramira Ruyanga of Uganda, and Dr. Duale were among the technical experts from Africa and the United States who made presentations on aspects of HIV/AIDS, STIs, and tuberculosis prevention, control, and mitigation. Their purpose was to share experiences and lessons learned and develop collaborative links between United States and Africa to address health issues as part of the new push to intensify African socio-economic and political development. The final Summit declaration calls for a major Africa-wide effort and focus to address the HIV/AIDS pandemic. The workshop participants have urged WHO/AFRO to explore the possibility of building partnerships with groups such as Rotary Club in support of tuberculosis prevention and control in Africa.

### Conclusions

The Third SOMA-Net conference and the AAA Summit, which were being held coincidentally in Harare during the week of July 20-26, 1997, offered an opportunity for the HHRAA/SARA project to capture field inputs and involve African institutions (public and private), missions, and other cooperating agencies and international organizations in discussing priority research, analysis, and dissemination on HIV/AIDS prevention and mitigation in Africa.

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## ***Conclusions***

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In addition to current collaborative work with SOMA-Net in the nutrition area, it is suggested that HHRAA/SARA should also team up with SOMA-Net in designing, implementing, and evaluating selected analysis, dissemination, advocacy activities related to HIV/AIDS prevention and mitigation.

The AAA Summit has offered an opportunity for advocacy and putting priority health issues such as HIV/AIDS and tuberculosis on the agenda of a political forum. It was suggested that the International Foundation for Education and Self-Help (IFESH), in collaboration with WHO/AFRO, should establish an advisory mechanism (task force) to follow on the Summit's recommendations and set up a good planning process for an improved health workshop at the next Summit. The Task Force can serve as a channel for U.S. and African countries to form a dialogue around priority health issues and decide on better approaches for Africa and U.S. collaboration for the development of the health sector in Africa.

**Annexes**

1. SOMA-Net Conference
  - 1.1 Conference Agenda
  - 1.2 Topics and presenters at the HIV/AIDS workshops
  - 1.3 Draft summary of discussions and recommendations
  - 1.4 List of participants
2. African African-American Summit
  - 2.1 HIV/AIDS and health workshop agenda and list of presenters
  - 2.2 Draft recommendations
  - 2.3 The Final Summit Communique: the Harare Declaration

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*Annex 1.1—Conference Agenda*

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**DETAILED PROGRAMME**

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**SUNDAY 20**

- 14.00 - 18.00 Registration of participants  
International Organising Committee meeting
- 18.00 - 20.00 Special Meetings
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**MONDAY 21**

- 8.00 - 9.00 **REGISTRATION**  
Chairman: Dr. J. Mufunda
- 9.00 - 9.30 Welcome by Chair Local Organising Committee  
Message from the Chair by Prof. J. K. Wang'ombe  
Opening ceremony by Dr T Stamps, Honourable Minister of Health and Child Welfare, Government of Zimbabwe
- 9.30 - 10.00 Keynote Address: Professor G L Chavunduka
- 10.00 - 10.30 Keynote Address: Professor Twumasi
- 10.30 - 11.00 **TEA BREAK**  
Chairman: Prof. J K. Wang'ombe
- 11.00 - 11.40 **Position Paper 1: Application of Evidence Based Research**  
Presenter : Dr. S. P. Munjanja  
Discussant: Prof. G. M. P. Mwaluko
- 11.40 - 12.20 **Position Paper 2: Health Sector Policy Reform**  
Presenter : Prof. J. K. Wang'ombe  
Discussant: Dr. P. L .N. Sikosana
- 12.20 - 13.00 Questions and Comments
- 13.00 - 14.00 **LUNCH BREAK**  
Chairman: Dr. R. Matchaba-Hove
- 14.00 - 14.40 **Position Paper 3: Community Participation for Sustainable Health and Development**  
Presenter : Dr. G. Woelk  
Discussant: Mr. A. Chingono
- 14.40 - 15.00 Questions and Comments
- 15.00 - 15.30 **TEA BREAK**
- 15.30 - 17.30 Syndicate Work Papers 1,2,3
- 19.00 - 21.00 **WELCOME COCKTAIL - Master of Ceremony: Dr. J. Mufunda**
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**TUESDAY 22**

- 8.15 - 10.30 Plenary - Committee reports & resolutions Papers 1,2,3
- 10.30 - 11.00 **TEA BREAK**  
Chairman: Dr. G. Woelk
- 11.00 - 11.40 **Position Paper 4: Integrated Reproductive Health Approaches**  
Presenter : Dr. F. Zawaira  
Discussant: Dr. W. Kisubi
- 11.40 - 12.20 **Position Paper 5: Ensuring Nutrition Security**  
Presenter : Dr. Julia Tagwireyi  
Discussant: Dr. L. Ethagatta
- 12.20 - 13.00 Questions and Comments
- 13.00 - 14.00 **LUNCH BREAK**  
Chairman: Dr. R. Likwa
- 14.00 - 14.40 **Position Paper 6: Gender Health and Development**  
Presenter : Dr. A. Arkutu  
Discussant: Mrs. J. Kadandara

