

# Fund aims to bridge digital health divide

## Africa-led initiative seeks to use Internet for treating AIDS patients, not surfing sites.

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An African-led initiative that will use high-speed Internet connections to treat AIDS patients in Burundi and Burkina Faso offers inspiration for those working to bridge the world's digital divide.

Its great promise lies in its linking of technology spending with existing campaigns to extinguish poverty, diseases and illiteracy, averting the need to choose one over the other.



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The Digital Solidarity Fund [first project], led by Project Manager Elena Ursache, is an initiative to link medical workers in developing countries to the Internet. The project aims to use technology to treat AIDS patients. Ursache said money is still needed.

Yet such projects remain few, despite great need. The age-old challenge remains: Who's going to pay for such projects?

As world leaders convene in Tunisia on Wednesday for a U.N. summit on extending technology to the poor, the very fund that was to be its legacy still needs support: Much of The Digital Solidarity Fund's contributions come from African nations least able to afford it.

The challenge is huge.

Worldwide, just 14 percent of the population is online, compared with 62 percent for the United States and an even higher ratio in some Western European countries, according to the International Telecommunication Union. Less than half the world's people have telephones, compared with some developed countries that are so wired they can't seem to get away from ringing phones.

How to bring technology to African nations and other less-affluent countries will be a key topic in Austin in May during the World Congress on Information Technology, which will bring some 2,000 leaders from high-tech companies and various nations around the globe for a five-day meeting.

The line between high-tech haves and have-nots is stark: The Digital Solidarity Fund has just \$6.4 million in cash and pledges, pocket change compared with the \$2.25 billion the United States spends a year on E-rate grants to schools and libraries in the nation's rural and low-

income areas. Of the countries contributing to the world fund, all but one — France — are African.

"We still need to raise funds," said Elena Ursache, the fund's project manager. "It's obviously not sufficient to start [doing] a lot of activities."

### **Paying for the initiative**

More important than one-time contributions from cities and nations, Ursache said, is a continuous revenue stream like that pledged by the Swiss city of Geneva, the fund's headquarters.

Geneva's cash infusion comes from a simple formula: Contractors winning bids on computer-related city projects must give the fund 1 percent of the award amount.

When some 12,000 business, civic and government officials convened in December 2003 for the first round of the U.N. World Summit on the Information Society in Geneva, President Abdoulaye Wade of Senegal pushed for the fund's creation.

Other African heads of state joined him in touting the initiative as a way to help governments, companies and nonprofits narrow gaps in Internet and communications technologies.

But many leaders from the developed world did not think a separate fund was needed. They preferred to augment existing funding sources such as the World Bank.

"There is general agreement we need to do more . . . but there is very little agreement on the best way to do that," said Andy Carvin, a U.S.-based expert on improving access to technology and the Internet. "Many countries feel they have already set up successful programs."

The first \$1 million of the fund is committed to bringing high-speed Internet access to about two dozen AIDS clinics in Burundi and Burkina Faso. Satellite and other communications equipment will go to nine cities in the African nations, and an emerging wireless technology called WiMax will extend access to more remote sites.

The clinics are getting videoconferencing units, with serial ports to attach stethoscopes and other medical equipment, so specialists can examine patients from afar.

Lab technicians can remotely analyze blood samples and quickly determine the need for antiretroviral drugs; before, samples had to be sent by mail or messenger.

Each site also will get 20 to 30 computers so medical workers can store records for follow-up care and keep up on the latest treatment and prevention techniques.

Only after all that is in place can the rest of the community use the computers, too, for other projects.

Past efforts to put computers into schools didn't necessarily come with training, native language Web sites or any plans to integrate the equipment into curriculums, said Willie

Currie of the Association for Progressive Communications, a coalition of non-profit groups devoted to improving communication technologies.

"That period is over," Currie said, and projects have to be more focused.

Focusing first on basic needs like health, food and education only makes sense, Ursache said.

"The life of vulnerable populations cannot improve dramatically if all of (a) sudden they have a computer," she said. "But if their doctor is able to provide better health care thanks to a computer, then it is the use of the machine that matters, and not the acquisition itself."