

# APIC

Africa  
Policy  
Information  
Center

September 30, 1999

Dear APIC Members and Friends,

*Twenty*  
*Years of*  
*Information*  
*for Action*  
1978-1998

We are enclosing with this letter our latest annual poster: Africa's Health. We normally reserve the poster as an incentive for readers to fill out the readership survey for our electronic distribution list. Some of you may have received or will soon be receiving, another copy because you filled out this survey.

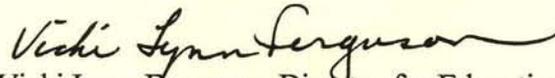
This year we decided -- because of the urgency of the subject -- to send it also to our paid APIC members and complimentary mailing list as well. As you will see by the recent posting from the HIV/AIDS conference in Lusaka earlier this month (enclosed), the recognition is growing that the HIV/AIDS pandemic and other health crises threaten to undermine even the limited progress the continent is making on other fronts. We hope you agree that the message must be heard more widely in order to have the necessary effect on policy priorities.

We won't add more here. The poster and the enclosed posting speak for themselves. But we do ask that you lend your support, by purchasing more copies of the poster to pass on to your colleagues, organizational contacts and others, by sending in a membership contribution if you have not done so recently, or by making an additional contribution.

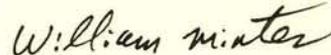
Sincerely,



Adwoa Dunn-Mouton, Development Director



Vicki Lynn Ferguson, Director for Education and Outreach



William Minter, Senior Research Fellow

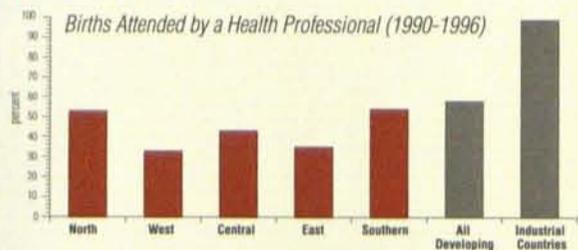
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P.S. If you have contributed recently, and are unable to do so again, please do pass this mailing on to a friend you think might be interested and encourage them to join and support APIC's work. Thank you.

# AFRICA'S HEALTH



## INFANT CARE



Infant mortality rates in sub-Saharan Africa dropped from 166 for every thousand births in 1960 to 104 for every thousand births in 1996. But Africa still lags in access to needed health care.

## DID YOU KNOW...

- ▶ Average life expectancy in sub-Saharan Africa increased from 39.9 years to 50.6 years between 1960 and 1995 (Source: UNDP, Human Development Report, 1998).
- ▶ Of the estimated 47 million people infected with HIV/AIDS since the epidemic started two decades ago, 34 million are in sub-Saharan Africa (Source: UNAIDS, December 1998).
- ▶ Uganda, with strong national initiatives by government and non-governmental organizations, is one of the first countries to show a sustained decline in HIV/AIDS prevalence.
- ▶ The economic burden of malaria to African countries is at least 1% of gross domestic product (Source: WHO, World Health Report, 1999).
- ▶ Chloroquine, perhaps the best ever antimalarial drug, is now failing in most areas of the tropical world (Source: WHO, World Health Report, 1999).

## SAFE DRINKING WATER

Percent of Population with Access to Safe Drinking Water (1990-97)

Access to safe drinking water is one of the fundamental requirements for health. Access has improved significantly in Africa in recent decades. North Africa and Southern Africa now rank close to the world averages of 90% for urban areas and 62% for rural areas. But other African regions still rank well behind.

	Urban	Rural
<b>NORTH AFRICA</b>		
Algeria	91	64
Egypt	97	79
Libya	97	97
Morocco	98	34
Tunisia	100	95
Average for North Africa	96%	68%

## WEST AFRICA

Benin	46	71
Burkina Faso	66	37
Cape Verde	70	34
Cote d'Ivoire	56	32
The Gambia	80	65
Ghana	88	52
Guinea	69	36
Guinea-Bissau	32	67
Liberia	79	13
Mali	87	55
Mauritania	88	59
Niger	76	44
Nigeria	58	40
Senegal	90	44
Sierra Leone	58	21
Togo	82	41
Average for West Africa	65%	42%