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14.40 - 15.00	Questions and Comments
15.00 - 15.30	<b>TEA BREAK</b>
15.30 - 17.30	Syndicate Work 4,5,6
18.00 - 20.00	<b>Special Meetings</b>

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**WEDNESDAY 23**

8.15 - 9.30	Plenary syndicate reports and resolutions 4,5,6A
9.30 - 10.10	<b>Position Paper 7: Control and Prevention of Substance Abuse</b> Presenter : Prof. P. R. Konje Discussant: Prof. S. W. Acuda
10.10 - 10.30	Questions and Comments
10.30 - 11.00	<b>TEA BREAK</b>
11.00 - 12.00	<b>Position Paper 8: Facing the Challenges of HIV/AIDS and other STIs</b> Presenter : Dr. L. Mbengeranwa Discussant: Mr. L. Kerkhoven
	<b>8A. Workshop I: HIV/AIDS Prevention Strategies in the African Region: Individual and Collective Experiences of Vulnerability, Risk and Responsibility.</b> (Dennis Willms)
12.00 - 13.00	<b>8B. Workshop II: HIV - Lessons Learned and Best Practices for Behaviour Change Interventions for HIV, STI Prevention.</b> (Sambe D.)
13.00 - 14.00	<b>LUNCH BREAK</b>
14.00 - 15.30	Syndicate Work 7,8A, 8B
15.30 - 16.00	<b>TEA BREAK</b>
16.00 - 17.00	Plenary syndicate reports and resolutions 7, 8A, 8B
18.00 - 20.00	<b>Special Meetings</b>

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**THURSDAY 24**

8.15 - 9.30	<b>Position Paper 9: Enhancing Social Science in Health for the African Region: Report of a needs Assessment</b> Presenter : Dr. D. Willms Discussants: L. Erinosh, P. Nkwi, G. Mwaluko, J. Wang'ombe, T. Katsumbe, R. Owor
9.30 - 10.30	PANEL DISCUSSION on Collaboration: Dennis Willms - Chair
10.30 - 11.00	<b>TEA BREAK</b>
11.00 - 13.00	<b>CLOSING CEREMONY - Dr. J. Mufunda</b>
13.00 - 14.00	<b>LUNCH BREAK</b>
14.00 - 15.30	GENERAL ASSEMBLY/ Professional Visits
15.30 - 16.00	<b>TEA BREAK</b>
16.00 - 19.00	<b>EXECUTIVE COUNCIL MEETING</b>

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**FRIDAY 25 TRAVEL**

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*Annex 1.2—Topics and presenters at the HIV/AIDS workshops*

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**WEDNESDAY 23 JULY 1997**

**POSITION PAPER : 8B**

**HIV - LESSONS LEARNED AND BEST PRACTICES FOR BEHAVIOUR CHANGE INTERVENTIONS FOR HIV, STI PREVENTION (SAMBE D)**

**CONFERENCE ROOM 3**

**PRESENTERS**

**HERBERT MUYINDA : 8B6**

**THE POTENTIAL OF THE SENGA MODEL IN THE CONTROL OF HIV/STDs AMONG FEMALE ADOLESCENTS IN RURAL UGANDA**

**N S MORAR : 8B10**

**VAGINAL INSERTION AND DOUCHING PRACTICES AMONG SEX WORKERS AT TRUCK STOPS IN KWAZULU, NATAL**

**Z GWAMANDA, W S MORAR : 8B12**

**SAFE SEX PRACTICES AMONG SEX WORKERS AT RISK OF HIV INFECTION**

**INAM CHITSIKE :**

**COST AND QUALITY OF CARE OF HIV/AIDS PATIENTS IN GOVERNMENT HOSPITALS IN ZIMBABWE**

**GONFREY WOELK :**

**TRAINING TEACHERS TO LEAD DISCUSSION GROUPS ON HIV/AIDS PREVENTION WITH ADOLESCENTS IN ZIMBABWE**

**ZAKARIAOU NJOUMEMI :**

**MULTIDISCIPLINARY TEAMS OF RESEARCH: THE EXPERIENCE OF KABP SURVEYS ON HIV/AIDS PREVENTION IN CAMEROON FORM 1989 TO 1996**

**WEDNESDAY 23 JULY 1997**

**POSITION PAPER 8A :**

**HIV/AIDS PREVENTION STRATEGIES IN THE  
AFRICAN REGION: INDIVIDUAL AND  
COLLECTIVE EXPERIENCES OF  
VULNERABILITY, RISK AND RESPONSIBILITY**

**CONFERENCE ROOM 5**

**PRESENTERS**

**CHIPO KANJO : 8A1**

**FACING THE CHALLENGES OF HIV/AIDS  
AND OTHER STIs. CASE OF ZOMBA  
DISTRICT, MALAWI HIV/AIDS PATIENTS  
VS OTHER PATIENTS**

