



**Report on a  
Consultative Meeting on  
*AIDS as a Developing Crisis in Africa:  
Rethinking Strategies and Results*  
Washington DC  
September 29 - October 1, 1999**

**USAID/AFR/SD**



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## The Meetings

This report summarizes three meetings held in Washington DC from September 29–October 1, 1999 to discuss the **HIV/AIDS** crisis in Africa. There were—

- (i) A Consultative Meeting on "**AIDS** as a Development Crisis" held over two days and attended by staff of **USAID**, the World Bank, NGOs and other partner agencies to discuss scaling up and acceleration of the response to **HIV/AIDS** in Africa;
- (ii) An internal **USAID** meeting to review the proceedings of the consultative meeting and suggest ways forward;
- (iii) A roundtable discussion between **USAID** and other agencies with representatives of the private sector to decide ways in which the corporate sector can contribute to the fight against **AIDS**.

## Summary

Experts from different development sectors and **HIV/AIDS** programs deliberated for two days on the development crisis resulting from high and growing **HIV/AIDS** prevalence rates in Africa. Specifically, they discussed the ways to assist countries with two types of multi-sectoral actions to deal with the epidemic. First, the actions each sectoral ministry can undertake, *intra-sectorally*, to prevent the epidemic and reduce its impact on the sector. Second, the actions, mostly *inter-sectoral*, that local governments and communities can undertake synergistically to improve prevention and care programs. The two sets of actions can potentially reinforce each other.

For the first set of intra-sectoral actions, the meeting reviewed the tool kits or framework for different sectors developed by Abt Associates and the University of Natal in South Africa. The participants found these tool kits extremely useful for initiating sectoral involvement in **HIV/AIDS**. The Malawi Ministry of Agriculture's experience in using the toolkit has been encouraging. The important elements of success are a ministry's ownership of the process, its commitment to take actions, and sustained donor financial support to implement the actions.

For the second set of intersectoral actions, participants discussed a model for scaling up community-level programs presented by the World **Bank** and the local government tool kit developed by the University of Natal. A critical lesson from the experiences with decentralization and rural development program is that a top-down flow of funds and other assistance is ineffective. A mechanism needs to be created by countries and donors to channel funds directly to communities through district and village **HIV/AIDS** committees. The model discussed suggested that these committees could be formed and made functional in most countries within one year. These committees will need technical support from non-governmental organizations involved in program implementation. The NGO representative from the Global Health Council and National Organizations Responding to **AIDS** (NORA) referred to the unused capacity of NGOs that donors, particularly **USAID**, have built during the past several years.

If the above two actions—one led sectorally and centrally and the other led locally and inter-sectorally—are undertaken in the same communities in a coordinated and concerted manner, HIV/AIDS programs will be immediately strengthened and expanded. The paradox of unspent donor funds, on the one hand, and critical shortages of funds for various programs, on the other, were highlighted. Thus, the main challenge is to find ways to channel funds where and when they are needed. The apparent capacity constraint can be reduced by involving and using existing capacities of a large number of communities and agencies for scaling up HIV programs.

The private sector can supplement the efforts of governmental and non-governmental organizations. Companies that participated in the meeting's private sector roundtable discussions expressed strong interest in adopting HIV/AIDS prevention and care programs within their companies and in supporting national programs, particularly at community levels.

Participants identified a number of actions that can be undertaken by USAID staff and possibly others to support the field missions in their efforts to assist the countries in adopting multisectoral approaches. A few general recommendations for USAID, particularly for AFR/SD's consideration, are summarized below:

- Select a few countries, such as those targeted in the LIFE initiative, to support the missions in adopting multisectoral approaches in a concerted and coordinated manner to obtain results in a relatively short period.
- Form rapid response teams consisting of USAID staff and its contractors to provide ready technical support to Missions in designing and evaluating the above mentioned programs.
- Follow-up on the private sector roundtable discussions, particularly on private sector interest in community-level activities and on their involvement in HIV/AIDS programs, in priority countries mentioned above.
- Review procurement procedures and mechanisms to facilitate missions in channeling funds directly to the communities.
- Continue and formalize inter-agency sectoral groups formed at the consultative meeting to exchange experiences and, more importantly, to coordinate efforts and to mobilize resources at the headquarters level.
- Document and disseminate on a regular basis notable actions by different missions. For example, a few missions such as South Africa, Zimbabwe, Zambia, Malawi, Senegal, Tanzania, and Uganda have already initiated multisectoral programs and their experiences will be valuable to other missions who plan to initiate similar activities.

# Detailed Report

## Introduction

HIV/AIDS is a major development crisis in sub-Saharan Africa. At the recent *International Conference on AIDS and STDs in Africa* (ICASA) in Lusaka, Zambia, ten countries declared HIV/AIDS a national disaster. The epidemic, in terms of loss of manpower and changes in demand for services, adversely affects almost all sectors of the economy and all sections of society. Therefore, it is imperative to rethink development objectives, strategies, and processes in light of the growing epidemic and mounting evidence of the severity of its impact on different sectors and communities. A few **USAID** field missions and other donor and development agencies have started the process of involving different sectors in **HIV/AIDS** multi-sectoral programs. To discuss the strengthening of **USAID**'s efforts in this area, the Bureau for Africa's Office of Sustainable Development has formed a multisectoral HIV/AIDS Working Group that brings together the sectoral staff from Africa and the Global Bureau. To further advance these efforts in a collaborative manner with other agencies, the group organized a consultative meeting, September 29–October 1, 1999 in Washington, DC.

## Purpose and Expected Outcome of the Consultative Meeting

The main purposes of the meeting were to—

- sensitize the sectoral staff about the HIV/AIDS impact in their respective sectors,
- discuss potential sectoral actions to reduce the impact and prevent the epidemic taking into account the African perspective presented at ICASA, and
- discuss ways to strengthen support to field missions to accelerate **USAID** response to the crisis.

The expected outcomes of the meeting were to—

- encourage sectors to address the implications of HIV/AIDS for their respective operations and adopt measures to deal with them,
- identify areas of collaboration in these efforts among agencies and between sectors, and
- propose changes in **USAID** operational strategies to facilitate and expedite the implementation of its **HIV/AIDS** programs.

## Agenda

During the first two days, participants reviewed the data and information available on the magnitude of **HIV/AIDS** and the severity of its socio-economic impact on different sectors and communities. Each sector discussed the implications of HIV/AIDS for its own operations and identified actions that could be taken by the sector to assess the impact of HIV/AIDS and reduce its severity. A set of toolkits developed by Abt Associates and the University of Natal, South Africa, provided the framework for such analysis and actions. Professor Alan Whiteside of the

University of Natal and his associate from the University of East Anglia, Tony Barnett, facilitated the meeting.

The two-day meeting was followed by an internal **USAID** discussion on the morning of the third day. The purpose of the this discussion was to identify the changes in internal processes and procedures required to implement the actions identified during the first two days and ways to provide stronger support to missions to implement multi-sectoral approaches. The meeting recognized that a few missions have already taken the lead in adopting multi-sectoral approaches and learning from their experiences will be an important next step.

On the afternoon of the third day, a private sector roundtable was held on ways to enhance the participation of the private sector in HIV/AIDS programs in Africa. (Agenda is given in Annex 1.)

## **Participants**

The participants included USAID staff from the Africa and Global Bureaus in different sectors including: agriculture and natural resource management, democracy and governance, education, and health. In addition, staff engaged in inter-sectoral programs such as economic growth, community mobilization including micro-enterprise, and crisis, conflict and disaster preparedness also attended. Ms. Sandra Thurman, Director of the White House Office of National AIDS Policy, opened the meeting. Staff from two **USAID** regional centers in eastern and southern African and from the Senegal, Zimbabwe, and Tanzania missions also joined. Views from other field missions were solicited before the meeting. The Ethiopia, Madagascar, and Zambia missions provided excellent perspectives (see attachment A). The health attaché from the South African embassy to the US attended.

The World Bank, UNICEF, UNAIDS, Global Health Council, AFL-CIO and other non-governmental and technical organizations joined the discussions on the first two days.

Representatives from Coca-Cola, Chevron, SmithKline Beecham and Daimler Chrysler, participated in the roundtable discussions in addition to the Constituency for Africa and AFL-CIO. (The summary of roundtable discussions is in Attachment B and the list of participants is in Annex 3).

## **Synthesis of Discussions**

Ms. Thurman opened the meeting with remarks on the development of the Administration's recent LIFE initiative, as well as her belief that multisectoral approaches to combating HIV/AIDS in Africa were critical to successful efforts to reduce transmission of the disease. **Mr.** Alex Ross, AFR/SD and Dr. Paul Delay, G/PHN/HIV-AIDS also made opening remarks.

### **Extent and Severity of Impact**

After presenting the available data on HIV/AIDS prevalence, **Mr.** Peter Way from the U.S. Census Bureau stated that HIV/AIDS would substantially change the demographic profile of

countries in sub-Saharan Africa by 2010. Countries — such as Zimbabwe, South Africa, Kenya, Nigeria, Cote d'Ivoire, and Cameroon — that were approaching a life expectancy of close to 60 years in the early 1990s will experience a significant decline of 20 years or more by 2010. These countries are geographically dispersed throughout Africa and show the potential pervasiveness of the **HIV/AIDS** problem. The rate of population growth will be less than 1% by 2010 instead of close to the 2% expected without **HIV/AIDS** in three of the countries most affected by **HIV/AIDS**, namely Kenya, South Africa, and Zimbabwe. However, the population size is expected to change only marginally by 2010.