## CENTRAL AFRICA

Burundi	92	49
Cameroon	57	43
Central African Republic	55	21
Chad	48	17
Congo (Brazzaville)	53	7
Congo (Kinshasa)	89	26
Equatorial Guinea	88	100
Gabon	80	30
Rwanda	79	
Average for Central Africa	76%	35%

## EAST AFRICA

Comoros	76	45
Djibouti	77	100
Eritrea	60	8
Ethiopia	91	19
Kenya	67	49
Madagascar	68	12
Somalia	46	28
Sudan	66	45
Uganda	77	41
Average for East Africa	72%	30%

## SOUTHERN AFRICA

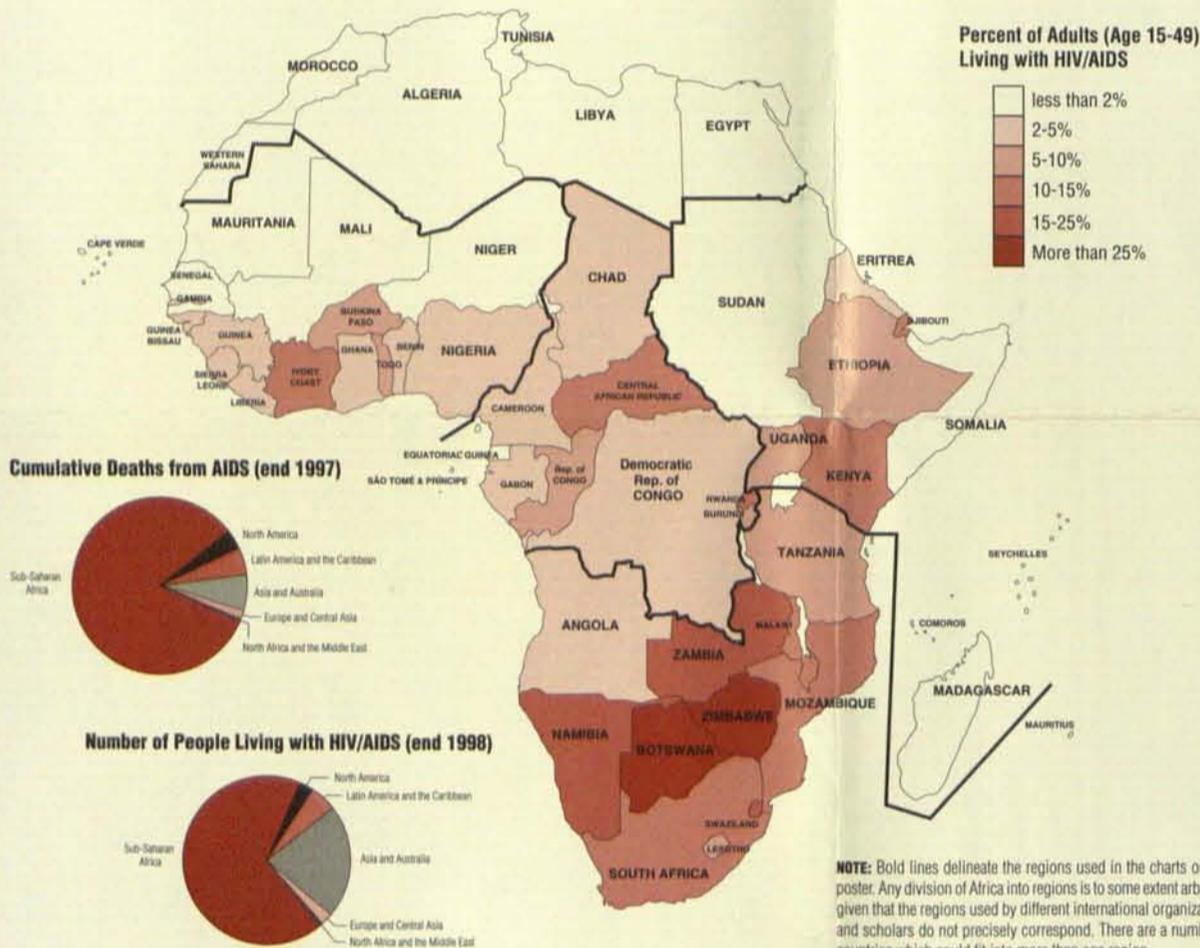
Angola	46	22
Botswana	100	88
Lesotho	91	57
Malawi	95	40
Mauritius	95	100
Mozambique		63*
Namibia	100	71
South Africa	99	70
Swaziland	89	46
Tanzania	92	58
Zambia	84	10
Zimbabwe	99	69
Average for Southern Africa	92%	55%

SOURCE: UNICEF, State of the World's Children (1999, 1998). No data available for Seychelles or Western Sahara.