**MATILDA ZVINAVASHE : 8A2**

**THE REPORTED QUALITY OF CONDOM  
USE BY YOUNG ADULT MALES AT  
HIGHER LEARNING CENTRE,  
BELVEDERE TEACHERS' COLLEGE AND  
HARARE INSTITUTE OF TECHNOLOGY**

**SUSAN LAVER : 8A7**

**WAS IT IMPLEMENTED AS PLANNED?  
LOOKING AT THE REAL CONTEXT OF A  
COMMUNITY - BASED AIDS,  
PREVENTION INTERVENTION IN  
ZIMBABWE**

**P NDLOVU & E GOMO : 8A14**

**PROBLEMS ENCOUNTERED IN  
PROJECTS INVOLVING BLOOD IN  
ZIMBABWE**

**Z.N. KHUMALO-SAKUTUKWA: 8A15**

**KEY INFORMANT INTERVIEWS AS A  
MEANS OF INFORMING CLINICAL  
RESEARCH DESIGN**

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*Annex 1.3-Draft summary of discussions and recommendations*

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**The Third Social Science And Health International Conference**

**Holiday Inn Crowne Plaza Monomotapa**

**Harare, Zimbabwe**

**July 20-24, 1997**

**Theme: African Health In The 21st Century:  
Social Science In Health Approaches**

**Overview Of Issues And Recommendations**

Current research indicates that sub-Saharan African countries are facing serious health problems in the midst of unequal distribution of health service resources for the majority of the population. Privileged subgroups in the population continue to get the best health care while the most vulnerable receive inadequate care. Cost benefit analyses of health programmes are needed, especially of those programmes at the community level, to be used as examples for others.

**1. Health Sector Policy Reform**

*Summary Of Issues Raised*

- ◆ Critical consideration of both user fees and equity issues to ensure that there is accessibility, availability, and utilization of services even for the most vulnerable members in the society.
- ◆ Problems of implementation include administration and management of chosen strategies.
- ◆ Decentralisation policy hampered by lack of skills in the periphery as well as civil services poorly equipped to carry out this policy.

*Way Forward/Recommendations*

- ◆ SOMA-Net members should look at health reform from the basis of their own regions' agendas and not from donor driven agendas.
  - ◆ Members should critically examine equity issues relating to access to health services to ensure that most needy population members are taken care of. This can be achieved by creating units for monitoring the policy review process.
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## *Annex 1.3–Draft summary of discussions and recommendations*

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- ◆ SOMA-Net member teams should act as lobbyists. In advocacy, capacity to ensure that reforms are implemented in totality rather than in compartments should be pursued. Communities should be considered on their own merits and fees charged according to ability to pay. Where necessary offer mechanisms for assisting the most needy.
- ◆ Adoption of a holistic approach can be enhanced by SOMA-Net members' involvement in assessing the impact of SAPS & SDAS. Identify and try to bridge implementation gaps.
- ◆ Other providers of health care such as health insurance companies should be brought on board to assist in solving the problem of health cost and quality or health financing.
- ◆ The electronic media should be used to disseminate the conclusions reached at this conference to organisations, NGOs, governments, etc., before the proceedings are published.
- ◆ A Regional Research Centre should be established to provide training and acquisition of skills in health economics and other critical areas. Capacity building remains an area in which SOMA-Net must continue to invest its resources.
- ◆ SOMA-Net should be a facilitator in Africa in organizing short-term courses to bridge the gap in capacity development in several areas of social sciences in health.

## **2. Gender, Health, and Development**

### *Summary of Issues Raised*

- ◆ Need to understand gender-health issues properly and ensure that information, research findings reach the grassroots in the appropriate format and dosage.
  - ◆ Support the girl-child reproductive health issues through projects such as peer education-guardian programmes (in Tanzania). Ways of doing this should be explored. Mechanisms in the NGOs and government laws to be set in place to protect and support the girl-child in reproductive health issues. Boys also should be considered in these strategies to inculcate responsible adulthood values.
  - ◆ Safety networks for women health-seekers should be set in place especially against economic changes, e.g., prices and cost of health care.
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## *Annex 1.3–Draft summary of discussions and recommendations*

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Promotion of primary health care and accessible vertical or integrated services should be undertaken.

- ◆ The whole issue of men and masculinity needs to be examined. Explore the role of culture and socialisation and its effects on men as power-wielders in health policies affecting women. Explore how men view all this and how we can adapt man's masculinity in context to promote women's health. Explore ways in which religion and institutions like the church can help in men's desirable re-socialisation with gender orientation.
- ◆ Disorders and complications associated with reproductive roles makes women 15-44 years especially at risk. Maternal mortality rates are highest in sub-Saharan Africa when compared to those that are preventable. HIV/AIDS and STIs form one of the largest morbidity load for this age group. Approximately 21 percent of 22,000,000 of people worldwide living with HIV/AIDS for age groups 12-44 years are women.
- ◆ Economic deprivations expose women to the HIV/AIDS pandemic due to sexual networking.

