STATEMENT BY H.E. MARY M. KANYA
AMBASSADOR OF SWAZILAND

ON THE

AIDS CRISIS IN DEVELOPING COUNTRIES

AND ON

LEGISLATION H.R. 3915
WORLD BANK AIDS PREVENTION TRUST FUND

THE HIV/AIDS EPIDEMIC : AN AFRICAN PERSPECTIVE

Chairman Leach, I would like to thank you for having invited me to speak on the impact of the HIV/AIDS crisis on the poorest nations of the world, particularly in the hard hit Sub-Saharan Africa.

May I congratulate you on bringing this topic to the table.

Mr. Chairman Swaziland is a country in Southern Africa, the size of the State of New Jersey. It is surrounded by South Africa on North, West and South and Mozambique to the East. It has a population of 970,000 people.

- 22% of which is HIV positive;
- 80% of in-patient beds in the major hospitals are taken by HIV/AIDS cases;
- 30% of pregnant women that attend prenatal clinics test HIV positive;
- 60% of the HIV infection occur among those 20 – 39 years old.

Mr. Chairman, the scourge of HIV/AIDS is the single most devastating infectious disease in the history of mankind and the Sub-Saharan Africa region continues to be the most affected. Consider that it is estimated that at least 110,000 people were killed last year in armed conflicts around the globe. AIDS claim the same number of lives (110,000) in only 20 days in Sub-Saharan Africa alone, based on the fact that 5500 deaths occur per day in that region. In 1999

- 3.8 million of the global incidence of 5.6 million new infections occurred in Africa South of the Sahara.

- Of the 33.6 million people in the world infected with HIV/AIDS today, 23.3 million of these live in this region.

- In the same year, 2.6 million AIDS related deaths were noted in the region.

Mr. Chairman, hundreds of thousands of children have now been orphaned by this epidemic. Almost all children with symptomatic HIV infection usually develop severe developmental disabilities, including cognitive impairment. The psycho-social impact of the disease on the orphaned children is beginning to unfold in a number of countries in Sub-Saharan Africa. As the children drop out of school, either to fend for their dying parents or to take care of themselves, the number of street children will increase. This is also likely to result in an upsurge of criminal activity and civil unrest.

Gains that had been achieved over decades in controlling immunizable childhood illnesses have been lost in a few years due to the pandemic. Infact, mortality rates are already on the increase.

Whereas, the reduction in life expectancy in most affected areas has been gradual in most of Southern Africa, it has been very drastic indeed. In Swaziland, Botswana, Malawi, Zambia and Zimbabwe, the average life expectancy has been reduced by more than 20 years due to HIV/AIDS.

HIV/AIDS has a major impact in the most economically productive group of society. As the disease continues to hit the professional groups, economies of most Sub-Saharan Africa are beginning to suffer irreparable damage. Economic progress that has taken decades to come by, is being lost over a few years. The Gross National Product (GNP) of many Sub-Saharan African countries is expected to shrink by as much as 10% by the year 2005.

The negative impact of the HIV/AIDS epidemic on economic productivity and regional stability and security in Sub-Saharan Africa is likely to affect the Western economies in the years to come. Globalization of trade means that AIDS is both an investment and trade issue for the whole world.

Mr. Chairman, at the beginning of this new millenium, it is indeed worrying that the less developed countries of the world as well as the impoverished minorities in the developed world continue to bear the brunt of this epidemic.

While anti-retro-viral therapy is readily available in the developed countries, the cost of these drugs is such that they are out of reach for almost all of Sub-Saharan Africa.

The bigger challenge is how the developed countries can ensure that these anti-retro-virals are available to the most affected countries that need them the most.

Mr. Chairman, it is encouraging to note that some recent studies have shown that mother-to-child transmission (MTCT) can be reduced using some relatively cheap drug therapy nevirapine (NVP). The ready availability of such a drug would ensure that the unborn children would be spared of the risk of getting HIV from their infected mothers and thus ensure the survival of a future generation. We are hopeful that vaccine research will continue and yield the much awaited for HIV vaccine.

It is also heartening to note that a number of initiatives, that involve the U.S.A. Government, the legislators, the pharmaceuticals industry and NGOs and Sub-Saharan Africa have been launched. Example of these are:

U.S. $100 million initiative to combat HIV/AIDS in Africa, India and other areas unveiled by Vice President Al Gore in 1998.