\* national; no separate rural/urban data available

## LIVING WITH HIV/AIDS

The percentages shown on the map are from the latest estimates (1998) by UNAIDS (www.unaids.org). In some cases, however, including large countries such as Nigeria, the Democratic Republic of the Congo, and Angola, they are likely to be serious underestimates due to poor quality of the available statistics.

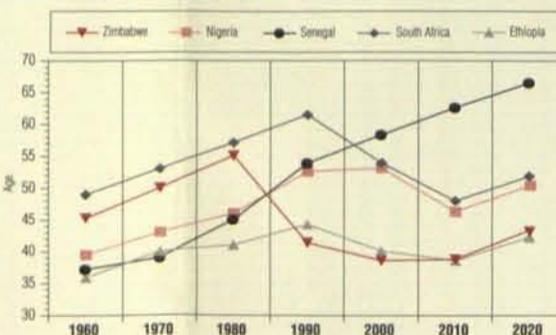


Health, as the world affirmed in the Universal Declaration of Human Rights more than 50 years ago, is a fundamental human right. Yet over half of Africa's population is without safe drinking water and two-thirds lack access to adequate sanitation. Africa, with about 12% of the world's population, accounts for 80% of the world's deaths due to AIDS and almost 90% of the world's deaths due to malaria. Addressing this inequality is not an optional act of charity. It is an obligation.

Health is also an indispensable component of development, under any economic policy model. Poverty in families and nations produces poor health. But the links also go the other way. Failure to invest in good health will undermine even the best-laid development plans.

In the mid-1990s, African countries were paying more than \$25 billion a year to service their debts, and only about \$15 billion a year on health. The World Health Organization estimated economic losses due to malaria alone at \$2.2 billion a year, and said malaria deaths could be cut in half at a cost of about \$1 billion a year.

## LIFE EXPECTANCY



The HIV/AIDS epidemic is already having a dramatic effect in reversing the trend towards longer life expectancies in many African countries. The trends shown above for selected countries rely on estimates of effectiveness of HIV/AIDS prevention — note the continued upward trend for Senegal, one of the African countries with an effective program.

In 1998, HIV/AIDS was responsible for an estimated 1,830,000 deaths in Africa, as compared to 961,000 deaths from malaria. Deaths from malaria declined from the 1950s to the 1980s. But they are now going up again, due to the rapid rise in malaria resistance to drugs. Worldwide research funding for malaria is estimated at only 1% of that for HIV/AIDS.

SOURCE: U.S. Census Bureau's International Data Base



Produced by the Africa Policy Information Center (APIC), 110 Maryland Ave NW, Suite 509, Washington, DC 20002; Tel: (202) 546-7961; Fax: (202) 546-1545; E-mail: apic@igc.org; Web: www.africapolicy.org. Additional copies of this poster are available for \$2 ea., \$1.60 ea. for 20 or more. Please add 15% for postage and handling. For basic information about APIC, with a list of publications, send an e-mail message to apic-info@igc.org. For information about the free Africa Policy Electronic Distribution List, send an e-mail message to africapolicy-info@igc.org. Messages requiring more than an automatic response must instead be sent to apic@igc.org.

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The Eleventh International conference on AIDS and STDs in Africa (ICASA)  
Looking into the Future : Setting priorities for HIV/AIDS in Africa  
Zambia - 12 to 16th September 1999

The following excerpts are from an e-mail posting on September 15, 1999. The full posting is available at <http://www.africapolicy.org/docs99/hiv9909.htm>. Extensive additional information, updated frequently, can be found in the archives of the af-aids discussion forum at: <http://www.hivnet.ch:8000/africa/af-aids>

AF-AIDS - Message 374  
12 Sep 1999

#### Ten African Nations Declare AIDS a National Disaster

The Heads of State and government representatives of Ten African Nations today declared AIDS a national disaster. One after the other they spelled out how the impact of the HIV/AIDS epidemic in their countries has reached such a scale that it is now without question their biggest single threat to national and regional development.