### *Way Forward/Recommendations*

- ◆ Researchers must communicate to grassroots levels. The information regarding women's behaviour has not been communicated using appropriate media and in simple language.
- ◆ Both men and women must be targeted when women's health is being examined, because of the complexity of issues that affect women's health vis-a-vis poverty, environment, political, cultural, social, etc.
- ◆ More resources must be directed at national levels into programmes that address women's health. Health care facilities must be reexamined and strengthened to serve girls and women in general and not necessarily for reproductive roles.

### **3. Facing The Challenges Of HIV/AIDS And Other STIs**

#### *Summary Of Issues Raised*

- ◆ Further work must be conducted on risk and vulnerability to HIV/AIDS. How is risk socially constructed in different environments.

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### *Annex 1.3–Draft summary of discussions and recommendations*

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- ◆ Intervention packages and communication protocols that are culturally appropriate are needed to address the different discourses on AIDS in the African region.
- ◆ Broad methodology is needed to address all HIV/AIDS emerging issues. Intervention research should take over from KAP studies. Need for the use of inter-sectorial teams to design, implement, and manage behaviour change interventions.
- ◆ Co-factors (e.g., alcohol use, family structures) have not been well studied and yet these have an impact on behaviours. Studies and interventions at every level need to be examined.
- ◆ Help for women in the context of their environment regarding HIV/AIDS should be examined.
- ◆ Economic impact of HIV/AIDS at individual, household and national levels: impact on labour force, education, burden of care to households, reduced household incomes.
- ◆ Constraints to community-based care should be examined, e.g., housing sector that is not planned for home-based care for AIDS patients. Capacity to cope with AIDS patients is very limited in poor households. Care of orphans is a big financial burden to households.
- ◆ HIV prevention information has not reached grassroots. Information must be understandable. Communication needs support for easy flow to villages and other rural settings.

#### *Way Forward/Recommendations*

- ◆ A lot of data need to be examined. How can we use this information to influence policies? Can these data be aggregated by SOMA-Net as a starting point?
- ◆ SOMA-Net should initiate a metanalysis to examine behaviour change interventions in the African setting, and determine what behaviour change to focus on. SOMA-Net should suggest possible research areas to address behavior change interventions for HIV prevention.
- ◆ Information discussed at this conference should be communicated to AIDS control programmes in the different countries. This information should be communicated in a language that is easy to understand, consid-

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## *Annex 1.3—Draft summary of discussions and recommendations*

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ering the consumers of the information. Appropriate media should be used and information should be simple and brief.

- ◆ Local chapters should come up with plans of action on the way forward, e.g., several meetings to disseminate information. Local SOMA-Net chapters can focus on specific areas of research for a given period and share results of these activities with policy makers.

### **4. Ensuring Nutrition Security**

#### *Summary of Issues*

- ◆ Nutrition situation has continued to get worse in SSA. Gains made in the 1980s have deteriorated or been lost.
- ◆ Poverty is a major factor in poor nutrition status. Recurrent droughts and internal displacements have made individuals vulnerable.

What are the implications of all this?

- ◆ Increased rates of childhood malnutrition both in mild-moderate and severe forms.
- ◆ Infant mortality rate has increased up to 20 percent. Malnutrition has a large part to do with this.
- ◆ Morbidity load for under fives has escalated due to vulnerability to infection when malnourished.

#### *Way Forward/Recommendations*

- ◆ SOMA-Net members should pursue a multi-sectorial approach and examine how they can work together to solve the problem. Programme managers feel that academics and researchers in a variety of disciplines can provide sustainable approaches to the reduction of malnutrition.
  - ◆ Use the existing conceptual framework that looks at the problem of malnutrition in a holistic approach with sociologists, scientists, nutritionists, etc.
  - ◆ Use Triple A approach—Access, Analyse and Action—to examine communities to develop a community-based action.
  - ◆ Build on indigenous knowledge and practices and use these as a knowledge base.
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## *Annex 1.3–Draft summary of discussions and recommendations*

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- ◆ Develop advocacy strategies at policy levels.
- ◆ Nutrition surveillance should be strengthened.
- ◆ Research and training agendas should address problems faced in nutrition.
- ◆ Issues that have been supported by politicians should be examined and put into plans of action to pave the way for nutrition problems.

### **5. Community Participation For Sustainable Health and Development**

#### *Summary of Issues*

- ◆ Results of studies conducted in a community should be shared with the community in a meaningful way.
- ◆ Community participation process should include a special effort to include the marginalized subgroups. Power within the community should be understood.
- ◆ Study how power imbalances and inequities are produced; appropriate training/working with communities should be undertaken.