The announcements which were made by the Honourable Vice President Al Gore at the United Nations Security Council in January, they indicate that the United States Administration is taking the right steps towards addressing the HIV/AIDS pandemic.

We applaud the Honourable Congresswoman Barbara Lee, for introducing to the U.S. House of Representatives "a legislation designed to focus both attention and resources on the global emergency of HIV/AIDS which is wrecking havoc in developing countries, most tragically in Sub-Saharan Africa.

We also support the World Bank AIDS Prevention Trust Fund Act (H.R. 3519).

I am convinced that these public/private partnerships will go a long way in achieving the containment of this pandemic. These initiatives are very important since they empower these affected communities in their struggle against the debilitating effects of HIV/AIDS.

Mr. Chairman, we need to jointly develop strategic responses in order to reduce the health, economic and socio political damage to the countries most affected by HIV/AIDS. We would like to encourage more public/private partnership, especially the involvement of the pharmaceutical industry.

A lot more needs to be done. It is estimated that a minimum of U.S.$600 million is needed in Sub-Saharan Africa for HIV/AIDS per year, but in 1998, only U.S.$165 million was spent on AIDS, a shortfall of U.S.$435 million.

As we move on in this century, we should all strive together and engage all resources at our disposal to arrest the spread of the pandemic. Let us remember that the world is now a global village, and whatever befalls one community should galvanize us all to action. Failure to contain this epidemic in Africa will not only be a disaster for Sub-Saharan Africa, but will inevitably affect the whole of humanity.

May I conclude, Mr. Chairman, by thanking you for your leadership, some NGOs like Constituency for Africa (CFA), Africare and many others who have kept the HIV/AIDS in Africa on the agenda. It is our hope that this bill and others related to HIV/AIDS will not suffer the consequences suffered by the Africa Growth and Opportunity Act/ Africa Trade Bill which has taken forever to be passed. People's lives are at stake.

Thank you.

SUBMISSION AT A HEARING ON THE AIDS CRISIS

IN DEVELOPING COUNTRIES

AND ON LEGISLATION (H.R. 3519)

TO BE HELD ON WEDNESDAY, MARCH 8, 2000

AT 10:00 A.M.

AT THE RAYBURN OFFICE HOUSE BUILDING

BY

HER EXCELLENCY, MARY M. KANYA
AMBASSADOR OF SWAZILAND

SUBMISSION AT A HEARING ON THE AIDS CRISIS

In my submission I would like to dispel the misconception that:-

- African political leaders are not aware or committed to addressing the HIV/AIDS pandemic,
- That Africans are still in denial; and
- That the Africans are not helping themselves.

You have already heard about the progress that has been made in Uganda, Senegal, Zambia and other countries. These successes I am sure would not have come by if there was no political commitment.

The statistics that you have just heard, to us are not just figures. We see the negative impact that the epidemic is having on our society. We personally experience it. Those statistics represent people we know, the teacher, the banker, the engineer and the politician, who have to teach our young and move our economy and community forward. How can we deny it? How can we not care? What we do, we do within the very limited resources available to our countries, and to our people. It will take a long time though to see a reversal in the severity of the epidemic because all the causes that fuel the AIDS epidemic are not fully understood. Recently, at a Senate hearing on AIDS in Africa, The Honourable U.S. Surgeon General Dr. Satcher was asked why the African continent, South of the Sahara, which accounts for only 10% of the worlds population, carries the heaviest burden of the AIDS epidemic. His response was that the scientists don't know they are still searching.

We have an African proverb which goes, 'there is a poisonous snake in the house, and we need to find ways to get it out before it kills us'!

This does not just apply to us as Africans. This virus respects no borders. It travels easily throughout our global village. What one country does, impacts on many others.

WHAT ARE AFRICAN COUNTRIES DOING

Let me give you a glimpse of what some countries are doing either individually or as sub-regional groups. I am best able to speak about the Southern African Development Community (SADC) region where five countries with the Sub-Saharan Africa's highest HIV infection rates are, including my own country, Swaziland, where the population is 970,000:

- 22% of the population is HIV positive
- 80% of in patients in major hospitals are HIV positive
- 30% of pregnant women who attend pre-natal clinics test HIV positive
- About 60% HIV infections occur amongst those 20 – 39 years old
- Almost 18% of all University students are incfected with HIV

As a result of the above statistics, His Majesty King Mswati III of Swaziland, in opening Parliament in February 1999 declared HIV/AIDS a national disaster.