The impact of current prevalence rates and even the future disease pattern can be predicted accurately in countries where surveillance data are available. This analysis can provide valuable input to plan and prepare for the increase in death rates. Yet establishing a reliable surveillance system is slow and its ability to analyze disaster preparedness is rare. Establishing a standardized surveillance system should be a priority both in West Africa and in southern and eastern Africa. Because prevalence of the disease is less, countries in West Africa can still contain the problem and avert a crisis.

Karen Foreit from the Futures Group's **POLICY** project pointed out that 65 percent of new adult infections occur under the age of 30. This disease affects persons in the most productive age group in whom substantial human capital investments have been made. All sectors of the economy bear the burden and experience losses due to heavy turn over, higher payment of employee benefits, training of substitute labor and reduction in investments. She gave some facts to show the severity of the problem: in a transport company in Zimbabwe about one-third of the workers are **HIV/AIDS** positive; the payment of benefits to workers in Malawi tea production increased by 34 percent due to **HIV/AIDS**. Such benefit costs exceeded \$250 per worker in diamond companies in Botswana.

The effort to generate human capacity through education is hampered by the loss of teachers. According to a recent study on Zambia's teaching force, the mortality rate among educators in 1998 was 70 percent higher than that of the 15-49 age group in the general population. In the same year over 1300 Zambian teachers died, compared to 400 during the previous year. Deaths of working teachers were equivalent to the loss of about two-thirds of the total annual output of the country's education training colleges. Other countries in the region are also suffering devastating losses of teachers.

The negative impact on labor threatens to roll back gains made in increased access and quality of services in many African countries during the reforms of the 1990s. In the light of emerging shortages of skilled manpower due to **HIV/AIDS** and sharp increases in labor cost emanating from large payment in benefit packages, the industrial sector might need to substitute capital for labor. The latter strategy would be disastrous, as it would exacerbate the currently high unemployment problem, which could lead to social and political unrest. The analysis presented in this meeting underscored the importance of rethinking both sectoral and development strategies. Can there be alternative ways of reducing the impact on sectors and businesses? This issue needs to be addressed urgently by countries and donors. It will require surveillance data by sectors or occupation to show the extent of loss of manpower to different ministries and businesses.

## **International Partnership in Intensifying HIV/AIDS Programs**

International agencies represented at the meeting reported having to develop strategies to intensify their efforts in the field by providing more resources and staff for HIV/AIDS programs. The following summarizes the presentations by UNICEF, World Bank, USAID, NGOs and companies in the private sector:

UNICEF: Sheldon Schaeffer stated that UNICEF has allocated additional manpower to HIV/AIDS programs in Africa (+12 FTEs). Its East Africa office has made a strong commitment to support these programs. The four priority areas are: mobilizing commitment and community capacity; supporting policies for HIV affected peoples rights and access to services such as counseling and testing; and support for the prevention of mother-to-child transmission and care of orphans.

World Bank: Keith Hansen outlined the seriousness of the situation and the Bank's current response. He described the unexpected speed with which the epidemic has spread in Africa particularly in southern Africa. The 1993 World Development Report on health projected only 2 million HIV/AIDS cases in Africa. But, the disease has taken everyone by surprise and, as we know, the actual situation is much worse. He highlighted the devastating impact on manpower intensive sectors such as health and education and, more importantly, on the social fabric of the society. The intensified action program of the World Bank calls for scaling up successful interventions by allowing undisbursed funds under various projects to be used for HIV/AIDS activities. The undisbursed funds could amount to over \$2 billion. The Bank is now changing its procurement and disbursement procedures to channel funds directly to communities. Including HIV/AIDS issues in all development programs is being emphasized. In addition, the Bank has raised the profile of HIV/AIDS activities within the organization and has formed a task force called ACT to support the implementation of HIV/AIDS multi-sectoral activities.

ONAP: Sandy Thurman discussed the Clinton Administration's LIFE initiative, which, if approved by Congress, will enhance the USAID's HIV/AIDS budget by about \$55 million. An additional \$45 million will be available through the U.S. Department of Health and Human Services and the U.S. Department of Defense. These resources will be allocated to over a dozen severely affected countries.

Non-governmental Organizations; Ron MacInnis representing the Global Health Council and NORA, pointed out that NGOs are emerging as an important force in HIV/AIDS programs. The contributions of private foundations such as Gates and Turner are reaching the level of financial commitments of multi-lateral institutions. These funds are channeled through NGOs. The number of NGOs dealing with HIV/AIDS is growing and increasing numbers of persons living with HIV/AIDS are forming non-governmental groups. The experience thus far indicates that involving people living with HIV/AIDS in planning and implementing programs is highly effective.

Capacity among the NGOs has grown over the past ten years, but has yet to be fully utilized. USAID and other donors have to put HIV/AIDS programs in the hands of the people for which NGOs are indispensable. The Global Health Council has a database of NGOs.

Private Sector: The Associates for Global Change, an organization based in Washington, DC has a contract with a mining company in South Africa to develop a framework for the company to assess the impact of HIV/AIDS. The actual burden of the disease is not known due to lack of data. Therefore, Associates for Global Change has developed a framework for risk assessment through actuarial analysis based on benefit packages. A separate surveillance system for the company will be set up. The analysis indicates that the company will be losing 200 persons per year at the cost of \$5 million. Each new infection averted will save \$10,000. The framework draws heavily on USAID's work in the area of HIV/AIDS and business. This analysis is expected to lead to much more interest from the business community.

It was clear from the discussion that the constraints on accelerating the HIV/AIDS programs may not be the available resources, but the willingness at the country level to use those resources and the ability to channel them meet the need and the capacity to use them. The challenge for USAID and other partners is to address these issues in policy dialogues with governments and other agencies at the field level.

### **Scaling up of Multisectoral Programs – Tools and Methods**

The meeting discussed two types of multi-sectoral approaches for scaling up, accelerating HIV/AIDS activities, and making them part of development programs.

Sector specific actions by different ministries: This approach encourages a sector or a business to assess the impact of HIV/AIDS on its own operations and services. The ministry or business then formulates and implements actions for reducing the impact on staff and services nationwide. This top-down approach was exemplified by the experience of the Ministry of Agriculture in Malawi, presented at the meeting, as well as the actions taken by a few private companies.

Inter-sectoral actions at the community level: Under this approach different sectors work together to provide services to the community. The program is given to community leaders by channeling funds and technical assistance directly to them. A number of successful examples were presented as well as a possible approach to scale up such efforts.

Tool kits or methodologies are available for sectoral and business assessments as well as for decentralizing HIV/AIDS programs. The approaches and toolkit applications discussed at the meeting are explained below.

#### **a. Sector Specific Actions – Assessment of the Sectoral Impact of HIV/AIDS and the Formulation of Sectoral Response through the Application of Toolkits**

The toolkits, developed by Alan Whiteside and his associates, contain the sectoral framework for dealing with HIV/AIDS. They are divided into three parts. The first assesses the impact of HIV/AIDS on the ministry's budget, manpower, and management. The second part assesses the

impact on services provided by the concerned ministry, and the third part helps ministries formulate of action plans to prevent the spread of the epidemic among employees and to reduce its impact.

Toolkits have been developed for agriculture, education, health, infrastructure, mining, housing, and local government. The most successful applications of the toolkits, according to Whiteside, have been in the transport sector through the support of European Union and in agriculture through the World Bank.

European Union staff who worked with transport were very involved in developing the toolkit. Hence, HIV/AIDS prevention was potentially part of transport policies and programs supported by the EU. For example, providing health services could be required in contracts for transport projects that employed a certain number of workers. Dedicating one EU staff person to use the toolkit to do something about HIV/AIDS made a tremendous difference.

Wendy Roseberry reported on the World Bank experience in using the toolkit with the Ministry of Agriculture in Malawi. Grace Malindi, a gender specialist in the ministry took the lead. A participatory approach to assess and formulate action plans was adopted. A survey with open-ended questions, followed by focus group discussions, was undertaken. The discussions sensitized the staff to the HIV/AIDS problem and helped reduce stigma. In addition, the approach helped create a feeling of togetherness and management interest in this problem. Useful ideas for actions emerged. The agency dealing with the civil service will estimate the extent of manpower losses and the impact on various sectors. A national survey, which includes the farmers as beneficiaries, is planned to determine the impact on services and to assist in developing a national program.

The keys to success in Malawi have been the combination of ownership by the sectoral staff and having a champion to take up the cause. The process has opened the door for actions and has created a supportive environment. The ultimate success will depend on donors providing necessary resources for follow-up and sustainability of interest by the ministry. The process has the potential to mobilize the sector to prevent HIV and reduce the severity of its impact.

Andy Agle, from the Task Force for Child Survival, made an interesting short presentation on Quality Protein Maize (QPM). QPM was introduced, with the help of Sasakawa Global 2000, to reduce infant mortality in Malawi, as consumption of maize is very high there. It has additional ingredients **that make** it a **complete** meal, QPM can **be** a valuable product for areas with high HIV/AIDS prevalence and food shortages.

The participants suggested that donors set targets for helping several of the worst affected countries to apply the toolkits in at least one or two sectors by the end of 1999.

#### b. Inter-sectoral Community Level Actions - National Coverage Possible within a Year with Donor Determination and Coordination

Hans Binswanger, a rural development specialist from the World Bank, passionately appealed for reaching the people with an HIV/AIDS programs as soon as possible. He gave the Kagera

Region in Tanzania as an example of limits of program coverage. Ten NGOs cover only two of the five districts and only 5 percent of children. Two of these NGOs have stopped programs due to funding problems. Other NGOs are also facing problems. This is an ultimate indictment of the donors and explains why, after 18 years, the disease is not under control. Prevention has not been given a chance to work.