#### *Way Forward/Recommendations*

- ◆ The conference wishes to encourage research to further share results or findings with communities who participated in generating research data. Village workshops should not be mechanisms for disseminating results but should be used to assist the communities to define concrete actions based on the research findings.
- ◆ Social scientists need to study the actual process of empowerment and facilitation of democracy. A way of empowering communities requires reporting any research findings or results back to the affected communities.

### **6. Integrated Reproductive Health Approaches**

#### *Summary of Issues*

- ◆ Integrated reproductive health approaches have been adopted by many countries. But there is concern that no universal access to reproductive health care exists for all those needing services.
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### *Annex 1.3-Draft summary of discussions and recommendations*

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- ◆ Data is required to determine access and acceptability of reproductive health services. In this context, research is required on how to integrate services, identify gaps and convince policy makers of required services. Health systems research should be considered for the implementation of this approach because it is problem and action oriented.
- ◆ Political commitment is needed to implement integrated reproductive health approaches to be effective, e.g., Mexico. Issues in reproductive health are politically sensitive, especially in the African context.
- ◆ In the area of integration of services there is a need to look beyond the traditional reproductive health services, e.g., family planning, maternal health etc to look at integrating STI programmes, HIV/AIDS control programmes, etc. Research is required in this regard.
- ◆ Knowledge on issues related to maternal deaths must be strengthened.
- ◆ Quality of services in health facilities must be improved.

#### *Way Forward/recommendations*

- ◆ Further research is required to look into the issue of vertically integrated service approaches. Some reproductive health pressure groups feel vertical services achieve better results, which some countries found counter-productive or inhibiting access due to cultural beliefs, e.g., Ghana.
- ◆ Cultural practices need to be addressed that contribute to maternal mortality, e.g., exclusion of certain nutritional foods during pregnancy.

## **7. Control And Prevention Of Substance Abuse**

### *Summary Of Issues*

- ◆ Substance abuse is common among young people in school systems.
- ◆ A relationship exists between substance abuse and high socio-economic status of young people.
- ◆ Alcohol seems to be the substance most used and abused by both young girls and boys mostly in better income schools.

### *Way Forward/Recommendations*

- ◆ SOMA-Net members should examine the cultural context under which drugs and substances are used and abused in Africa.
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## *Annex 1.3–Draft summary of discussions and recommendations*

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- ◆ Teams involving teenagers should be formed to research the problem of substance abuse.

### **8. Capacity Building**

#### *Summary of Issues*

- ◆ It is critical that we find more persuasive and compelling ways to represent, communicate, and promote the relevance of the social and behavioural sciences to health.
  - ◆ Best-case studies are critical in advancing these arguments.
  - ◆ “Anchor persons” are the best communicators of these relevances or arguments. Can SOMA-Net adopt such a scheme?
- ◆ Present and Emerging Training Needs
  - ◆ It is critical that we balance theories in medical anthropology and abstract analysis with training in studying intervention design.
  - ◆ It is critical that African indigenous theory, literatures and ethnographies be used in training programs.
  - ◆ It is critical to balance university-based training with field-site training (perhaps urban and rural).
- ◆ Sustaining Research Potentialities
  - ◆ It is critical that persons and institutions build research agendas on authentic affiliations (friendship common agendas, rather than on externally imposed, artificial affiliations), including transdisciplinary and interdisciplinary linkages.

#### *Way Forward/Recommendations*

- ◆ Policy makers, donors, and the media need to be brought on board so that they can understand activities and the potential within SOMA-Net membership. Advocacy is crucial in this endeavour.
  - ◆ SOMA-Net members must appreciate the need to translate scientific information into simple language that will enhance its consumption for implementation at the grassroot levels, as well as at the policy level.
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### *Annex 1.3—Draft summary of discussions and recommendations*

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- ◆ Research linkages through the stakeholders and using more effective modes of communication are important points to pursue. An effort must be made to pursue methods of communicating “grey literature” that is in many countries.
- ◆ The issue of peer review is necessary for all scientific work done by members. This will give credibility to research and project initiatives taken up by local scientists.
- ◆ Continuing education is an important mechanism to expand scientists’ capacities to be good resources.
- ◆ A data bank for social science issues in health is needed. This way a credible reference will be started for making important decisions for health programmes in the region.
- ◆ Institutions need urgently to be hooked up to electronic mail via Internet. This will facilitate the networking for the entire region.
- ◆ SOMA-Net needs to market the concept of transdisciplinary research more aggressively. Disciplines are not visible, such as accountants. SOMA-Net should commission a paper that sells the whole concept of social sciences in health to all stakeholders—more so those based in faculties of social sciences.
- ◆ When professionals in the region join international agencies it is important to be assertive and create an enabling environment for critical issues to receive priority.
- ◆ We need to build a south-south collaboration to create centres of excellence and then catch up with the north-south linkages for more growth in the region.