He further said "The HIV/AIDS epidemic is an unacceptable situation, whose real effects will be felt only in the coming years as more and more of the economically active fall to the disease,

and more and more medical effort and resources are diverted to treating the effects. I appeal once more to everyone to take warning and to understand that each and everyone of us is at risk. This is already a national disaster and requires a truly national effort to bring about a complete reversal in attitude and behaviour".

In Zimbabwe when the Minister of Finance presented his Budget Speech for 2000, he introduced a new tax...a 3% tax on money earned by individuals and corporations to pay for AIDS health-care costs. I understand this has already been passed by Parliament.

In Botswana, a National AIDS Co-ordinating Agency is to be established in a bid to fight the HIV/AIDS pandemic. Presenting the 2000/2001 Budget Estimates in Parliament, the Minister of Finance and Development Planning said this multi-disciplinary agency, to be headed by a Permanent Secretary, would be reporting to the AIDS Council, which is chaired by the President. Amongst its tasks would be overseeing the implementation of the National Operation Plan developed in 1998.

- All the political leaders in SADC are fully committed to address the HIV/AIDS epidemic within the resources at their disposal.

- They are in the process of developing coordinated national action plans focussing on prevention, care and support of persons infected and affected by HIV/AIDS. Although it is culturally the norm that orphans are taken care of by the community, the extremely high numbers of orphans projected over the next few years will require that we consider alternatives such as children's homes supported through public-private contributions.

- Our scientists are looking at the use of drugs such as AZT and Nevirapene to prevent the transmission of HIV from mother to child, including the question of our countries being able to sustain such an intervention over the long term taking into account the cost of drugs.

- With regard to addressing the issue of the unaffordability of many drugs needed to treat our people even for sexually transmitted diseases and opportunistic infections, South Africa has passed a law allowing it to import cheaper drugs. Unfortunately the pharmaceutical industry has decided to put put profit before the people. The industry decided to sue the government on the basis that the law may interfere, with their intellectual property rights.

- Our health ministries have undertaken to strengthen the health services infra-structure to support persons with HIV/AIDS. Already our hospital beds are mainly occupied by patients with illnesses associated with AIDS who cannot be taken care of in the community.

- SADC is participating with the International Labour Organization to implement a Code of Conduct in the workplace to protect the rights of workers with HIV/AIDS. This will be in support of legislation that some countries have already passed to outlaw discrimination in the workplace.

There are many other examples I can cite to confirm that we in Africa take the HIV/AIDS epidemic seriously and are stepping up to the challenge but we cannot deny that as developing countries, our resources are limited. We therefore welcome the various forms of assistance that better resourced governments and organizations can provide.

HOW CAN OTHERS ASSIST US IN PARTNERSHIPS?

- Share your skills, knowledge and best practices allowing us to adapt them to our needs.

- Support us in strengthening our health care delivery systems.

- Treatment should not be forgotten in the rush to support prevention effort. We therefore request you to assist us to get affordably-priced drugs from the pharmaceutical companies. France's effort in urging the United Nations to find ways to make cheaper drugs available to poor countries is applauded by us. The arrangement for this process, would, however, take a long time whilst our people are dying from preventable opportunistic infections.

- Businesses need to invest in our countries and communities so as to address poverty and unemployment to give people more hope for the future.

- Developed countries like the US, Europe, Japan and others need to enter into partnerships with the developing countries to help build struggling economies.

- Financing giants like the World Bank and the International Monetary Fund (IMF) need to give serious consideration to forgiving the debts of developing countries to allow them to plough back those monies into supporting social infra-structures like education, health, welfare, housing etc.

- On the legislative side: we see many well-intentioned politicians taking the AIDS in Africa matter more seriously, resulting in many different Bills. It would be a good idea to coordinate all these efforts so that we can have a few good Bills with the potential of having a bigger impact.

- Our appeal to our American friends is to ask you to join us as African Ambassadors and keep the matter of HIV/AIDS in your agenda, both here in the U.S. and abroad. Always keep this in mind, failure to contain this epidemic in Africa, will not only be a disaster for the continent, but will inevitably affect the whole of humanity.

Someone recently said that the abbreviation A-I-D-S could also stand for AM I DOING SOMETHING? None of us should be caught napping. The world is counting on each and everyone of us to play a part in reversing the AIDS epidemic.

May I conclude by saying:

We are not in denial anymore
African Leadership is committed, and
We are doing something about it.

Thank you.