How can the coverage be scaled up to the national level within a year by inter-sectoral prevention and care programs? Binswanger suggested that we have to learn from the experience of the rural development programs that have failed. The main reason for the failure was the centralized nature of the operations. The money was stuck at the central level and, despite the interest and readiness of the communities, the money did not reach communities at all, or in time, to sustain the interest. The lesson is that the donors must find a mechanism to provide funding to the community leaders directly.

One possible way to get to the communities directly is by forming multisectoral village and district HIV/AIDS committees. This model is close to the successful COPE model in Malawi. Membership in these committees will be entirely voluntary and no payment to the members will be involved, except for transportation costs or transportation itself. These committees will work closely with local government structures. The village and district committees will be helped by technical expertise from NGOs in determining care and prevention actions. The committees will be responsible for managing the money and they will be accountable to the beneficiaries or village or community members, rather than just the central government. Thus, the accountability will be downwards as well as upwards. The money will be replenished as soon as the activities agreed upon have been completed. To reduce chances of corruption, random audits will be conducted. In addition, punitive measures, such as dropping the corrupt committees or corrupt members, can be built into the system. The key will be for NGOs or local leaders to inform the community and affected families about the availability of funds and facilities.

The HIV/AIDS program or NGOs working in the country can achieve national coverage within a few months by advertising on the radio or through local networks for the volunteers to form HIV/AIDS village committees. Then the NGO or HIV/AIDS program would arrange to train and brief these volunteers in a school or some other place. These volunteers would then be asked to form a village and district committee and to develop a program for HIV/AIDS prevention and care within a couple of weeks in collaboration with vulnerable groups and affected families. The committee will get the funds for implementing the program after proper reviews by NGOs and other qualified reviewers. After six months of operation this program could be assessed and modified or dropped depending on the results of the assessment.

Participatory appraisals carried out in a number of countries indicated that communities are more concerned about their livelihood than HIV/AIDS. Stigma and denial reduce opportunities for communities to talk about the problem. Thus, the strategy is to integrate HIV/AIDS into development programs that are high priority to communities and let them decide how to allocate resources. If the community does not allocate adequate resources to HIV/AIDS, the money will have to be earmarked for specific HIV/AIDS activities.

The main constraints to the above approach include the capacity of NGOs to handle the scaling up, the commitment of the community leaders or others to volunteers, and possible corruption and misuse of funds. These constraints are real, but not insurmountable, if donors have the determination to support this approach. For example, capacity exists both with the local and international NGOs to undertake the work if they are properly trained and briefed. Persons living with HIV/AIDS can be the most useful volunteers. **A** certain degree of misuse of money will have to be accepted and the challenge will be for the financial institutions and experts to come up with innovative funding mechanisms to reduce it. The commitment among the community leaders will have to be generated by the NGOs.

The challenges for **USAID** and other donors are to find ways to channel funds directly to the communities and to help countries adopt parallel top-down, multisectoral and bottom-up inter-sectoral approaches for maximum synergy and coverage. Specific suggestions for actions to be considered by **USAID**, and possibly other agencies that emerged from the discussions are outlined in the next section.

## Suggested Actions

The thrust of the small group discussions was on the future, specifically what can be done differently to make an impact. USATD and other agency staff jointly led the small groups, along sectoral lines.

### General

- The urgency of the situation as reflected in the analyses presented at the consultative meeting requires an accelerated implementation of multi-sectoral **HIV/AIDS** programs. In this respect it is better to have concerted and focused efforts in a few countries, possibly those selected for the LIFE initiative, to make a difference.
- The inter-agency groups formed at the meeting around different sectors and themes should continue to work together to share experiences and exchange information on the activities of different agencies. The groups should develop ways to link with regional African institutions, USAID regional offices, and interested PHN officers. This exchange of information will help to avoid costly mistakes, unnecessary replication of studies, and re-inventing the wheel. The results of the discussion should be conveyed to field missions.
- Rapid response teams consisting of **USAID** technical staff and contractors should be formed around sectors and inter-sectoral themes to provide ready support to missions and field offices in designing and evaluating programs. These teams will have the opportunity to constantly sharpen their skills through sharing experiences.
- A few missions such as South Africa, Zimbabwe, Zambia, and Tanzania have already started incorporating HIV/AIDS in different sectors. Their experiences need to be documented and disseminated. Similarly, the best practice paper on community mobilization should be updated in the light of recent successes.

### Agriculture, Natural Resource Management

As the majority of population, almost 70-90 percent, is sero-negative even in the most severely affected countries, the agriculture sector has a special responsibility to help maintain the current status. In the short term, the most important activity to be supported by donors is including **HIV/AIDS** messages in agriculture extension work and protecting extension workers. The short-term indicator of the extent of the agricultural sector's involvement should be the proportion of agricultural programs that have included HIV/AIDS messages in their core business. In addition, agricultural practices and cropping patterns may need to be reviewed to determine the changes necessary to adjust to labor shortages and provide for food and other basic needs of affected families. Suggested actions —

- The agriculture tool kits need to be refined and widely disseminated to missions and to design teams for discussions with the ministries and possible application.

- The **U.S.** Government should accept HIV/AIDS as a natural disaster--as declared by ten countries at ICASA--and consider providing PL 480 assistance for HIV/AIDS programs.
- A working group on food security of HIV/AIDS-affected populations should be established. The group may develop short-term strategies for using Food Aid for prevention and care of HIV/AIDS affected populations. The group should also look at long-term food security issues, technological and nutritional interventions, community mobilization, and research and data needs.
- The Natural Resource Management Group should find ways to link its community mobilization efforts with those being carried out for HIV/AIDS in order to provide synergy.
- HIV/AIDS questions should be included in relevant agriculture surveys and studies, supported by the donors, to get better data and information.

## **Education**

The heavy loss of teachers due to HIV/AIDS combined with the increasing number of orphans and the imperative of accelerating girls' education is making educators rethink the whole strategy of education in severely affected countries. In addition, special attention is required to provide vocational and livelihood training to unemployed youth. Education for All goals and indicators are being revised in light of HIV/AIDS. Suggested actions —

- **USAID** work with UNICEF, UNDP, and the World Bank head offices staff to—
  - Encourage and support missions and host-country ministries to assess impact of HIV/AIDS on the education sector and develop action plans following the assessment using the toolkits.
  - Have each agency listed above take responsibility for selected countries in consultation with their respective field offices.
  - Promote a regional network of Africans to share experiences in assessing impact and in implementing HIV/AIDS action plans; the network should be managed by African institutions, such as the Education Research Network for East and Southern Africa.
  - In countries where the assessments are advanced, **USAID**, in collaboration with other agencies, should start funding the action program that emerges from the assessments. (Note: Subsequent research found that there are few countries with advanced assessments.)
- Simultaneous to the assessments and the development of action plans **USAID** should organize an inter-agency coordination of information about—

- School-based programs to prevent HIV/AIDS among youth. For this purpose USAID and partner agencies need to synthesize the best practices in youth education to keep HIV/AIDS prevalence low, as in Senegal and Mali.
- Accelerating prevention education for girls under 15 and programs to reduce their vulnerability to HIV/AIDS.

## **Health**

The increasing number of HIV/AIDS cases in hospitals most heavily burdens the health sector. The health sector in most countries is in a state of collapse. Health sector reforms are underway in many countries, but the impact of these reforms on HIV/AIDS programs and vice versa needs to be carefully reviewed. The most important issue is the shortage of trained health workers. HIV/AIDS is increasingly being integrated into reproductive health programs and this process needs to continue with special focus on adolescents. Indicators of progress could be the establishment of a surveillance system and the extent to which HIV/AIDS is integrated into reproductive health services. Suggested actions are for USAID to—

- Review the impact of health sector reforms on HIV/AIDS and vice versa.
- Promote collaboration between democracy and governance and health sector decentralization (based on Senegal and Tanzania mission examples).
- Help to improve the ability of surveillance systems to document HIV/AIDS impact on different sectors.
- Define technical approaches to integrate HIV activities into different programs of the ministries of health such as reproductive health, training, and education.
- Strengthen the National AIDS Control Program organization and administration in different countries.

## **Democracy and Governance**

All components of democracy and governance will be influenced by the increase in mortality and morbidity due to HIV/AIDS. The loss of leaders or potential leaders—from the young and educated, the election process, the weakening of service provision and law and order, greater financial burden on the state, reduction in institutional capacity--can have devastating influence on democratic processes and good governance. The democracy and governance sector can improve HIV/AIDS prevention and care by generating leadership commitment, improving the information flow about HIV/AIDS, mobilizing community and civil society to support HIV/AIDS programs, promoting respect for human rights of those living with HIV/AIDS, and supporting gender empowerment. The indicators of success may lie in reduced number of by-elections, reduced number of cases of human rights violations, and changes in discriminatory practices against women.

### Suggested actions —

- Develop a toolkit to provide a framework for assessing the impact of HIV/AIDS on democratic processes and good governance through the University of Natal.
- Discuss HIV/AIDS issues at the meeting of USAID democracy and governance field officers in December.
- Synthesize best practices in democracy and governance linkages with health and HIV/AIDS, such as in Tanzania.
- Develop programs in consultation with the group already formed at the meeting to help field missions to—
  - Improve the flow of information to the civil society on HIV/AIDS and obtain the views of the civil society and those living with HIV/AIDS.
  - Generate commitment among various leaders to take action against HIV/AIDS
  - Include HIV/AIDS in the inter-sectoral program of democracy and governance already underway.