**SOMA-Net 3rd International Conference**

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*Annex 2.1–HIV/AIDS and health workshop  
agenda and list of presenters*

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**HEALTH COMPONENT OF IFESH SUMMIT  
TRACT I  
HIV/AIDS RELATED PROBLEMS**

**Tuesday, July 22**

**Co-Chair**

Dr. Louis W. Sullivan

**Co-Chair**

Dr. Ibrahim M. Samba

- 10:00 a.m. Introduction and Welcome
- Impact of HIV/AIDS on Sub-Saharan Africa and the U.S.*  
Moderator - Dr. Rudolph E. Jackson
- 10:15 a.m. Overview of HIV/AIDS and Related Health Problems  
in Sub-Saharan Africa  
Dr. Peter Lamptey
- 10:45 a.m. HIV/AIDS in the African-American Population,  
Successes and Challenges  
Dr. Brian O. Williams
- 11:15 a.m. Impact of HIV/AIDS in Zimbabwe  
Dr. Rene Loewenson
- 11:45 a.m. Meeting the Challenges of HIV/AIDS  
A Ugandan Perspective  
Major Rubaramira Ruyanga
- 12:15 p.m. Questions and Answers  
Discussion
- 12:30 p.m. Summit Luncheon
- 2:00 p.m. Using Data for Policy Dialogue  
The AIDS Impact Model (AIM) in Kenya  
Mr. Tom Mboya Okeyo
- 2:30 p.m. MAP Program  
Pastor Chris Mwalwa
- 3:00 p.m. World Bank Perspective on HIV/AIDS in Sub-Saharan Africa  
Mr. Drabo Abdou Salam
- 3:30 p.m. Break

**Tuesday, July 22** (Continued)

**Roundtable Discussion on HIV/AIDS  
Interventions in Sub-Saharan Africa**

3:45 p.m.

Traditional Healer Approaches  
Prof. Gordon Chuvunduka

Women and AIDS in Sub-Saharan Africa  
Dr. Eka Williams  
AIDSCAP

AIDS in the Workplace  
Prof. David Wilson

Reproductive Health and STD's  
Program Technical Assistance  
Dr. Brian O. Williams

Questions and Answers/Audience Participation  
Recommendations

5:30 p.m.

Adjourn

**Wednesday, July 23**

***Tuberculosis: An old Infection on the Rise***

8:00 a.m.

The Increase in Tuberculosis Cases in the U.S.;  
Treatment Modalities Employed  
Dr. Gladys Branic

8:30 a.m.

Tuberculosis in Sub-Saharan Africa;  
Implications and Treatment Approaches  
Dr. Duale Sambe

9:00 a.m.

Coordination of HIV/AIDS, STD's, Reproductive Health,  
Tuberculosis, Maternal and Child Health, and Child Survival Program  
Dr. Duale Sambe

9:30 a.m.

Water For Children Africa  
Ms. Ernestine Henning

**Wednesday, July 23** (Continued)

9:45 a.m.

Break

10:00 a.m.

Discussion/Summary  
Recommendations  
(Audience Participation)

11:00 a.m.

Overall Health Agenda Summary  
Dr. Louis W. Sullivan  
Co-Chair

11:45 a.m.

Adjourn

**TRACT II - Health Issues and Initiatives in Africa**

*Agenda Will Be Posted*

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*Annex 2.2–Draft recommendations*

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July 23, 1997

Rev. Dr. Leon Sullivan:

A Task Force was formed to assist in developing recommendations from Tract 1 of the Health Component Workshop (HIV/AIDS and related problems). The Task Force in its deliberations indicated its desire to have you include in your remarks to the general summit assembly a statement as follows:

"We commend those heads of state who support openness in addressing AIDS and would encourage leaders of Sub-Saharan African countries to join their colleagues in promoting openness in addressing the problem of AIDS and to remove the stigmatization of those infected and affected with HIV disease. Also, to recognize the significance of HIV/AIDS as a threat to the future of the well-being of their entire populations. This importantly includes recognizing the right of the women and children of their countries who suffer tremendously as a result of AIDS.

(This statement comes about because of the lack of an open and positive policy by the leaders in many countries).

Co-Chair

---

Ebrahim M. Samba  
Regional Director  
WHO

Co-Chair

---

Mulunesh Tennagashaw  
on behalf of  
Dr. Peter Piot  
Executive Director  
UNAIDS

Moderator

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Rudolph E. Jackson, M.D.  
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Recommendations  
of Task Force  
22 July 97