The early morning meeting of Prime Ministers, Vice Presidents and Ministers of Health from Burkina Faso, Lesotho, Malawi, Mozambique, the Republic of Congo, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe, took place today in Lusaka. One of the aims was to make a clear political statement on HIV/AIDS during the ICASA conference, taking place in Zambia this week.

At the finale of the conference opening ceremony the declaration was read aloud to participants - it was a resounding call for more intense and coordinated efforts to fight the epidemic throughout Africa.

Among the government comments recognising the magnitude of the epidemic, the declaration openly states that 'HIV/AIDS is a national disaster in our countries, requiring an emergency response'. The government leaders committed themselves to make HIV & AIDS a priority in all development programmes at the regional, national and community levels, and to address the 'gap between declarations and their implementation' in a realistic way.

The declaration should do a lot to alleviate doubts about whether governments in the region have the will and commitment to respond to the epidemic forcefully.

Some participants left the session commenting on the irony that so many speeches about political commitment were made by Vice Presidents and Ministers of Health, rather than by Premiers. The absence of the Zambian President at a regional conference held in Lusaka was mentioned in particular, and a source close to the conference organisers said they were 'shattered' by his last-minute pull-out.

The full text of the declaration follows:

#### Declaration on the HIV/AIDS Epidemic at the XI-ICASA

We, the Heads of State and Government attending the XI International Conference on AIDS & STDs in Africa, held in Lusaka from 12th to 16th September 1999:

Recognising:

- That the HIV/AIDS crisis has become a fundamental factor in Africa affecting Africa's economic and social prospects for the future;
- That the HIV epidemic follows human migratory patterns and therefore has no respect for human boundaries;

- That the HIV/AIDS crisis exerts undue pressure on limited infrastructure, resources and impacts negatively on productivity thereby affecting developmental programmes and economic growth;
- That millions of Africans in their reproductive and productive age are HIV positive;
- That HIV is a serious threat to human development, depleting most educated, energetic and productive segment of our population thus draining human capital development;
- That millions of children are orphaned as a result of HIV/AIDS;
- That the HIV/AIDS crisis requires an emergency response;
- That there has been a gap between declaration and their implementation;

Declare:

- HIV/AIDS is a national disaster in our countries requiring an emergency response;
- That HIV/AIDS is a multi-dimensional problem requiring a multi-sectoral approach.

Commit ourselves:

1. To providing political leadership by increasing resources made available to the response and providing an appropriate policy and a legal environment;
2. To making HIV/AIDS a priority in all development programmes at the regional, national and community levels;
3. To supporting the introduction of policies and programmes that will raise awareness of the impact of HIV/AIDS that will culminate in behaviour change;
4. To encourage dialogue, at all levels, on issues related to HIV/AIDS, that will facilitate an open and supportive environment for people infected or affected by HIV/AIDS.

To this end and 'Looking into the Future', we undertake:

1. To call upon regional and sub-regional structures such as: OAU, ECA, SADC, ADB, ECOWAS, COMESA and the East Africa Community, to put in place institutional frameworks that will bridge the gap between declarations and the implementation of declarations;
2. To facilitate the development of health policies that will build on the vast indigenous knowledge and practice that will strengthen collaboration between medical practitioners of traditional medicine;
3. To encourage technical experts to undertake relevant research on HIV/AIDS and implement their findings;
4. To encourage direct regional and bilateral sharing of experiences on lessons learnt in responding to AIDS;
5. To call on bilateral and multi-lateral partners to support the intensified action to curtail the spread of HIV by augmenting the level of their support commensurate with the scale of the disaster;
6. To support the International Partnership Against AIDS in Africa.

Community Forum XI-ICASA Lusaka, Zambia InterContinental Hotel, 10-11 September 1999

The Forum was organized by the African Council of AIDS Service Organizations (AfriCASO), the Network of Zambian People Living with HIV/AIDS (NZP+), the International Community of Women Living with HIV/AIDS-Africa (ICW-Africa), the Network of African People Living with HIV/AIDS (NAP+), and the Society of Women and AIDS in Africa (SWAA).

240 key frontline community workers and people living with HIV/AIDS (PLWAs) to exchange and discuss common concerns of people living with HIV & AIDS or affected by the epidemic on the African continent, and to establish strategies for the future. The theme was, "Looking into the Future: Community Perspectives".