### **Economic Growth, Private Sector, and Community Mobilization**

A number of policy issues related to economic growth and poverty reduction, such as flow of resources, debt reduction, and regulatory frameworks, were highlighted. However, actions at the community level will make an immediate impact and are essential for HIV/AIDS prevention and care. The indicators of progress are the numbers of communities provided with resources and the level and amount of resources available to undertake HIV/AIDS activities. Suggested actions by USAID include —

- Utilize the Microenterprise Coalition, associations of large and small businesses, trade unions and other NGOs/PVOs to promote support for HIV/AIDS programs.
- Identify typology of countries and communities to develop best approaches to HIV/AIDS prevention and care; avoid the “one-size fits all” approach.
- Organize a working group—consisting of the concerned HPN officers, the World Bank, UNICEF, other agencies including NGOs—to discuss the sites where catalytic funds can be made quickly effective by using the existing implementation capacity and where immediate scaling up of community mobilization for HIV/AIDS can begin.
- A high-level decision within USAID needs to be taken to change procurement and funding procedures to make funds easily available to communities, so they do not get stuck at the center or capital cities of a country.

- Persuade governments to implement effective economic reforms for achieving equity and growth. This will provide for future additional resources that will enable a healthier infrastructure and environment and more potent attack on morbidity and mortality.
- Utilize sympathetic and responsive private sector organizations in the fight against HIV/AIDS, such as Chevron, Coca-Cola, Daimler/Chrysler, and SmithKline Beecham.
- Push the U.S. Government for compulsory licensing and parallel import of HIV/AIDS drugs at lower cost.
- Add questions on impact of the disease in informal sector surveys.
- Micro-finance institutions should not specifically target HIV/AIDS clients but may well develop micro-lending and savings in infected communities, selecting clients on the basis of their ability to save or repay.

## **Conflict, Crisis, and Disaster Planning**

A substantial population is affected by conflict and natural or manmade crises in Africa and yet little is known about the impact of these crises on the epidemic. The epidemic has been declared as a disaster by at least ten countries and still no systematic planning or preparedness exists for disaster management. The military has the potential to help in these situations and can be an excellent way to increase capacity of the civilian programs. The group recommended the following actions —

- Establish an inter-disciplinary strategic advisory group to provide guidance to **USAID** on HIV/AIDS programs in conflict situations and to prepare for disaster planning. The advisory group should be composed of selected staff from AFR/SD, REDSO, and other interested parties.
- Advocate using USAID humanitarian and emergency funds to provide crisis intervention packages that include procuring **HIV/AIDS** prevention and care and support commodities.
- Provide more support for African institutions and networks such as the Civil-Military Alliance (CMA) for HIV/AIDS prevention activities among military populations and their families:
  - **Link** CMA activities to some of the REDSO/ESA networking initiative activities.
  - Document and share lessons learned from African countries with active CMA chapters such as Zambia, Ghana, Senegal, and Uganda.
- Advocate for introducing HIV/AIDS prevention interventions into demobilization and briefing programs for peacekeeping forces in Africa.

## Future Challenges

Professor Tony Barnett summarized the explicit and implicit themes of the meeting in terms of challenges to USAID—the meeting sponsor. He pointed out that among the challenges that USAID must confront, are recognizing that—

- HIV/AIDS is not only, or even, most importantly, a medical problem - it is an issue of social and economic policy both in relation to its causes and its consequences.
- There have been fashionable swings of the policy pendulum from state to local modes of working and that these are just fashions. Within the U.S. policy environment, it may be hard to recognize that sometimes the state is the right locus of action and that a pragmatic and non-ideological position must inform policy and practice.
- USAID's current administrative structures and operating procedures may be inappropriate. In particular, its policies on accountability, procurement, auditing, and fundability may require review if it is to operate effectively in this field.
- A sectoral approach may be entirely inappropriate and multi-sectoral thinking is very desirable.
- Prevention programs must be balanced by impact mitigation programs.
- Long-term commitment is of the greatest importance and that short-term intervention may be worse than no involvement at all.

Thus, he suggested **USAID** should—

- Consider its internal procedures and technical assumptions and ask how these fit with the special challenges of the HIV/AIDS epidemic.
- Recognize that **USAID** is a latecomer to this multisectoral scene and that it must learn from what has been tried and build on that experience with the innovativeness and energy that can characterize the best of U.S. action in the world.

## Missions' Perspectives on Multisectoral Programs

A few missions have initiated multisectoral and community-based programs such as Ethiopia, Malawi, South Africa, Senegal, Tanzania, Uganda, and Zambia. Several other missions are starting to initiate them, including Ghana, Guinea, Madagascar, and Mozambique. This attachment gives the views and experiences contained in notes received from three missions: Zambia, Ethiopia, and Madagascar. Interestingly, these three countries represent a different status of the epidemic i.e. severe, moderate, and low, as well as the varying degree of multisectoral responses.

### Zambia

A number of multisectoral actions suggested at the meeting have already been initiated by the Zambia mission.

USAID/Lusaka has formed an HIV/AIDS and Orphans working (HOW) group which consists of members in each of the four *SO* Teams as well as the program and controllers office. The group meets each month and has been working on a mission-wide approach to HIV/AIDS and Orphan and Vulnerable Children (OVC) programs. The HOW group was directly involved in the ICASA Conference and each person attended specific sessions and wrote a summary report. The HOW group has reviewed several proposals to strengthen mission-wide programs in HIV/AIDS.

The mission is working on several multi-sectoral approaches to HIV/AIDS. In the agriculture sector, the mission has worked with Sasso Fertilizer Company to print HIV prevention and condom promotion messages on 950,000 fertilizer bags that will be distributed to 100,000-120,000 rural small-scale farmers over the next two months. The message on the fertilizer bag reads, "To grow properly, your crops need fertilizer. To grow up properly, your children need you! Protect yourself against HIV/AIDS. Use a condom every time. Thank you. Maximum Use It!"

USAID/ Lusaka has been working on a proposal through the education sector to increase HIV/AIDS messages to school children as well as through distant teaching programs to orphans and vulnerable children. In the democracy area, the mission is helping to review child protection laws and is exploring ways to strengthen the training of lawyers and judges in issues which directly affect OVCs. Finally, the micro-credit program will be reviewed to determine how it can be strengthened to make an impact on families that care for OVCs.

In addition, the U.S. ambassador to Zambia has taken a strong interest in HIV/AIDS. A number of activities across the mission are being undertaken as indicated in the attached memorandum from the ambassador.

## Ethiopia

The main issue in the multisectoral program highlighted by Ethiopia mission related to the enabling environment, data and information, and sustainability of efforts as detailed below.

1. Enabling Environment: The experience in Ethiopia shows that the main obstacle in developing effective partnerships is lack of clear policies and guidelines that encourage development partners to forge a partnership. In the early days of the epidemic, clear medium-term plans encouraged many government and NGO partners to shoulder responsibilities in the fight against HIV/AIDS. In the transition of government power, commitment declined sharply. Again recently, the government formulated a comprehensive policy that emphasizes a multisectoral approach to contain the problem. High-level advocacy by bilateral and multilateral organizations (including exemplary efforts by the ambassador and USAID/Ethiopia) have encouraged major religious groups in Ethiopia to make HIV/AIDS a prime issue on their agendas. Following the policy endorsement, Ethiopia drafted a multisectoral strategy where development partners are expected to include HIV/AIDS interventions into their systems.

Bottom-line: For an effective multisectoral approach to respond to the HIV/AIDS problem, high local government commitment (expressed by policy and resource allocations) is essential.

2. Understanding the problem: The major drawback in HIV/AIDS programs in Ethiopia, and most likely in other sub-Saharan African countries, is lack of relevant, powerful, and convincing HIV/AIDS impact data that is easily understandable to key development partners. The conflicting idea between "high population growth" and "growing HIV/AIDS" need to be defined in simple terms for key decision makers. The definitions used for prioritizing of health problems in terms of "mortality" need to be simplified and justifiably expressed in terms of "Burden of Disease." In the Ethiopian case, key decision makers find it difficult to prioritize their meager resources between HIV/AIDS and competing and compelling problems like malaria, TB, etc. Thus, the need to justify the synergy between various infectious diseases, agricultural production, and overall national development is critical.

Bottom-line: A dire need exists for multiple, targeted advocacy tools (like the one providing impact of HIV/AIDS on Kenyan sugar industries) that are relevant, convincing, and easy for non-health workers to understand.

3. Sustaining Effort: The experience in Ethiopia shows that when efforts are interrupted, not only the sustainability of results and the commitment of development partners to carry on HIV/AIDS activities suffers. One alternative approach to promote sustainability is to work within the existing system of development partners. For example, USAID/Ethiopia promotes using existing infrastructures and resources of religious organizations to provide HIV/AIDS interventions in communities. As the structures exist, the mission has not created new ones that are not sustainable. Moreover, the fact that these organizations carry the full brunt of the impact, encourages them to commit themselves to prevention, care, and support.

Bottom-line: To the extent possible, development partners with community-level presence, should be encouraged and supported to improve their capacity to undertake HIV/AIDS prevention and mitigation efforts within existing structures.

## **Madagascar**

Madagascar has a unique opportunity to contain the spread of HIV, however a concentrated and targeted effort will be required. Madagascar still has a low prevalence of HIV (less than 1 percent) in comparison to other countries in East and southern Africa and East Asia.

While Madagascar seems to still have low prevalence of HIV, classic sexually transmitted infections (STIs) such as syphilis, gonorrhea, and chlamydia are very high. Syphilis prevalence in pregnant women was as high as **14.8 percent in 1998**, and over 35 percent among sex workers in some regions. Madagascar has among the highest **STI** prevalence rates in the world. And STIs are a central public health concern for Madagascar. In some regions of the country, studies indicate that over 45 percent of the population have an active **STI** at any given time. **STIs** are the fifth leading cause of morbidity in Madagascar. Thus, control and prevention of **STIs** are critical.