1. Change HIV/AIDS strategy from present approach to a community-based model (CBM). (Present strategy uses an approach designed primarily from the U.S. and European Gay white male strategy - reproductive health and condom utilization, etc. The community should design its own HIV/AIDS strategy based on its assessment of the problem).
2. Provide technical assistance (TA) based on the needs expressed by the country or the community. (Discontinue providing inappropriate sometimes culturally insensitive, paternalistic assistance).
3. Develop bilateral exchange programs for participants from Sub-Saharan countries and U.S.
4. Increase information education and communication skills between the two (2) partners.
5. Enhance the understanding of HIV/AIDS and its related problems by the leaders and politicians of African Countries. (Sensitizing presidents, cabinet makes, politicians and religious leaders about HIV/AIDS utilizing a policy of OPENNESS AND HONOSTY. Leaders need to become more cognizant of the devastation of the devastation of HIV disease and the impact on every aspect of the country's status-socioeconomic goals measures. Goals production, population size and other country status measures).
6. Encourage morality and traditional family values amongst the people of Sub-Saharan countries.
7. Lobby for more aid for African countries to address HIV/AIDS and its related problems (looking at HIV disease in a holistic fashion. Include increased accessibility to drugs and agents for treatment detection and prevention).
8. Increase Foreign aid to support HIV activities.
9. Continue assisting in water projects.
10. Decrease the cost of drugs making them more available to Africa and the world.
11. Encourage the empowerment of women to protect themselves.
12. Remove the stigmatization of HIV disease thus protecting the right of those infected, making life easier for those infected and their families and communities.

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*Annex 2.3—The Final Summit Communique:  
the Harare Declaration*

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## HARARE DECLARATION

**We, the Heads of State and of Government and Heads of Delegations  
representing the participating African countries,**

**We, Heads of the Delegation of the Government of the United States of  
America,**

**We, the Representatives of the African American Community headed by the  
Reverend Dr. Leon H. Sullivan and**

**We, the Friends of Africa,**

MEETING AT THE FOURTH AFRICAN-AFRICAN AMERICAN SUMMIT IN HARARE, ZIMBABWE, FROM THE 21ST THROUGH THE 25TH OF JULY, 1997, RECONFIRM OUR SOLEMN COMMITMENT TO IMPLEMENT THE DECLARATION OF PRINCIPLES AND ACTIONS ADOPTED DURING THE FIRST SUMMIT HELD IN ABIDJAN, COTE D'IVOIRE IN 1991, THE SECOND SUMMIT HELD IN LIBREVILLE, GABON IN 1993 AND THE THIRD SUMMIT HELD IN DAKAR, SENEGAL IN 1995, WHOSE OBJECTIVES WERE TO STRENGTHEN THE RELATIONS OF FRIENDSHIP AND SOLIDARITY ESTABLISHED BETWEEN AFRICANS AND AFRICAN AMERICANS BY HISTORY, CULTURE AND COMMON DESTINY AND TO FIND THE WAYS AND MEANS LIKELY TO HELP ACCELERATE THE AFRICAN DEVELOPMENT PROCESS IN A COOPERATIVE AND CONSULTATIVE FRAMEWORK, AND IN THE SPIRIT OF THE CONTEMPORARY EVOLUTION OF THE WORLD TOWARDS THE BEGINNING OF THE NEW MILLENNIUM.

We acknowledge that the Harare Summit is of historic importance; and by virtue of our contacts, discussions, reflections and resolutions, the Summit did assume an empirical dimension commensurate with planned goals. The Fourth Summit was held in a significant and hopeful era for Africa with regard to world progress.

We acknowledge with appreciation the achievements of the first three Summits, which also contributed to a substantial debt restructuring program for sub-Saharan Africa undertaken in

coordination with the United States, France, Germany, Italy, Paris Club, World Bank, International Monetary Fund and the United Nations; a Best-and-Brightest African Bankers Training Program has already trained two hundred and fifty mid-level bankers throughout sub-Saharan Africa; new investments of over a half billion dollars, including the construction of factories and the creation of thousands of new jobs; skills training centers have been expanded; a Thousand Teachers for Africa Program has been launched with four hundred and fifty teachers already helping to upgrade the educational systems in ten African countries; a Thousand Schools for Africa Program, has been initiated; a partnership with the World Bank is making possible the digging of 50,000 tubewells; large quantities of education supplies have been shipped to Africa; and clinics and extensive health programs, including cardiac surgery initiatives, have been launched. Large scale river blindness projects are underway impacting thousands of affected people. Plans have been made for the initiation of a continent-wide HIV/AIDS containment program.

We, the Heads of State/Government and of Delegation, the representatives of the African American community and Friends of Africa participating in the Fourth African-African American Summit in Harare, would like to underscore a continuation of these objectives and stress particular achievements of these Summits:

We renew an unequivocal will to establish and implement the conditions and programs allowing for African economic recovery and growth in a democratic environment, including:

- Our commitment to intensify African economic integration in order to identify viable, stable and reliable markets for foreign investments and the industrialization of our countries within the framework of the SULLIVAN Plan for Africa;

We reaffirm our efforts to broaden basic education and eradicate adult illiteracy through:

