

**PRESS CONFERENCE BY SECRETARY-GENERAL'S SPECIAL ENVOY  
ON AIDS IN AFRICA - UN Press Briefing – June 22, 2001**

Botswana, without question the tragic epicentre of the HIV/AIDS crisis, was now on the verge of a dramatic experiment in treatment prevention and care which, if successful, could become a model for worldwide efforts to combat the spread of the virus, the Secretary-General's Special Envoy on AIDS in Africa told correspondents this afternoon. Stephen Lewis, briefing the press on his recent visit to the region, added that, in the face of catastrophe, Botswana's President Festus Mogae was fighting for the survival of his country and its people.

In what he called possibly the most ambitious combination of programmes on the African continent, Mr. Lewis said Botswana's Government had pledged to provide treatment to 20–33 per cent of the country's HIV/AIDS sufferers by the end of the year. That meant antiretroviral treatment would be provided for between 60,000 and 100,000 people. The Bill and Melinda Gates Foundation and Merck would assist in the purchase of the drugs. Broad commitment to such a dynamic treatment plan -- in conjunction with the intensification of prevention and the maintenance of care -- could provide encouragement for all of eastern southern Africa and beyond.

Mr. Lewis said that during his visit, the critical importance of Botswana's plan had crystallized when the research data on the rate of infection in the country was released. The studies were shocking and distressing, but must be looked at straight on. Overall, for the year 2000, in the sexually active age group 15-49, the rate of prevalence for HIV infections was estimated at 38.8 per cent -- the highest in the world. Among women, the most affected population, the infection rate was 26.7 per cent among the 15-19 age group; 43.6 per cent among the 20-24 age group; and, incredibly enough, 52.3 per cent among women 25-29. "Unless things can be turned around", Mr. Lewis said, "it's as if one in two women in Botswana have been issued a death warrant".

Mr. Lewis went on to say that what made Botswana's project so compelling was the scrupulousness with which the groundwork was being laid. AIDS sufferers were being cautioned that the drugs being distributed were not a cure, but could prolong life. Laboratories and research facilities were beginning to enhance their capabilities to study blood work and viral load count. Other basic infrastructures were also being improved and drug delivery systems were being modeled on the "buddy system" so that proper and timely drug consumption was carefully monitored. Further, he added that the pilot project included virtually a house-to-house health survey.

He said what was most striking in Botswana, as elsewhere, was the centrality of women, who were not only the most vulnerable population but who were also everywhere actively engaged in the response to the pandemic. The project would have huge implications on that most vulnerable population.

A correspondent noted that there was a general recognition that women, who suffered most from the disease, were not equal recipients of treatment or care. How could that problem be addressed? Was it the responsibility of governments? Mr. Lewis said the call for equality was justified and indeed there was the capacity within governments, through passing legislation or other measures, to restore equality. But on the other hand, the United Nations family of agencies

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had to press very strongly the question of gender, because gender was at the heart of the pandemic. Unless there was a much greater degree of gender equality, to ensure that women could say no to sex or fend off predatory male behaviour, the international community would be forever struggling with significant levels of futility. “We absolutely have to put women at the centre of the response to this crisis”, he added.

He said the profile of the programme and the chances for its success would be boosted by a fascinating confluence of developments over the last six months to a year. Those positive developments had been characterized by the active engagement on the HIV/AIDS issue by various United Nations agencies and bodies -- particularly in the Security Council -- and, perhaps most importantly, by public and vigorous engagement by the Secretary-General. In a succession of speeches and undertakings, Kofi Annan had made tackling the HIV/AIDS crisis his personal priority, Mr. Lewis said. Other important developments had included the plummeting prices of drugs, which had increased the possibility of treatment as an intervention, as well as the proposal for the global trust fund and all the activities undertaken in the run-up to the special session.

“Who would have thought all this would come together at roughly the same time”, Mr. Lewis said, “and that it would be topped off by the clear political engagement of African leaders at a level and with an intensity that was not there even one year ago”? Now the awareness, consciousness and determination to do something were so much more widely evident. “This is where multilateralism shows its power”, he added, “where the idealism and the force of the United Nations come together”. He hoped that real progress would come out of the special session next week.

There were, however, two necessary requirements to ensure absolute success of the plan. The first of those was human resources: Botswana just did not have the people to effectively implement the project. President Mogae, whose passion for the issue was almost palpable, had addressed that issue head on, Mr. Lewis added. But somehow, through the United agencies and bilateral arrangements by governments, additional numbers of people must be made available to work with the Botswanan Government on the ground, to maintain care and prevention on one hand and to make treatment possible on the other. “They need teachers and nurses, they need technicians and community activists”, Mr. Lewis added. “They need a squadron of decent human beings who are prepared to spend time there to facilitate this extraordinary undertaking.” He thought that Botswana’s initiative might lead to the resurgence of an equivalent to an international Peace Corps concept.

The second requirement was financial resources. There was the assumption that Botswana was wealthy and had a significant surplus of resources. While that was true -- the country did have a per capita income that placed it in the “middle income” category -- the country could not be judged purely on that basis. As President Mogae had argued vigorously, Botswana was suffering from a pandemic that was tearing the heart out of the country. And the consequences of that pandemic on the country’s economy and capacity to respond to the AIDS crisis should be factored into the calculation of eligibility for support or funding.

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A correspondent wondered if it was too late to save Botswana. Mr. Lewis said that everyone realized that the international community had come to the table too late on this issue. But now there was a chance to make real progress. “Countries are poised to act”, he added. And action was what the Secretary-General had been calling on the world to offer. All should realize, however, that the job ahead was monumental. He said the special session was the culmination of a series of hopeful signs that meant the international community could move forward. There was great hope that positive signs would also come out of the Lusaka Summit of the Organization of African Unity (OAU) in July.

Several correspondents wondered if drug companies were taking too much time to mount an appreciable response to the pandemic. Did Mr. Lewis foresee those large corporations lowering prices without lengthy negotiation processes? “My sense is that there has been a lot of movement”, Mr. Lewis said. That had been particularly highlighted by the dramatic decrease in drug prices, and the withdrawal of the patent infringement suit in South Africa. He did feel that drug prices had not been lowered as much as they could, and believed the Secretary-General was pressing them hard to go lower still.

Mr. Lewis went on to say that if the proposed global trust fund could be made operational -- and he was optimistic that it could be -- drug prices might be low enough so they could be purchased in quantities sufficient to treat those that needed the most help. The pharmaceuticals seemed to be feeling tremendous pressure on every front.

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