High **STI** prevalence along with widespread poverty, illiteracy, and limited sexual decision making power among women are preconditions for a potential explosive growth of the HIV epidemic in Madagascar.

### ***How can existing programs be strengthened so as to reduce the impact of the HIV/AIDS pandemic?***

Current efforts in STI/HIV prevention in Madagascar have focused on improving **STI** management, expanding condom distribution, and behavior change communication interventions primarily with traditional core groups such as **STI** patients, youth, CSWs and their clients, and transport workers including truck drivers, rickshaw workers, dock workers and taxi drivers. These current efforts must be strengthened and expanded to prevent a full-blown **AIDS** epidemic. Strengthening and expanding current programs requires additional resources.

### ***How can existing activities in the various development sectors be broadened to include HIV/AIDS prevention and/or care components?***

Existing multisectoral HIV prevention and care activities are limited in Madagascar. Outside of the Ministry of Health and Population, limited efforts have been made within the education and youth and sports sectors. The Ministry of Education with support from UNFPA pilot tested teaching materials for reproductive health. These efforts could be expanded to include institutionalizing the use of standard curricula for STI/HIV prevention and reproductive health to be used in all primary and secondary schools. Literacy programs could include **STI/HIV** prevention materials (such as those used in programs in Nepal). The Ministry of Youth and Sports could train outreach workers to provide accurate STI/HIV prevention messages and support Anti-AIDS youth clubs.

USAID/Madagascar believes that one of the most effective methods for encouraging a multi-sectoral approach to STI/HIV prevention is to engage a high level of commitment from a core group of political leaders. One approach to garner this high-level, political commitment would be to organize a study tour to a country with higher prevalence that has begun a multisectoral approach to HIV/AIDS prevention and care. The participants on the study tour would be high ranking officials from various ministries (e.g. tourism, environment, finance, education, health, youth and sports, agriculture, mining and energy, interior, planning, etc.) along with select representatives from the private sector. The study tour would be followed by a strategic working session that could include a modeling exercise to determine potential impacts of the epidemic on Madagascar and strategic approaches to prevention. The working session might culminate in each representative developing a one-year action plan. Ideally, the core group would continue to meet periodically to ensure coordination among sectors.

**Report from the  
Roundtable on Private Sector Participation  
in HIV/AIDS Programs in Africa  
Washington, DC  
October 1,1999**

## **Introduction**

The USAID/Africa Bureau/Office of Sustainable Development organized a roundtable discussion on private sector participation in HIV/AIDS as part of the consultative meeting on HIV/AIDS as a Development Crisis: Rethinking Strategies and Results.

Five companies participated in the meeting including Chevron, Coca-Cola, Daimler/Chrysler and SmithKline Beecham. In addition, representatives from Constituency for Africa, Solidarity Center, AFL-CIO, Embassy of South Africa, US-South Africa Business Council, Associates for Global Change, World Bank, UNAID, International Finance Corporation, and concerned staff of USAID and the Academy for Educational Development attended (list of participants attached). Prof. Alan Whiteside from the University of Natal chaired the meeting.

Ms. Rita Aggarwal of USAID opened the meeting by discussing current USAID efforts in partnering with the private sector. She mentioned the multi-country policy analyses supported by **USAID** called EAGER- Economic Growth and Equity through Economic Research. The analyses focus on the constraints of economic growth in Africa, including private investments. These studies are being carried out by a consortium of researchers led by the Harvard Institute of International Development, in collaboration with senior African researchers. In addition, USAID is involved in the Clinton Administration's initiative called ATRIP- African Trade and Investment Policies and Programs, which has a private sector component to link up with businesses in Africa.

## **Impact of HIV/AIDS on Business**

Professor Whiteside made a brief presentation titled ***How AIDS Will Impact on Your Business***. He quoted the HIV/AIDS prevalence data from the anonymous testing done by a few companies such as diamond mines in Botswana and South Africa. About **28–30** percent of the workers are HIV positive including almost one-fifth of the managers. The “business” of private sector is business and therefore the private sector is expected to move toward greater capital intensity and replace labor for capital. This will aggravate the already serious problem of unemployment that reaches 33 percent in most countries of southern Africa. In fact, HIV/AIDS will seriously impact the market for goods and services and the efficiency of governments and the business environment itself. The question is whether business should get involved in HIV/AIDS prevention and care and link business responsibility with social responsibility. The purpose of this meeting was to discuss where we go from this perspective. He called upon the companies participating at the meeting for comments.

## Business Response

**Coca-Cola:** Mr. Percy Wilson participated in the meeting by phone from Lusaka. He stated that Coca-Cola considers health as a private matter between company and employee. For them confidentiality is extremely important. They have worked with the First Lady of Uganda on her project related to care of orphan and families and nothing beyond that. In responding to several questions of the participants **Mr. Wilson** pointed out that—

- Coca-Cola, to the extent he knows, does not have a worldwide HIV/AIDS policy.
- The company has not yet felt an impact of HIV/AIDS on the work force or the market in Africa. In fact, the sales are increasing and therefore no alarm has been felt yet.
- Recognizing the seriousness of the situation, they would be open to discussing how to work on HIV/AIDS problems in partnership with governments and regional associations. Regarding the Bristol Myers pattern of contributing to the *AIDS* Marshall Plan, proposed by the Constituency for Africa (CFA), **Mr. Wilson** suggested that a pharmaceutical company's case is different as they have a direct interest in health. He will, however, follow-up on the suggestion on his return to Washington.
- He is willing to explore further with ~~AT~~ Westneat and others, as suggested by Dr. Glaudine Mtshali of the Embassy of South Africa, how to use Coca-Cola's leadership in successful product marketing to convey HIV/AIDS messages. If the Government of South Africa, for example, launches an HIV/AIDS prevention campaign, Coca-Cola could consider working in partnership with the government. Coca-Cola's experience with the distribution of rehydration therapy with UNICEF was not entirely satisfactory due to some legal issues.

**Daimler Chrysler:** The experience of Daimler Chrysler was similar to that of Coca-Cola as the sales and profits have not yet been adversely affected by HIV/AIDS. Notwithstanding this situation, **Mr. Peter Hartman** of Daimler Chrysler stated that HIV/AIDS is a development challenge of the highest order in Africa. Daimler Chrysler has health education programs in all of their plants. They have two plants and one distribution center in South Africa, Nigeria, and Côte d'Ivoire. These plants and the business centers all over Africa employ about 5000 persons. Besides autos (the South Africa plant produces right hand drive vehicles for all countries), they produce trucks, buses, locomotives, and aircraft. Daimler Chrysler has been engaged in promoting African business interests and has launched an initiative called SAFRI- South African Business Initiative. An Africa Day is planned in Berlin on April 27,2000. The purpose is to attract European and American investments in Africa. Several heads of state will attend and HIV/AIDS will be on the agenda for discussion. The president of Daimler Chrysler lived in South Africa for fifteen years and, therefore, has a special interest in Africa's development. Daimler Chrysler is working with the Clinton Administration on its Transportation Initiative. During discussions the following points emerged—

- To date, no systematic study has been conducted of the impact of HIV/AIDS on the productivity of Daimler Chrysler workers. The human resource divisions must be analyzing it at the company level, but the results are not made available on a company-wide basis.

- Daimler Chrysler managers may be engaged in discussions on HIV/AIDS with different governments, but any effort is individual and ad hoc.
- Daimler Chrysler would like to join any business coalitions in Africa to help to deal with social and business issues. Currently only two countries are known to have coalitions—South Africa and Botswana; another is being formed in Zambia.
- Private-public partnerships can develop, in the opinion of Daimler Chrysler, if the private sector is involved in networks and discussions on a country's development. The International Economic *AIDS* network was cited as an example of a network where the private commercial or business sector is not part of the network.

**Chevron:** Mr. Mamadou Beye from Chevron started by describing his personal experiences and losses due to HIV/AIDS. He stated that Chevron is very much concerned with the problem and has already initiated programs both at the headquarters in San Francisco and in the field. Their main interest is going directly to the communities where the problem and the solution lie. They are not interested in supporting programs based in or directed from New York or Washington. The only exception they made in this respect was giving Rev. Sullivan's IFESH program \$5 million. They have established health centers and blood banks for their workers and their families in areas (such as Angola) where Chevron has offices. In addition, Chevron is also building community schools to promote educational programs. They have given grants to the youth on the street to start their own businesses. Chevron has so far given **10** million each for social programs in Angola and Nigeria. The following points emerged during the discussion—

- If any agency is interested in developing a partnership with Chevron it has to go the plant areas and plant managers. Chevron has considerable business interests in Angola, Nigeria, and Congo. They also operate with Caltex in other countries in Africa.
- Personnel policies of Chevron help prevent HIV/AIDS. Chevron allows its expatriate staff to bring their families and for the local staff it has a “**28-28** days” policy. The latter means that for every **28** days that workers stay away from the families they get **28** days off to go back home.
- If governments were committed, they could make it mandatory for all business contracts to allocate a certain percentage of the contract to HIV/AIDS as part of social responsibility.

**SmithKline Beecham:** Ms. Debbie Myers said that her company shares Chevron's strong interest in community-level programs. SmithKline Beecham does not have any drugs for HIV/AIDS, but has other businesses in almost all countries in Africa. They have supported the World Bank's HIV/AIDS project in Uganda and may also do the same in Senegal, Côte d'Ivoire, and Zambia. However, they would like to directly support communities where the need is the greatest. Therefore, they are open to collaborating with USAID and other agencies on community-level activities.