- Bonding of international ties, beginning with an unprecedented Aide Memoire signed during the Harare Summit involving OAU, UNESCO and IFESH which is designed to assist, in a massive manner, to rehabilitate its educational system (in both the formal and the non-formal sectors) as an important contribution to the on-going process of peace building, capacity enhancement, civil society empowerment and the overall socio-economic and political development of the continent;
- The continued reduction and writing off of Africa's debt tied to education and other essential development needs;
- Appropriate progressive national policies on staff training and education;

The Summit appreciates the commitment of African Americans and Friends of Africa to expand support for African development, particularly in the building of productive partnerships to achieve food security, in promoting human resources for a more effective management of African enterprises and for the judicious utilization of raw materials, mineral and energy resources; and planning, as well as implementing a comprehensive program to support the strategic goals and objectives to enhance the quality of life, especially among the grassroots population. In this regard, we reaffirm:

- The design and implementation of health and environmental policies with a major Africa-wide focus on the containment of HIV/AIDS, and which protect in dynamic reciprocity man and nature; and
- The development of appropriate modalities to encourage the restoration and repatriation of historic African artifacts;

We recognize the potential of future African generations to compete and prosper in the 21st century by urgent integration of Africa into the information superhighway networks and finding ways to acquire other new technologies.

The recommendations from the sector workshops and assemblies will be reviewed and prioritized by the Summit Ambassadorial Planning Committee. In this regard, we entrust the Committee, under the leadership of the Summit Convener, with the monitoring and the implementation of this Declaration. We instruct the Committee to examine the proposal for the creation of a Permanent Secretariat to follow-up the Summit recommendations and decisions and the proposal to alternate the Summit venue between Africa and the United States. We further instruct the Committee to ensure the widest possible dissemination of this Declaration and to sensitize the international community, and American and indeed world public opinion, corporations and companies, in particular, to its contents.

We are encouraged by the spirit in which the International Forum on Business, Investments and private sector cooperation was conducted. The Forum opened new perspectives for a more dynamic, more pragmatic and more balanced approach to North-South and South-South socio-economic and political relations in the areas of trade, technology transfer, to business development, health, education, democracy, human rights, transparency, environment, population, women, and children.

We have already, in this regard, defined the conditions and mechanisms for the development of the private sector by African Governments and by their partners in development. This orientation offers to thousands of American, European, Asian and African investors and entrepreneurs, an appropriate framework within which to broaden their investments and to enhance and accelerate the transfer of

technology to African countries.

We are pleased to acknowledge the participation of over three hundred American companies and corporations, as well as the United States' Government Departments and Agencies in the Summit. We urge each of them to find ways to expand their investments or to begin to invest in African economies. In an effort to ensure the participation of Africans and African Americans in these enterprises, American companies are encouraged to enter into joint ventures with small and medium-size companies in Africa. We note and welcome the new trade and investment policies recently announced by the President of the United States, as well as urge passage of the proposed Congressional legislation designed to create an enabling environment in the facilitation of business investments in Africa. In this context, we stress that official assistance for poverty eradication and infrastructure development in Africa remain relevant and will continue to be needed for some time to come.

We also note with appreciation the presence and encouragement expressed by the representatives of the supporting governments (France, Germany, the Netherlands, United Kingdom and the United States of America) and supporting international bodies (OAU, UNESCO, African Development Bank, World Bank, World Health Organization, and the United Nations Development Program). We urge them to continue to collaborate with the Summit leadership in its quest to help improve the quality of life in Africa.

We acknowledge with deep appreciation, the outstanding contributions that the Reverend Dr. Leon H. Sullivan has made to sub-Saharan African countries during the past twenty years as a builder of human bridges and as an advocate and implementor of programs of self-help, education and the transfer of technology. We commend him for providing the leadership which has resulted in the African-African American Summit movement, which has focused on the creation of pragmatic and positive strategies to help deal with the development of Africa, to create closer cooperation between Africans and African Americans, and to better American and African relationships for the support of Africa. We also express our deepest gratitude to the Reverend Dr. Leon H. Sullivan for apprising the world community of the Summit activities through the worldwide media and by personally visiting several countries and meeting with national and international leaders, including Heads of State/Governments and we ask that he continue in his role as Chairman and guiding light of Summit activities.

We, the Heads of State/Government representing participating African countries, we, the members of the Official Delegation representing the African American Community, we, the Delegation of the Government of the United States of America, and we, the Friends of Africa, meeting at the Fourth African-African American Summit in Harare, Zimbabwe, express our sincere gratitude to His Excellency President Robert G. Mugabe, his Government and the people of Zimbabwe for their warm

and generous hospitality and for hosting this historic event. This Summit is another milestone in the distinguished, dedicated and illustrious commitment of President Mugabe to serve the cause of Africa and that of humanity. We enthusiastically applaud President Mugabe's leadership and the goodwill which he has generated during the Fourth African-African American Summit. Finally, in expressing our heartfelt thanks, we wish President Mugabe and the people of Zimbabwe continued success, peace, prosperity and happiness.

Harare, Zimbabwe  
The Conference  
July 25, 1997