First introduced at the Yaounde Conference in 1992, the Community Forums have been growing in importance as a key opportunity for the community AIDS movement in Africa to sharing information and strategies, to build skills, and to develop consensus around specific issues.

This year's forum concentrated on two major components: Accessing effective HIV/ AIDS Treatment & Care within the human rights framework; and The International Partnership against HIV/AIDS in Africa.

#### 1. Accessing effective HIV/AIDS Treatment and Care

Keynote speeches by Lynde Francis (ICW-Africa) and Winstone Zulu (NZP+) on the issues opened the discussion which was undertaken in working groups. In the working groups, the Forum participants identified the major barriers and constraints that need to be overcome. Key issues that were raised included:

- \* inadequate and unclear policies on HIV/AIDS made treatment and care a difficult issue for implementation at national level;
- \* the weight of the dominant models;
- \* the impact of socio and cultural blockages;
- \* limited capacities in term of resource mobilization, planning, advocacy skills and understanding of human right issues.

A consensus emerged that we cannot talk about access to treatment without talking in the same breath about human rights. All our countries are signatories to international treaties and conventions that enshrine the right to health, the right to share scientific advancement, the right to found a family, and the right to education, to name a few. Access to treatment, for instance, also means disseminating information about affordable, available, appropriate methods of preventing disease progression.

In the keynote by Ms. Francis, the lack of adequate funding of the public health care system was summed up eloquently with: "How can governments continue to afford guns but run out of TB treatment?"

However, the Forum participants also recognized that some successes have been achieved in some countries:

- \* political commitment;
- \* better involvement of people infected and affected;
- \* better understanding of multisectoralism; and,
- \* a growing place of networks among the different actors at the community level, and with other stakeholders.

#### 2. The International Partnership against HIV/AIDS in Africa

The participants, were committed to establish - through panels and group workshops - a comprehensive diagnosis of the current situation and the progress made to date by analyzing constraints and successes, then - inspired by their experiences - proposed recommendations in term of strategies to overcome the barriers and to "Setting Priorities Into the Future".

Feedback from a Community meeting held in Dakar (August 30-31, 1999), organized by AfriCASO and UNAIDS, formed the basis of the review of the goals of the Partnership.

The working groups identified two key areas as ways to move ahead:

a. that with few resources we can realize big results; and, b. the linkages between human rights and HIV/AIDS are more easily understood when translated in the daily life of affected communities.

A consensus emerged that the major challenge - NOW - is to ensure that the promises and partnership mechanisms established during these conferences must:

\* Bring the affected communities perspectives to the international policy makers and players such as multi-nationals drug companies. \* Make sure the question of access to drugs is no longer taboo. It is now increasingly on the agenda although this is not adequate. \* What is needed is a partnership at all levels. An effective African partnership should not be limited to the global level: it must also be regional and national including all sectors (public, private, NGO, communities, families, PLHA, etc). \* When rooted at the local level, this partnership should be sustainable. \* The resources are inadequate. Governments are negotiating with donors, but little, if any, of these resources is transferred to community action at the grassroots level. \* Alliances need to be formed with NGOs as they too have a role to play. The result of the Forum's deliberations should be shared with ICASA and included in future strategies for addressing HIV/AIDS.

A final consensus emerged at the end of the Forum:

Firstly, there is an urgent need for all African countries to immediately declare AIDS a national disaster. This Declaration needs to be unequivocal and must carry behind it all of the resources - human and financial - that our countries can muster. Without this commitment, our efforts look hollow.

Secondly, there is the need to translate the current promises into action. And here our reference is about turning the vague concept of partnership into concrete action. The inclusion and participation of the community sector requires resources to fully participate.

Thirdly, there is the need to respect and promote human rights principles for all of our work in HIV/AIDS. There were many issues raised that we can classify within the right to health and the right to share in the scientific advancements.

In conclusion, a final message regarding the African conferences was raised by many participants. There was consensus that African community networks need to be strengthened to re-emphasize the role of the community sector in policies affecting them at the local, national and regional levels, particularly regarding how the conferences are organised. The networks will need to take the messages and conclusions of the Forum beyond this conference and work with the various key actors in Africa to promote the issues raised by the Forum.

"We know that adequate access [to treatment and care] is complex; everything is complex. But we must start from the basic principle that basic health care systems must be funded to ensure quality, community-based care and treatment that saves lives", said Lynde Francis in conclusion.

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