### **Constituency for Africa**

Lauri Fitz-Pejado, Vice President, Iridium, representing the Constituency for Africa (CFA) strongly stated that there is no future for Africa if the HIV/AIDS epidemic continues unabated.

The Africa Growth and Opportunities Act, presently before the U.S. Congress, will not have an impact, as the population will be dissipated due to HIV/AIDS. Consequently, the CFA Board has declared HIV/AIDS as its highest priority. The chair of the Board, Mr. Ron Dellums has proposed an HIV/AIDS Marshall Plan. Thus corporate America, interested in business in Africa, has to support both the legislation and HIV/AIDS programs. She reflected on the experience of HIV/AIDS in United States (whereas the epidemic was hitting the gay, white community in the beginning, it has now become a disease of the black minority, particularly women) and her work with the late Ron Brown in Haiti. She made the following concrete recommendations —

- To USAID she suggested using Ron Brown's name and his work in Haiti to mobilize corporate America for HIV/AIDS programs. This could be the first priority area of work for the Ron Brown Institute.
- She urged the businesses present at the meeting to take leadership in their respective industries or sectors in dealing with HIV/AIDS and to set the standards for others to follow. The industry could set regional targets for their own work in this area.

### **US-South Africa Business Council**

Mr. Chuck Dietrich stated that as many as **60** companies are members of US- South Africa Business Council. It represents one-third of the foreign investments in South Africa. HIV/AIDS has been the topic of discussion at its high level meetings. They have formed a sub-committee to look at the HIV/AIDS issues. The Council can be a channel for distributing messages and materials on HIV/AIDS.

### **AFL-CIO**

Juliette Lenoir from the AFL-CIO emphasized the fact that the disease knows no boundaries, and the control of the epidemic is in the national and global interest. She also pointed out that much of the attention to HIV/AIDS in United States can be attributed to the lobbying skills of the gay community and there are lessons for other countries. She concluded that HIV/AIDS is the most important issue for Africa.

### **International Finance Corporation**

The International Finance Corporation, part of the World **Bank** Group, dealing with the private sector, pointed out the difficulty in finding local businesses wishing to get involved in social issues. This is a great challenge. The imperative is to develop the capacity of the local private sector to participate in social programs.

## Conclusions

In his concluding remarks, Dr. Whiteside, highlighted four points—

- **HIV/AIDS** is out of the health box and all sectors of the economy have a stake in the problem. This three-day consultative meeting has been remarkable in delineating the responsibilities of different sectors within USAID.
- Solutions to the problem of HIV/AIDS are local, and therefore it is important to think globally and to act locally.
- Partnerships between public and private sectors and donors in the fight against HIV/AIDS are crucial.
- The social responsibility of the private sector has to be encouraged by the governments through business incentives such as tax breaks on expenditures allocated for HIV/AIDS.

At the end, Hope Sukin of **USAID** asked the question as to how USAID can respond to these four issues and how USAID can develop better partnerships with the private sector. Due to a shortage of time, Whiteside requested that the participants provide thoughtful answers to Ms. Sukin's questions through e-mail, as this was the crux of the afternoon meeting. The participants were given e-mail addresses for Mrs. Ishrat Husain and Professor Whiteside.

## Follow-up Actions

- Ms. **Rita** Aggarwal will remind participants to send **their** views on USAID's role as requested at the meeting to Mrs. Husain via e-mail.
- Ms. Aggarwal will follow up on the suggestion of CFA to mobilize the private sector through the Ron Brown Institute. In addition she may explore the possibility of forming an ad hoc group of private sector companies to discuss progress on their leadership roles and ways to strengthen partnerships with them from time to time.
- Mr. Art Westneat will follow up with Mr. Percy Wilson on Coca-Cola's role, leadership and possible contributions in this area.
- **Mrs.** Husain will provide Chevron and SmithKline Beecham with community mobilization best practice papers and other proposed actions at that level.

**U.S. Agency for International Development Bureau for Africa**  
**"AIDS as a Development Crisis: Rethinking Strategies and Results".**  
*A Consultative Meeting, September 29- October 1, 1999*  
*AED, 1825/1875 Connecticut Avenue, NW*  
**Washington, DC**

**AGENDA- Day 1 – Boardroom, 1875 Connecticut, 8th Floor**

**Wednesday, September 29, 1999 : SETTING THE SCENE**

- 8:30 am Continental Breakfast and Registration
- 9:00 – 9:15 **Opening**  
 Introduction – Alex Ross  
 Welcome Remarks – Sandy Thurman, Director of The Office of National AIDS Policy, White House
- 9:15 – 10:00 **Setting the Scene**, Paul Delay, chair  
 The magnitude of the HIV/AIDS Problem in Africa – Peter Way, US Bureau Census  
 Impact of AIDS on Various Sectors – Karen Foreit, Policy Project
- 10:00 – 10:15 **The Consultative Meeting Process**, Paul Delay, chair  
 Objectives and Expected Outcomes – Ishrat Husain  
 Background and methods, and multi-sectoral toolkit approach – Alan Whiteside
- 10:15– 10:30 Coffee/Tea Break
- 10:30 – 11:30 **Perspectives on HIV/AIDS and Development**  
 Paul Delay, Chair Introduction  
 World Bank – Keith Hansen  
 UNDP- TBD  
 NGO perspective – Ron MacInnis, Global Health Council  
 Private sector perspective – Felipe Tejada, Associates for Global Change
- 11:30 -12:00 Discussion of Processes and Expected Outcomes of Each Working Group - Alan Whiteside
- 12:00 – 13:00 Lunch Break
- 13:00 – 15:45 **Dealing Better with HIV/AIDS in the context of development - Small Working Groups:**  
 Assessing the impact of HIV/AIDS on development and on various sectors. What are the indicators we can look for and how do we measure them? Determining key actions that need to be taken to reduce the severity of this impact and to prevent the spread of the epidemic.
- Breakaway Groups, proposed facilitators:
- Education –** Brad Strickland and Alan Whiteside  
**Democracy and Governance--** Robert Groelsema and John Langlois  
**Agriculture, Energy and Environment –** George Gardner and Wendy Roseberry  
**Population, Health and Nutrition--** Alex Ross and J. L. Lamboray  
**Economic and Community Development (including Microenterprise) –** Bob Young and Tony Barnett

**Crisis, Conflict and Disaster Management** – Bill Lyerly and Sambe Duale

15:45 – 16:00 Coffee/Tea Break

16:00 – 17: 30 Reporting back from small working groups and plenary discussion - Paul Delay, Chair

17:30 – 19:00 **Reception** with Sandy Thurman at AED.

**U.S. Agency for International Development Bureau for Africa  
"AIDS as a Development Crisis: Rethinking Strategies and Results".  
A Consultative Meeting, September 29 – October 1, 1999  
AED Conference Center, 7825 Connecticut Avenue, NW, 8<sup>th</sup> Floor  
Washington, DC**

**AGENDA – Day 2, September 30 - Academy Hall, 1825 Connecticut Ave, 8<sup>th</sup> floor**

**Thursday, September 30, 1999 : THE WAY AHEAD - Hope Sukin, Chair**

**9:00– 10:00 Rethinking development in the era of AIDS – Lessons Learned**

Operationalizing New Approaches - A Whiteside

Agricultural HIV/AIDS Experience in Malawi - Wendy Roseberry

Scaling up Decentralized, Participatory, Multi-Sector, National HIV/AIDS Programs - Hans Binswanger

10:00 – 10:15 Discussion on Expected Outcomes of each Working Group – Alan Whiteside

10:15 – 10:30 Coffee/Tea Break

10:30 – 13:00 **New Directions for Operational Strategies - Small Working Groups (same groups as Day 1):**

What do we do? What do we do differently? How do we proceed? What is required to move forward?  
What collaborations are necessary with other partners? Proposed countries?

13:00 – 14:00 Lunch Break

14:00 - 15:45 Reporting back from small working groups and plenary discussion – Hope Sukin, Chair

15:45 - 16:00 Coffee/Tea Break

16:00 – 16:45 **Synthesis and recommendations** – Tony Barnett

16:45 – 17:00 **Next Steps and Closure** - Hope Sukin, Alan Whiteside

**Friday, October 1, 1999 - Day 3**

**9:00– 12:00** USAID Multi-sectoral Planning meeting for Africa (USAID staff only) Room 7.8 c&d  
Ronald Reagan Building

14:00 - 16:00 Private Sector Roundtable Discussion (By invitation only) Vista Rooms, 1825  
Connecticut Ave, 8<sup>th</sup> floor

**List of Participants**  
**Consultative Meetings on 'AIDS as Development Crisis in Africa:**  
**Rethinking Strategies and Results'**  
**Washington DC**  
**September 29 - 30, 1999**

Aggarwal, Rita  
 USAID/AFR/SD  
 RRB 4.06-045  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-1314 Fax: 202/216-3373  
 riaggarwa@usaid.gov

Agle, Andy  
 TFCSD  
 750 Commerce Dr.  
 Decatur, GA 30030  
 404/371-0466  
 aagle@taskforce.org

Barnes, Carolyn  
**MSI**  
 600 Water St. S.W.  
 Washington, DC 20024  
 2021484-7180, ext. 176  
 cbarnes@msi-inc.com

Barnett, Courtney  
 Abt Associates  
 4800 Montgomery Lane, Suite 600  
 Bethesda, MD 20814  
 Courtney-barnett@abtassoc.com

Barnett, Tony  
 DEV/University of East Angolia  
 NR47TJ  
 Norwich, UK  
 +44-1603-592325  
 tbarnett@uea.ac.uk

Barth, Erika  
 Office of National AIDS Policy  
 736 Jackson Place  
 Washington, DC 20503  
 202/395-1449 Fax: 202/456-2437  
 e.barther@alumni.ksg.harvard.edu

Bhatt, Paurvi  
 USAID/G/PHN/HN  
 RRB 3.06-092  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 pbhatt@usaid.gov

Binswanger, Hans  
 World Bank  
 1818 H Street, NW  
 Washington, DC 20433  
 hbinswanger@worldbank.org

Boneberg, Paul  
 Global **AIDS** Action Network  
 3133 Connecticut Ave NW  
 Washington, DC  
 202/667-6300  
 globalaids@aol.com

Bonnel, Rend  
 World Bank  
 1818 H Street, NW, Room G3-139  
 Washington, DC 20433  
 202/413-4257, Fax: 2021522-7396  
 rbonnel@worldbank.org

Brewer, Alfreda  
 USAID  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 abrewer@usaid.gov

Bundy, Don  
 World Bank  
 1818 H Street, NW  
 Washington, DC 20433  
 dbundy@worldbank.org

Chumbler, Christine  
**R&RS**  
 1330 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/661-5827  
 cchumble@aed.org

Clancy, Peter  
 Population Services  
 International/AIDS MARK  
 1120 19th Street, N.W., Suite 600,  
 Washington, D.C. 20036.  
 202/785-0072  
 pclancy@psiwash.org

Clark, Don  
**USAID**  
 B.P. 49  
 Dakar, SENEGAL  
 2211823-2965  
 donclark@usaid.gov

de Zalduondo, Barbara  
**USAID G/PHN/HIV**  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-1325 Fax: 202/216-3046  
 bzalduondo@usaid.gov

Dei, Carleene  
**USAID**  
 RRB 4.06-118  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 2021712-5749  
 cdei@usaid.gov

Delay, Paul  
**USAID/G/PHN**  
 RRB 3.07-075M  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 pdelay@usaid.gov

Delion, Jean  
 World Bank  
 1818 H Street, NW  
 Washington, DC 20433  
 jdelion@worldbank.org

Duale, Sambe  
**SARA Project/AED**  
 1825 Connecticut Ave, NW  
 Washington, DC 20009  
 202/884-8809 Fax: 202/884-8400  
 sduale@aed.org

Feinberg, Lloyd  
**USAID**  
 RRB 3.07-010  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202-712-5725  
 lfeinberg@usaid.gov

Foreit, Karen  
 The Futures Group International  
 1050 17th Street, NW, Suite 1000  
 Washington, DC 20036  
 202/775-9680  
 k.foreit@tfgi.com

Fritz, Mike  
**USAID**  
 RRB 4.07-054  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-5356 Fax: 2021216-3233  
 mfritz@usaid.gov

Gaist, Paul  
 Office of National AIDS Policy  
 736 Jackson Place  
 Washington, DC 20503  
 202/456-2437 Fax: 202/456-2438  
 Paul-A-Gaist@opd.eop.gov

Gardner, George  
**USAID/AFR/ISD**  
 RRB 4.06  
 1300 Pennsylvania Ave., NW  
 Washington, DC 20005  
 202/219-0492  
 ggardner@usaid.gov

Gestrin, Phyllis  
**USAID/AFR/SD**  
 1325 G Street, NW, Suite 400  
 Washington, DC 20005  
 202/219-0469  
 pgestrin@afr-sd.org

Getson, Alan  
 USAID/G/PHN/HN  
 RRB 3.06-090  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202-712-5712  
 agetson@usaid.gov

Gilad, Rebeca  
 PASCA Project/AED  
 1825 Connecticut Ave, NW  
 Washington, DC 20009  
 202/884-8743  
 rgilad@aed.org

Goodrich, Gail  
 IMPACT/Family Health International  
 2101 Wilson Boulevard, Suite 700  
 Arlington, VA 22201  
 703/516-9779 Fax: 703/516-9781

Gorton, Lynn  
 USAID  
 RRB 3.06-044  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-1336  
 lgorton@usaid.gov

Groelsema, Robert  
 USAID/AFR/SD  
 RRB 4.06-068  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-1735  
 rgroelsema@usaid.gov

Hansen, Keith  
 World Bank  
 Room G3-143  
 1818 H Street, NW  
 Washington, DC 20433  
 202/473-4680  
 khansen@worldbank.org

Hayman, Janet  
 USAID/REDSO/ESA/PHN  
 P.O. Box 30261  
 Nairobi, KENYA  
 254-2-751613  
 jhayman@usaid.gov

Hughes, David  
 American Red Cross  
 1621 N. Kent Street, 11th Floor  
 Arlington, VA 22209  
 703/248-4481  
 hughesda@ex.usa.redcross.org

Husain, Ishrat  
 USAID/AFR/SD  
 1325 G Street, NW, Suite 400  
 Washington, DC 20005  
 202/219-0477  
 ihusain@af-sd.org

Isman, Pat  
 USAID/G/DG  
 RRB 3.10-022  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-4238  
 pafnpiere@usaid.gov

Kinoti, Stephen  
 HIV/AIDS Advisor SARA/AED  
 1825 Connecticut Ave, NW  
 Washington, DC, 20009  
 202/884-8176 Fax: 202/884-8400  
 skinoti@aed.org

Kirby, Mitch  
 USAID/AFR/SD  
 RRB 4.06-045  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 (202) 712-5421  
 mikirby@usaid.gov

Krasovec, Kathy  
 Abt Associates  
 4800 Montgomery Lane, Suite 600  
 Bethesda, MD 20814  
 Kathy-Krasovec@abtassoc.com

Lamboray, Jean-Louis  
 UNAIDS  
 20, avenue Appia  
 CH-1211 Geneva 27  
 Switzerland  
 Tel: (+4122) 791 3666 Fax: (+4122)  
 791.4187  
 lamboray@unaids.org

Langlois, John  
 Common Ground Productions  
 1601 Connecticut Ave, #200  
 Washington, DC 20009  
 202/265-4300  
 jlanglois@sfcg.org

Lenoir, Juliette  
 Assistant Director, International Affairs  
 AFL-CIO  
 815 16th Street, NW  
 Washington, DC 20006  
 202/778-4615  
 202/637-6325  
 jlenoir@aflcio.org

Lerner, Howard  
 USPHS  
 5600 Fishers Lane, 7A-07  
 Rockville, MD 20857  
 301-443-6560  
 HLerner@HRSA.GOV

Lewis, Jeff  
 World Bank  
 1818 H Street, NW  
 Washington, DC 20433  
 jlewis4@worldbank.org

Lovelace, Rob  
 AFL-CIO  
 815 16<sup>th</sup> Street, NW  
 Washington, DC 20006  
 202/778-4674  
 rlovelace@acils.org

Lowery-Derryck, Vivian  
 USAID/AA/AFR  
 RRB 4.08-025  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 Vderryck@usaid.gov

Lyerly, William  
 USAID/AFR/SD  
 RRB 4.06-044  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 wlyerly@usaid.gov

MacInnis, Ron  
 Global Health Council  
 1701 K Street, NW, #600  
 Washington, DC 20006  
 202/833-5900  
 Fax: 202/833-0075  
 rmacinnis@globalhealth.org

McLaughlin, Margaret  
 USAID/AFR/SD  
 1325 G Street, NW, Suite 400  
 Washington, DC 20005  
 202/219-0481 Fax: 202/219-0507  
 mmclaughlin@afr-sd.org

Meehan, A. Michaela  
 USAID/G/DG  
 Suite 3.9, RRB  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-4491  
 mmeehan@usaid.gov

Mojidi, Khadijat  
 USAID/AFR/SD  
 1325 G Street, NW, Suite 400  
 Washington, DC 20005  
 (202) 219-0483  
 kmojidi@afr-sd.org

Miller-Grandvaux, Yolande  
 SARA/AED  
 1825 Connecticut Ave, NW  
 Washington, DC 20009  
 202/884-8637 Fax: 202/884-8400  
 ymiller@aed.org

Mitchell, Louis  
 PACT  
 1901 Pennsylvania Ave, NW  
 Washington, DC 20006  
 202/466-5666  
 lmittchell@pacthq.org

Moreau, Talaat  
 American Institutes for Research  
 1815 North Fort Myer Dr.  
 Arlington, VA 22209-1805  
 703/527-5546, ext. 7138  
 Fax: 703/527-4661  
 tmoreau@dc.air.org

Mtshali, Glaudine  
Embassy of South Africa  
3051 Massachusetts Ave, NW  
Washington, DC 20008  
2021232-4400 Fax: 202/232-2948

Newhall, Sara  
PACT  
1901 Pennsylvania Ave, NW  
Washington, DC 20006  
2021466-5666  
snewhall@pacthq.org

Pacque-Margolis, Sarah  
USAID  
RRB 3.06-032  
1300 Pennsylvania Ave, NW  
Washington, DC 20523  
202/712-1336  
smargolis@usaid.gov

Parham, Deborah  
DHHS/HRSA/HIV/AIDS  
5600 Fishers Lane, Suite 7-90  
Rockville, MD, 20851  
301/443-0493 Fax: 301/443-1839  
dparham@hrsa.gov

Pauling, Sharon  
USAID/AFR/DP  
RRB 4.08-064  
1300 Pennsylvania Ave, NW  
Washington, DC 20523  
202/712-4748 Fax: 202/216-3016  
spauling@usaid.gov

Peterson, Dave  
National Endowment for Democracy:  
1101 Fifteenth Street, NW, Suite 700  
Washington, DC 20005  
2021293-9072 Fax: 202/223-6042

Peterson, Lisa  
USAID/G  
1300 Pennsylvania Ave, NW  
Washington, DC 20523  
202/661-5833  
lisapeterson@usaid.gov

Pinel, Arletty  
Family Health International/BCI  
1201 Wilson Boulevard, Suite 700  
Arlington, VA, 22201  
7031516-9779 Fax: 7031516-9781  
apinel@fhi.org

Piwoz, Ellen  
S W A E D  
1825 Connecticut Ave, NW  
Washington, DC 20009  
2021884-8816 Fax: 2021884-8400  
epiwoz@aed.org

Prysor-Jones, Suzanne  
SARA Project/AED  
1825 Connecticut Ave, NW  
Washington, DC 20009  
2021884-8812 Fax: 202/884-8400  
sprysor@aed.org

Rajabiu, Serena  
FANta/AED  
1825 Connecticut Ave, NW  
Washington, DC 20009  
202/884-8773  
srajabiu@aed.org

Rau, Bill  
S W A E D  
1825 Connecticut Ave, NW  
Washington, DC 20009  
202/884-8114 Fax: 2021884-8400  
brau@aed.org

Rea, Julie  
USAID/AFR/SD  
1300 Pennsylvania Ave, NW  
Washington, DC 20523  
(202) 712-0638  
juowen-rea@usaid.gov

Resch, Tim  
USAID/AFR/SD  
1325 G Street, NW, Suite 400  
Washington, DC 20005  
tresch@afr-sd.org

Robinson, Stewart  
 Population Services International  
 1120 19th Street, N.W., Suite 600,  
 Washington, D.C. 20036.  
 202/785-0072  
 srobinson@psiwash.org

Rogers, Roxana  
 USAID/Harare  
 Department of State  
 Washington, D.C. 20521-2180  
 Tel: 263-4-720-757 Fax: 263-4-722-418

Roseberry, Wendy  
 World Bank  
 Room G3- 143  
 1818 H Street, NW  
 Washington, DC 20433  
 wroseberry@worldbank.org

Ross, Alex  
 USAID/AFR/SD  
 1325 G Street, NW, Suite 400  
 Washington, DC 20005  
 202/219-0476  
 aross@afr-sd.org

Rouse, Denise  
 P.O. Box 1081  
 Silver Spring, MD, 20910-1081  
 301/887-0602  
 Fax: 301/887-0603

Rutenberg, Naomi  
 HORIZONS Project/Population Council  
 4301 Connecticut Ave. NW Suite 280  
 Washington, DC 20008  
 202/237-9400 Fax: 202/237-84 10  
 nrutenberg@pcdc.org

Seung-hee, F. Lee  
 World Bank  
 1818 H Street, N.W.  
 Washington, DC 20433  
 202/458-0504 Fax: 202/473-8216

Serpell, Namposya  
 USAID/DCOF  
 2703 Maurleen Court  
 Baltimore, MD, 21209  
 410/484-8725  
 nserpell@hotmail.com -or-  
 nserpe1@ul.umbc.edu

Shaeffer, Sheldon  
 UNICEF  
 3 United Nations Plaza  
 New York, **NY** 10017  
 sshaeffer@unicef.org

Shafritz, Lonna  
 SARA/AED  
 1825 Connecticut Ave, NW  
 Washington, DC 20009  
 202/884-8784 Fax: 202/884-8400  
 lshafritz@aed.org

Shepard, Robert  
 US Department of Labor  
 200 Constitution Ave., NW, Room S-1032  
 Washington, DC 20210  
 202/219-9403, ext. 165 Fax: 202/219-5613  
 shepard-robert@dol.gov

Souhlal, Bachir  
 World Bank  
 1818 H Street, NW  
 Washington, DC 20433  
 202/473-2535 Fax: 202/522-7396  
 bsouhlal@worldbank.org

Stanton, David  
 USAID/G/PHN  
 RRB 3.06-081  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-5681  
 dstanton@usaid.gov

Strickland, Bradford  
 USAID/AFR/SD  
 1325 G Street, NW, Suite 400  
 Washington, DC 20005  
 202/219-0482  
 bstrickland@afr-sd.org

Sukin, Hope  
 USAID/AFR/SD  
 RRB 4.06-004  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-0952  
 hosukin@usaid.gov

Sussman, Linda  
 USAID/G/PHN  
 RRB 3.06-100  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-5942  
 Isussman@usaid.gov

Tejeda, Felipe  
 Associates for Global Change  
 2101 Wilson Blvd. #100  
 Rosslyn, VA 22201  
 202/739-0107  
 ftejeda\_hbaldwin@compuserve.com

Thurman, Sandra  
 Office of National AIDS Policy  
 736 Jackson Place  
 Washington, DC 20503  
 202/456-2437 Fax: 202/456-2438

Tournas, Stephan  
 USAID  
 RRB 3.10-026  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-0154 Fax: 202/216-3229  
 stournas@usaid.gov

Touré, Lalla  
 SARA/AED  
 1825 Connecticut Ave, NW  
 Washington, DC 20009  
 202/884-8907 Fax: 202/884-8400  
 ltoure@aed.org

Valle, Daniel  
 American Red Cross  
 1601 Kent Street, 2<sup>nd</sup> Floor  
 Arlington, VA 22209  
 (703) 465-4819 Fax: (703) 465-4853  
 valled@usa.redcross.org

Way, Peter  
 US Bureau of the Census  
 Washington, DC 20233-8860  
 peter.way@cesus.gov

Weetjens, Jan  
 World Bank  
 1818 H Street, NW  
 Washington, DC 20433  
 202/458-1683  
 jweetjens@worldbank.org

Weller, Dennis  
 USAID/AFR/SD  
 RRB 4.06-094  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202-712-1406  
 dweller@usaid.gov

Westneat, Arthur  
 USAID  
 RRB 4.06-098  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-5765  
 awestneat@usaid.gov

Whiteside, Alan  
 University of Natal, HEARD  
 Durban  
 South Africa  
 whitesid@shep.und.ac.za

Williamson, John  
 Displaced Children & Orphans Fund  
 North Tower, Suite 405  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20004  
 804/232-3408  
 202/789-1500  
 j.williamson@mindspring.com

Young, Bob  
 USAID/AFR/SD  
 RRB 4.06-048  
 1300 Pennsylvania Ave, NW  
 Washington, DC 20523  
 202/712-4202  
 ryoung@usaid.gov

**List of Participants**  
**‘Private Sector Roundtable on HIV/AIDS’**  
**AED Conference Center VISTA ROOMS**  
**October 1, 1999**

Rita Aggarwal	USAID/Africa Bureau
Mamadou Beye	Chevron
Marcela Corro	Consultant
Chuck Diettrich	US-South Africa Business Council
Duale Sambe	SARA/Tulane University
Lauri Fitz-Pejado	Vice President Corporate Affairs and Communications, IRIDIUM, representing Constituency for Africa (CFA)
Peter Hartman	Daimler Chrysler
Janet Hayman	USAID/REDSO
Ishrat Husain	USAID/Africa Bureau
Jean-Louis Lamboray	UNAIDS
Juliette Lenoir	International Affairs, AFL-CIO
Glaudine Mtshali	Embassy of South Africa
Debbie Myers	SmithKline Beecham
F. Lee Seung-hee	World Bank
Lonna Shafritz	SARA/AED
Hope Sukin	USAID/Africa Bureau
Felipe Tejada	Associates for Global Change
Art Westneat	USAID/Africa Bureau
Alan Whiteside	<b>HEARD</b> , University of Natal
Percy Wilson	Coca Cola (via phone )
Lee Yerkes	MOST/AED
Bob Young	USAID/Africa Bureau
Mary Ann Zimmerman	Constituency for Africa

**Composition of Small Working Groups**  
**Consultative Meetings on ‘AIDS as a Development Crisis in Africa:**  
**Rethinking Strategies and Results’**  
**Washington DC**  
**September 29 – October 1,1999**

(Facilitators in **bold**; Resource Persons in **bold italics**)

**1. Health**

Clancy  
**DeZalduondo**  
 Foreit  
 Gestrin  
**Kinoti**  
**Lamboray**  
 Lenoir  
 Mojidi  
 Piwoz  
 Rogers  
**Ross**  
 Rutenberg  
 Shafritz  
**Stanton**  
 Toure

**2. Agriculture**

Agle  
**Bonnel**  
 Cummings  
 Delion  
 Fritz  
**Gardner**  
 Hansen  
 Oweis  
 Resch  
 Rajabiun  
**Roseberry**  
 Serpell  
 Valle ?  
 Weller

**3. Education**

Bundy  
 Don Clark  
 Karen Foreit  
 Miller-Grandvaux  
 Sharon Pauling  
**Shaeffers**  
**Strickland**  
**Sussman**  
 Tournas  
 Whiteside

**4. Democracy and Governance**

C. Barnett – 29  
**Groelsema**  
**Greenberg**  
**Husain**  
**Isman**  
 Keel – 30<sup>th</sup> only  
**Langlois**  
 Lovelace  
 Meehan  
**MacInnis**  
 Newhall  
 Pauling  
 Piet  
 Peterson, **D**  
 Peterson, L  
 Shephard

**5. Economic Development and Community  
Mobilization**

Aggarwal

**T. Barnett**

*Bhatt*

*Binswanger* - 30'' only

Fineberg

Lenoir

Rau

Westneat

Williamson

Young

**6. Crisis, conflict and disaster**

**Sambe Duale**

Paul Gaist (ONAP/White House)

Lynn Gorton (AID-G)

Janet Hayman

**Bill Lyerly**

Talaat Moreau (AIR)

Denise Rouse (IFESH)

Daniel Valle (Red Cross)